



Philippine Coast Guard Auxiliary
**BASIC LIFE SUPPORT
HANDBOOK**

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**Philippine Coast Guard Auxiliary
Basic Life Support Hand Book**

April 2018

**PHILIPPINE COAST GUARD AUXILIARY
Units 8 & 9
CCP Bay Terminal, CCP Complex
Pasay City PHILIPPINES**

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FOREWORD

The PCGA Basic Life and Support Handbook has been prepared for Auxiliary officers and members of the Coast Guard Community Auxiliary District (CCAD) responding to emergency medical situations. The purpose of this handbook is to provide the basic knowledge and skills on life saving procedures and techniques to effectively assist victims with serious injuries or illnesses before full medical attention can be provided by qualified medical personnel.

The handbook will also provide an understanding of the principles and practice of emergency care in a variety of emergency situations, such as, cardiac arrest, respiratory arrest, choking, bleeding and shock. Also include are ways and proper procedures of lifting and moving the victim to a safe place or when transporting to an emergency medical vehicle or facility, safely and efficiently.

The emergency care procedures presented in this handbook are based on the 2015 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardio-vascular Care (ECC). It is the responsibility of the emergency responders to stay informed of changes or updates in the emergency care guidelines developed by AHA.

We hope this handbook will be of help to all PCGA officers who are ready to contribute their time and talent in teaching lifesaving skills and to the CCADs who are determined to learn and take action when an emergency situation arises.

VADM VALENTIN B PRIETO JR PCGA
National Director

I. INTRODUCTION TO BASIC LIFE SUPPORT- CARDIOPULMONARY RESUSCITATION

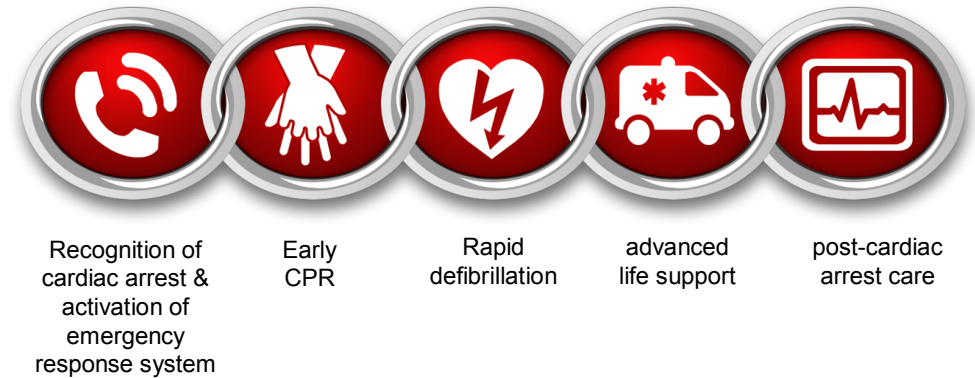
A. KINDS OF LIFE SUPPORT

1. **Basic Life Support (BLS)** - an emergency that consists of recognizing respiratory or cardiac arrest or both and the proper application of CPR to maintain life until a victim recovers or advanced life support is available
2. **Advanced Cardiac Life Support (ACLS)** - the use of special equipment to maintain breathing and circulation for the victim of a cardiac emergency
3. **Prolonged Life Support (PLS)** - for post resuscitative and long term resuscitation

B. CHAIN OF SURVIVAL

1. Immediate recognition of cardiac arrest and activation of emergency response system
2. Early CPR with emphasis on chest compressions
3. Rapid defibrillation
4. Effective advanced life support
5. Integrated post-cardiac arrest care

