DSA Medics

Health & Safety Handbook

v1.2 - March 2018

dsamedics.org

HELLO

this handbook belongs to

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Remember... Nothing substitutes for training and supervised clinical experience. Consider taking EMT or CNA training, then working for a while as an EMT or a CNA. Jobs are available on ambulances, in hospitals, and in long-term care facilities. You will learn much more from working in health care than from a training you rarely use. Every DSA member in a medic or caregiver role should seek out CPR training to supplement the knowledge you get through training and this manual. *Never be afraid to ask advice from medical professionals you may know or trust, but also do not be afraid to question them either.*

Useful Telephone Numbers

- **National Domestic Violence Hotline:** 1-800-799-7233 *(connects to local resources, also for sexual assault)*
- **Veterans Crisis Line**: 1-800-273-8255 *(Press 1)*
- **Suicide Hotline** *(connects to local resources)*: 1-800-784-2433
- **Trans Lifeline** *(transgender crisis hotline)*: 877-565-8860
- **Cincinnati Peer Support Warmline** *(24/7)*: (513) 931-9276
- **Veterans Peer Support Warmline** *(24/7)*: 1-877-927-8387
- **San Francisco Sex Info Line** *(M-Th 5-11p, F 5-8p, Sa 4-7p)*: (415) 989-7374
- **National LGBT Hotline** *(M-F 3-11p, Sa 11a-4p)*: 1-888-843-4564
- **Backline** *(M-Th 7p-12a, F-Su 12-5p)*: 1-888-493-0092 *(pregnancy options including abortion)*

Additional Written Resources

- Much of the material in this booklet is based on the First Aid chapter of Hesperian Health Guides' "Where There Is No Doctor", which can be found online at: http://en.hesperian.org/hhg/New_Where_There_Is_No_Doctor
- You can find a more advanced reference at: http://www.ncemi.org/cse/contents.htm *(warning: uses medical terminology)*
- An excellent, inexpensive pocket first-aid guide is *Buck Tilton, Backcountry First Aid and Extended Care* (4th or 5th edition; used copies are about $1.50 online)

Table of Contents


BE KIND
BE READY

An Introduction to DSA Medics

A DSA delegate and medical student asked me at the 2017 DSA convention, "why does a political organization like DSA need medics?" So much has passed between then and now, it is hard to believe that this question was asked only six months ago. DSA continues to grow and expand, as both the newly radicalized and old hands join together to rebuild the socialist movement in America. As we are now coming together to engage in the work of building a viable, sustainable, radical socialist organization, we are confronted with challenges and tragedies, both small and large.

The DSA medic collective has come together since the summer of 2017 out of necessity to bring the ideals of wellness and health justice that building a mass movement at the dawn of the 21st century demand into the daily organizing work of DSA. We can no longer ignore the kind of hurt and pain a generation raised in the weird psychic landscape of late capitalism brings into every space we inhabit. As we come together to fight back against the material conditions that have shaped us, the DSA has become a place where the casualties of modern life are coming together to find the comfort and support we cannot find anywhere else. Street medics have been gathering the skills necessary to keep us all stay in the fight, to support each other in our struggles, to advocate for all of our comrades. Street medics have many of the skills needed to address the harmful effects of internalized oppression we all struggle with that have been built and passed down since the last moment in the United States when the restlessness and pain of working Americans pushed us out into the streets and demand revolution.

That our movement has been attracting folks with long standing chronic conditions, both physical and mental, which is a sign of our power. People who need allies and support as their lives are being threatened are joining DSA because they see in us the hope that the world can be remade in a way that empowers them fully as human beings. All comrades need to have

their organizing and accessibility needs addressed so they can participate in and shape the movement that claims to speak on their behalf and to that end DSA medics can help be an advocate and resource for locals that as they work to make DSA a safe and welcoming space for everyone.

DSA medics are also committed to the safety of DSA members across the country, and are raising funds and buy supplies to train and prepare DSA locals to deal with the dangers of organizing for socialism the the United States. Over the past 2 years, we have seen a significant upswing in violence directed at leftists, LGBTQNB people, People of Color, women and immigrants. We are all under threat of violence, much as socialist organizers and people from marginalized communities have been for the entire history of this country. Medics have the skills to help save lives and keep us safe as we fight to build a better tomorrow. Remembering the death of comrade Heather Heyer, the words of Joe Hill come to mind, "Don't Mourn, Organize!"

John Hieronymus
Chicago DSA, Chicago Action Medical

This handbook is a living document.

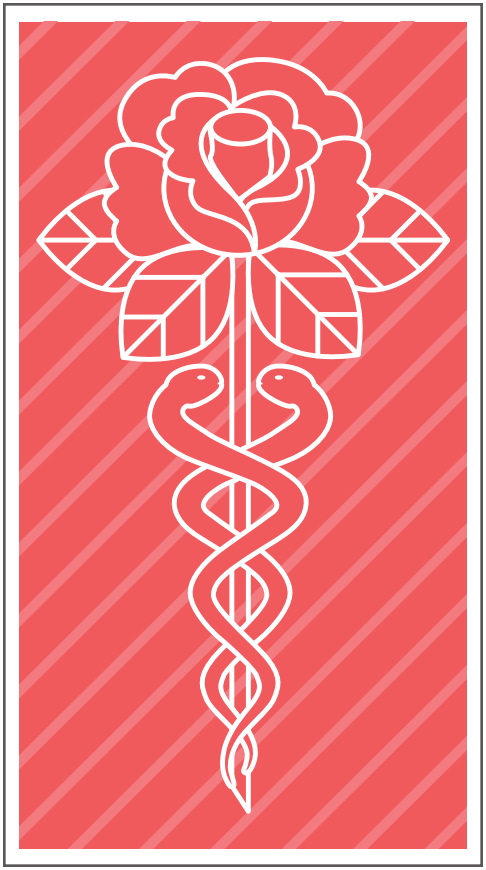
We regularly update this handbook to add new information, update existing sections, and correct mistakes and errors. We keep track of each new version with a version number, which you'll find on the front and back covers. We gladly accept new content, and feedback on or changes to existing content. If you would like to contribute, make a suggestion or report a problem, or make sure you have the latest version, visit us at dsa-medics.org to learn how to get in touch. (Usually Twitter DMs are the best way to reach us!)

Acknowledgements

DSA Medics would be nothing without the support of Medic collectives across the country. Reach out to them for help, but understand their mission, and support them in their own work. Thank you especially to our comrades in Chicago Action Medical for all of your patience, support, and time.

This handbook is in the process of being built (and rebuilt) to fit the changing context of our work. It is largely based on the revised first aid chapter of "Where There is No Doctor", originally written by David Werner, Carol Therman, and Jane Maxwell, and published by Hesperian Health Guides (hesperian.org) A street medic helping revise its content helped make this chapter available to all of us, saying "its knowledge belongs to the people". Thank you Grace.

Additional content in this handbook is based on work by RAINN (https://rainn.org/), as well as "Everything You Need to Know About Consent That You Never Learned in Sex Ed" by Lydia Ortiz, Teen Vogue April 18, 2016. We are grateful to them for their work.



List of Street Medic Collectives

Boston Area Liberation Medics - Boston, MA
https://bostonstreetmedictraining.wordpress.com/

Bayou Action Street Health - Houston, TX (Gulf Coast)
https://www.facebook.com/BayouActionStreetHealth/

Chicago Action Medical - Chicago, IL (Midwest)
https://chicagoactionmedical.org/

Gateway Region Action Medics - St. Louis, MO
http://www.gramedics.org/

New York City Action Medical - New York, NY
https://www.facebook.com/NYCactionmedical/

North Star Health Collective - Minneapolis/St. Paul, MN
https://northstarhealth.wordpress.com/

River City Medic Collective - Richmond, VA
https://www.facebook.com/rivercitymedics/

Rosehips Medic Collective - Portland, OR
http://www.rosehipmedics.org/

St. Louis Street Medics - St. Louis, MO
https://twitter.com/StLStreetMedics/

Contacting DSA Medics

For best results, contact us via Twitter DM at @dsamedics.

Website:	https://www.dsamedics.org
Facebook:	https://www.facebook.com/DSAMedics/
Twitter:	https://twitter.com/dsamedics
Medium:	https://medium.com/@dsamedics

What is the Role of the Medic in DSA?

The role of the medic in DSA is:

- To provide evidence based street and affinity group medic level support to DSA direct actions, protests, community defense, town halls, events and other chapter and branch level activities, and to interface with EMS when patient needs are beyond DSA medic scope of practice.
- To support DSA members with physical and mental disabilities, to ensure they have the opportunity to express themselves politically in the safest possible way, to the extent that they desire.
- To ensure DSA members from marginalized and oppressed communities are given culturally appropriate and sensitive care, to ensure they are able to fully express their own politics as well as to ensure members from these communities are trained as medics and are a part of discussions about medic activities.
- To provide health and wellness spaces that are safe for all DSA members, helping deescalate mental health crisis, spreading calm and providing a space with comforts to ensure DSA members can continue on with vital political work in spite of chronic illness, minor injuries and ailments.
- To ensure chapters have medics trained to be allies to victims of sexual assault or abuse, who DSA members can turn to if they need support or help accessing resources while recovering from trauma.
- To train other medics to quickly stand up regional DSA medic networks, that can start coordinating medic support together, and identify coalition partners who may need additional medic support and provide it.
- To take into account health needs of DSA members at events and actions such as access to water, food, shelter and restroom facilities, so that all DSA members are as comfortable and

safe as possible while doing political work.

- To help DSA activists cope with, process and heal from participating and witnessing traumatic events or situations, from a place of understanding, solidarity and mutual aid.

Types of Activist and Community Medics

At the turn of the century, collectives began coming together to provide street medic support to the mass mobilisations in north america against globalization and later the anti-war movement. The care model they developed was based on medic skills first codified by the Medical Committee for Human Rights, a group of activists and veterans supporting the Civil Rights movement and the movement against the war in Viet nam. Medic collectives would come together several weeks or months before a planned mobilization, and run a training for 20 hours that would prepare a new street medic to care for strangers who had been victims of police violence, to prevent environmental injuries among the protesters, and run health and wellness spaces for activists to calm down in and recover from stress and anxiety. After a mobilization, many of the medics would leave a city, go back to their home communities, and prepare for the next mobilization.

As the anti-globalization movement lost momentum in the face of increasing police repression, activist burnout, and a shift of trade meetings to countries with repressive governments and remote locations, The work street medics performed began to change, and new models of care have been developed and codified. The DSA medic collective together with trainers from Chicago Action Medical have built a special training around the 8 hour affinity group medic curricula that we are calling the "Expanded Affinity Group Medic" training. This training is still under development but takes 12 hours, and recontextualizes the skills gathered by street medics to the DSA local with extra emphasis on peer support, de-escalation, psychological mass casualty care, health and wellness, mutual aid and major trauma.

In this context you may encounter the three types of activist medic:

The Street Medic

- 20 hour training or bridged medical professional focused on providing emergency first aid to strangers and medic logistical support at mass mobilizations
- Given skills, that when combined with experience running at actions, can organize and run medic trainings for Street medics, Affinity Group medics, and Expanded Affinity Group medics
- Can run actions marked with a red cross or star of life, to identify themselves to strangers

The Affinity Group Medic

- 8 hour training focused on providing first aid and support to a small affinity group organizing direct action, before, during and after an action
- Provides jail support
- Does not run marked during actions

The Expanded Affinity Group Medic (DSA local medic)

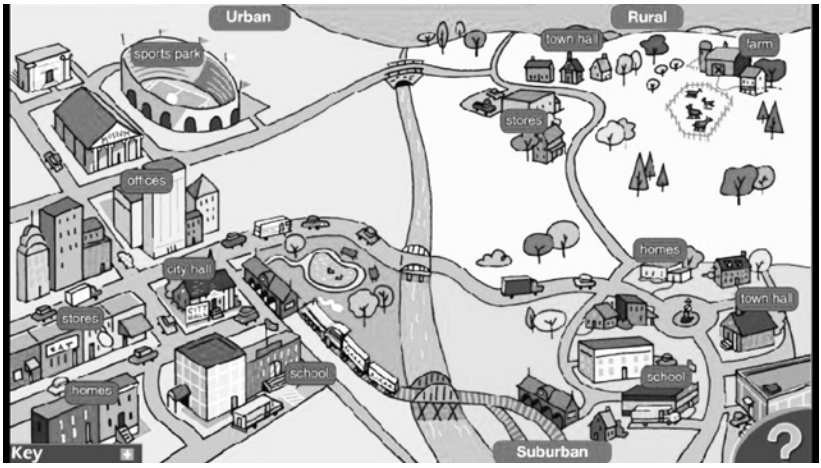
- 12 hour training focused on providing first aid, trauma care, peer support, health and wellness organizing, health logistics to the DSA chapter, branch or working group
- Organizes jail support for the DSA local
- Trains DSA members in basic first aid for child watch, marshals, etc.
- Provides medic support for mutual aid projects
- Does not run marked during actions

Understanding Geography & First Aid

DSA locals exist in many different communities from rural and remote chapters, to suburban communities, to highly urban chapters. All medics working within the context of DSA organising must always be aware of the geography of the community you are organizing in, and think critically about how it could affect the way we provide care.

The steps of care will be different for each context based on the availability and safety of reaching a hospital Emergency Room or the care of a medical professional. In a life threatening emergency, safely getting a victim to Emergency Medical care is a top priority. How this happens will vary based on the context. An injured person in a suburb may be able to get to an ambulance with advanced life support in minutes, while an injured person in a city flooded after a hurricane may be hours from functional safe hospital care.

We know from the tragic murder of Heather Hayer that she stayed in one place as street medics tried to save her life on the scene of the attack, then police cleared medics away and let her die. Moving a victim to safety should be a top priority once treatable life threats are addressed. Always be aware of how geography and safety affect patient care.



Accessibility

This is a starting point for establishing a basic accessibility framework for your DSA local; by bringing disabled people into your planning, you'll be able to dive much deeper and help set standards for other event organizers to live up to. Remember, disability access is an important part of social justice praxis, and it's not enough for a space to meet basic physical standards – it should also be emotionally accessible, with an environment that explicitly welcomes and includes disabled people. Demonstrating your commitment to accessibility helps disabled people feel like we are part of the community. Only when our work makes space for and upholds the organizing of all of our members will we be able to win! DSA Disability Caucus/Working group can be emailed with questions at dsadisability@gmail.com.

Creating an Access Plan

- Vet your facilities
    - In buildings, look for: Ramps; accessible all gender restrooms; doorways of sufficient width for wheelchairs to enter; ample seating; reconfigurable spaces; bright, even light.
    - On march and parade routes, look for: Even, smooth surfaces; sufficient seating for rest breaks; accessible nearby parking; accessible all gender toilets in easy reach; accessible ground transport; cover in the event of rain.
- Designate seating for disabled people in the front of the room or crowd and near the exits, marking space off so nondisabled attendees understand they should not sit there
- Provide sign language interpretation for all events
- Provide Communication Access Realtime Translation (CART), as not all people who have hearing loss or who are

d/Deaf use sign language to communicate, and it can provide greater access for people with auditory processing disorders

- Consider providing loaner wheelchairs or scooters, possibly through a third party vendor who can assume liability
- Consider offering wheelchair-accessible shuttles
- Designate a service animal relief area
- Designate an access team who coordinate accessibility issues throughout planning and through to the end of the event, and provide them with readily recognizable markers like shirts, vests, or hats so they're easy to find
- Develop a scent policy – going scent-free will enhance accessibility
- Consider designating a quiet space or room
- Use a public address (PA) system
- Ensure that anyone who is speaking, including audience members, use microphones
- Consider audio assistance, like hearing loops, for people who have hearing loss and rely on assistive technologies such as hearing aids

Making Your DSA Local Disability-Friendly

- Include disabled people in your leadership, organization, scheduled speakers and panelists, imagery, and documentation
- Include disability in your anti-harassment, anti-discrimination, and diversity policies, recognizing disability as a social and political category
- Assume disabled people are in the room, even if they aren't evident, and that they are stakeholders in your event

- Include a disability orientation for all volunteers and staff
- Include a space on your registration form for people to express access needs
- Document your accessibility policy and efforts and make them public
- Have a framework in place for responding to criticism and feedback from the disability community
- Be mindful of your language:
    - Avoid words that use disability as an insult, like "crazy" or "hysterical"
    - Avoid phrases such as "wheelchair-bound" or "suffers from"
- Pay disability consultants like you would other professionals who are providing services


IF I CAN'T DANCE
IS IT STILL
MY REVOLUTION?

First Aid Basics

Establish Calm and Control

1. When an emergency happens, having a step-by-step approach to the problems facing you can help you think clearly and care for the most important problems first.

2. Take a deep breath. Emergencies can be scary. But the calmer you are, the more useful you will be. Being calm will also comfort and help the injured person or people around you.

3. Ask yourself: is this place safe? Move the person and yourself away from fires, busy streets, or other dangers. (If the person might have a neck or back injury, move him carefully so you do not move his neck. See page 52.)

4. Treat the most dangerous problems first. No matter what caused the injury, check breathing immediately. It is the most important function needed for life. For difficulty breathing, see page 28.

5. After breathing, check for bleeding. Heavy bleeding can kill. See page 34.

6. When the person is breathing and heavy bleeding is controlled, check the whole body for other injuries and broken bones. Start at the head and check every part of the body, front and back, down to the toes. Gently ask questions, look the person over, and carefully touch the body to see if there are hidden injuries. It is common to have more than one injury, and some are not obvious at first glance.

7. Try to be as gentle and comforting as you can. The injured person is likely scared and in pain. By calming him, you can help his breathing and heart rate return to normal.

Re-check breathing and bleeding often. If you can check his blood pressure, check it often. An injured person may seem fine at first and then suddenly get worse. Regularly re-check these

most important signs of life until you are sure he is OK. Keep talking to him. This will help you see if he is confused or if his confusion gets worse.

The people who gather at the scene of an injury should be encouraged to help. Ask loud, assertive people to clear a space around you and the injured person. Tell someone to go for medical help or get supplies like cloth (for bandages), or blankets. Give everyone a job to keep them calm and to make sure all the urgent work gets done. If many people have been injured, see Disasters and Displacement (section in development) for how to decide who to help first.

The injured person can also help herself. Most bleeding people can put pressure on their own wounds (see page 34). This can focus the person and allows you to check for other injuries or to care for other injured people.

Protect Yourself

Try to keep blood and body fluids off yourself when you care for people who are bleeding.

Wash your hands as often as you can. Flushing out any blood that gets in your eyes or into a cut in your skin can prevent you from getting an infection, and from spreading infection between patients. Try to wash your hands with alcohol-based hand sanitizer or soap and water before and after taking care of each patient. Washing your hands with clean running water is better than doing nothing in an emergency.

Cover your skin and eyes. Wear glasses and fresh, clean gloves any time you are exposed to bodily fluids. Plastic bags worn on your hands work too. Do not wear black "tactical medic" gloves as they do not show blood stains when doing trauma assessment.

Be Prepared with the Right Equipment

Trauma Kits

Trauma kits contain supplies to help treat trauma. Trauma is a *life threatening injury*. Trauma kits are important! By acting quickly, and having the right tools and supplies, we can significantly increase the chances that someone will survive.

DSA Medics have a list of items we recommend for including in a standard trauma kit. You would ideally bring this kit with you to any DSA event you're attending -- from a general meeting to a protest.

