

20-Hour Street Medic Training



New York City Action Medical

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bit.ly/NYCAM-20hr-2024

Note for Readers

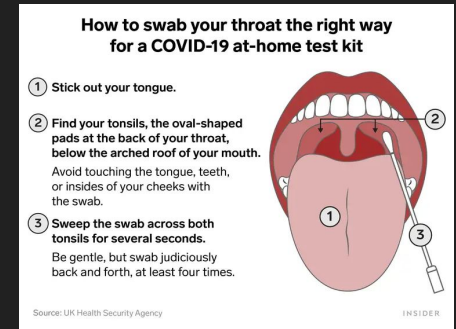
Reading this document is not sufficient to qualify you as a street medic. We ask that only those who have attended the full training that accompanies this document present themselves as street medics.



Icebreakers!

Welcome! As we get settled, COVID tested, and refreshments, please gather for introductions in pairs or small groups.

- How would you like us to address you / What can we call you?
- Where are you from?
- What is your current relationship with community care?
 - In what ways are you already a care worker?
 - In what ways do you rely on your community to care for you?
- What knowledge, experiences, traditions, and lineages do you bring with you to this space?
- What do you hope to gain from this training? What are you looking to learn?
- Any boundaries or access needs you would like to share with us?



Who is NYC Action Medical?

Volunteer street medics who are active in NYC and provide first aid and emergency care at:

- Protests, marches, and direct actions
- Long-term occupations and encampments
- Community and mutual aid events



Our organizing members and our dispatch members include:

- Physicians, nurses, PAs, medical technicians and assistants, medical/nursing students
- EMTs, paramedics, wilderness first responders
- Public health professionals, social workers, therapists, doulas, midwives, educators, movement chaplains, cultural workers, storytellers, artists, and neighbors

NYC Action Medical's Points of Unity

- We believe in **interdependence** and strive to create relationships with other medics and patients to combat that which seeks to isolate us.
- We see our work as acknowledging and resisting intersecting systems of oppression, including but not limited to white supremacy, **racial capitalism**, heteropatriarchy, transmisogyny, and ableism.
- We believe health includes physical and emotional wellbeing for ourselves and our neighbors.
- We practice a philosophy of constant ongoing consent, harm reduction, and non-judgmental care.



NYC Action Medical's Points of Unity

- We believe that healthcare is a human right and act from a space to democratize care, knowledge, and skills.
- Our work is rooted in generations of resistance to systems of oppression and domination, and we seek solidarity with those struggling towards personal and **collective liberation**.
- We collaborate with and support those working for a just and healthy society.
- We seek to work in collaboration with and support of patients to ensure everyone's ability for **autonomous action** and decision-making.

Community Asks



Be responsible for yourself and to each other.

- Be present as best as you can. Things outside of this space follow all of us in.
- Be curious about your own discomfort. Check in with yourself and attend to your needs.
- Respect people's identities, experiences, pronouns, etc. If you aren't sure how someone wants to be addressed, ask.

Be accountable for your words and behavior.

- Call in comrades with love and connection. Practice [compassionate communication](#). Assuming good intent allows us to address discomfort/harm among community members, instead of between sides.
- A mistake is an opportunity to learn. Own your mistakes, [practice apologizing](#), and find the lesson. Try to receive feedback as a sign that someone wants to stay in relationship with you.

Be thoughtful.

- Share the floor. Share your truth. Be mindful of our time together.
- If you have questions related to the material, please leave them until the designated Q&A period or break.

Take this training seriously and take care of each other.

“If we can’t practice addressing the hard things between each other, then how will we ever have a fighting chance to address the hard things in this world that keep our peoples locked up and locked out?”

Mia Mingus

Disability Justice / Transformative Justice Elder



Our Commitment to You

We will teach within our scope of expertise and your expected scope of practice.

We will admit when we don't have an answer. We will name guesses as such.

We will honor and respect the knowledge, experiences, and personal/ancestral history that you bring to this space.

We will be honest about our assessment of your medic capacity.

- If, by the end of this training, you have reservations about being an effective street medic, we will help build your skills and confidence.

We will greet criticism with grace and appreciation, not defensiveness.

Accessibility Note



Collaborative Notes
bit.ly/3Qcjwta

- Participants will receive a link to the slides and a printout copy for note-taking.
- We will also practice collaborative note taking / learning. Share notes with each other through the training.
- Please do not wear strong perfumes, colognes, fragrances, or lotions to make the space more accessible to our participants, volunteers, and trainers with scent and chemical sensitivities.
- We encourage folks with other sensory needs to bring sunglasses, blue-light filtering glasses, migraine glasses, earplugs, etc. We have purchased some quiet fidget / stim toys for those who need them.
- We will provide food, including vegan, gluten-free, and halal / kosher options. Feel free to bring your own food. **Due to airborne allergies, please do not bring seafood into the space.**
- We will aim to have a short break for every hour or so of teaching.
- There will be volunteers on hand each day to help ensure participant access needs are met.