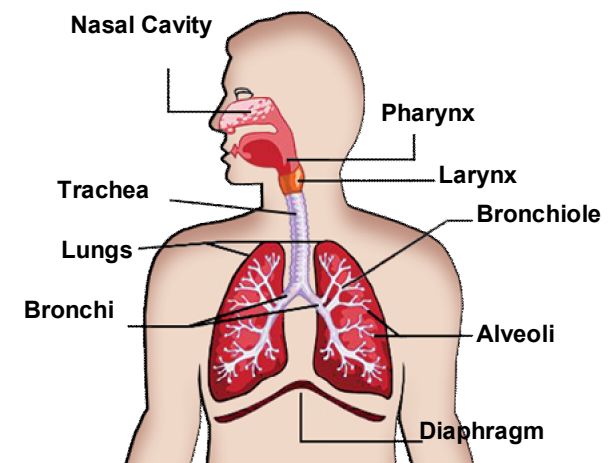
AHA ECC Adult Chain of Survival



Source: 2015 AHA Guidelines for CPR and ECC

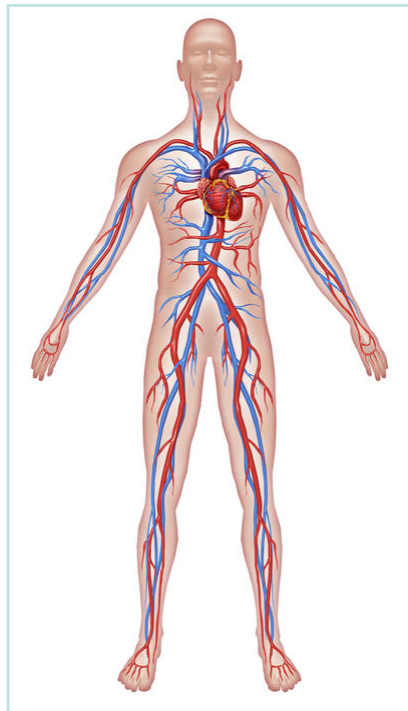
C. BODY SYSTEMS

1. **Respiratory System** - it supplies oxygen to the body, as well as remove carbon dioxide from the body. The passage of air into and out of the lungs is called respiration or inhaling. Breathing out is called expiration or exhaling.

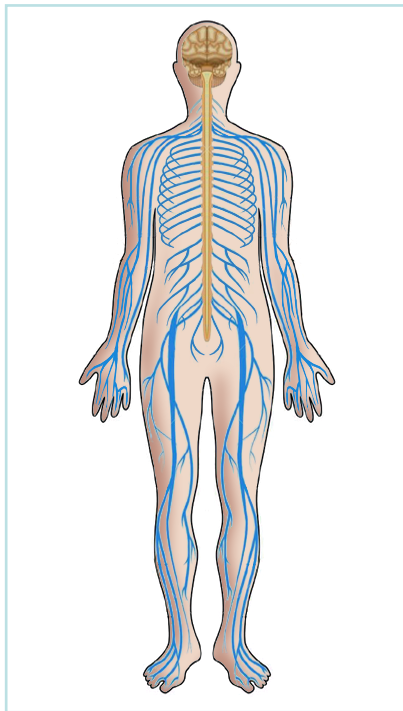


2. **Circulatory System** - It delivers oxygen and nutrients to the body's tissues and removes waste products. It consists of the heart, blood vessels and blood.

3. **Nervous System** – It is composed of the brain, spinal cord and nerves. It has two major functions: communication and control. It lets a person be aware of and react to the environment. It coordinates the body's response to stimuli and keeps body systems working together.



CIRCULATORY SYSTEM



NERVOUS SYSTEM

D. BREATHING & CIRCULATION

Breathing and Circulation - Air that enters the lungs contains 21% Oxygen and trace of Carbon Dioxide. Air exhaled from the lungs contains 16% Oxygen and 4% Carbon Dioxide.

Clinical Death	-	0-4 min -	brain damage not likely
		4-6 min -	damage probable
Biological death	-	6-10min -	brain damage probable
		Over 1 min -	brain damage is certain

II. LEGAL CONSIDERATIONS

A. **Good Samaritan Law** - this law protects anyone who:

- Voluntarily provides assistance, without expecting or accepting compensation
- Is reasonable and prudent
- Does not provide care beyond the training received and
- Is not "grossly negligent," or completely careless in delivering emergency

B. Right to refuse treatment - everyone has right to medical treatment. It is necessary to ask a responsive person is or becomes unresponsive; the legal concept of "Implied Consent" allows a provider to help without asking, because it assumes the person would agree to be helped if responsive.

For an injured child, obtain the consent of the parent or guardian if present. If none is present, the consent to provide care is legally implied. Provide care and contact the parents/guardian as soon as possible.

C. Duty to Act - A pre determined requirement to provide care, typically by job description (such as firefighter, police officer or lifeguard) or by relationship (such as parent or guardian). In general, a first aid trained person is encouraged, but not required by duty, to act.

D. Negligence - Occurs when someone is caused further harm due to care that did not meet the expected standard of someone with a duty to act.

E. Assault and Battery - Placing a person in fear of bodily harm. Forcing care on a person against his wishes may be considered grounds for this.

III. Guidelines in Giving Emergency Care

A. Getting Started

1. **Plan of action** - emergency plans should be established based on anticipated needs and available resources

2. **Gathering of needed materials** - the emergency response begins with the preparation of equipment and personnel before any emergency occurs.