- **A bag.** See following Medic Bag section.
- **Nitrile or vinyl gloves.** Avoid black "tactical medic" gloves, as they do not show blood stains when doing trauma assessment.
- **A quality tourniquet.** Beware of cheap, counterfeit CAT tourniquets! Cheap tourniquets are made with plastic hardware, and these can fail and will allow someone to bleed to death. Only use tourniquets made with nylon or metal hardware.
- **A set of chest seals.** Remember, you always need a pair of chest seals. Brand names to look for are Halo or Hyfin.
- **Combat dressing.**
- **Trauma shears.**
- **QuikClot gauze.** DSA Medics recommends QuikClot rolls, not powder or pads.

First Aid Kits

First aid kits are generally intended to handle more basic first aid needs, like cuts and scrapes, headaches, and so on. You can include all sorts of things in a first aid kit, but DSA Medics recommends bringing the below items.

- **A bag.** See following Medic Bag section.
- **Nitrile or vinyl gloves.** Avoid black "tactical medic" gloves, as they do not show blood stains when doing trauma assessment.
- **A "sport" water bottle with a squeeze top**, like the example bottle pictured here. This should be a sealed water bottle, and is only to be used for eye flushes! Don't use a reused bottle like a bike water bottle. This water is not for drinking.

- **Painkillers**. Ibuprofen and tylenol, but no aspirin.
- **Band-Aids**. Useful for cuts and scrapes, also for blisters.
- **Triangle bandage.**
- **4x4 gauze.**
- **Ace wrap.**
- **Splinting material.** You can use a SAM splint (designed for the purpose), or you can make your own split from a section of army sleeping pad / Z-Rest or another similar material.
- **Medical tape.**
- **Emergency blanket.**
- **Snacks.** Emergency food for people with low blood sugar, or who are hangry.
- **Separate drinking water**. (Again, don't drink from the eye flush bottle and then use it to do an eye flush!)

The Medic Bag

DSA medics should store first aid and trauma kit supplies in a bag that's small enough for you to easily carry. We recommend staying low profile and not getting too "tactical", but you should do whatever you want. Remember that whatever you carry your supplies in may be taken by police or lost at an event so we recommend spending the smallest amount possible for a bag. Functional bags can cost less than 10-20 dollars, while high end bags can cost over a hundred. You should keep trauma supplies in a separate section of the bag. or in a freezer ziplock bag marked with red duct tape.

You can carry everything you need to take care of your local in...

... a cheap backpack like this:

... or an appropriate army surplus satchel like this:

... or in a dedicated medic waist pack like this:

Or in anything else that works for you!

Patient Assessment

? **Ask** if the person has pain, numbness, or difficulty moving.

- These are signs of sprains or broken bones (page 62). If there is numbness or difficulty moving the lower body or the whole body, there may be a spine injury (page 52).

? **Ask or notice** if they are having trouble breathing. if the person is choking see page 28.

- Stabbing pain with breathing may be a broken rib (page 58).
- Shortness of breath, chest tightness, and wheezing are signs of asthma (see Problems with Breathing and Coughing—section in development).
- Trouble breathing can be caused by crowd control weapons (see page 95) chemical poisoning or drug overdose, (see pagepage 123) and severe allergic reactions (see page 123).

? **Notice** if they seem confused or have trouble speaking clearly. This can help you to assess how badly injured they are. If the person is unconscious see page 28.

- Many people become confused after an accident. But unclear speech, unconsciousness, and lasting confusion can be signs of head injury (page 55) or drug or alcohol use (see page 109).
- Slurred or strange speech can also be a sign of stroke. Is one side of their face or body drooping or does it seem weak? See Head and Brain Problems (section in development).
- Confusion or changes in consciousness can also be a sign of a diabetic emergency. See page 114 if the person became ill suddenly.

? **Look** carefully: Is there bleeding, swelling, bruises, redness, or disfigured body parts? Compare one side of the body to the other. For example, if one leg looks shorter, it may be broken.

- For bleeding, see page 34.
- For possible broken bones, see page 62.
- Bruising, swelling, and redness can be signs of bleeding inside the body. Watch for shock, page 38.

? **Feel** gently along the head, face, neck, back, front, arms, and legs. Is there pain, numbness, or bones out of place? If there may be a back or neck injury, feel every vertebra (the knobs of the backbone) from the head to the space between the buttocks.

- For signs of head injury, see page 55.
- If you suspect there may be an injury to the head, neck, or back, see page 52 before you move the person.

Breathing

All DSA medics should seek CPR training from either the American Heart Association (AHA) or the American Red Cross (ARC)

If the person can cough or talk, he can breathe.

Choking

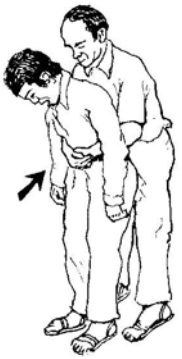
A choking person who cannot cough or cannot talk also cannot breathe. You can save his life by helping quickly.

Give abdominal thrusts

Stand behind the person and wrap your arms around his waist.

Put your fist against his belly, just above the navel and below the ribs.

Cover your fist with your other hand and use both hands to pull up and in with a sudden, strong jerk. Use enough force to lift the person off his feet. (Use less force on a small child.) Repeat this 5 times in a row.



If there is something blocking air from getting to the lungs or throat, the force of air being pushed so hard should drive it out.

For a pregnant woman or someone who is very fat, put your arms around the middle chest (put your fist between the breasts). Then thrust straight in.

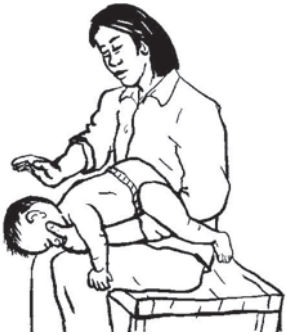
If the person becomes unconscious
Carefully lay them down on the ground, call for help and start CPR. ***DO NOT*** try to remove the object with your fingers, because the force of chest compressions should dislodge the object, and your fingers could push the object further down their throat. If the the object is dislodged and the patient regains consciousness, turn them on their side and get them to a doctor for further assessment.

For a baby younger than one year

If a baby is choking and cannot cry or cough, try to clear her throat with back blows and chest thrusts.

Position the baby

Hold the baby face down with her head lower than her body.



Give back blows

Use the heel of your hand to give 5 firm blows between the shoulder blades.

If the baby does not start breathing, turn her over.

Give chest thrusts

Put 2 or 3 fingers in the center of the chest – just below the nipples.

Use a firm, quick movement to push the chest down about 2 centimeters. Do this 5 times or until the baby breaths.

If you cannot clear the airway for a baby, child, or adult, give rescue breathing.

Drowning

Get the person out of the water as fast as you can and immediately start rescue breathing and chest compressions (see following sections). Give the rescue breaths first to get some air into the person's body.

If the person vomits, turn him on his side and gently use your finger or a cloth to wipe the vomit away so he does not choke on it.

Rescue Breathing

People can only live about 4 minutes without breathing. You may be able to save someone's life with rescue breaths if he stopped breathing because he choked, was hit on the head, almost drowned, was electrocuted, overdosed on drugs, or has hypothermia (extreme cold).

If a person stops breathing, you can save his life by giving rescue breathing immediately. See the following page for instructions.

Position his head

Lay the person face up. Lift the chin and push on the forehead to tilt the head back so his nose is pointing straight up.

Give rescue breaths

Pinch his nose closed so air does not escape that way.

Cover his mouth completely with yours.

Give 2 strong, slow breaths.

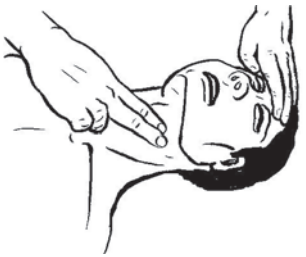
The chest should rise with each breath. If it does not, the air is not getting into the lungs. Reposition the head slightly and try again. Let the person breathe out after each breath.

Check for a pulse

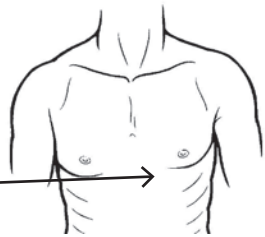
After 2 breaths, check if he is breathing. Feel for a pulse on either side of the neck, or listen to the chest, right over the heart.

If there is no pulse, see "No Heartbeat" (next section).

If you do feel or hear a pulse, keep giving breaths until he breathes on his own. It may take 30 minutes or more.



No Heartbeat



Feel for a heartbeat on the neck (see previous section). Or listen on the left side of the chest, here:

If there is no heartbeat, try to restart it with chest compressions. It is important to start chest compressions quickly, so if you are not sure if you have found a heartbeat, or if the heartbeat is very faint, it is safest to do chest compressions.

Give chest compressions
Push hard and fast on the center of the chest 30 times. Push straight down, about 5 cm (2 in). Try for a fast rate, at least 100 times a minute, but the exact rate is not important. Push hard and fast!

Give rescue breaths
After 30 chest compressions, give 2 rescue breaths that make the chest rise (see previous section).

Continue with compressions and breaths
Keep alternating between 30 chest compressions and 2 rescue breaths. You may have to do this for a long time. Continue until the person is breathing and alert, or until there is no doubt he is dead.

Get help
If you can get the person to a hospital quickly, do so. Keep giving chest compressions and rescue breathing on the way. This will help to keep the body functions going until you can get help.

This may bring life back to someone after electrocution, drowning, if he suffered a very hard blow to the chest, hypothermia

(too cold), or drug overdose.

Chest compressions are less likely to help someone after a heart attack, but are worth trying, especially if you can get more medical help. (For more about heart attacks, see page 61.)

A medical device called an *Automated External Defibrillator (AED)* gives an electric shock to re-set the heart after a heart attack. Send a bystander to find an AED while you start CPR and call 911 or get help. Follow the directions printed on the AED and the directions it gives you once you turn it on. Find out where there are AEDs in your community and where they are kept before emergencies happen. They are often found in ambulances and fire engines, or in public places like malls, schools, theaters, police stations, and hotels. You'll often see signs like the one below indicating where they are located.

Bleeding

Direct pressure

Direct, firm pressure will stop almost all venous bleeding (dark slow blood), even large, heavily bleeding wounds. If the person is bleeding from the head, apply pressure and see page 55.

1. Apply direct pressure to the wound, and raise the injured part so it is above the level of the person's heart.

2. Grab a trauma bandage, medical gauze, or the cleanest piece of cotton cloth you can find nearby which you can fold to about the size of the wound, and press it directly and firmly on the wound. Show the injured person how to put pressure on himself, if he is able. If the wound is large, put the gauze or cloth into the wound. Keep pressing until the bleeding stops. Do not remove the cloth if it becomes soaked with blood. Instead, add another cloth on top. For a large wound, do not lift your hand off until at least 15 minutes has passed, even to check if it has stopped bleeding.

If you have any available, pack any bleeding wounds with Quikclot gauze and have a buddy hold pressure while you treat life threatening wounds. Make sure the Quikclot is as close to the bleeding vein or artery as possible, and packed in tightly. Apply a combat dressing or pressure dressing on top of the wound. (See the next page for instructions.)

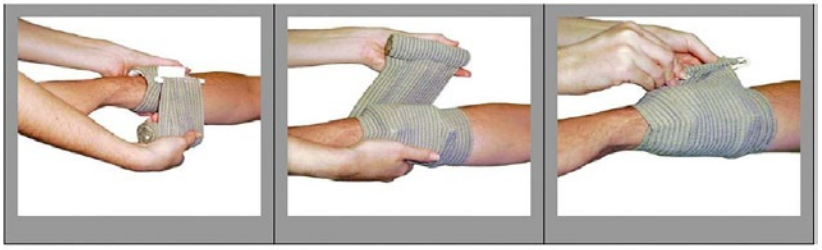
Applying pressure to stop bleeding is hard work. Do not give up! If needed, ask a buddy to help!

Applying a Combat Dressing

1 Place pad on wound & wrap the elastic bandage around limb or body part

2 Insert elastic bandage into pressure bar

3 Tighten elastic bandage



4 Pull back – forcing pressure bar down onto pad

5 Wrap elastic bandage tightly over pressure bar and wrap over all edges of pad

6 Secure hooking ends of closure bar into elastic bandage

Blood can make a big mess and look like the person lost more than he did. But watch the person closely for these signs of losing too much blood:

DANGER SIGNS

- Confusion or losing consciousness
- Very fast heart rate
- Cold, moist, pale skin

If you see these signs, raise both the person's feet onto something so they are above the heart, and get help for shock (page 38).

Even if you do not see these signs, stay with the person or check in on him every 10 to 15 minutes to make sure he is OK and reassure him. Keep checking until he is acting and feeling normal.

Tourniquets

Tourniquets save people's lives, but can cause permanent damage if left in place for hours, but a person can bleed to death in a few minutes from an injured artery, so place a tourniquet immediately in the following situations:

- Heavy bleeding that does not slow down from an arm or leg with direct pressure (have you tried pressing harder first or is the trauma dressing correctly applied?)
- Spurting bright red blood from an injured arm or leg
- There is a large, deep wound in the thigh, like when a bullet, shrapnel, or something else has penetrated deep into the muscle, and the person is showing signs of blood loss like weakness, confusion, or pale skin. (It can be impossible to use enough pressure on a large thigh to stop heavy bleeding.)
- A limb is cut off or is so mangled that it clearly cannot be saved.

Use a wide belt, a piece of cloth folded into a flat strip, or a blood pressure cuff inflated all the way to tie off the bleeding part. Do not use thin string or wire. It will cut right through the skin.

Get to a hospital as fast as you can. You have 2 or 3 hours before the limb is likely to be lost.

Beware of cheap counterfeit CAT tourniquets! Unlike the ones pictured above which are made with nylon, cheap tourniquets are made with plastic hardware. These can fail and will allow someone to bleed to death.

Applying a Tourniquet

Step 1:
Place the tourniquet above but close to the wound, between the wound and the body. (A common mistake is putting the tourniquet too far from the wound.)

Step 2:
Wrap the tourniquet tightly around the limb twice. Then tie a knot.

Step 3:
Put a short, strong stick on top of the knot.
Tie two more knots on top of the stick.

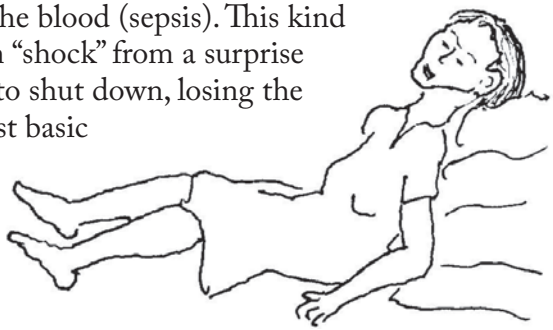
Step 4:
Twist the stick to tighten the tourniquet until bleeding stops.

Step 5:
Tie the stick in place with another cloth.

Once a tourniquet is placed, it should only be removed by a doctor ready to perform surgery. Mark the time and date on the tourniquet or a piece of tape on the patient with marker immediately after the bleeding is under control. Call 911 or seek advanced trauma care immediately after all life threatening injuries have been addressed.

Shock

Shock is a life-threatening condition that can result from severe bleeding, dehydration, major wounds and burns, allergic reaction, or infection in the blood (sepsis). This kind of shock is different from "shock" from a surprise or scare. The body starts to shut down, losing the ability to perform its most basic functions. Once signs of shock begin, it tends to get worse very fast. Treat shock quickly to save the person's life.



SIGNS

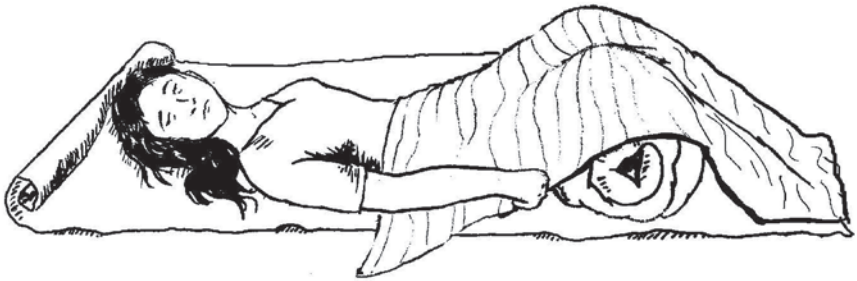
- Fear or restlessness, then confusion, weakness, and loss of consciousness
- Cold sweat: pale, cool, damp skin
- Weak, fast pulse
- Dropping blood pressure

TREATMENT

Get help, call an ambulance or prepare to transport patient to safe hospital care. On the way:

- Treat the cause of the shock as quickly as you can: for bleeding, use pressure (page 34). For dehydration, give rehydration drink. If the cause of shock is sepsis (an infection that spread to the bloodstream), antibiotics are needed immediately (see page 47).
- Keep the person warm (or remove some clothes if the person is hot).
- Raise the legs, supporting the knees.

- If the person can hold a cup, give drinks of water or rehydration drink.
- Keep calm and reassure the person.
- Give IV fluids on your way to medical help.



Wounds

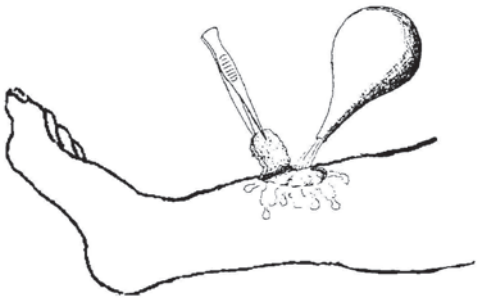
1. Stop the bleeding with pressure (page 34).
2. Clean the wound thoroughly as soon as you can. The better you clean it, the less likely it is to become infected. For larger wounds, give some kind of pain medicine before you clean and care for the wound. Inject lidocaine around the wound and just below the skin inside it. Or give another pain medicine and allow time for it to work.
3. Dress or close the wound, or for a small wound, leave it open to heal.

Clean All Wounds

Any wound, big or small, can become infected. Clean every wound well.

Wash your hands well with soap. Then wash the wound with 1 to 4 liters of flowing water. You do not need antiseptics, some of which can slow healing down. If the wound looks dirty, use soapy water and then rinse that off with plain water.

Lift up any flaps of skin to clean underneath. For deep wounds, squirt the inside of the wound with a bulb syringe, letting the water run out.



Or, take a fresh unopened bottle of water and poke a hole in the top with a sharp knife, needle or push pin and squirt water into the wound.

Or. take the needle off a syringe and squirt water into the wound.

Or, just run lots of clean water over and into the wound.

Wash out anything left inside the wound, especially dirt, wood, or other rough material. You may need to use a piece of sterile gauze or clean fabric to clean out the wound, then rinse thoroughly.

Caring for Wounds

As the wound heals, make sure it stays clean to prevent infection. If it gets dirty, clean the wound with lots of water. Covering the wound with a bandage, sterile gauze, washed banana leaf, or very clean piece of cloth will help keep it clean. Putting honey on the wound also helps prevent infection. Change the bandage daily, and if it becomes wet or dirty. It is better to have no bandage than one that is dirty or wet.

Watch for signs of infection such as redness, increasing pain, warmth, swelling, or pus at the site of the wound. For any of these signs, clean the wound well. You may need to gently pull open the wound to clean it. Watch that the infection does not spread to other parts of the body (see page 47).

Closing Wounds

A small wound is best left alone to heal. It should not need stitches. The most important thing is to keep wounds clean.

A wound that is more than 8 hours old should be cleaned and left open to heal.