COVID-19 Precautions

- High-quality (N95 / KN95 / KF94) masks and day-of negative rapid tests are required.
- We will provide high-quality masks and rapid tests to those who need them.
- **The best mask is a mask that fits your face.** We encourage you to bring N95 / KN95 / KF94 masks that provide a good fit for your face.
- Please wear masks at all times, outside of hydrating / caffeinating. Step outside to eat.
- There is a Coway Airmega ProX air purifier in the space, and windows will be open for additional ventilation if it is not too noisy.
- Please stay home and do not attend the training if symptomatic or sick, or if testing positive for COVID-19, influenza, RSV, etc.

Working with ASL Interpreters

Speak slowly and clearly. Limit cross-talk. Interpreters can only interpret one voice at a time.

Stick to the agenda.

- The training materials have been provided to interpreters prior to the training. Try not to derail from them.

The facilitator is responsible for managing the discussion, assigning turns in an equitable manner (“progressive stack”), and keeping an eye on the time.

- Direct spoken comments / questions at the people for whom they are intended, rather than the interpreters.
- Questions may be submitted in writing to the facilitator and read by trainers for interpretation.

Be patient with and understanding of interpretation lags.

- The nature of interpreting English to ASL and ASL to English results in a slight delay in communication.
- Please allow time for (and be mindful of) the interpretation to be completed before moving on.

General Content Warnings

Being a street medic can involve frequent **exposure to trauma and violence**.

This training will include discussion and imagery of:

- **Bodily fluids** (blood, vomit, saliva, excrement, etc.)
- **Body horror** (i.e., severe traumatic injuries)
- **State and fascist violence** (including police murders)
- **Substance use**, paraphernalia, and harm reduction techniques
- **Mental health** conditions and crises
- **Medical violence**, poverty, medical neglect, and lack of access to medical care
- Frank discussion about **our limited ability to prevent life-threatening harm**



Scenarios may include realistic simulations of the above.

We will make conscious efforts to avoid **morbid fascination**.

We will provide content warnings for graphic / potentially activating images (⚠️) on preceding slides.

Structure of This Training

Day 1

1. Welcome & Introductions
2. History of Street Medicine
3. Street Medic Terminology
4. Street Medic Structure
5. Street Medic Values
6. Street Medic Operations
7. Scene Assessment
8. COVID-19 Precautions
9. Jail Support
10. Body Substance Isolation
11. Mental Health First Aid
12. Eye Flushes

Day 2

1. Initial Assessment
2. Mechanism of Injury (MOI)
3. C-Spine Injury / Stabilization
4. Assessing Mental Status
5. Airway, Breathing, Circulation, Disability, and Environment
6. Triage
7. Secondary Assessment
8. Bleeding Control
9. Special Wounds
10. Head Injuries
11. Weather-Related Injuries
12. Musculoskeletal Injuries
13. Emergency Carries
14. Skills Round Robin

Day 3

1. Police Tactics
2. Police Weapons & Their Clinical Implications
3. Protest Tactics
4. Medical Emergencies
5. Case Studies in Protest Medicine
6. Live Shooter / Gunshot Wound Training
7. Before / After an Action
8. Street Medic Collectives
9. How to Join Dispatch

DAY ONE

What Even **IS** A Street Medic?

Street Medic

Street medics are a community of people who provide medical support at protests, direct actions, uprisings, encampments, and natural disaster sites, particularly where police or military target activists and survivors.

Becoming a street medic involves:

- Completing a 20-28 hour training (or a bridge training for medical professionals)
- Working at a direct action as the buddy of an experienced street medic
- Actively seeking out opportunities and trainings for continuing medical education
- Maintaining relationships with street medic communities



Street Medicine

- Part of a wider radical, abolitionist movement, grounded in the histories and healing practices of colonized, occupied, and enslaved people
- Specifically addresses the ways in which medicine as an institution has been weaponized to control and harm oppressed people—our bodies, our communities, and our struggle for liberation
- Dismantles the control our oppressors have over us through the **medical industrial complex** by practicing care within our own communities in order to restore our collective autonomy
- Recognizes and centers the experiences of oppressed people in our practice of care, medicine, and healing

Action Medical

Action medical is the provision of care in the diverse and challenging environments offered by uprisings, protests, blockades, occupations, encampments, marches, civil disobedience, and other direct actions.

In the US, action medical has traditionally been provided by trained street medics. However, action medical responses may also be offered by lay first-aiders, firefighters, and medical professionals who are not street medics.