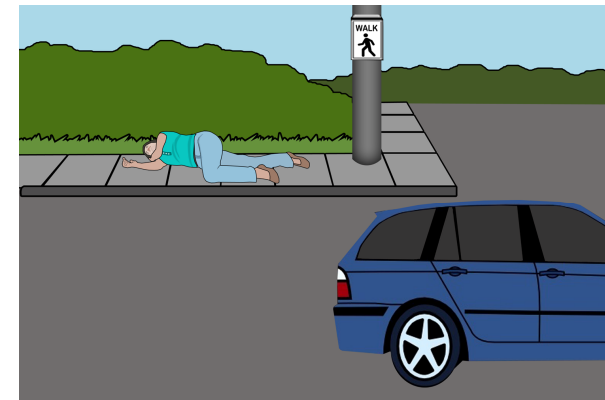
3. Initial Response -

- Ask for help
- Intervene
- Do not further harm

4. **Instruction to helper/s** - proper information and instruction to a helper/s would provide organized first aid care.

B. Emergency Action Principles

1. **Survey the Scene** - Once you recognized that an emergency has occurred and decide to act you must make sure the scene of the emergency is safe for you, the victim/s and any bystander/s.



Survey the scene to determine if safe for the victim, the rescuer or any bystander

Note: For safety and to apply proper emergency care, transfer victim by: clothes drag, two-person seat carry, walking assist, blanket drag or foot drag

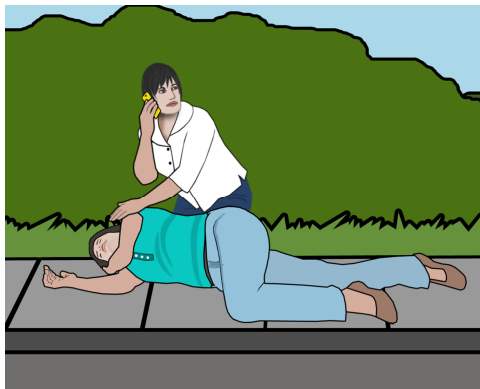
Elements of the survey scene:

- Scene safety
- Mechanism of the injury or nature of illness
- Determine the number of patients and additional resources

2. **Activate Medical Assistance and Transfer facility** - In some emergency you will have enough time to call for specific medical advice before administering first aid. But in some situations, you will need to attend to the victim first.

Phone First and Phone Fast

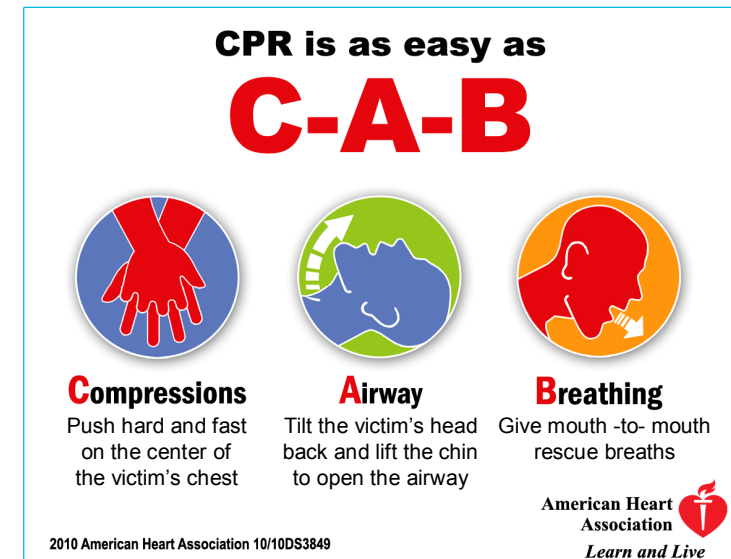
Both trained and untrained bystanders should be instructed to Activate Medical Assistance as soon as they have determined that an adult victim requires emergency care: "Phone First". While for infant and children, a "Phone Fast" approach is recommended.



3. **Do a primary survey of the victim** - In every emergency situation, you must first find out if there are conditions that are an immediate threat to the victim's life.

- Check for consciousness
- Check for circulation

- Check for airway
- Check for breathing
 - To reduce delay to CPR, sequence begins with skill that everyone can perform.
 - Emphasize primary importance of chest compressions for professional rescuers.



4. **Do a Secondary Survey of the victim** - It is a systematic method of gathering additional information about injuries or conditions that may need care.

- Interview the victim.
- Check vital signs
- Perform head-to-toe examination



Secondary head to toe check to get additional information on the victim's condition

IV. Respiratory Arrest and Rescue Breathing (RB)

A. Respiratory Arrest - the condition in which breathing stops or inadequate. This may occur for a variety of reasons and regardless of the cause, it is a life-threatening situation which requires immediate management.