A larger wound that comes together well will heal better if it is closed.

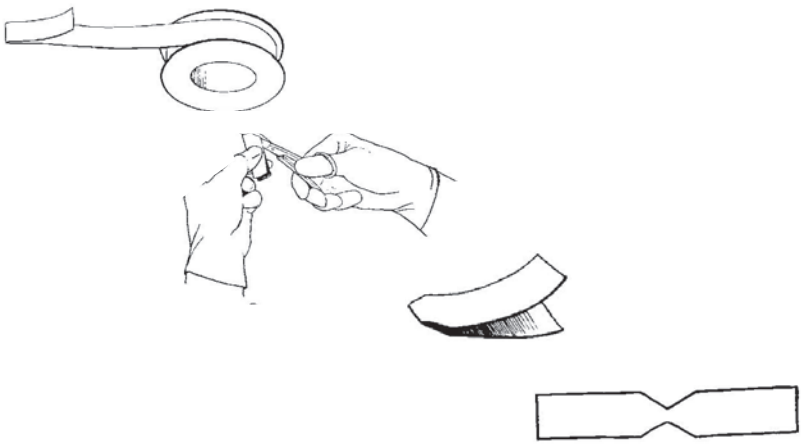
To close a shallow, clean wound, use butterfly bandages, glue, or stitches. (See the following pages for instructions.)

Steri-Strips (Butterfly bandages)

"Steri-Strips" (like the ones pictured here) can be purchased at a drugstore.

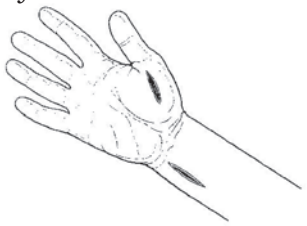
If no steri strips are available, you can make your own butterfly bandages. Use a butterfly bandage for a small cut.

Making a Butterfly Bandage



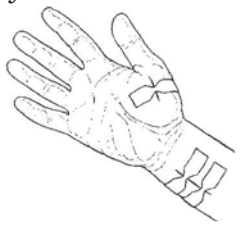
Applying a Steri-Strip or a Butterfly Bandage

Before:



The skin around the wound must be clean and dry for the bandage to stick.

After:

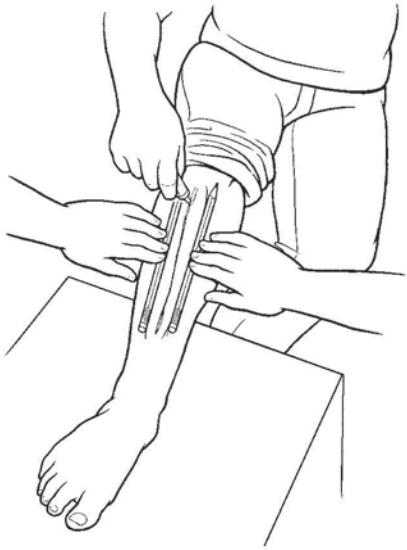


Apply the Steri Strips or Butterfly bandage on one side of the cut, and pull the skin towards the other side of the cut, closing the wound.

Glue

Super Glue or *Krazy Glue* (cyanoacrylate, a powerful adhesive) is easier to use than suture and works just as well for most wounds. Use it when you can clearly see how the two sides of the wound should go together. It may not work as well on hands or joints because they move so much. Do not use glue near the eyes or mouth. *Super Glue* may irritate the skin.

Step 1:
Make sure the wound is clean and the skin around it is dry.



Step 2:
Push the sides of the wound together. Keep fingers well away from the wound so they do not stick to the glue. A helper can use a couple of clean sticks to hold the sides together.

Step 3:
Squeeze a line of glue along the closed edges of the wound.

Step 4:
Hold the wound closed for 30 seconds. Then add another layer of glue. Wait another 30 seconds or so, and then add a third layer. Each layer should cover a little more of the surrounding skin than the last.

The glue will wear away on its own. By then the wound should be healed.

Stitches (Sutures)

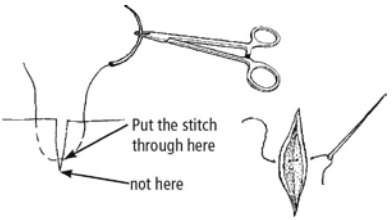
SUTURES SHOULD ONLY BE PLACED BY A MEDICAL PROFESSIONAL SUCH AS A DOCTOR, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT WITHIN 8 HOURS OF AN INJURY.

A cut will benefit from stitches if it is shallow and long, or if the edges of the skin around the cut do not come together by themselves.

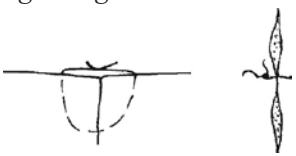
Line up the edges. The edges of the wound should come up slightly above the skin instead of tucking into the wound.

Make the depth and the length of the stitch the same on each side of the wound.

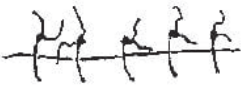
Step 1:
Put the stitch through the cut, not under the cut. If you do not have suture or a curved suturing needle, sharpen a sewing needle. Boil the needle, some silk or nylon thread, and a small pair of pliers for pulling the needle through tough skin.



Step 2:
Tie a secure knot.



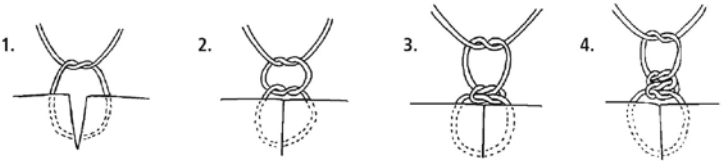
Step 3:
Make enough stitches to close the whole cut.



A deep wound should get a couple of stitches inside the muscle with dissolvable suture before sewing the skin together. If you cannot do this then do not close the wound.

Leave stitches in place for about one week (10 days for a leg wound). Then cut each stitch and pull it out. If you spend some time sewing clothes, you will find that your skill to suture wounds improves as well.

How to tie a strong knot:



Deep Wounds

Get patient with deep wounds to safe hospital or medical care as soon as possible.

Deep wounds should generally be left open to heal. Wounds that are not closed properly can easily become infected. Rough, messy wounds and puncture wounds in particular should be cleaned twice a day with boiled water and kept open, or re-opened, so they will heal from the inside.

Deep wounds can develop a tetanus infection, see page 50. The person should get a tetanus vaccination and an injection of antitetanus immunoglobulin.

If you are not sure whether closing a wound is a good idea, it probably is not.

Never close animal bites, puncture wounds, or rough, messy wounds.

Animal bites

Clean animal bites very well with soap and water for 15 minutes or more. Animal bites are likely to get infected, so give antibiotics.

For dog, monkey, bat and raccoon bites, get a rabies vaccination and immunoglobulin immediately. Signs of rabies are very similar to the flu, but unlike the flu, rabies is deadly.

Knife wounds

Deep knife wounds should usually be kept open and cleaned often.

Knife wounds to the chest or belly can be very dangerous. Get medical help. For what to do on the way, see page 58 for a knife wound to the chest, or page 60 for a knife wound to the belly.

Gunshot Wounds

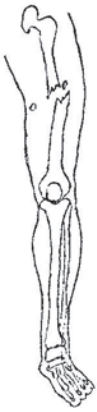
Follow the directions on page 34 to stop bleeding with direct pressure—both where the bullet entered and where it exited. If there is no exit wound, the bullet will have to be removed. Get medical help.

In all cases, wash the wound well.

For a bullet in the head, get help. On the way, raise the head a little with folded blankets or pillows. Cover the wound with a clean bandage.

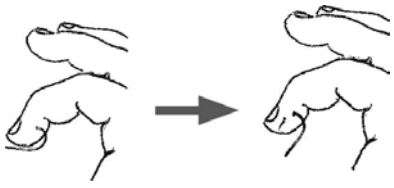
Gunshot wounds are likely to become infected. Get medical help if possible, even before any signs of infection appear.

If there is any chance that the bullet hit a bone, the bone may be cracked or broken through. Splint the limb and do not use it for several weeks. See broken bones, page 62.



Fish Hooks

Step 1:
Push the hook through the skin so it pokes out the other side like this:



Step 2:
Cut off the barb or the shank.

Step 3:
Pull the rest of the hook out

Infection

Any wound can become infected.

SIGNS OF INFECTION

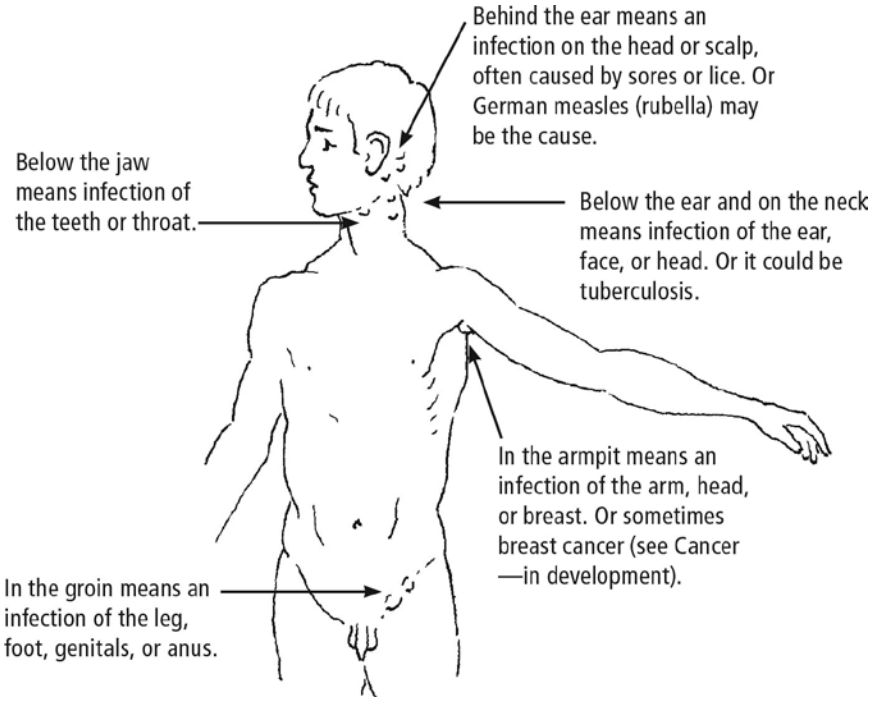
The wound is infected if it:

- becomes swollen, red, and hot
- has pus
- begins to smell bad

The infection is spreading to other parts of the body if:

- it causes fever
- the lymph nodes become swollen and tender

Lymph nodes—often called 'glands'—are little traps for germs that form small lumps under the skin when they get infected. Swollen lymph nodes mean infection.



TREATMENT FOR INFECTION

Clean the wound well. You may need to open up an abscess or remove stitches. Unless the infected area is small and getting better fast, it is usually wise to give antibiotics. Get patient to medical care to start antibiotic therapy. If the wound is deep, give a tetanus vaccination and tetanus immunoglobulin.

If the infection does not get better, it can spread through the blood. This is called sepsis (see following section).

Sepsis

Sepsis is when an infection spreads to the bloodstream. It is dangerous because it can lead to shock. If you suspect sepsis, get medical help quickly and treat the person on the way.

SIGNS OF SEPSIS

- Fever or too low temperature
- Fast heart rate—pulse is more than 90 beats per minute
- Fast breathing—more than 20 breaths per minute
- Difficulty breathing
- Splotchy or pale skin
- Less urine
- Confusion or losing consciousness
- Low blood pressure

The most important signs are fever or too low temperature, fast heart rate, and fast breathing. If the person has 2 or more of these signs, treat for sepsis.

TREATMENT

Get medical help. On the way:

- Watch for and treat any signs of shock (page 38)
- Get the patient to a doctor, nurse practitioner, or physician's assistant or a safe hospital ASAP to start antibiotic treatment
- Clean any infected wounds, remove dead skin, drain abscesses and pus.
- If the person is breathing well, give fluids to drink. Give small sips frequently.

Tetanus (lockjaw)

Tetanus is a deadly infection that gets into a wound or the umbilical cord, and then spreads throughout the body.

Signs of tetanus can start a day or weeks after an injury.

SIGNS

- Sweating.
- Fast pulse.
- Tense contractions of all the muscles.
- During contractions, breathing may stop.
- Extreme muscle spasms that come and go.
- Lockjaw (cannot open the mouth easily).
- Stiff neck and a stiff, board-hard belly.

Get medical help fast for these signs!

PREVENTION

Tetanus is much easier to prevent than to treat. Vaccination and good wound cleaning are the best prevention.

Wounds most likely to develop tetanus

- Puncture wounds.
- Gunshot wounds.
- Broken bones, when the bone pokes through the skin (open fractures).
- Severe burns or frostbite.
- Unsafe abortions and injections or piercings with reused, unsterilized needles can also lead to tetanus.

Clean these wounds well and give antitetanus immunoglobulin if tetanus vaccinations are not up to date. Also give metronidazole.

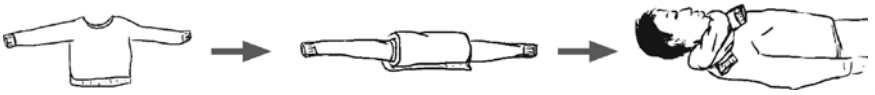
Newborn tetanus

Newborns become infected with tetanus through the umbilical cord. You can protect infants by cutting the cord with a boiled blade, by keeping the cord clean, and by vaccinating the pregnant mother.

Spine and Neck Injuries

Inside the bones of the spine is the spinal cord, an extension of the brain. An injury to the spinal cord can cause life-long disability or death. If there is any chance the person hurt his spine, you can protect him from further injury by **keeping his neck and back still**! If a person is in immediate life threatening danger, carefully move them to safety before immobilizing them.

Assume that the spine may be injured after any car, motorcycle, or bicycle crash, any big fall, or blow to the back or head. Keep the neck and back still so they cannot turn side to side or up and down, which could further damage the spine. Tape a roll of clothes, fabric, foam, or something else around the neck to keep it from moving.



Do not give pain medicine until you are sure there is no injury to the spine. Pain reminds the person to keep still.

SIGNS OF SPINE INJURY

- Pain or tenderness along the neck or spine
- Weakness or loss of movement in the arms or legs
- Numbness in the arms or legs

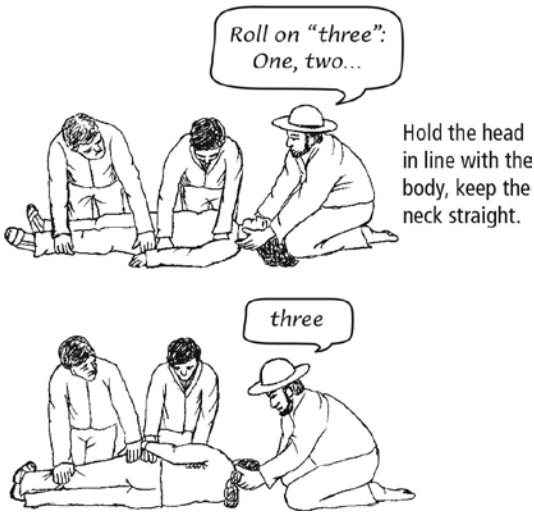
Other signs of spine injury include loss of control of urine or stool, difficulty breathing, or shock (page 38). If there is any doubt, it is safest to treat the person as if he has a spine injury.

To check for spine injury, ask the person to stay flat on his back and to raise his knees. Then ask him to raise his arms. Can he move them? Does he feel pain? Touch the fingers and toes. Can he feel your touch? Can he feel your pinch?

If there is a place on the body below which the person cannot move or feel, the bones in the spine are broken. But with help from others, you can prevent his problems from getting worse.

If he still has feeling and movement, feel the spine itself. Carefully "log roll" him to his side like this to check his whole back.

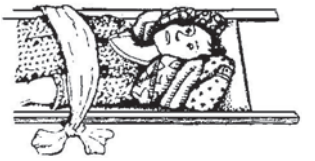
Keep the head, neck, and back in one straight line as you roll. Then keep the body still, and gently feel each bump along the back bone, from the back of the head to between the buttocks. Feel for bones out of place, breaks, or pain.



Use the same group effort to carefully roll him back.

(If the person is vomiting, move his arm or place something else under his head so he can stay on his side.)

If there is pain or tenderness, the person needs x-rays to see if there are smaller breaks in the bones. He will need to rest in one position, being turned every few hours but keeping the neck and back still, until pain subsides in a week or so.



To move the person, log roll him onto his side and put a long flat board, like a wooden door, under him. Then roll him back onto the board. Use a few long strips of strong tape or cloth to secure his head, chest, and thighs to the board. If you must keep the person on this board for a long time, you should roll him to his side every couple of hours.

Head Injuries (Concussions)

If someone falls, gets hit in the head, or is in a vehicle accident, watch for signs of brain injury. It can be difficult to tell if there is brain injury if the person has been drinking or using drugs because many of these signs can be the same. Also check anyone with a head injury for neck or spine injuries (see page 52), as these two can go together.

SIGNS OF A MILD BRAIN INJURY OR CONCUSSION

- Confusion or loss of consciousness that gets better on its own in a short time
- Not remembering what happened
- Temporary blurry vision or "seeing stars"
- Nausea or vomiting that does not last long
- Headache, dizziness, or tiredness

Get patient with any of these signs a doctor as soon as possible for medical assessment. The patient should rest for about 24 hours and take a mild painkiller such as Tylenol or Acetaminophen, but not narcotic pain pills because they mask the signs of a worsening injury, or Aspirin or Ibuprofen because they can worsen any bleeding. Watch the person for the first 24 hours. If she goes to sleep, wake her every few hours to see if she can still answer questions and think clearly. In the hours after the injury, if the person becomes more confused, gets a headache that gets worse and worse, or loses consciousness or has a seizure, there is likely bleeding inside the skull and immediate medical help is needed.

SIGNS OF SEVERE BRAIN INJURY

Call an ambulance or transport immediately to a safe hospital for any of these signs:

- Unconsciousness
- Severe or worsening headache, changes in vision, loss of balance
- Nausea and vomiting
- Confusion, personality changes, aggression
- Irregular (very slow or very fast) heart rate
- Fast, shallow breathing or breathing that is irregular (sometimes fast, sometimes slow)
- Warm, flushed skin
- Seizures
- Blood or clear fluid leaking from the ears or nose

These signs may happen hours after the injury:

- One pupil bigger than the other

- Bruises around both eyes or behind the ears

Bleeding from the head

Head wounds bleed a lot. If you are sure the spine is not injured, ask the person to sit up, or prop her up, to decrease bleeding. Use pressure to stop the bleeding, then wash the wound well before closing it with sutures or glue. If you have no supplies you can tie the hair together across the wound, to help keep it closed, like this:

If the head is cut open, look for injury to the skull underneath. If you believe there may be an opening into the skull, apply pressure on each side of the wound and avoid pressing hard on the injured part of the head.

Nosebleeds

Pinch the nose firmly, just below the hard bony part.

Hold tight for 10 minutes—do not stop to check if the bleeding has stopped or the blood can start flowing again. If the nose still bleeds after 10 minutes, try pinching for another 10 minutes.

While most nosebleeds get better, any uncontrolled bleeding is dangerous. Beware especially of nose bleeds in old people.