A street medic watches the crowd pass during a protest against racial injustice and police brutality early in the morning on Sept. 5, 2020, in Portland, Oregon. photo by Nathan Howard

An (Incomplete) History of Street Medicine in North America

1960s to Present

Dr. Robert L. Smith and Dr. James Anderson

In the early 1960s, only a handful of Black doctors, and almost no white doctors, were willing to work with young activists from **Student Nonviolent Coordinating Committee** (SNCC) and the **Congress of Racial Equality** (CORE).

Dr. Robert L. Smith (“Doctor to the Movement”) and **Dr. James Anderson** were two of the main physicians who treated civil rights workers in Mississippi, for everything from small injuries to emotional and physical trauma.



Dr. Robert L. Smith



Dr. James Anderson

The Medical Committee for Human Rights (MCHR)

Drs. Smith, Anderson, and **Tom Levin** organized the **Medical Committee for Human Rights** (MCHR) in June 1964

- ~100 American healthcare professionals
- Provided medical and psychiatric care (for “battle fatigue”)
- Supported civil rights workers, community activists, and summer volunteers during Mississippi **"Freedom Summer"**



Dr. Smith, center, and other physicians picketing the national convention of the American Medical Association for their racially discriminatory practices, Atlantic City, NJ, 1963. Photo from Institute of Social Medicine and Community Health

MCHR's Four Point Program for Freedom Summer

1. To administer first-aid to civil rights workers
2. To administer first-aid to local Black people
3. To help people get access to local doctors and hospitals
4. To support Black and white healthcare personnel already working in Mississippi

MCHR set up informal clinics at community centers and **Freedom Schools**.



Medical Committee for Civil Rights at the March on Washington

Medical Presence Project (MPP)

Early in the summer of 1964, MCHR members found themselves in situations where they had a duty to act. Unfortunately, many clinicians had brought with them problematic frameworks.

In response, an MCHR break-away group formed called the **Medical Presence Project**. MPP began preparing to provide direct first aid on the streets: **the very first street medic collective.**



SNCC activist Amelia Boynton being carried away on Bloody Sunday, March 7, 1965 after being tear gassed

Medical Presence Project (MPP)

Anne Hirschman Schremp began training civil rights workers to administer first aid at protests, including **Vietnam Vets Against the War** and the **Black Panther Party**.

Among those she trained was a doctor of Traditional Chinese Medicine named **Ron Rosen** (“Doc”).



Anne Hirschman Schremp



Doc Rosen

Medical Presence Project

With time, the street medics of MPP developed a specific set of skills and ethics and a curriculum that grew, developed, and persisted through time.

By the late 1960s, medical professionals in solidarity with movements for justice routinely attended street medic trainings to be cross-trained to work in a variety of protest environments.



Some of Doc Rosen's medic memorabilia from the Battle of Wounded Knee

Community Care

Many of these trainings were led by BIPOC medics with no formal licenses or certifications.

Street medicine grew out of necessity for community care and collective survival, out of circumstances of poverty, disenfranchisement, organized abandonment, and state violence.



Black women students/medics sorting through groceries and first aid supplies during the 1968 Columbia Uprising

Late 1960s

Anne Hirschman-Schremp and Doc Rosen later moved to New York City, where they founded the **Broome Street Collective**.

This was the peak of the anti-Vietnam War movement, and they worked with returning combat medics from **Veterans for Peace** to develop field protocols.



Police using batons to attack MIT students protesting the Vietnam War on November 5, 1969

Pre-Hospital Care and Paramedicine



Freedom House paramedics

The fields of pre-hospital care and peacetime paramedicine were born with the founding of two programs: one based out of Baltimore by Dr. R. Adams Cowley and the other a Black-run inner-city community organization in Pittsburgh.

United Negro Protest Committee and Freedom House

The very first paramedic program in the U.S., the **Freedom House Ambulance Service**, was created by Pittsburgh-based community organization **Freedom House Enterprises, Inc.** and the non-profit **Maurice Falk Medical Fund**.



Members of Freedom House pose with Phil Hallen and Dr. Peter Safar

The Flying Black Medics

Dr. Leonidas H. Berry

recognized problems of access and affordability for Black communities.