When a patient goes into respiratory arrest, they are not getting oxygen to their vital organs and may suffer brain damage or cardiac arrest within minutes if not promptly treated.

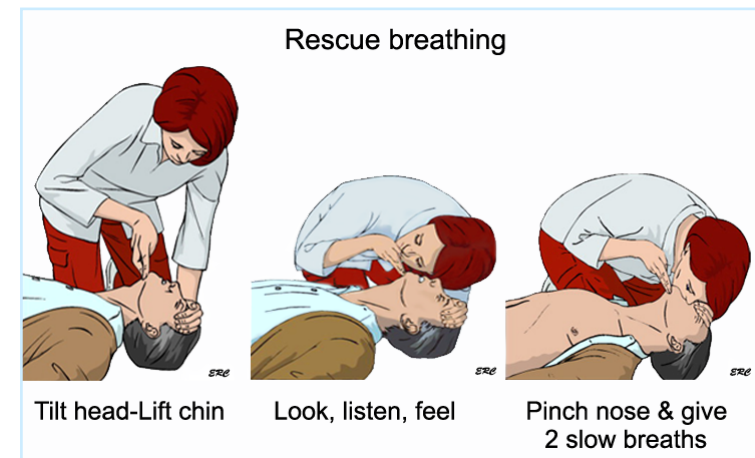
B. Rescue Breathing (RB) -. a technique of breathing air into a person's lungs to supply him or her with the oxygen needed to survive

Sequence of rescue breathing

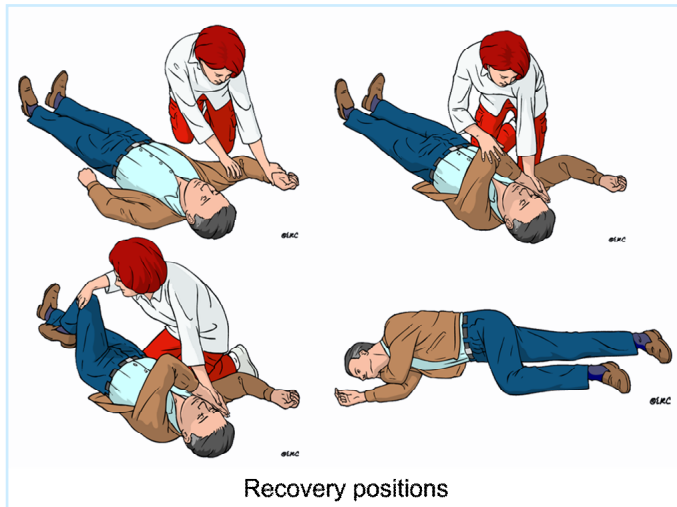
- 1) Scene safety.
- 2) Check responsiveness.
- 3) Open airway. Tilt the victim's head back and lift the chin.
- 4) Check breathing (Look, Listen & Feel) for 5 seconds.
- 5) Give 2 initial breaths.
- 6) Check for signs of circulation (carotid artery) for at least 10 seconds

How to deliver rescue breathing:

- (1) Open airway. Tilt the victim's head back and lift the chin.
- (2) Check breathing (Look, Listen & Feel) for 5 seconds.
- (3) Pinch nose and give 2 slow initial breaths (2 seconds) with a brief pause in between. Watch for the chest to rise.



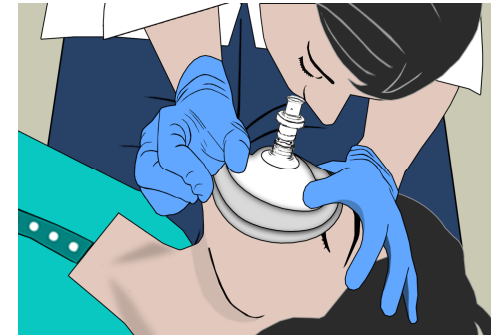
- (4) Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out.
- (5) Continue rescue breathing. 1 breath every 5-6 sec. (10-12 breaths per minute).
- (6) Check for signs of circulation (carotid artery) for at least 10 seconds every 2 minutes.
- (7) If no detectable pulse, start CPR.
- (8) If victim starts to breath normally, place victim in the recovery position.



C. Ways to ventilate the Lungs

1. Mouth-to-mouth
2. Mouth-to-nose
3. Mouth-to-mouth and nose
4. Mouth-to-Stoma

5. Mouth-to-Face shield
6. Mouth-to-mask
7. Bag Mask Device



Airway ventilation using a Pocket Mask (mouth to mask)

V. FOREIGN BODY AIRWAY OBSTRUCTION MANAGEMENT

A. Two types of obstruction

1. **Anatomical Obstruction** - It happens when the tongue drops back and obstructs the throat. Causes include anaphylaxis, acute asthma, croup, diphtheria, swelling and cough (whooping)
2. **Mechanical Obstruction** - When foreign objects lodge in the pharynx or airways; fluid accumulate in the back of the throat.