PREVENTION

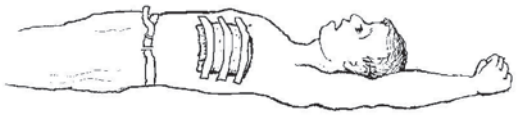
Rubbing a little petroleum jelly inside the nose might keep dryness from causing bleeding. Nose picking is a common cause of nosebleeds.

Chest Wounds and Broken Ribs

Tenderness to the touch, or stabbing pain with breathing or coughing after an injury to the chest may be a broken rib. Feel along the rib with your fingers. If there is a spot where it sticks up under the skin, or where it dips in and is very tender, it is broken. If only one rib is broken and it is not poking in or out of the body, give pain medicine. The person should avoid lifting and hard work for a few weeks. It will heal without any special treatment. Remind person to take deep breaths every few hours. This hurts, but keeps the lungs working.

A fall or crushing injury can break many ribs at once.

Many broken ribs (flail chest)



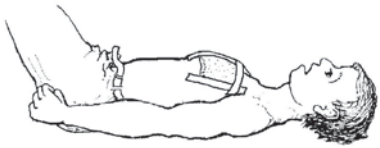
1. Tape a thick pad, or folded piece of clothing over the broken ribs.
2. Lay the person in whatever position best helps them breathe.
3. Watch for signs of shock (page 38) and get them to the nearest safe hospital care.

Deep chest wounds

A gunshot, stab wound, explosion, or badly broken rib can cause air to leak in and out of the lungs.

1. Immediately cover the opening with a chest seal if available – or anything airtight, a gloved hand, like a bandage covered in petroleum jelly, a folded clean plastic bag or garbage bag.

2. If not using a chest seal, tape only 3 sides so air can get out but not get in. (See the following section for instructions on correct chest seal application.)



3. Lay the person in whatever position best helps them breathe. Get them to the nearest safe hospital care.

Chest Seal Application

DSA Medics works to supply all medics we train with a set of chest seal dressings. Modern chest seal dressings (branded Halo or Hyfin) are designed to be quickly applied regardless of the condition of the wound and skin around it.

When you have assessed a deep chest wound (sucking chest wound) during your trauma assessment, remove the clothes on the chest with scissors or shears. Have someone hold firm pressure over the wound with a gloved hand while you remove the first seal from the packaging.

Apply the first seal to the wound, with the wound centered in the seal.

Continue the trauma assessment for additional chest wounds, especially on the back (such as an exit wound). Treat any additional deep chest wounds, and continue your assessment and treat injuries as you find them, until all chest trauma has been addressed. If you run out of chest seals, you can make bandages as instructed in the previous section. Continue to assess for and treat life threatening injuries.

After all life threatening injuries are under control, cover the patient with a blanket to protect them from environmental injuries, and immediately prepare to transport the patient to safe hospital by ambulance or other vehicle.

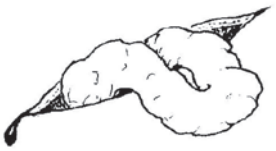
Abdomen Injuries and Wounds

If the belly has suffered a blow, such as from a hard fall, vehicle accident, or getting hit or kicked, look for bruises which are signs of bleeding trapped in the body. Too much bleeding inside the body can lead to shock. Also watch for these signs of serious injury to the abdomen:

DANGER SIGNS

- Severe pain
- Confusion
- Belly hard like a board, or growing larger
- Signs of blood loss: feeling faint, growing pale, fast pulse

For any of these danger signs, treat for shock (page 38) and get help. Do not give any food or drink.



If part of the gut spills out of the body, cover it with a clean cloth soaked in lightly salted water and get help. Do not push the guts back in.

An object sticking out of the body

For an object sticking out of the abdomen, it is usually safest to leave it in and get help. Even if help is days away, do not pull out the object. Secure it in place with bandages or fabric.

IF YOU SEE ANY OF THESE SIGNS OF INJURY IMMEDIATELY GET THE PATIENT TO AN AMBULANCE OR SAFE HOSPITAL CARE

Heart Attack

Both men and women have heart attacks. Heart attack happens when blood flow to the heart is blocked for a long enough time that part of the heart muscle begins to die. This is usually caused by heart disease.

SIGNS

- Pressure, squeezing, tightness, burning, pain, or a full feeling in the chest
- The pain may spread to the neck, shoulder, arms, teeth, or jaw
- The pain usually comes on gradually, but sometimes can be sudden and intense
- Shortness of breath
- Sweating
- Nausea
- Feeling lightheaded

Chest pain is the most common sign for both men and women, **but often women do not feel chest pain**. Instead they feel shortness of breath, tiredness, nausea, vomiting, or back or jaw pain.

TREATMENT

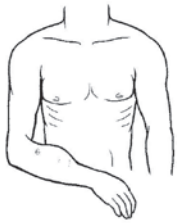
Give 1 tablet of aspirin right away. Ask the person to chew it up and swallow it with water. Even if you are not sure the person is having a heart attack, aspirin will do no harm.

If you have it, give nitroglycerine dissolved under the tongue. If available, morphine can help with the pain and fear. Reassure the person and get the patient to an ambulance or safe hospital care.

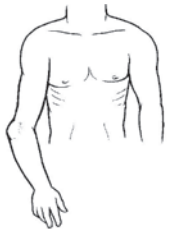
Broken Bones, Dislocations, and Sprains

First decide if the bone is broken or dislocated (out of joint), or if the muscles are sprained. It can be very hard to tell these injuries apart, and an x-ray may be necessary to know for sure. If you cannot tell if it is broken, dislocated or sprained, keep the body part still and get help. It is also possible to have a combination of these injuries.

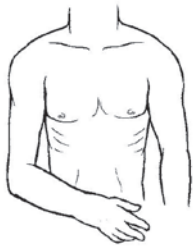
Give a pain killer such as acetaminophen or ibuprofen to help with the pain.



Broken
Mis-shapen in the middle of a bone or pain at one specific point on the bone, and little or no pain when it is kept still. Sometimes a bone could be broken even without being mis-shapen. An x-ray can tell you for sure if there is a break.



Dislocated
Deformed at a joint or unable to move a joint.



Sprain or Strain
Swelling and pain near a joint.

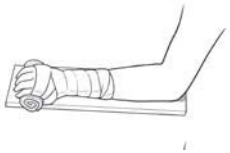
Broken Bones

Keep a broken bone still until someone with experience setting bones can set it and put on a cast. To help keep it still, make a splint from a folded piece of cardboard, a flat piece of board, the stiff spine of a palm frond, or something else straight and hard.

Make a Splint

Step 1:
Position the arm in its natural, resting position. The elbow should be bent.

Step 2:
Wrap a layer of bandage, gauze, or thin cloth or use the sleeve.



Step 3:
Rest the arm on the splint. Place a roll of fabric inside the hand. For legs, splint along the side.

Step 4:
Wrap around the splint with a bandage or strip of fabric to hold it in place.

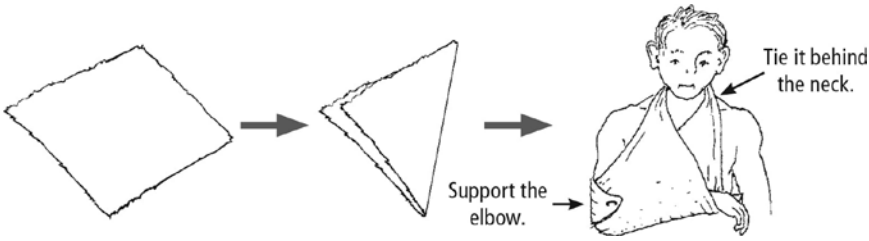
Leave fingers and toes uncovered and check often that they are warm and have normal feeling.

Splint a broken thigh bone from the hip all the way down to the ankle.

Splint a finger or toe to the one next to it.
Put a little soft padding in between them.

Make a Sling

You can use a sling to protect and support a wounded arm or shoulder.



Set a bone

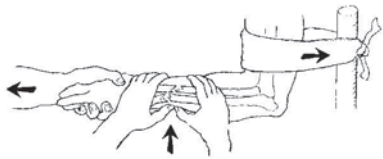
Wait for the swelling to go away before you set a bone.

If the bone is out of its natural position, setting it will help it heal. But if you do not know how to set a bone correctly, you can cause a lot of damage by doing it wrong. If possible, someone with experience should set a bone. Many communities have experienced bonesetters or community health workers who know how to do this well.

Step 1:
First give pain medicine. If available, you can also give an anti-anxiety medicine like lorazepam or diazepam to help the person stay calm.

Step 2:
Ask a helper to hold the part close to the body still or tie it to something that will not move.

Step 3:
Pull the more distant part with a slow, steady, strong force. Do not yank, but pull hard enough to separate the bones.



Step 4:
When the pieces of bone are separated, gently line up the two edges and let them come back together.

Do not try to set a bone if the break seems to go into the joint or if there seems to be more than one break, leaving a "floating" piece of bone in the middle. Do not jerk or force the bones in place. This can cause permanent damage. Get the patient to an a doctor, a nurse practitioner, a physician's assistant or safe hospital care.

Make a Cast

Casts can be made from pieces of cloth and a syrup or plaster mix that dries hard.

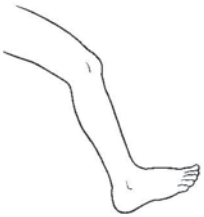
In Mexico several different plants such as tepeguaje (a tree of the bean family) and solda con solda (a huge, tree-climbing arum lily) are used to make casts. In India, traditional bone-setters make casts using a mixture of egg whites and herbs. The methods are similar. Any plant will do if a syrup can be made from it that will dry hard and firm and will not irritate the skin. Usually the plant is boiled in water until a thick syrup forms. Or use *Plaster of Paris* mixed with water.

Wait until the swelling has gone down before casting. This can take up to a week. In the meantime, support the limb with a splint and sling.

Step 1:
Make sure the bones are aligned. Compare the injured side to the uninjured side to make sure both look and feel the same.

Step 2:
Put the limb into this position:

Elbow bent, thumb up, and fingers slightly curved—as if holding a glass.



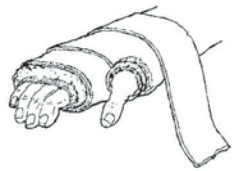
Knee slightly bent. Ankle bent as if the person were standing up.

Step 3:
Wrap the area to be casted in a loose, thin layer of cloth or a few layers of gauze. Cast an area that includes the joint above and below the break.

Step 4:
Then wrap in soft cotton or kapok. Give extra padding to bony parts, but do not over-pad, especially around the broken part.

Step 5:
Dip strips of flannel, clean sheets, or bandages in the syrup or plaster mixture.

Step 6:
Form a cast all around the area with layers of bandage. Leave fingers and toes uncovered. Keep the cast snug but not tight.



Step 7:
Smooth the inner wrapping over the edge of the cast, like this:

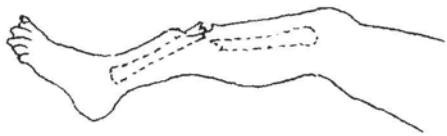
After the cast is on, rest the limb and keep it elevated when possible. Use crutches to avoid putting any weight on a broken leg.

If, at any time after the cast is on, the fingers or toes start to swell, feel more pain, turn red, pale, or blue, or lose feeling, **remove the cast immediately**. Failing to cut off a cast that is too tight can cause the person to lose the limb.

How long does a broken bone take to heal? A young child heals in a few weeks. An old person's bones take months and may never heal properly. Keep a cast on the arm for at least a month. Leg casts should stay on for about 2 months.

To remove the cast, soak it in water and carefully cut it off. After the cast is removed, be gentle with the broken limb for the same amount of time as the cast was on. Slowly start normal activities, such as putting weight on an injured leg.

Bone broken through the skin (open fractures)



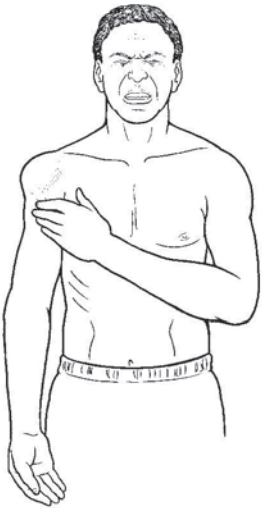
Open fractures are very likely to become infected. Clean the wound very well with lots of flowing water for 5 minutes or more. Splint the limb, and get the patient to an ambulance or safe hospital care.

Dislocations (bone out of the joint)

Re-set a dislocated bone as soon as you can. The longer you wait, the more difficult and painful it will be to fix.

The usual method is to pull the bone gently and slowly away from the joint, then let it "pop" back in correctly. Give an anti-anxiety medicine such as diazepam, and a general pain medicine such as ibuprofen half an hour before you attempt to

re-set the bone. If you cannot get the bone back in the joint, get help.

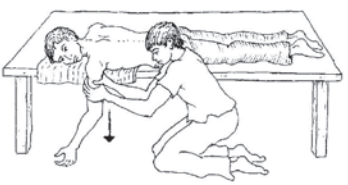


After resetting a dislocated joint, keep it still for 2 or 3 weeks with a brace or sling. Use a general pain medicine such as ibuprofen as needed. As soon as the pain has lessened enough to allow movement, take the joint out of the sling every few hours and gently flex or rotate it. For a shoulder, hang the arm down and let it move back and forth and in small circles. Be gentle with the joint for the following 2 or 3 months. Dislocations take a long time to heal.

If pain is severe after replacing a dislocated joint, there may be a broken bone.

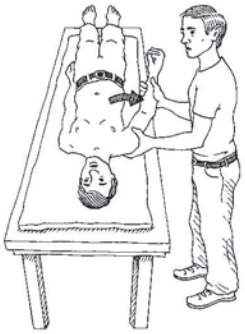
Dislocated shoulder

Pull the bottom of the upper arm strongly and firmly straight down. Or have the person hold a bucket with 10 - 15 pounds (5 - 7 kilos) of water for about 15 to 20 minutes. This will pull the arm down and the shoulder should go back into place.



If the shoulder does not go back into place, gently push on the tip of the scapula (wing bones) with your thumbs. The arm should 'clunk' back into place.

OR



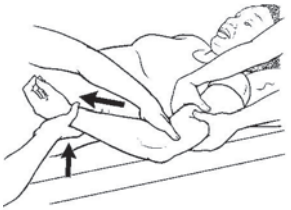
Slowly rotate the arm toward you like this. It is best to have a helper holding the person's body still, so that just the arm moves.

After, sling the arm like this to prevent it from slipping out of the joint again:

Dislocated elbow

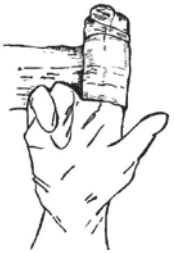
Step 1:
Have the person lie down, then place the forearm straight in line with the upper arm to line up the bones.

Step 2:
Have a helper firmly hold the upper arm. Pull the forearm towards you, and gently bend the elbow.



Step 3:
Now push straight down on upper arm as you bend the elbow the rest of the way. You should feel a "clunk." Splint the elbow to prevent it from slipping out of the joint again.

Important
If there is a lot of resistance, stop! You may break the bone. Splint the elbow like this and get medical help.



Dislocated finger

Firmly pull a dislocated finger out, and then push the base of the bone into place to set it.

Splint the dislocated finger to the next finger.

Sprains and Strains (twisting or tearing under the skin)

SIGNS

- Swelling
- Pain
- Bruising or redness

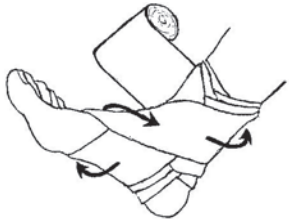
TREATMENT

- *Rest:* do not put weight on the injured part. Use a sling or crutches for 3 or 4 weeks.
- *Ice:* for about 30 minutes every 2 to 4 hours. Less often after a few days.
- *Compression:* wrap firmly with a bandage.
- *Elevation:* elevate on a pillow or folded blankets all the time at first, and every few hours after a few days.

These measures will lessen pain and swelling. If done right away and regularly, they will help the injured part heal more quickly and with fewer lasting problems.

Keep pressure and weight off the injury. Usually sprains and strains take 1 to 2 weeks to heal.

How to wrap a bandage



Start near the toes or fingers.

Wrap firmly, but not too tight. The toes or fingers should feel warm and have normal feeling in them.

Bruises

A bruise means that the tissue under the skin has been damaged and some blood is leaking out of the blood vessels. Bruises can hurt a lot and cause concern to the person, but they are usually not a problem. Treat a bruise the same way you would a sprain or strain: with rest, ice, compression, and elevation.

A bruise on the head or abdomen may be a sign of a more serious problem. If the person recently suffered a hard blow to the head, see page 55. If the person was struck in the abdomen, see page 60.

If you notice someone getting bruises often, or with several bruises at different stages of healing, it may be a sign of abuse.

Rape and Sexual Assault

Forced sex, sex that is not wanted or agreed to, is rape. Women (cis and trans), other trans and nonbinary people, and girls may be raped by people they know, strangers, family members, or their fathers, husbands, boyfriends or intimate partners of any gender. Cis men and boys are also raped.

Someone who has been raped may need first aid for any physical injuries. They will also need emotional support and care. Treat them with kindness and understanding. Do not blame them.

Rape can cause pregnancy in people with uteruses. Plan B or the "morning after pill" can significantly reduce the chance of pregnancy if taken within 72 hours of sexual contact, and can be bought over the counter in most drug stores or Planned Parenthood clinics. The sooner the survivor takes Plan B or the morning after pill, the more effective it is, be ready to make this available to the survivor. Rape can also spread sexually transmitted infections. To prevent HIV after rape, get the survivor to safe medical care as soon as possible.

It is important that a survivor of Sexual Assault may choose to take several courses of action based on what is best for them. The survivor may want to go to an emergency room for a rape kit to be collected, but it is normal for survivors of sexual assault to not want to do so because of the traumatic nature of sexual assault and a fear of being re traumatized by a medical exam. It is important that a survivor of sexual assault has the support of an advocate whatever decisions they make.

DNA evidence from a crime like sexual assault can be collected from the crime scene, but it can also be collected from the survivor's body, clothes, and other personal belongings. The survivor may choose to have a sexual assault forensic exam, sometimes known as a "rape kit," to preserve possible DNA

evidence and receive important medical care. Survivors don't have to report the crime to have an exam, but the process gives them the chance to safely store evidence should they decide to report at a later time.

You can call the National Sexual Assault Hotline at 800.656. HOPE (4673) or your local rape crisis center for support making any decisions surrounding sexual assault..

Regardless of whether you decide to go to the hospital survivors have the options of…

- Telling friends or not
- Seeking accountability in your community
- Seeking confidential support from your local rape crisis center which may be able to connect you with counseling and support groups

If you decide to go to the hospital…

- You can choose a hospital recommended by RAINN or your local rape crisis center
- You can call ahead to the hospital to make sure they have a SANE nurse (Sexual Assault Nurse Examiner, a specially trained nurse) on duty that day
- You can call your local rape crisis center ahead of time to have an advocate meet you there -- or if not, you can also have the hospital call for an advocate once you arrive
- You can choose to have a friend come with you
- You can seek medical care (i.e. Plan B or PEP) whether or not you have the hospital conduct a forensic exam
- If you choose to have the hospital do a forensic exam, you do NOT have to file a police report. The police will pick up the exam kit, but you do not have to see them or talk to them.
- After the police pick it up, you have the option of having it sit

in storage for up to 5 years while you consider whether or not you want to press charges.

