

**Meiners Medical & Safety**                      **888-800-6730**  
**Emergency Response Training for the Workplace**

**Steps to responding properly to an emergency**

Put on gloves

Is the scene safe?

How many people does the incident involve?

Do you need more help?

Is someone bringing any needed equipment?

What is the mechanism of injury if applicable?

Are there spinal concerns?

General impression of patient

Determine responsiveness /level of consciousness

Alert Verbal Pain Unconscious

Chief complaint/apparent life threat

Assess Airway and breathing

Give oxygen if appropriate

Assess circulation and control bleeding.

Do we need to call 911?

Trauma (do a physical assessment)  
or medical situation (see back)

Physical Assessment (Looking for DOTS)

Deformities, open wounds, tenderness, swelling

Assess the head (scalp,ears,eyes,face and nose)

Assess the neck (gently feel for abnormatities)

Assess the chest (rise and fall look normal)

Assess the abdomen (blood pooling around swelling)

Assess the extremities (can they move them)

Assess the posterior (complains of back pain)

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**Respiratory or Cardiac**

**Onset-** When did you first start having this problem?  
**Provokes-** What makes it worse or better?  
**Quality-** How would you describe it?  
**Radiates-** Do you feel it anywhere else?  
**Severity-** Describe the pain from 1-10, 10 being the worst  
**Time-** How has this changed? Better or worse?  
**Interventions-** Did you give them anything for it?

**Altered Mental Status**

**Description of the episode**  
**Onset**  
**Duration**  
**Associated Symptoms**  
**Evidence of trauma**  
**Seizures**  
**Fever**  
**Interventions**

**Allergic Reactions**

**History of allergies?**  
**What were you exposed to?**  
**When?**  
**Effects-**What is happening now?  
**Progression**  
**Interventions**

**Injury Assessment**

**Deformities**  
**Open Wounds**  
**Tenderness**  
**Swelling**

**Poisoning/ Overdose**

**Substance**  
**When did you ingest or become exposed?**  
**How much did you ingest?**  
**Over what period of time?**  
**Estimate weight?**  
**Interventions**

**S- Signs/Symptoms**  
**A-Allergies**  
**M-Medications**  
**P-Past pertinent history**  
**L-Last oral intake**  
**E-Event leading up to present illness**

**P-Prescription**  
**R-Right route of entry**  
**I- Indications**  
**D-Dosage**  
**E-Expiration date**