B. Classification of Obstruction

1. **Partial obstruction with good air exchange** - The victim is responsive and can cough forcefully, although frequently there is wheezing between coughs.

- 2. Partial obstruction with poor air exchange** – The victim has a weak, ineffective cough, high-pitched noise while inhaling increased respiratory difficulty and possibly cyanosis.
- 3. Complete or total obstruction** - The victim is unable to speak, breathe or cough and may clutch the neck with the thumb and fingers. Movement of air is absent.



Universal sign of choking - the victim clutches throat with hand/s

C. Management for Unconscious and Conscious Choking Victim

For unconscious victim:

1. Start CPR. Care is similar to CPR with the exception that a foreign object search is performed between chest compressions and breaths.

2. Chest compressions force air into the victim's lungs to dislodge the object
3. Call EMS personnel for further medical help

For conscious victim:

- 1. Do the *Heimlich Maneuver* or abdominal thrusts** - the best effective way for relieving foreign body airway obstruction.

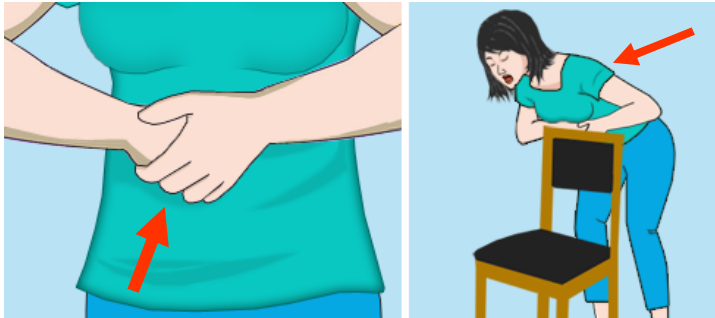
- How to do the Heimlich maneuver:

- (1) Stand behind and wrap your arms around the victim's abdomen. Place your fist with the thumb side inward against the middle of the abdomen just above the navel and below the breastbone.
- (2) Grasp fist with the other hand and give five (5) quick upward thrusts.
- (3) Repeat until thrusts become effective or the victim become unconscious.



Heimlich maneuver

- (4) If alone, place fist above navel while grasping fist with the other hand. Leaning over a chair or countertop, drive your fist towards yourself with an upward thrust.



VI. CARDIAC ARREST AND CARDIOPULMONARY RESUSCITATION

A. Cardiac Arrest - the condition in which circulation ceases and vital organs are deprived of oxygen

Three conditions of cardiac arrest:

1. Cardiovascular collapse
2. Ventricular fibrillation
3. Cardiac standstill

B. Cardiopulmonary Resuscitation (CPR) - a combination of chest compression and rescue breathing. This must be combined for effective resuscitation of the victim of cardiac arrest.

C. Primary Emphasis on Chest Compressions

- Untrained lay rescuers should provide compression-only (Hands-Only) CPR, for adult victims of cardiac arrest. The rescuer should continue compression-only CPR until the arrival of an AED* or rescuers with additional training
- Lay rescuers trained and able; perform compressions and ventilations at rate of 30:2
- For all pediatric arrest, compressions and ventilation (CAB) are still recommended. CPR should begin with 30 compressions (by a single rescuer) or 15 compressions (for resuscitation of infants and children by 2 HCPs) rather than with 2 ventilations

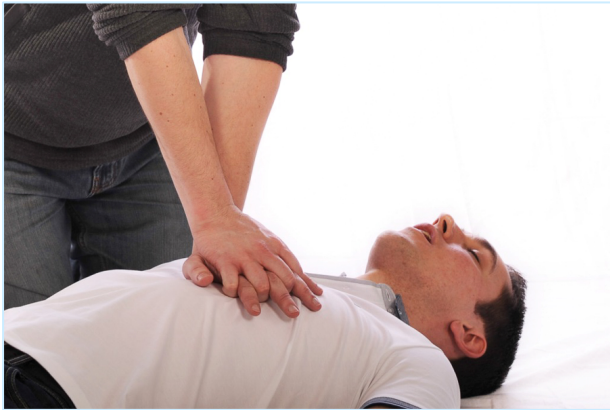
BLS Do's and Don'ts of Adult High-Quality CPR

Rescuers Should	Rescuers Should Not
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min or greater than 2.4 inches (6 cm)
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm)
Allow full recoil after each compression	Lean on the chest between compressions
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)

*AED – Automated External Defibrillator
 Source: 2015-AHA-Guidelines-Highlights

How to do chest compressions:

- Locate the chest compression site. Run your index and middle fingers up the lower margin of the rib cage. Place the heel of one hand in the chest center between the nipples. Place your other hand on top of the hand already on the chest and interlock your fingers.
- Position yourself so that your shoulders are directly over your hands and your arms are straight – lock your elbows.