If you decide to press charges…

- You can choose to release the kit to police, but not cooperate with the investigation. In this case, a detective will call you a couple of times or every so often, but you can just ignore their calls.
- If you choose not to ignore the detective's calls, they will get info from you, they will ask to talk to people you disclosed the assault to, and will look for other sources of evidence like security camera footage, things you did before or after, etc. After that, they present the evidence to the prosecutor, and the prosecutor decides if there is enough evidence to file charges. They have to be 90% certain they can prove this person did it in order to file charges.
- Court cases can take a long time but you may not have to be an active participant in the court case, or see the perpetrator.
- Your local rape crisis center may offer legal support. If you choose to file a statement, they will go with you and be there to handle follow up with the police, so you don't have to deal with it yourself.
- Note: if the survivor files a complaint, a friend who accompanied them to the hospital could be called as a witness. This is not a risk if the survivor decides not to file charges

ACCOUNTABILITY / RESTORATIVE PROCESSES AND LONG TERM SUPPORT

- Long term support can include supporting people in expressing and releasing their feelings, in some of the ways we talked about in the trauma section. (Logan available for further discussion during breaks)
- Increasingly, more people in our communities are receiving training and developing skills in restorative processes.

- Processes should be centered around what the survivor wants and what they are comfortable with, they should not be convened by an outside person
- It may also take some thinking through of pros and cons on the part of the survivor, to decide if they want to start a process.
- Processes may or may not involve engaging with the perpetrator, it could just be a process of finding and planning support for the survivor.
- There are trainings available but processes do not necessarily require specialized training, it can be as simple as bringing together a group of friends in a support circle to meet someone's immediate needs, or to make a demand of a perpetrator.
- There are also some good do it yourself resources out there about these processes, including resources from INCITE!
- DSA locals should a Harassment and Grievance officer per the national harassment and grievance policy, and the national organization has set up a form to fill out if your local is not responsive

To find a location nearby that performs sexual assault forensic exams, call the National Sexual Assault Hotline at 800.656. HOPE (4673) or talk to your local sexual assault service provider (http://centers.rainn.org).

Follow up with the survivor in a few days to see how they are doing emotionally and physically. Check cuts or tears for signs of infection. Bladder infections are especially common after forced or violent sex.

Sexual Assault Forensic Exams

What is a rape kit?

You may have heard the term "rape kit" to refer to a sexual assault forensic exam. The term rape kit actually refers to the kit itself—a container that includes a checklist, materials, and instructions, along with envelopes and containers to package any specimens collected during the exam. A rape kit may also be referred to as a Sexual Assault Evidence Kit (SAEK). The contents of the kit vary by state and jurisdiction and may include:

- Bags and paper sheets for evidence collection
- Comb
- Documentation forms
- Envelopes
- Instructions
- Materials for blood samples
- Swabs

Preparing for a sexual assault forensic exam

Encourage the survivor to try to avoid activities that could potentially damage evidence such as:

- Bathing
- Showering
- Using the restroom
- Changing clothes
- Combing hair
- Cleaning up the area

It's natural to want to go through these motions after a trau-

matic experience. If they have done any of these activities, the survivor can still have an exam performed. They may want to bring a spare change of clothes with them to the hospital or health facility where they're going to have the exam.

In most cases, DNA evidence needs to be collected within 72 hours in order to be analyzed by a crime lab—but a sexual assault forensic exam can reveal other forms of evidence beyond this time frame that can be useful if the survivor decides to report. Encourage them to place their belongings, including the clothes they were wearing, in a paper bag to safely preserve evidence. If you or the survivor have questions about the time frame, you can call the National Sexual Assault Hotline at 800.656.HOPE (4673) or talk to your local sexual assault service provider (http://centers.rainn.org).

How long is the exam?

The length of the exam may take a few hours, but the actual time will vary based on several different factors. It may be helpful to have someone to support the survivor during this time. If you (or they) call the National Sexual Assault Hotline (800.656.HOPE) or contact a local sexual assault service provider (http://centers.rainn.org), they may be connected with an advocate who can talk to them about the examination and offer support. This advocate may also be able to accompany them during the actual exam. Make the survivor aware that if they invite someone other than an advocate into the exam room, they could be called as a witness if the survivor decides to report the crime.

What happens during a sexual assault forensic exam?

The steps below outline the general process for the exam. Remember, the survivor can stop, pause, or skip a step at any time during the exam. It is entirely their choice.

- ***Immediate care.*** If they have injuries that need immediate

attention, those will be taken care of first.

- ***History.*** They will be asked about their current medications, pre-existing conditions, and other questions pertaining to your health history. Some of the questions, such as those about recent consensual sexual activity, may seem very personal, but these questions are designed to ensure that DNA and other evidence collected from the exam can be connected to the perpetrator. They will also be asked about the details of what has happened to them to help identify all potential areas of injury as well as places on their body or clothes where evidence may be located.

- ***Head-to-toe examination.*** This part of the exam may be based on their specific experience, which is why it is important to give an accurate history. It may include a full body examination, including internal examinations of the mouth, vagina, and/or anus. It may also include taking samples of blood, urine, swabs of body surface areas, and sometimes hair samples. The trained professional performing the exam may take pictures of their body to document injuries and the examination. With their permission, they may also collect items of clothing, including undergarments. Any other forms of physical evidence that are identified during the examination may be collected and packaged for analysis, such as a torn piece of the perpetrator's clothing, a stray hair, or debris.

- ***Possible mandatory reporting.*** If the survivor is a minor, the person performing the exam may be obligated to report it to law enforcement. You can learn more about mandatory reporting laws in your state through RAINN's State Law Database (https://apps.rainn.org/policy-app/index2.cfm).

- ***Follow up care.*** The survivor may be offered prevention treatment for sexually transmitted infections and other forms of medical care that require a follow up appointment with a medical professional. Depending on the circumstances and where they live, the exam site may schedule a follow up appointment, or they can ask about resources in your community that offer follow up care for survivors of sexual assault.

Someone from the exam site may also be able to provide information or resources about reporting options (https://www.rainn.org/get-information/legal-information/reporting-rape).

Who can perform the exam?

Not every hospital or health facility has someone on staff that is specially trained to perform a sexual assault forensic exam and interact with recent survivors of sexual assault. When you call the National Sexual Assault Hotline at 800.656.HOPE (4673) you will be directed to a facility that is prepared to give you the care the survivor needs.

- *Sexual Assault Nurse Examiners (SANEs):* Registered nurses who receive specialized education and fulfill clinical requirements to perform the exam
- *Sexual Assault Forensic Examiners (SAFEs) and Sexual Assault Examiners (SAEs):* Other healthcare professionals who have been instructed and trained to complete the exam

Why should someone consider having a sexual assault medical forensic exam?

It won't cost them – they should not be charged for the exam. The Violence Against Women Act requires states to provide sexual assault forensic exams free of charge if they wish to remain eligible for critical anti-crime grant funding. If the survivor is charged for the exam, they (or you) should immediately contact a local sexual assault service provider (http://centers.rainn.org/).

The survivor can have time to decide if you want to report. The decision to report the crime is entirely theirs. It may take some time to decide what to do. Having a sexual assault forensic exam ensures that the forensic evidence will be safely preserved if they decide to report at a later time.

It increases the likelihood of prosecution. The importance of DNA evidence in sexual assault cases cannot be overstated.

Not only does DNA evidence carry weight in court, but it may prevent future sexual assaults from occurring. Even if the perpetrator is not prosecuted, their DNA may be added to the national database, making it easier to connect the perpetrator to a future crime.

The health of the survivor matters. Sexual assault can affect their physical health. They may have injuries and trauma related to the assaults that aren't immediately visible. During an exam they may be able to access treatment for these injuries, receive preventative treatment for STIs, and obtain emergency contraception to prevent pregnancy.

How long will the evidence be stored?

The amount of time an evidence kit will be stored varies by state and jurisdiction. A SANE, advocate, or law enforcement officer should let you know how long the evidence will be stored and the state's rules for disposing the kit. It's important to note that the amount of time the kit is stored doesn't necessarily match up with the amount of time that legal action can be taken against a perpetrator, also known as the statute of limitation (https://rainn.org/statelaws). If you or the survivor has questions about timing, statutes of limitation, or any other concerns, contact a local sexual assault service provider (http://centers.rainn.org).

Primary Prevention of Sexual Assault

Public health classifies prevention efforts into three levels:

- *Primary prevention* approaches aim to stop sexual violence before it occurs; preventing initial victimization and perpetration.
- *Secondary prevention* approaches are immediate responses to sexual violence to deal with short-term consequences.
- *Tertiary prevention* approaches are long-term responses to sexual violence to deal with lasting consequences.

While it is important to work across the levels of prevention, historically prevention has occurred at the secondary and tertiary levels therefore currently there is much emphasis on primary prevention. Primary prevention efforts address the root causes of sexual violence. In line with public health, this approach shifts the responsibility of prevention to society and off of survivors.

For many years, the staff of sexual violence prevention programs have worked to get a foot in the doors of schools, community organizations, and faith communities. They have convinced educators and community leaders that sexual violence does happen in their communities and that youth and adults need to learn about it. While the work is ongoing, great strides have been made in dispelling myths and shifting the blame away from survivors. Now the field is being asked to shift their focus. Based on research that consistently shows that changing attitudes does not change behaviors, the emphasis is now on changing behaviors through building skills, altering social norms and other strategies to shift the cultural foundations of sexual violence. While this is a radical shift, it is a familiar idea. In fact, the word Radical comes from the Latin for root. Its connotation is of getting to the root of the problem. Primary prevention is about addressing the roots of sexual violence — preventing sexual violence before

It occurs by changing social and cultural norms and systems. In essence, it is changing our rape culture to a violence-free culture

that promotes safety, equality and respect. Primary prevention also brings us back to the roots of the rape crisis movement. The first gatherings of women strategizing about the need to do something — the Take Back the Night marches and Speak-Outs — the demands for public accountability of perpetrators and changes to the laws that protected them — all of these have been acts aimed at preventing sexual violence. Often people working in the movement have been frustrated that their social action and social change agendas were not fundable. Now with the emphasis on primary prevention, those agendas can be supported. Rather than creating communities that are simply more aware of sexual violence, we can create communities that are successfully ending sexual violence.

Although primary prevention is at the root of the movement to end sexual violence, many programs are struggling to define how to do this work. What might primary prevention look like in our communities? How do we choose effective strategies? What resources do we need in order to implement primary prevention programs? How do we convince community leaders to make this shift with us?

The National Sexual Violence Resource Center (NSVRC) outlines five of the common norms that shape our attitudes, values, and behavior and contribute to the environment of sexual violence:

- **Gender**: limited roles for and objectification and oppression of women
- **Power**: value placed on claiming and maintaining power (manifested as power over)
- **Violence**: tolerance of aggression and attribution of blame to victims
- **Masculinity**: traditional constructs of manhood, including domination, control and risk-taking;
- **Privacy**: notions of individual and family privacy that foster secrecy and silence.

Consent & The Revolution

Rape and sexual assault have historically been sources of conflict, division, and fragmentation on the left. When organizers are victimized, they lose the critical feeling of safety and well being, especially when they are victimized by someone within their organization. Establishing new norms of consent is critical to keeping all of our organizers safe, and protects our work as we build socialist revolution. Maintaining intimate relationships with those we organize with is hard, and ambiguity around sexual encounters between organizers can make those relationships even more difficult to maintain. What often gets left out of discussions surrounding consent is how exactly you go about the business of obtaining and providing consent in real-life situations.

There's more than one way to approach consensual sex. The debate is still raging over where exactly the line of consensual sex versus sexual assault should be drawn: Some insist that the old "only no means no" approach is adequate, which is the idea that unless you explicitly say "no," you are implicitly consenting to whatever is being done to your body. Others argue that we need a new standard of "only yes means yes," which is the idea that unless you explicitly say "yes," you are not giving consent. But regardless of where you think the legal lines should be drawn, we can all agree that we want both ourselves and our partners to be willing participants in any intimate encounter. That is to say that every encounter that enters a person's intimate space is ideally met with radical consent, rather than a situation where someone feels obligated or pressured to say yes, despite not being totally excited about participating.

There is no single approach for negotiating enthusiastic consent that will work for every person in every situation, but here are some things you can do to ensure that both you and your partner will be happy and comfortable with the physical activity you engage in.

The following content was adapted from "Everything You Need to Know About Consent That You Never Learned in Sex Ed" by Lydia Ortiz, Teen Vogue, April 18, 2016.

Obtaining Radical Consent

The person initiating the sexual encounter, or initiating the escalation of sexual intimacy in the sexual encounter is responsible for making sure the other person feels safe, comfortable, and is truly enjoying themselves. Here's what you need to know about obtaining radical consent.

Start by asking permission for public displays of affection
Start making it a habit to ask permission before giving hugs and kisses to friends and comrades in public spaces. When you ask permission to enter someone else's personal space in public, you avoid making that person feel obligated to be available for you to touch. Touch can be triggering and upsetting to those who don't want it, and asking establishes that you are taking the other person's comfort and safety into account. This is especially important for cis men to practice, as some cis men believe and act as though they have a right to such interactions with comrades, which can lead to them assuming they have a right to access the bodies of comrades in more intimate situations.

Avoid partners who are vulnerable
When people are intoxicated, sexually inexperienced, in a new situation, or acting recklessly or immature, their physical and/or mental capacity to make informed sexual decisions is impaired or limited. The more vulnerable they are — and the more vulnerable than you they are — the greater the risk they will feel coerced or regretful the next day. If they are particularly vulnerable (like heavily intoxicated, asleep, unconscious, or not of legal age), they are not legally capable of providing consent, and sex with them is by default sexual assault, no matter how eager they seem.

Establish reciprocal interest before you start thinking about physical touch.
Are they making eye contact, smiling at you, leaning in, chatting excitedly? Don't just come up to someone out of nowhere and ask them if you can kiss them, or worse, touch them. The other part of this has to do with trying to ensure your partner's intentions and expectations of an encounter are in line with yours. If you just want a casual hookup, but they are hoping for a relationship, find out if they'd be OK with it.

Negotiate consent verbally.
Explicitly asking for permission is the most obvious way to escalate to physical touch, and the one most commonly discussed when radical consent is brought up: "May I kiss/touch/take your shirt off…" "Is it OK if I ____?" For safest results, it's good to ask permission for any escalation in intimacy, so a permission to kiss someone is not an automatic permission to touch them below the belt. This is an effective method that is preferred by some people, but it is also the one many people feel is a potential mood-killer.

Luckily, there are other ways to verbally obtain consent. Instead of asking for permission, you can offer your partner something you'd like to do for them. "I would love to kiss you/give you a massage/take your shirt off... Would you like that?" Or, alternatively, you could invite them to do something to/for you: "I'd love a massage. Would you like to give me a back rub?"

Another way to do this is to tell your partner what you plan on doing for/with/to them before you actually do it, an approach known as safe-porting. That gives them a chance to process that info and decide whether they are on board with your ideas. For example, if you're making out with your clothes on, you can say "I'm gonna slide my hand underneath your shirt...," then wait for their reaction — verbal or nonverbal — before you decide whether you should actually do it or not.

Encourage your partner to say "no" (as well as "yes") at any point.
Regardless of the primary method of obtaining consent you choose to take, you can always add this to the mix. Some time early in the physical encounter, pause for a moment and say something like what author Michael Ellsberg says: "I want you badly, but I'm also committed to you feeling totally safe and comfortable with me. So if anything I do with you makes you feel even slightly uncomfortable, I want you to say 'Stop' or 'Slow down' immediately and I'll stop or slow down." (http://www.ellsberg.com/affirmative-consent-and-erotic-tension)

Err on the side of caution.
If you're not sure whether your partner is providing enthusiastic consent, err on the side of caution — especially if you're hooking up with a new partner, or someone more vulnerable than you. General rules of thumb: Only take enthusiastic "yes" (either verbal or nonverbal) as "yes." Take "no," "maybe," and doing nothing at all as no; even take a hesitant "yes" as no. If they seem hesitant, give them time and space to make a decision without pressure. Say something like, "You seem hesitant right now, why don't you think it over and maybe we'll do that next/some other time." There will be other opportunities.

Providing Radical Consent

Most of the conversations around consent revolve around obtaining consent, placing all the responsibility in the hands of the person initiating the action. But in every sexual encounter, each of us has just as much responsibility to provide continuous enthusiastic consent as we have to obtain it. It is important to let your partner know you are really into it — and you have to be completely honest about it. You must own your "yes" as well as your "no."

Share your intentions and limitations.
What are you looking for in this scenario? If you wouldn't be hooking up unless this had potential to be more than a hookup, let your partner know. If you wouldn't be doing this if they had

another partner, ask them whether they're single. Don't assume that just because you want or don't want something that the other person is on the same page.

Let your partner know what kind of consent works for you.
And do this before or as soon as things start turning sexual. Are you the kind of person who likes to take things slow, be asked verbally before any escalation of physical closeness, and checked in with often? Tell them that. If you're new to sex, or with a new partner, this is probably the way to go.

Provide continuous positive feedback.
Provide continued "yes" feedback. You can do this verbally, by saying things like "yes," "that feels good," "I like that," and by telling your partner how and where to touch you. Or you can do it nonverbally, by touching your partner, returning their kisses, taking their clothes off, and showing them how and where to touch you.

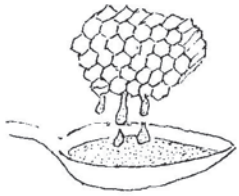
Err on the side of caution.
If you're not sure what you want, err on the side of caution and say "no." Especially with new partners you don't know well or when you're feeling vulnerable. You can always change your mind to a "yes" later.

Keep in mind, there is no one type or form of consent that works for everyone in every situation. Which approach you take will depend on who you are, who your partners are, and what the situation is. Also keep in mind that no one was born knowing how to negotiate these situations. We're all always learning and improving, and making mistakes. When you screw up, make amends (as much as possible), then learn from your mistakes and don't repeat them. And remember, like with many things in life, practice makes perfect.

Burns

Minor burns

For a minor burn, immediately pour cool water over the burned skin for 15 to 30 minutes. This will cool and clean the skin and help reduce the pain.



Keep the area clean with mild soap and water as it heals. Honey or aloe vera juice speed healing of smaller burns, but should be put on only after the burn has cooled.

Minor burns should heal in about 1 to 3 weeks.

Dangerous burns

Dangerous burns include:

- Deep burns (called deep partial thickness, or full thickness burns). They do not hurt unless pressed on because the nerves have been destroyed. They do not change color if pressed on. They may look mottled in color, or if deeper, they may be waxy white, leathery gray, or charred black.
- **Large burns.** A large burn is one that covers 10% or more of the body. Even if not deep, a burn this large is dangerous. You can estimate how much of the body is burned based on the size of the palm of the hand of the burned person. Does the burn cover about the size of one palm? That is about 1% of their body surface. 10 palms is about 10%.
- A burn that covers a joint, the face, or the genitals. These can scar badly and disable the person, especially a child.
- Burns combined with other injuries.
- **Burns in children.** Children have much more difficulty recovering from burns and whenever possible should be cared for in hospitals equipped to treat burns.

Get the patient with dangerous burns to an ambulance or safe hospital care. On the way to the medical center, give small sips of water frequently if the person is alert. Cover the area of the burn with a very clean cloth. For dangerous burns, avoid immersing the burn in cold water—it can make the body temperature drop too low and the person can become dangerously cold. Try to calm the person.

TREATMENT

Treatment of patients with large or dangerous burns is complex and difficult. Move the patient as quickly as possible to safe hospital care.

- A person with a large or deep burn can easily become dehydrated because body fluids are lost as they ooze from the burn. Give extra fluids. It is usually considered best to give intravenous (IV) fluids, but large quantities of rehydration drink will work for someone who is alert and able to drink. Dehydration can also lead to shock, so watch for the signs listed on page 38.

- Burns and the area around them are very prone to infection. Keep the burn clean and wash it each day with running water or by briefly soaking it in clean water. A little mild soap is helpful but do not use disinfectants or iodine—they will delay healing. Gently wipe or scrape away small amounts of dead tissue.

- Cover the burn with antibiotic ointment and then with very clean fine mesh gauze or another very clean dressing. Wrap firmly to create pressure without cutting off circulation. Change the bandage each day and every time it gets dirty. A dirty bandage can cause infection. You may need to soak off a bandage that has stuck in place. Be sure to individually wrap and separate burned fingers and toes.

- Get the patient to a doctor, nurse practitioner, or physician's assistant or a safe hospital as soon as possible to start antibi-

otic treatment if any of these signs of infection appear: the skin smells bad, has pus, becomes more red or hot, or the person gets a fever. Also make sure tetanus vaccinations are up to date.

- If a blister has opened, keep the area clean. If the blister has not opened, do not try to pop it. Opened blisters are more likely to get infected.
- Burns are extremely painful. Do not hesitate to give strong pain medicine including morphine or other opiates. Always give pain medicine before cleaning or changing a dressing on a serious burn. As burns heal they can start to itch. An antihistamine provides some relief (see page 75).
- Plenty of nutritious food including extra protein is needed to help a burn heal. Even though you may not feel hungry, eat 4 or more high-energy meals a day plus snacks while healing.
- Burned parts may become stiff and immobile as they heal, especially if the burn is on a joint. These parts must be moved every few hours. If the person cannot move a joint herself, gently help her.

As with any serious injury, get help if the person gets worse or you cannot provide needed care.

Electric Shock

Electric shock can cause burns or can stop the heart.

Move the person, not the wire, to protect yourself.

1. Shut off or remove any source of electricity before attempting to move the patient. If you cannot do that, try to move the person away from the source of electricity and out of any pools of water.

2. Electric shock can stop breathing. Give rescue breathing (see page 28).

3. If there is no heartbeat try to start the heart by giving chest compressions – press hard and fast on the middle of the chest (see page 32). It may take a long time. Keep trying.

4. If the person is breathing and her heart is beating, look for signs of burns. Like a gunshot wound, there should be both an entry and exit burn.

5. Check for other injuries. Mental confusion, nerve damage (problems with feeling or movement), hearing loss, or circulation problems can all arise. If the person fell, he may have a head injury, broken bones, or bleeding.

If the shock was low-voltage, and the person has no sign of problems after a few hours, he will likely be OK. If the shock was high-voltage or from lightning, or if the person has lingering problems, be more cautious. Burns inside the body can be much more severe than burns on the skin where the electricity entered and left the body. IV fluids and other remedies may be needed. It may take days or weeks to know the real damage.

Chemical Burns

Protect yourself first: Wear long sleeves and gloves or bags over your hands. Cover your mouth with a handkerchief. Wash yourself and your clothing thoroughly after helping anyone who has been exposed to chemicals.

The best way to prevent damage from chemical burns is to **get the chemical off as fast as possible**.

1. Take off clothing and jewelry near the burn.

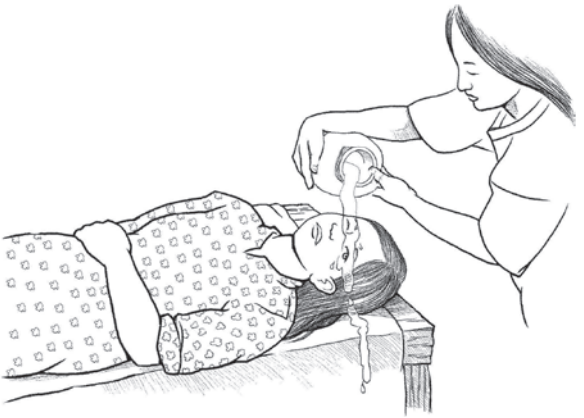
2. If the chemical is sticky, quickly scrape it off with a flat stick, the side of a knife, or something else stiff.

3. Once you have scraped off all the chemical you can, **rinse the area with lots and lots of water**. Water can cause some chemicals to start burning, so be sure you have first removed as much of the chemical as possible.

For an oily chemical, use soap and water. Use a hose or tap if you have one. If the face is affected, wash it first. Especially clean out any cuts or openings in the skin. The faster you start washing and the longer you wash, the better the skin can survive.

After you have cleaned all the chemical off the person, treat the chemical burn as you would any other burn (see page 89).

Wash or discard all clothes that have come into contact with the chemicals, as they can also cause damage.



If the chemical got into an eye, pour the water from the inside of the eye (near the nose) toward the outside of the eye (near the ear).

Police Weapons

Be careful: people helping victims of police violence often become targets of more police violence themselves. Try to get the injured person and yourself out of immediate danger.

Pepper spray and tear gas

If you can move away from where tear gas or pepper spray is being used, the effect will wear off. Tear gas wears off quickly, pepper spray can last an hour or more.

Do not touch tear gas canisters with your hands. They are hot and will burn you if you pick them up right away.

A water or vinegar-soaked bandana over the mouth and nose gives a little protection.

1. **Watch breathing.** Pepper spray can cause severe breathing problems, especially in people with asthma. This can be very frightening. Help the person stay calm.
2. **Flush eyes** with lots of water from the inside (near the nose) toward the outside.
3. **Remove clothes** that have spray on them once you are in a safe place and will not be exposed to any more spray or chemicals.
4. **Clean the skin, one area at a time (or just wait for the spray to wear off)**: soak a cloth with mineral or vegetable oil. Wipe off one area of skin using this oiled cloth. Then quickly remove the oil with another cloth wet with alcohol. If the oil is

left on for more than 30 seconds, it will mix with the chemical and burn the skin. If you do not have oil and alcohol, just use a lot of water. Or just wait. With time, the pain will go away.

A Warning About Home Remedies for Pepper Spray and Other Chemical Weapons

There are many home remedies for quickly stopping the burning caused by police chemical weapons. Military and Police forces are adopting new chemical weapons which have effects that are made WORSE by these home remedies. COLD or ROOM TEMPERATURE WATER rinses are the safest treatment for decontamination of any police chemical weapons. Keep rinsing until the victim can calm down and move to safety. Remember that all medics' first responsibility to do no harm!

Other police weapons

Rubber bullets, tear gas canisters, water cannons, and batons are all used to cause bleeding, broken bones, or injuries or bleeding inside the body. Injuries to the eye and head can be severe. Examine the person head to toe. Watch for signs of internal bleeding or shock: faint feeling, pale skin, or weakness and see page 38.

Mental Health Emergency

Abrupt changes in thinking, behavior, hallucinations, and severe confusion can be frightening for the person experiencing it, and also for the people around them.

When someone's thinking and perceptions cause them to want to hurt themselves or others, it becomes an emergency and they need help quickly. As with any other emergency, first try to check breathing, stop any bleeding, and check for other physical injuries. Then reassuring, calming and comforting a person having a mental health emergency can save lives.

If someone says he wants to hurt himself or others, believe him.

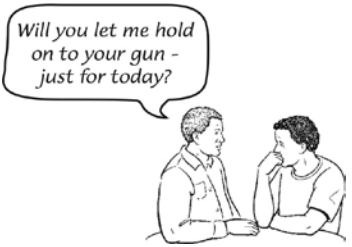
If the person is dangerous to others, it is often easier to move other people away than to move him. You may need help to make him and the area around him safe. And look out for your own safety as well.

If he says he wants to hurt or kill himself, the first thing he needs is someone to listen calmly. Ask gentle questions, to show you care and to be sure you understand. Your questioning can help to interrupt his thoughts and distract him from his purpose.

1. Ask if he plans to hurt himself or someone else, or if he has already done so.

2. Ask how he plans to do it, and if he has the means to do it. The more specific the plan, the more serious the problem.

3. Ask the person to make an agreement that he will not hurt himself or others. Take away the means he would use to hurt himself or others.



Making an agreement like this can keep someone OK long enough to get more lasting help. **Do not leave him alone.** Stay with the person, or have family members or friends stay with him. Make sure he stays sober and does not drink alcohol or use drugs. Alcohol or drugs can further cloud his judgement and make self-harm more likely. It may be helpful to seek the help of spiritual or community leaders who he respects. Following up to see that he continues to get help, and to show that you care about him, is important.

Asking someone if he wants to kill himself does not make him more likely to do so.

For information on preparing for -- and dealing with -- psychological mass casualty events, please refer to the next two pages of this booklet.

Trauma Cheat Sheet for Activists

What is "trauma"? ***Trauma is any experience that exceeds our ability to cope with it.***

Health is built one step at a time. ***We can emerge stronger and wiser after being overwhelmed.***

Before a Potentially Traumatic Event

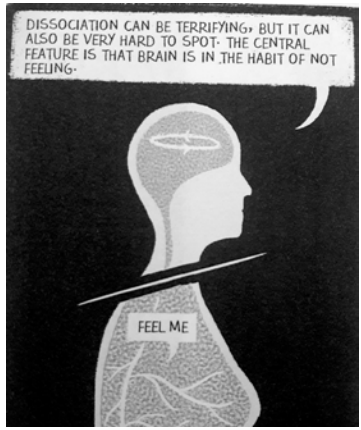
- Designate a support person for the group or each person.
- Tell the support person any risk factors for trauma such as:
    - History of mood disorders or personality disorders
    - History of previous trauma
    - Higher than normal (>95bpm) resting heart rate
    - Lacking social / family support, resources
- Run through possible scenarios and try to "pre-plan" for potentially traumatic outcomes
- Cultivate a broad sense of optimism about life, the movement, the action
- NARRATIVE: People often need to "make it make sense". Start this work ahead of time.
- Practice mindfulness. Mindfulness helps afterwards but must be cultivated beforehand.
- Have participants make lists of the things / people that support them, to refer to later.

During a Potentially Traumatic Event

- Stick with the group/buddy.
- Designated "chill space" for breaks.
- Reminders of the narrative / meaning & solidarity.

If someone gets an acute attack of anxiety, try:

- Get them to a place of relative safety.
- If they don't reciprocate eye contact, ask if eye contact would help.
- Ask them to breathe with you. Try to match their breathing at first and then slow down over time.
- Ask if they would like a hug / touch.
- Distract with something pleasant. Smells (orange peel, lavender, a breath mint) can ground them in the physical world.
- Ask what makes them feel calm. Have them describe it to you in detail.



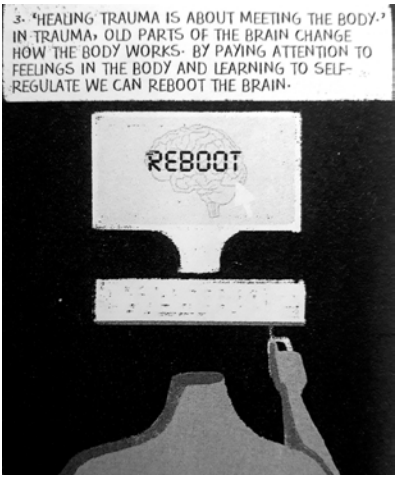
After a Traumatic Event

- Allow space for people to speak but don't pressure anyone to talk.
- Validate feelings / seek validation of feelings. Don't minimize or compare to someone who "has it worse".
- Work on the narrative. Help "make it make sense" by drawing inspiration from past struggles or envisioning ways the event may have long-term meaning for the world.
- "Look for the helpers". It may be easier to start by talking about what helped during or after. Groups may start their debrief by discussing who or what had protective or healing effects during or right after the trauma.

Watch for subtle signs of aftershock or post-traumatic stress. Any combo of these may appear:

- Nightmares
- Fear inappropriate to the situation or inappropriate lack of fear in risky situations

- Inability to stop thinking about the event or being unable to think about it at all
- Disturbances in sleep cycle, getting either too much or too little sleep
- Disturbances in appetite, overeating or forgetting to eat
- Unexplained irritability or anger
- Inability to concentrate
- Changes in sociability, such as fear of being alone, or isolating oneself



People may need further therapy if:

- They want it.
- Symptoms are getting worse instead of better over time.
- Symptoms interfere with normal activities for more than a few weeks.

People may need support in the days/weeks after a major trauma:

- Reminders to eat, or food brought to them
- Reminders to wear clean clothes, help with laundry
- Reminders for other self-care things like showering, taking medications, and drinking water
- Opportunities to talk about what happened or to be with other people without talking about it.
- Physical exercise to discharge some of the pent-up tension
- Various types of touch, ranging from cuddling to kickboxing

- Herbs, supplements, or tea that can promote calming (always consult your medical professional before using herbs or supplements if you're on any medications or have any health concerns). Helpful ones can include:
    - Chamomile
    - Passionflower
    - Mint
    - Lemon balm
    - Lavender
    - Kava (avoid in individuals with liver concerns)
    - Magnesium supplements (avoid in individuals with clinically low blood pressure)

Resources for body work

- Acupuncture/acupressure, especially NADA (ear acupuncture)
- Massage (Thai massage is especially useful)
- Yoga

Suggested Reading

"Aftershock: Confronting Trauma in a Violent World: A Guide for Activists and Their Allies" by Pattrice Jones

"Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others" by Laura Van Dernoot Lipsky and Connie Burk

"Trauma is Really Strange" by Steve Haines (Author) and Sophie Standing (Illustrator)

Trauma Coping Skills

PROVE

Radically Open Dialectical Behavior Therapy (RO-DBT) teaches a skill called PROVE, for being assertive with an open mind. This is one model you can use for setting boundaries, if you choose to use a model.

- **Provide** a brief description of the situation
    - describe the circumstances causing you to make/turn down a request, without defending, justifying, or rationalizing - eg 'I've noticed that you contact me needing a high level of support on a very frequent basis."
    - Use qualifiers to signify open-mindedness and humility and to leave room for the potential of having misread a situation, such as 'From what I can tell…' 'I'm not sure if I'm correct but it seems like…' 'Is it possible that…?'
- **Reveal** your emotions about the situation without blaming
    - openly and directly express your emotions without assuming that they represent facts. use I statements.
    - e.g. 'When you contact me for support so frequently, I worry that I am unable to provide the support you need on such a consistent basis. I'm aware of having the thought that you might not have other people to talk to, which is leading to feelings of concern, because I'm not always in a place where I can be a main support.'
- **(acknowledge the) Other person's needs**
    - let the other person know that you want to take their thoughts and feelings into consideration
    - don't assume with certainty that you know the other person's inner thoughts, feelings, or intentions
    - ask the person what they need in order to give you what you need (e.g. do they need help identifying other resources for support? Are you able to help them find additional resources in exchange for them being less reliant on you?)
    - For example 'For me, being able to ask for what I need and

learn your internal experience, even if it's not how I imagined it, makes me feel that we value our relationship.'

- **(use your) Valued goals** to guide how you socially signal your needs
    - for example using non-dominant, open posture, allowing grace to not come to an immediate resolution
    - avoid using indirect assertions and disguised demands, but don't ignore personal attacks, instead, respond in a calm, contained manner
    - be polite, especially given that discussions like this can be somewhat delicate. For example 'So I thought I might check in with you about this and ask you for a favor. Do you think that you could reduce the frequency with which you contact me looking for support?'
    - if the situation is having an intense negative impact on you or your needs are otherwise of the most importance, signal urgency and repeat your request while signalling confidence with upright posture, maintained eye contact, shoulders back, etc. Do not yell or whisper.
- **(practice self) Enquir**y to determine if you need to repeat or increase intensity of your assertion
    - use the desired closeness/intimacy of the relationship to guide your level of intensity. If your needs being met is of the utmost importance, repeat your assertion until your needs are met.
    - if you are challenged, questioned, or ignored during the interaction, do not respond immediately. First, ask yourself if there's anything you can learn from the situation. Then respond.
    - if this is a close relationship, and one you wish to maintain as such, Do Not ask too much. Repeating the same thing over in a close relationship can begin to feel like coercion. Instead, ask for their help in resolving the impasse.

DEARMAN

DBT teaches a skill called DEARMAN, for achieving your objectives in an interpersonal setting. This is another model which you can use for setting boundaries.

- **Describe the situation** without value judgement e.g.
    - "I've told you that I don't want to go to a bar, but you're trying to convince me that I should go anyway."
- **Express your feelings.** Work towards finding the happy medium of being expressive while maintaining a sense of self-control.
    - Do this by asking yourself before each disclosure etc: "Will I like how I feel about myself if I express this now, and in this way?"
- **Assert**
    - Avoid both passiveness and aggressiveness. (And passive-aggressiveness)
- **Reinforce**
    - Remind yourself and other person of positive outcomes of respecting your request
- **Mindfulness**
    - Practice radical acceptance, opposite action, and mindful breathing. Use these skills if you become unsure or overwhelmed or feel like you might succumb to pressure to allow your boundaries to be violated.
- **Appear confident** (ok, this one is kind of a stretch to fit the acronym!)
    - Practice self-validation by reminding yourself that your boundary is reasonable, and even if you feel unsure, push yourself a little bit to assume a calm, confident stance.
- **Negotiate**
    - Decide in advance what kinds of compromise you are willing to accept and what you're not.
    - Set your boundaries within yourself and articulate the consequences of what will happen to you if they are violated or compromised.
    - Anticipate what concessions you'd be ok living with and which you might regret.

Managing Emotions

There are three options we all have when dealing with emotions, but humans are all so different and have different thresholds for what will make them choose an option:

- express/release them
- contain/hold them
- protect them

SO! Let's look into these options!

- **Express/release them.** This option is ideal! You know you're having them, but you don't necessarily need to know what they are. So how do you go about doing this?
    - *Talking* about it with a safe and receptive person is a great way to express feelings, but this requires at least some awareness of what exactly the feelings are
    - *Crying* is a natural way that the body releases emotions - it's okay to cry!!!
    - *Moving* your body can help to release some of the hard-to-name feelings from your body - remember, feelings get stored in your body
    - *Creating* (eg art, creative writing, crafts, building things, etc) can release unknown feelings and expand the ways you have to describe them

- **Contain/Hold** them
    - This is great for when you have immediate demands that you need to focus on, but this is not a permanent solution, you still need to express/release them eventually! Sometimes other humans can help with this via hugs. With consent.

- **Protect** them
    - Sometimes when we're having lots of feelings we protect them by lashing out at others, but this just leaves us with more feelings to deal with.
    - Other times, we protect our feelings by withholding and isolating them from others.
    - Neither of these options are super effective as feelings like to feed off of feelings, so ideally finding a way to express them is the goal!

STOP 12345 for psychological trauma

I'm #1 - It's not my emergency.

Should I help this person directly, or should I help them find another person? Consider your mental/physical comfort, whether you need them to come to you later, and if you need anything in order to be most effective.

2. What's going on with you?

Ask open-ended, nonjudgmental questions, WITHOUT asking specific details about the trauma. You only need a general idea. Be aware of how much detail you can handle, and enforce that, but otherwise let them set the level of detail in the conversation. If they seem to be getting too upset or as though they are disconnecting, refocus on the present.