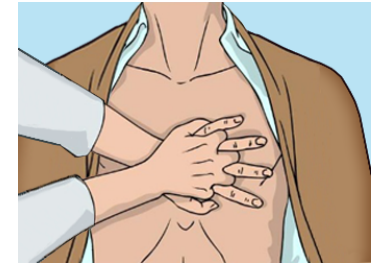


- Do chest compressions at a depth of at least 5-6 cm (2 in) in adults and at the rate of at least 100-120 compressions per minute (about the tempo of the Bee Gee's "Staying Alive")
- Lift hands slightly after each compression to allow the chest to recoil

How to deliver rescue breaths:

- After 30 compressions, open the patient's airway using the head tilt-chin lift method.

- Pinch nose and give two (2) slow breaths (2 sec.) with a brief pause in between
- Continue with cycles of 30 chest compressions and 2 rescue breaths until they begin to recover or emergency help arrives



D. When to stop CPR

- Medical services or properly trained and authorized personnel arrives
- You can defibrillate with an AED (Automated External Defibrillator)
- The patient revives
- Another emergency responder takes over for you
- You are too exhausted to continue

E. Summary of High-Quality CPR Components for BLS Providers

COMPONENT	ADULT	CHILDREN
Scene safety	Make sure the environment is safe for rescuers and victim	
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (i.e., no normal breathing) No definite pulse felt within 10 secs	
Activate the emergency response system (EMS)	If you are alone with no phone, leave the victim to activate the EMS & get the AED before beginning CPR	Witnessed collapse Follow steps for adults on the left Unwitnessed collapse Give 2 mins of CPR Leave the victim to activate EMS and get AED. Return to the child or infant and resume CPR, use the AED as soon as it is available
Compression-ventilation ratio <i>without advanced airway</i>	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2
Compression-ventilation ratio <i>with advanced airway</i>	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)	
Compression rate	100-120/min	
Minimizing interruptions	Limit interruptions in chest compressions to less than 10 seconds	

COMPONENT	ADULT	CHILDREN
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)
Chest recoil	Allow full recoil of chest after each compression; do not lean on the chest after each compression	
Minimizing interruptions	Limit interruptions in chest compressions to less than 10 seconds	

*Compression depth should be no more than 2.4 inches (6 cm).
Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.
Source: 2015-AHA-Guidelines-Highlights

VII. FIRST AID TECHNIQUES

A. Trauma- a serious or critical bodily wound/injury, either unintentional or intentional from a mechanism against which the body cannot protect itself.

B. Bleeding and soft tissue Injuries - a break in the continuity of a tissue of the body and can either be internal or external.

1. Clean Wound - contains no pathogenic microorganisms. Because of the aseptic conditions under which the surgeons create surgical incisions, these wounds are usually considered clean.

2. **Contaminated Wound** - occurs under circumstances that make it vulnerable to an invasion of likely pathogenic microorganisms
3. **Infected Wound** - Septic wound; one in which pathogens have invaded and overcome the body's first line of defense producing clinical signs of infection

C. Classification of Wounds

1. Closed Wound

- no breaks in the skin continuity
- it involves the underlying tissue without break/damage in the skin or mucous membrane
- internal injury
- internal bleeding

First Aid Management

a. Ice Application

- to reduce pain and swelling
- 20 minutes every 2 hours for the first day of injury, thereafter, 2-3x / day until pain and swelling diminishes



b. Splinting

- a splint can be anything that prevents movement of a limb. A splint is used to prevent further damage and limit pain
- to be effective, a splint must immobilize the joints above and below the injury
- splint can be made from readily available objects, such as, magazines or stack of newspapers. But splints usually consists of a rigid, straight object, such as a board, strapped to the limb



2. Open Wound

- disrupts (breaks) in the skin and mucous membrane
- external injury
- external bleeding

Types of Open wound:

- a. **Puncture** - deep narrow wounds, usually does not bleed excessively
- b. **Abrasion** - shallow, wide, minimal bleeding but can be very painful

- c. **Laceration** - ragged, irregular edges and masses of torn tissue underneath
- d. **Avulsion** - tissue forcefully separated from the body, heavy bleeding
- e. **Incision** - clean cut, deep, bleeds freely



First Aid management

a. Manage Bleeding

1. **Direct Pressure** - the first and most effective method to control bleeding
 - Place a sterile dressing or clean cloth over the wound. Apply direct pressure over the wound, maintaining pressure until bleeding stops



2. **Elevation** - raising (elevation) of an injured arm or leg (extremity) above the level of the heart will help control bleeding. It should be used together with direct pressure.