3. Don't get any on me

Maintain and enforce your boundaries. Maintain separation between the other person's feelings and your own (eg, don't take on someone else's emotional experience). Stay mindful of your own internal experience, and if you're getting overwhelmed, go back to number one,

4. Are there any more

Are there other mental or physical conditions exacerbating the current issue? Are there other people dealing with this same issue who might need the same help, or be able to provide support to each other?

5. Now we arrive

Once the situation is clear to you, it's time for interventions.

- You may ask whether they want to vent or if they'd like practical help resolving a stressful situation.
- You may ask whether they'd like some kind of soothing touch or you may offer them physical sustenance like food, water, warm clothing, etc.

Once the interventions are complete or the person is no longer interested in your immediate support, make a concrete plan to follow up with them.

- This can be as simple as "I'll text you tomorrow to see how you feel."If you cannot follow up with them, something like, "I'll have someone from our group check on you in a few days" can work.
- You can also ask them if they have a friend or support person they'd like to follow-up with. Your check-up with them can just be making sure they've contacted their other support.

Grounding Skills

Grounding skills are important to have on hand for any affinity group members who are experiencing overwhelming emotions or experiencing trauma reactions, but also are important tools to have on hand for yourself. This work is hard, and we're likely going to experience our own emotional responses. Many people have techniques that work for them, and always ask them to try to identify some skills which are effective for them.

Here's a very brief list of some grounding skills you may find useful in guiding a discussion around grounding techniques:

- **54321**: name 5 things you see, 4 things you hear, 3 things you can touch, 2 things you smell, and one thing you can taste.
- **Paced breathing**: this is a breathing technique in which you use a longer exhale than inhale, e.g. inhale for a count of 3, exhale for a count of 4.
- **Use an object**: hold something, notice and describe the object's features. A keyring can be great since there's different textures, colors, if you shake it, it makes noise, etc.
- **Counting**: Count backwards from 100 by 7s, or any other number but seven is one that most people have to put at least a little thought into.
- **Change up your body position**: This might seem silly, but sometimes moving and shifting can help to ground us in the present moment.
- **Alphabet game**: Choose a category, and name things in the category following the letters of the alphabet. This can also be used as a group grounding exercise.
- **Use a scent** (eg essential oil, orange, breath mint, etc): Scent is often one of the stronger sensory inputs we can use, and can be really effective to get someone back to the present.

Encourage people to develop "coping cards" which they can carry with them that include some supports/resources one one side, and a brief list of techniques that they find useful on the other side, to carry on them. In times of high emotional distress, people often have difficulty remembering what works for them, and this is a concrete thing which you can suggest people reference in a time of crisis/high stress, and which you can ask if they would like help utilizing any of the techniques on their card.

Poison

Call an ambulance or arrange transport to safe hospital care. While transport is being arranged, call poison control, and find the suspected poison. Take note of it for the doctors and poison control.

For most poisons: quickly flush the poison out by drinking **large amounts of water**. Taking **activated charcoal** will help absorb the poison, to be eliminated later in stool. If you know the specific poison, see the charts on the following pages for information on what to do.

For an adult: Give 50 to 100 grams activated charcoal mixed with water.

For a child: Give 1 gram per kilogram of weight, mixed with water.

Activated charcoal is an inexpensive and very helpful remedy to keep in your medicine supply.

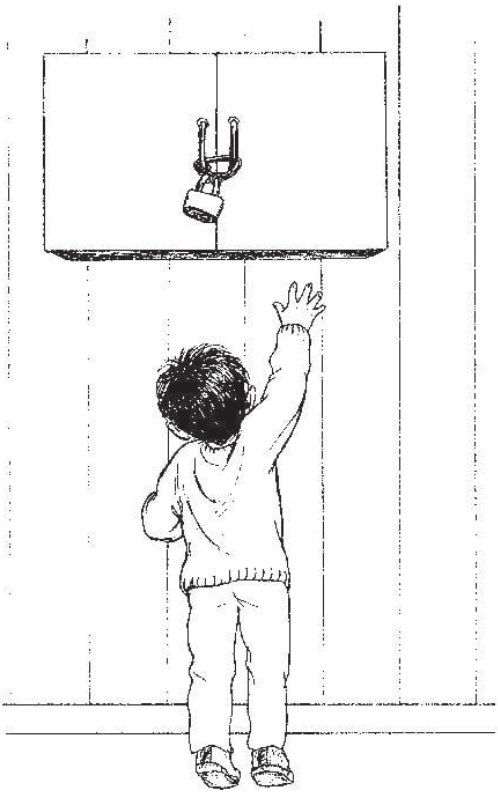
Do not give water, charcoal, or anything else to swallow to someone who cannot breathe well or is losing consciousness. Remember: maintaining breathing is always most important.

Vomiting is not usually helpful for poisoning, and it can be dangerous. Someone who has swallowed corrosive chemicals like acids or lye, or gasoline, kerosene, or turpentine, or who is having trouble breathing should never try to vomit up the poison.

If you do try to vomit, do so as soon as possible, within the first few hours. To encourage vomiting, touch the back of the throat with a finger or swallow a spoonful of salt.

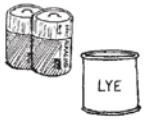
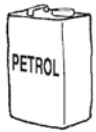
PREVENTION

Poisoning is preventable. Label all poisons and medicines clearly. Keep them out of the reach of children in high or locked cabinets. Never use empty poison containers for food or drink even if you clean them first. Likewise never put poisons in bottles or containers made to be used for food or drink. Poison is a common method people use to kill or harm themselves. Locking away poisons, guns, and other potentially deadly materials is a surprisingly effective way to prevent suicide deaths. For more on how to help someone who wants to kill himself, see page 97.



Keep all poisons out of the reach of children.

CHEMICAL POISONING

Types of chemicals	⚠ Signs of poisoning	✚ What to do
Corrosives: • Ammonia • Batteries • Acids • Drain cleaner • Caustic soda • Lye  Acids or bases. These chemicals burn the inside of the body.	• Extra saliva. • Pain in mouth, throat, chest, stomach, or back. • Vomiting. • Difficulty swallowing.	• **Do not try to vomit.** • Activated charcoal is of little use. • Give as much water as you can. Get help.
Hydrocarbons: • Gasoline • Turpentine • Paint thinner • Kerosene • Phenol • Carbolic acid • Camphor • Pine oil  These are most dangerous if breathed into the lungs.	• Difficulty breathing. • Coughing, choking, gagging. • Fever. • Seizures or loss of consciousness (passing out). • The breath may smell like the poison.	• **Do not try to vomit.** • Do not give activated charcoal. • Give a lot of water. • Wash hydrocarbons off skin and hair and take off any contaminated clothes. • Give help with breathing if needed and watch the person's breathing for 2 days. • Get help.
Cyanide: Used in: mining, factory work, animal hide hair removal (tanning), rat poison. Can be breathed in or swallowed from contaminated food or water.  Indoor fires can cause you to breathe cyanide that was in the burning materials. You may smell bitter almond in smoke that has cyanide in it.	• Breathing problems. • Headache, confusion, and seizures. • There can be long lasting damage to the brain.	• **Do not try to vomit.** • Watch for breathing problems and try to restart the heart if it stops • Do not give rescue breathing without a mask. • Give lots of water. • Can be treated with sodium nitrite followed by sodium thiosulfate

CHEMICAL POISONING

Types of chemicals	⚠ Signs of poisoning	✚ What to do
Organophosphates and carbamate. Found in certain pesticides including: • malathion • parathion  These chemicals can stop breathing or cause other whole-body problems.	• Slowing pulse, muscle weakness, breathing problems. • Runny nose, crying, drooling. • Seizures. • The breath may smell like fuel or garlic. • Life-threatening problems can happen days after this poison is taken, and long-term nerve problems can happen weeks after.	• Watch for breathing problems and give rescue breathing if needed. • Atropine is an antidote • Give activated charcoal if it has been less than 1 hour since the poisoning • Wash the skin right away and throw out contaminated clothes. • Treat seizures with diazepam
Herbicides: • Paraquat (Gramoxone, Cyclone, Herbikill, Dextrone, and many other brand names) • Glyphosate (Roundup, Touchdown, other brand names)  Can be absorbed through the skin, by breathing it in, or most dangerously, by swallowing.	• Breathing problems (can happen days after). • Mouth pain. • Red or brown urine, or little or no urine (a sign that the kidney is failing—very dangerous). • Large quantities can cause burns in the mouth and throat, stomach pain, and breathing problems.	• Watch for breathing problems and give rescue breathing if needed. • Give activated charcoal • Get help.

POISONING WITH MEDICINES AND OTHER DRUGS

Types of Drugs	⚠ Signs of overdose	✚ What to do
Iron: • Ferrous sulfate • Ferrous gluconate • Prenatal vitamins • Multivitamin pills or syrups  An overdose damages the stomach and intestines.	• Pain, vomit or bloody vomit, diarrhea, confusion. • Shock immediately or up to 2 days later.	• Immediate vomiting may help. • Give lots and lots of water. • Activated charcoal is not helpful. • Deferoxamine is an antidote • Watch for breathing problems.
Paracetamol: • Acetaminophen (Panadol, Tylenol, Crocin, and other brand names) • Many combination cold medicines and pain medicines (read the label)  An overdose is poisonous to the liver.	• Nausea, sweating, pale skin, tiredness. • Later there may be liver pain (right upper belly), jaundice, confusion, or bloody urine.	• If you can get the person to vomit right away it may be of some help. • Give activated charcoal and lots of water. • Acetylcysteine is an antidote
Opioid medicines: • Morphine • Heroin • Methadone • Opium • Oxycodone • Other strong pain medicines An overdose can cause the person to stop breathing.	• Slow thinking, slow reactions, slow, shallow or stopped breathing.	• If the person is breathing fewer than 12 breaths a minute give rescue breathing • Naloxone is an antidote • Do not let the person drink or swallow until she is breathing well.
Alcohol  An overdose can cause the person to stop breathing.	• Vomiting. • Confusion. • Seizures. • Slow or irregular breathing. • Loss of consciousness. Confusion, changes in consciousness, irregular breathing, and feeling or looking ill could also be signs of a diabetic emergency	• Monitor the person's breathing and give rescue breathing if necessary. • Turn him on his side to prevent choking if he vomits. • Keep the person warm. • If the person is able to drink, give rehydration drink

Diabetic Emergencies

Diabetes is a disease that affects the body's ability to process sugars in food. Someone with diabetes can suddenly become ill if he has too much, or too little, sugar in his blood. Diabetes is more common in people who are overweight, but anyone can get diabetes. If you know someone is having a problem due to diabetes but you are not sure if the problem is from low blood sugar or high blood sugar, treat as if he has low blood sugar, and then take him to get medical help.

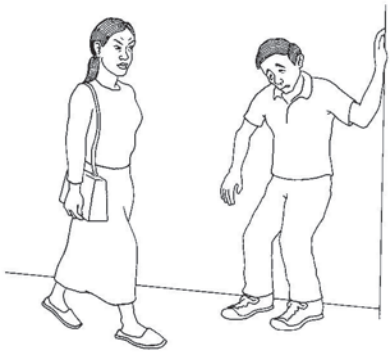
Low blood sugar (hypoglycemia)

A person's blood sugar can drop too low if he is taking insulin or another diabetes medication and if he takes too much medicine, does not eat enough food, does too much physical activity, waits too long between meals, or drinks alcohol.

Someone with low blood sugar may become clumsy, confused, nervous or irritable. He may sweat or tremble. When that happens, he must eat. If he does not, his condition will worsen and will develop these danger signs:

DANGER SIGNS

- Trouble walking or feeling weak
- Trouble seeing clearly
- Confusion or acting in a strange way (you may mistake him for being drunk)
- Losing consciousness
- Seizure



Low blood sugar can look a lot like the person is drunk and can be overlooked as being a real emergency

TREATMENT

If he is conscious, quickly give him sugar: fruit juice, soda, candy, or a glass of water with several spoons of sugar in it will all work. He should eat a full meal soon after as well. If he is still confused or does not begin to feel better 15 minutes after you have given sugar, get help.

If a patient is unconscious, do not put anything in their mouth because they may choke. Call an ambulance or get the patient to safe hospital care.

High blood sugar (hyperglycemia)

A person with diabetes can have too much sugar in his blood if he eats too much food, is less active than usual, has a serious illness or infection, does not take his diabetes medicine, or gets dehydrated. This can happen to a person even if he does not yet know he has diabetes. Get help for these signs:

SIGNS

- Feeling thirsty and drinking a lot
- Frequent urination
- Blurry vision
- Weight loss
- Nausea and vomiting
- Abdominal pain

If not treated, high blood sugar can be very dangerous and can lead to a coma or even death. You can save a person's life by getting help for these more dangerous signs:

DANGER SIGNS

- Fast heart rate

- Fruity odor on breath
- Dry skin
- Low blood pressure
- Confusion
- Fast, deep breathing
- Loss of consciousness

TREATMENT

Take him immediately to a medical center. If he is conscious, give him plenty of water to drink. Give a little at a time.

If you are certain he has high blood sugar and know his insulin dose, give a small amount of insulin on the way to help. But if you are not certain, do not give insulin. Giving someone insulin when they have low blood sugar can kill them.

Seizures, Convulsions

Seizures are sudden, usually brief, periods of unconsciousness or changes in mental state, often with jerking movements.

Seizures may be caused by high fever, dehydration, an injury, malaria, poisoning, or other reasons. Seizures that recur are called epilepsy. If none of these dangerous causes of seizure seem likely, a single seizure may not be a problem (although it can be very frightening to watch). If seizures recur, see a health worker.

Talk with members of your local who have a history of seizures to develop a care plan that works for them.

TREATMENT

During a seizure, clear the space around the person so she does not hurt herself. Turn her on her side so she does not choke if she vomits. Do not hold a seizing person down or try to hold her tongue.

For seizure from dehydration, get medical help. After the seizure is over, give rehydration fluids.

For a seizure from meningitis, get medical help.

For seizure from malaria, get medical help. On the way, give diazepam. Treat with malaria medicines.

If the seizure lasts more than 15 minutes, put liquid diazepam in the anus using a syringe without a needle.

The spasms caused by tetanus can be mistaken for seizures. The jaw shuts tightly (lockjaw) and the body suddenly bends back.

After a seizure, the person may be confused or drowsy. Comfort them, and help them get to the care of a doctor, nurse practitioner, physician's assistant or safe hospital care.

Stings and Bites

Do not cut open a bite or sting or try to suck out the poison. Also, tourniquets will not stop the spread of poisons from stings or bites, but will cause serious harm.

Most bites and stings are painful but not dangerous, and even deadly creatures do not usually inject enough venom to kill. Stay calm and watch the bitten part. If there are no problems or if problems improve after a few hours (depending on the creature) there is likely nothing to worry about. Because children are small, the venom can affect them and do more harm, so they may need more attention.

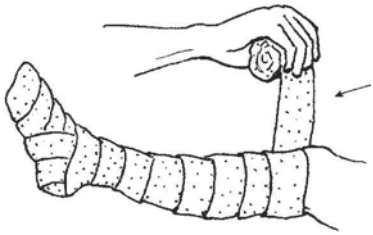
Snake bites

1. Move away from the snake. Some snakes can still bite for a few minutes even after they are dead.
2. Remove jewelry or clothes near the bite because the body may swell.
3. Keep the bitten part of the body below the heart. *Then keep that body part still* by putting on a splint or sling. Using the muscles spreads the poison.
4. Gently clean the wound. Do not rub it.
5. For most snakes, or if you do not know what type it was, watch and wait for a few hours. If there is little or no swelling, pain, or redness, there is no problem. Danger signs include severe swelling or pain, drowsiness, droopy eyelids, dizziness, weakness, nausea, or bleeding from the mouth or nose.

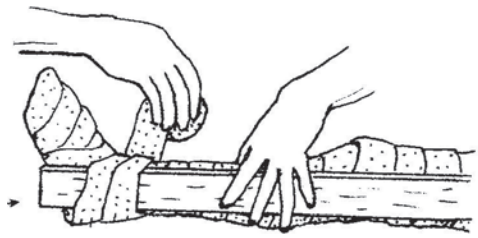
Ask the person to swish water in the mouth and spit in a light-colored bowl. If the spit is pink or visibly bloody, the gums are bleeding. This is a danger sign.

For these snakes, wrap the bitten area tightly:

- Coral snakes
- Mambas
- South American rattlesnakes
- Sea snakes
- Most cobras – the ones that cause damage throughout the whole body.



Wrap tight—to stop the spread of poison, but not so tight that you cut off blood flow.



Use a splint to keep the limb from moving.

Most vipers and some cobras harm the area near where they bite but do not cause problems throughout the rest of the body. For these snakes, do not wrap the bite.

For many *poisonous snakes* there is an antivenom that can help. Try to take a photo of the snake. If you can get to medical help, provide the photo or describe the snake as well as you can so the right antivenom is used. If possible, stock your medicine kit with snake antivenom for the snakes common in your area before emergencies happen.

For *spitting cobra venom in the eye*: flush with a lot of water. If you have no water, milk or beer can be used. Do not use strong irritating chemicals.

Pythons and boas are not poisonous, but their bites can cause severe skin infections. Watch the wound and if there are signs of infection—growing redness, heat, swelling, or pus, treat as an infected wound (see page 47). Occasionally these snakes cause crush injuries by squeezing a person.

If the bite mark shows fangs, the snake is venomous. If there are no fang marks, it is less likely that the snake is poisonous, but it still could be.

Spiders and scorpions

Although they may hurt a lot, most spider bites and scorpion stings do not cause serious or lasting harm. Keep the bitten part still and use ice or cold water to relieve pain. Do not cut open the bite or use a tourniquet or bandage. Heat does not help, but keeping still does.

If you know the spider or scorpion is a deadly variety, or, if after the bite or sting there are signs of problems such as: stomachache, itching, sweating, and difficulty breathing, then get medical help. There may be an antivenom. If you're able to, take a photo of the spider or scorpion with your phone or camera – this can help medical professionals identify the correct antivenom.

For Black Widow spider bites or scorpion stings, you can give diazepam on the way to prevent muscle spasms and calm the person.

Bees and wasps

After a sting, check if a stinger was left in the skin and remove it as soon as possible. The area around the sting may get red, swollen and painful. Putting a paste made with baking soda and water, or something cold on the stung area, will help with the swelling and pain.

Severe allergy to bee or wasp stings is rare, but can be deadly. Many people with allergies to bees and wasps often carry an Epinephrine auto injector (Epipen). Help them find their autoinjector and give it to them to self administer. See the next section "Allergy: Mild or severe" for signs and treatment of severe allergy.

Ticks

Ticks can spread many dangerous infections if they bite you. To remove a tick:

1. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.

2. Pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal.

3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, an iodine scrub, or soap and water.

4. Dispose of a live tick by submersing it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet. Never crush a tick with your fingers.

Don't "paint" the tick with nail polish or petroleum jelly, or use heat to make the tick detach from the skin. Your goal is to remove the tick as quickly as possible–not waiting for it to detach.

Fish and jellyfish

Get away from jellyfish and scrape off any tentacles. Use seawater to wash. For stinging fish, remove any spines with tweezers or pliers.

Immerse the limb in hot water for 20 minutes to relieve pain, but make sure it is not burning hot. This may work better for stinging fish than for jellies.

There are many local remedies but they do not work for all fish or jellyfish. For example, box jellyfish (sea wasp) stings are helped by washing with vinegar. But vinegar makes the stings of other jellyfish worse. Papaya or meat tenderizer is a well-known home remedy for jellyfish stings but it does not seem to work for all jellyfish and sometimes makes the pain worse.