3. **Indirect Pressure** - bleeding from an artery can be controlled by applying pressure to the appropriate pressure point

- Pressure points are areas of the body where the blood flow can be controlled by pressing the artery against an underlying bone
- Pressure points should be used with caution, it can cause damage to the extremity due to inadequate blood flow. Do not apply pressure to the neck (carotid artery) pressure points, it can cause cardiac arrest



4. **Pressure Bandage** - a dressing may be a gauze square applied directly to a wound, while a bandage, such as a roll gauze, is used to hold a dressing in place.

- Pressure should be used in applying the bandage. After the bandage is in place, it is important to check the pulse to make sure circulation is not interrupted

b. Clean and cover the wound.

1. Clean the wound with soap and water.
2. Apply mild antiseptics.
3. Cover wound with dressing and bandage.



c. Treat the victim for shock.

d. Refer to the physician.

Some Natural First-Aid for Wounds:

- 1) Cold compress or ice - controls bleeding, prevent inflammation & swelling
- 2) Aloe Vera extract - prevents bleeding, soothing effect, antiseptic, anti-inflammatory, fast healing & tissue regeneration
- 3) Garlic - anti-inflammatory, antiseptic
- 4) White vinegar, apple cider vinegar- antiseptic
- 5) Turmeric powder - antiseptic, anti-inflammatory
- 6) Sugar - wound clotting
- 7) Honey - antibacterial, soothing effect
- 8) Coconut oil - antibacterial
- 9) Onions - antimicrobial, antiseptic, & soothing effect
- 10) Coffee - controls bleeding, antibacterial

D. **Shock** - a depressed condition of many body functions due to failure of enough blood to circulate throughout the body following a serious injury.

Signs and Symptoms:

a. Early Stage

- Face-pale or cyanotic in color
- Skin- cold and clammy
- Breathing- irregular
- Pulse- rapid and weak
- Nausea and vomiting
- Weakness
- Thirsty

b. Late stage

- Apathetic or relatively unresponsive
- Eyes will be sunken with vacant expression
- Pupils are dilated
- Blood vessels may be congested producing mottled appearances
- Blood pressure has very low level
- Unconsciousness may occur, body temperature falls

First Aid Management

a. Position the victim.

- Modified Trendelenburg (8-12 inches, 20 degrees)
- Elevate the victim's feet higher than the level of his heart
- Use a stable object (field pack or rolled-up clothing) so that his feet will not slip off



Trendelenburg position

b. Do not give any drink or food

- DO NOT give the victim any food or drink. At the hospital, the person will be given oxygen and intravenous fluids. If you must leave the victim or if he is unconscious, turn his head to the side to prevent him from choking if he vomits

c. Maintain body temperature.

Prevent chilling or overheating. The key is to maintain body temperature



d. Provide Oxygen for proper ventilation.

Loosen clothing at the neck, waist, or wherever it may be hindering

e. Seek medical help.

VIII. LIFTING AND MOVING

A. Lifting and moving - are procedures for bringing possibly injured victims to a safer place and should only be done if absolutely necessary. Emergency responders must have knowledge and skills in lifting and moving casualties safely, without causing injury or undue discomfort.

B. Factors to consider before lifting and moving

- Dangerous conditions at the scene
- Distance and route the victim must be moved
- Size of the victim
- Nature and severity of injury
- Physical capability of the rescuer
- Availability of other rescuers
- Aids or equipment available

C. Principles of lifting and moving

- Don't reach no more than 15" - 20" in front of the body
- Push, don't pull
- Use legs, not back
- Keep weight close to body
- Move victim as single unit and in proper body position
- Carry patient upstairs, head first & downstairs, feet first
- Taller rescuer must stay at the head part of the victim
- Have backup available
- Immobilize injured body parts of the victim before transfer
- Ensure an open airway for the victim

D. Techniques of lifting and moving

The adequate method of lifting and moving is to be determined depending upon the nature of the casualty, the nature of the injuries and the position in which the casualty is found.

1. **Emergency Moves** - performed when the scene is not safe, and there is an immediate danger to both the casualty and the rescuer (i.e., danger of drowning, danger of fire and explosion, danger of building collapse, traffic, electricity, hazardous materials, etc.)

a. Rescuer Emergency Drags

Pull or drag victim in direction of long axis of body. Do not drag sideways. Avoid twisting neck and trunk. Never pull head away from neck and shoulders. Risk of spinal injury can be minimized by using blanket, rug, board, etc. Choice of move depends on materials at hand, victim's condition and situation.