Allow the person to use and move their limbs—unlike with snake and spider bites, keeping still does not help. Get medical help if there are problems breathing or other signs get worse.

Allergy: Mild or Severe (Anaphylaxis)

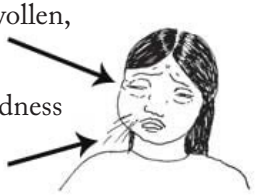
Mild allergies are caused by dust, pollen, insect bites, or certain foods, chemicals or medicines. These are usually treatable with antihistamines.

SIGNS OF A MILD ALLERGY

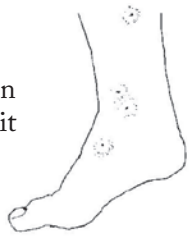
Itching, swollen, red eyes

Rash or redness

Sneezing



If there is an insect bite, it may swell.



A severe allergic reaction is much more dangerous and can quickly stop someone's breathing.

SIGNS OF A SEVERE ALLERGY (ANAPHYLAXIS)

- Flushing, itching, or rash
- Swollen lips, mouth, or throat, difficulty swallowing
- Difficulty breathing
- Swollen hands or feet
- Nausea or stomachache

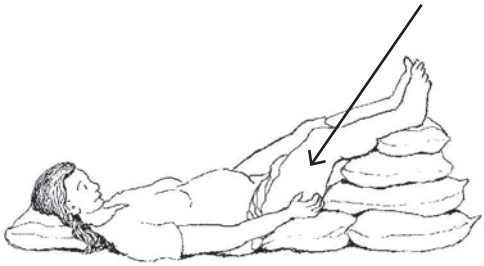
The most common signs are rash and breathing problems.

If a person cannot swallow, or is having trouble breathing and does not have an Epinephrine auto injector (Epipen), immediately call an ambulance or transport the patient to safe hospital care. If the patient has an Epipen, help them retrieve it and have them administer it to themselves while help is on the way or during transport.

Epinephrine autoinjectors are becoming increasingly expensive due to the rent seeking of the US pharmaceutical industry. These should be free to anyone who needs one, and part of our

struggle for health justice and socialism in the US is to make all medications free to those who need them. If anyone in your local or community needs access to an Epipen auto injector, DIY instructions have been developed by the Four Thieves Vinegar collective and are available at fourthievesvinegar.org/download.

Inject epinephrine in the thigh muscle, here:



Elevate the feet above the heart

For breathing problems you can also give salbutamol. It is also a good idea to give an antihistamine.

In most cases, if you ever have an allergic reaction to a medicine, food, bee sting, or something else, you should avoid it forever after. The second time you are exposed you can expect an even worse reaction.

Be the Best Prepared DSA Protester

What to Wear

- Wear clothing that protects your skin from sun, chemical weapons and injury. Consider long sleeves, pants, and a water-repellent outer layer. You can cinch clothing at wrists and ankles to keep chemicals out. Beware of overheating and getting dehydrated in all these clothes.
- Some people believe that detergents trap chemicals in clothes, so consider washing your skin and clothes in castile soap before the demonstration.
- Wear sturdy closed-toe shoes that are well broken in. An additional pair of socks will help prevent blisters. Bring extra socks in case your feet get wet or dirty.
- Protect your nose, mouth and lungs. Gas masks can be heavy, conspicuous and very hot, but they work well. You can also use organic particle respirators at hardware stores. Or try a bandana soaked with apple cider vinegar and protect your skin from irritation with a mask underneath. Other vinegars, and even lemon juice and water, don't work as well but are better than nothing.
- To protect your eyes use shatter-proof goggles, ski goggles or something else that forms a tight plastic seal (no foam, as this traps chemicals).
- Wear sunscreen if you need it. Oil-based sunscreens may trap chemicals on your skin, so try to use water-based sunscreen.
- Protect yourself from mosquitos in rural areas.
- Any product with oil in it (makeup, moisturizer, etc.) may trap chemicals on your skin, so consider going with just water-based products.

What to Bring

- Water. Bring lots of water—at least 3 liters (0.8 gallons) a day—since many people will dehydrate quickly, especially if the weather is warm.
- Food, especially high energy snacks
- Any medications you take on a regular basis, in the original container along with a note from a doctor saying you must take this medication. Come to the medic treatment space if you need help getting a note.
- Any assistance devices you need (cane, etc) especially if you would need these in the event of arrest.
- A map.
- Money, if you are concerned about getting arrested and might want to bail yourself out.
- A camera, if you might want to document police actions or the demonstrations. Be aware that many protesters do not want their photos taken.
- Extra water-based sunscreen, since you'll probably sweat off the first coat pretty quickly.
- A buddy! If you can, run with another person so you can protect and help each other. Talk with your buddy about how you are feeling, what is likely cause you stress, what you do to calm yourself down and how your buddy can help with that, and what you want to do if things get messy. Even better, work within an affinity group so you have a larger posse that can support you.

What to Know

- The police use fear as a weapon. The more prepared you are, the less they can intimidate and control you.
- The layout of the area. Think ahead about where you will go if there's trouble. Make a plan with your group about where you will meet if you get separated. As you move keep an exit plan in mind.
- The plan for the demonstration and your group, as much as possible.
- The attitude of the cops, and how they might respond to protestors. Pay attention to what they are doing, where they are moving and what equipment they are carrying.
- How to contact legal help if you are arrested or otherwise detained. Write the legal contact number in sharpie on your skin, in a place where you could see it when handcuffed.
- Where the medic treatment space (commonly known as the "clinic") is, and where medics are as you move through the streets.

And finally, review the HALTTSS checklist!

Are you...

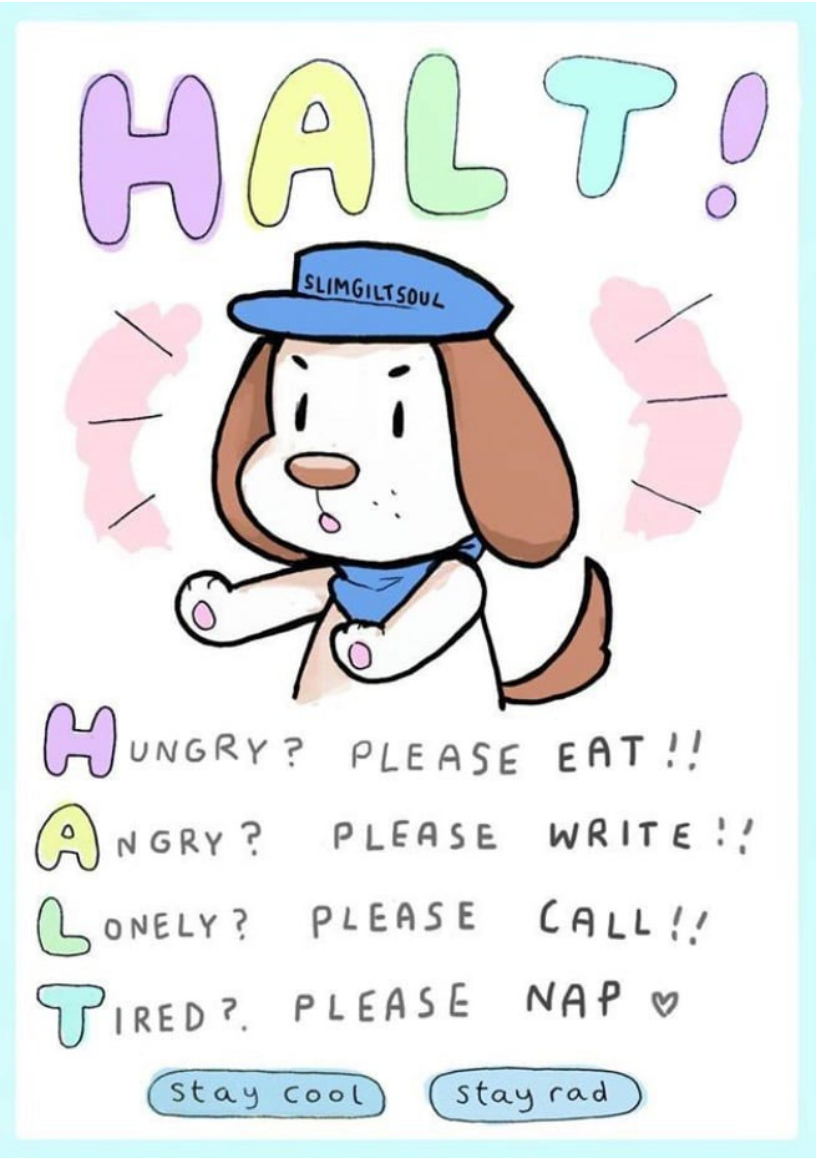
HUNGRY?

ANGRY?

LONELY?

TIRED?

TAKING your **S**ELF too **S**ERIOUSLY?


HALT!
SLIMGILTSOUL
HUNGRY? PLEASE EAT!!
ANGRY? PLEASE WRITE!!
LONELY? PLEASE CALL!!
TIRED? PLEASE NAP ♡
stay cool
stay rad

Environmental Injuries

Heat Emergencies

Heat cramps, heat exhaustion, and heat sickness

Working hard in hot conditions can cause painful cramps in the legs, arms, or stomach. This is probably caused by losing too much salt from sweating.

SIGNS

Heat exhaustion (heat sickness) causes:

- Extreme thirst.
- Weakness.
- Headache.
- Nausea or abdominal cramps.
- The skin is usually sweaty and may be cool and pale.
- There may be a prickly feeling on the skin or a rash.

TREATMENT

- Rest in a cool place. Take off extra clothes.
- Give rehydration drink—mix ½ teaspoon salt in 1 liter water
- Give plenty of other cool liquids too.
- Gently stretch out cramps, move feet, or slowly walk.

If not treated, heat exhaustion can worsen into heat stroke.

Heat stroke

Heat stroke is a very dangerous condition that is caused by being too hot for too long. Left untreated, it can kill.

SIGNS

- Fast pulse and fast breathing
- Skin flushed (red), warm, dry or clammy
- Vomiting or diarrhea
- Confusion
- Passing out or seizures
- High fever, greater than 40° C

Heat stroke happens to people who are not able to recover quickly enough from getting too hot: old people, babies, the ill, very fat people, and alcoholics are most vulnerable.

Heat stroke can also happen to a healthy young adult who has worked or exercised too long in the heat. These people tend to be sweaty instead of having dry skin.

TREATMENT

Cool the person as fast as possible: move to the shade. Take off extra clothes. Fan the person and wipe them with cool, wet cloths all over the body. Put ice packs or cold cloths on the neck, armpits, and groin. An otherwise healthy person can be

dunked in a bath of ice-cold water, but this is dangerous for an old person or someone who is already ill.

When the person is alert, give rehydration drink. Or give a lot of any cool drink. But be careful the person does not choke: breathing problems are common with heat stroke.

Someone with heat stroke can get worse quickly so if possible it is best to get medical help.

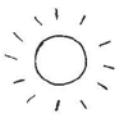
PREVENTION

To prevent heat-related problems outside, wear light-colored clothing and shade the face and back of the neck with a hat. Indoor work spaces should have enough air flow and fans. Take regular breaks and drink cool drinks often. But drink beer or other alcohol only in moderation while working or playing in the heat. Alcohol causes dehydration.

Sunburns

Problems with sunburn usually are often more serious for people with light skin color. The skin becomes red, painful, and hot, and in severe cases it will blister and swell. Blisters from sunburn, as from other burns, can get easily infected. A single sunburn is not dangerous, but many sunburns over time can lead to skin cancer.

A sunburn will heal on its own after a few days. Aloe or a mild pain medicine can help. There may be some local treatments in your area that cool and relieve the skin.



PREVENTION

Wear a hat and clothing that covers the skin when the sun is strong. Sunscreen lotion that is rubbed into the skin before going into the sun can also help prevent sunburn.

Cold Emergencies

Hypothermia, getting too cold

Being too cold for too long can be deadly. It can quickly cause confusion, affect judgment and make it harder to think clearly about how to get warm.

SIGNS

- Shivering
- Fast breathing and heart rate
- Difficulty speaking clearly, clumsiness
- Confusion
- Having to urinate more

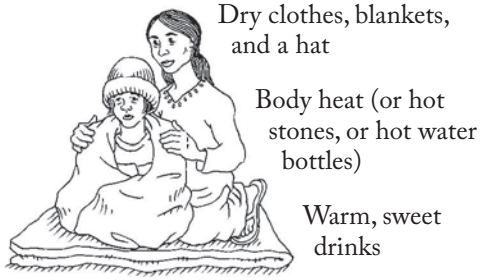
As hypothermia gets worse, the pulse and breathing may slow down. The person may sit down, stop shivering, and in her confusion may start to take off clothes. Eventually she can pass out or die.

TREATMENT

Give rescue breathing if needed (page 60). A very cold person can recover after a long time of not breathing, so you may need to give rescue breathing for an hour or more.

Get somewhere warm and dry.

- Remove wet clothes.
- Cover in warm, dry blankets. Be sure to cover head, hands, and feet.
- Do all you can to keep the person warm. Cuddle up close to the person, heat stones and



then wrap them in cloth, or use hot water bottles to warm the person. But beware of burning the skin.

If the person can sit up and hold a cup, give warm drinks. Do not give alcoholic drinks. While they may feel "hot" in your throat or stomach, alcoholic drinks cause the body to lose heat. Also give food. Candy and sweets are especially helpful. Give a meal soon after. Encourage the person to drink plenty of water.

If the person has severe hypothermia—a body temperature of 32° C (90°F) or less, is unconscious, not shivering anymore—be as gentle as you can while quickly transporting her to help.

Frostbite (frozen body parts)

Toes, fingers, ears, and other body parts can freeze. Eventually they "die," turning black. If you act fast at the first signs of frostbite, you can save these body parts that otherwise might need to be cut off.

SIGNS

- Skin cold, waxy, pale, splotchy
- Tingling, numbness, or pain
- The body part may be frozen hard

Light, mild frostbite turns the skin red. A few days later it peels. If it is a bit deeper, frostbite leaves the skin feeling hard, but soft underneath. Blisters may form the next day. When the muscle freezes, the frostbite is deep. The area is hard. It may blister only at the edges, or not at all. The blisters may fill with blood.

TREATMENT

Get out of the cold and quickly warm the frozen part. For fingers, the easiest thing is for the person to hold her hands in her own armpits or between her thighs. Or wrap the

frozen parts in warm, dry cloths. Keep the frozen area still and try not to walk on frostbitten feet.

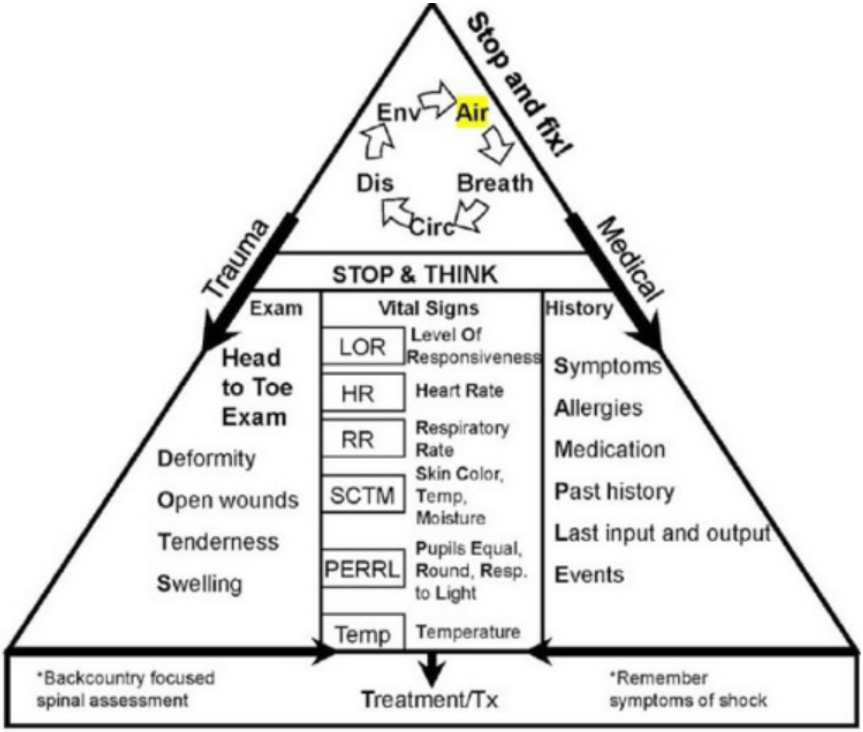
For deeper frostbite, fill a basin with warm (not hot) water. If you have a thermometer, try for 39° C (102°F.) Soak the frozen part in the water. Check the water first to prevent burns. *Do not rub.*

The frozen part should thaw within 45 minutes. As it warms, it will hurt. Give pain medicine. Do not let it become frozen again.

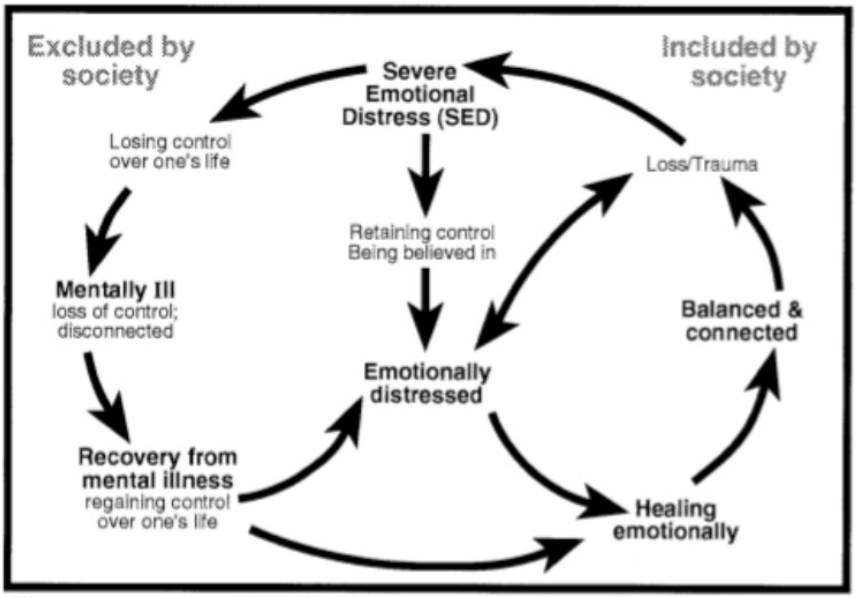
It is better to let the area stay frozen than to thaw it and let it freeze again.

As frostbite heals over the coming days and weeks, treat it as you would a burn (see page 89).

Aloe helps heal frostbite and burns



This diagram is sometimes called "the NOLS triangle" – it is a tool they use at the National Outdoor Leadership School (nols.edu) to teach wilderness first aid.



Empowerment Model of Recovery from Mental Illness

by Daniel B. Fisher, M.D., Ph.D. and Laurie Ahern
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This diagram describes the National Empowerment Center's model of recovery based on research they and others have carried out. The model describes the process of how people are labeled mentally ill and recover.

This diagram is from "Personal Assistance in Community Existence: A Recovery Guide" by Laurie Ahern and Daniel Fisher, MD PhD. You can find more information about NEC at power2u.org, including ways to download or purchase the PACE manual.

IF YOU CAN READ THIS, FLIP BOOKLET OVER

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Health & Safety Handbook

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