Blanket drag



Clothes drag



Shoulder drag



Leg drag

b. Emergency Carries

Use when the victim must be moved immediately. Method used depends on the size and condition of the casualty and the situation. One or more rescuers may carry the victim.



Pack strap



Piggy back



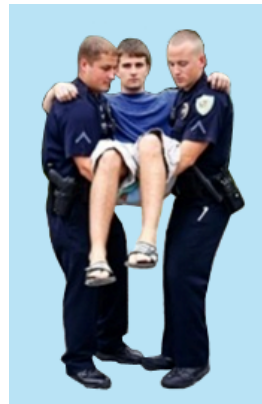
Cradle



Fireman carry



Assist carry (human crutch)



2-man cradle carry

With all emergency carries, use good body mechanics and lifting techniques. Do not try to lift or carry person before checking for injuries.

2. **For Non-emergency Moves** - used when there is no immediate threat to victim or rescuers. Responders may choose one of several methods for lifting and carrying a patient. The two general methods are the Direct Ground Lift and the Extremity Lift.

a. **Direct ground lift** - is used for patients with no suspected spinal injury who are found lying supine on the ground. Usually performed by 3-4 rescuers. Generally used to prepare patient for transport. Stabilize patient to minimize any chance of aggravating illness or injury before moving

Procedures:

1. Rescuers kneel on one side of the patient.
2. Two (2) or three (3) rescuers position hands at patients head, waist and knees.



3. As a team and on signal, each rescuers lift patient to their knees and roll the patient in toward their chests.



4. Again on signal, the team stands & carries the patient to the ambulance stretcher/ cot.

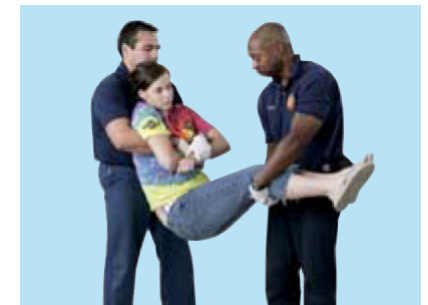


5. Reverse steps to lower patient to the stretcher or cot.

- b. Extremity Lift 2-rescuer technique - used for patients without suspected injury to neck, spine or extremities May be used with responsive or unresponsive patient May be used to carry patient a short distance or move patient from chair to stretcher May be used to carry patient through a tight space

Procedures:

1. The rescuer at the head kneels and slips his arms under the patients armpits and grasps the patients wrists and crosses them on the patients chest. The rescuer at the feet kneels and places hands under the patients knees.
2. Both rescuers move to a crouching position and assess their grip on the patient.
3. On a signal from the rescuer at the head, the rescuers stand up simultaneously and move forward with the patient.



c. Log roll

- Use to move patient from prone to supine position
- 3-5 rescuers are needed to safely roll patient

- For trauma patient with spinal injury, stabilize head in line with body during move

Procedures:

1. Rescuer at patients head holds head in line with body as 2 or 3 additional rescuers take position with hands at patients lower and upper leg, hip and torso, and shoulder.
2. On the count of responder at the head, rescuers in unison roll patient toward them, with head held in line and spine straight.
3. Rescuers complete log roll, positioning patient on back with head and neck still in line with body.



4. Carefully slide the backboard or stretcher and lower patient onto the board, stabilizing the head during move.



5. Again on signal, the team stands & carries the patient to the ambulance cot/ stretcher or emergency transport vehicle.

- o Responders should observe proper body mechanics when lifting (use leg muscles and palms up when grasping handle of backboard)
- o Use diamond carry or one-handed carrying when moving casualty to the ambulance, emergency transport vehicle or medical station



Diamond carry



One-handed carrying

6. Steps are reversed to lower the patient onto the ambulance cot.

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PCGA HYMN

Onward we go, PCGA
With the commitment of saving lives at sea
Dedicated to a service that is true
Making this world a safe place for me and you.

Forward we go, PCGA
Philippine Coast Guard Auxiliary
Onward we go, Onward we go
Saving lives we always do.

Kami ang kabalikat ninyo
Lahat ng oras, ulan man o bagyo
Handang tumulong sa kapwa Pilipino
PCGA kami'y handang magserbisyo.

Sulong kapatid sa PCGA
Philippine Coast Guard Auxiliary
Mabuhay tayo, Mabuhay tayo
Philippine Coast Guard Auxiliary!
Philippine Coast Guard Auxiliary.