He regularly flew a group of Chicago health professionals to Cairo, IL, to provide care. They called themselves the **“Flying Black Medics.”**



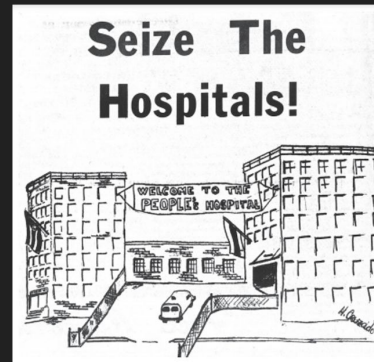
“Flying Black Medics project...” clipping from Chicago Defender, October 17, 1977

The Young Lords

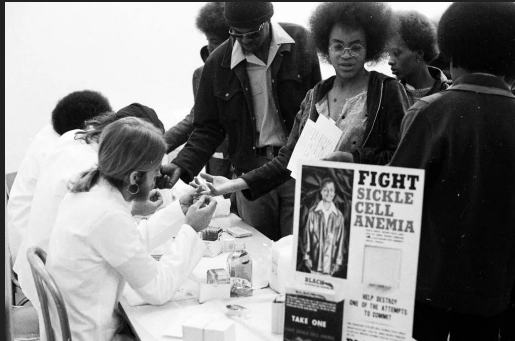
In the 1960s and 1970s, poor Black and Latinx neighborhoods in the city were neglected of adequate healthcare and sanitation services.

In response, the **Young Lords**:

- Protested irregular sanitation services
- Overtook a tuberculosis testing truck
- Launched a breakfast program for children
- Conducted door-to-door lead poisoning tests
- Occupied Lincoln Hospital in demand of more funding, staffing, childcare, and preventative care programs



The Black Panther Party's Community Survival Programs



While the BPP was known for their armed resistance and revolutionary philosophy, they also developed programs for health equity:

- Free breakfast programs for children
- Political education classes
- **People's Free Medical Centers**
 - Preventative care
 - First aid and physical exams
 - Routine testing and lab work
- Clothing distributions

The Early HIV Epidemic

Street medic collectives maintained their focus on non-protest long-term community support work and campaigns through the 1980s and early 1990s.

Lesbians and other queer women:

- Offered sexual health education for at-risk populations
- Organized blood drives
- Took care of the sick and dying
- Advocated for women with HIV

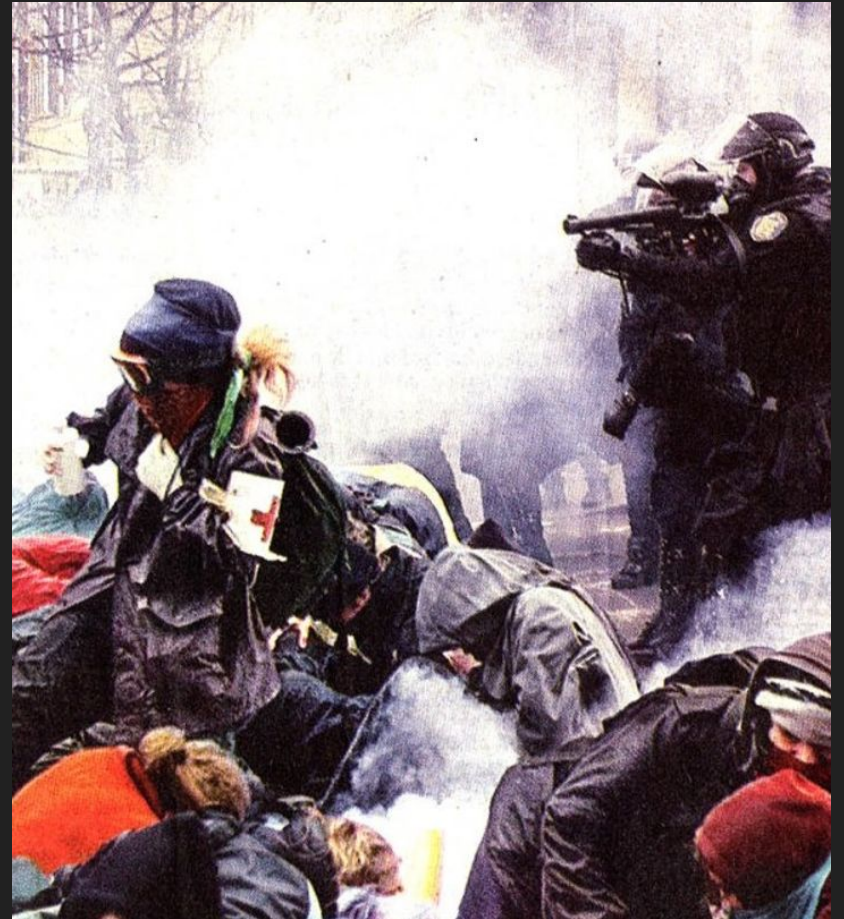


1999 WTO Protests

Street medicine reached a new generation in the months before and after the **1999 World Trade Organization** (WTO) protests in Seattle.

Many communities of health workers converged in the medical response to Seattle:

- **Earth First!**
- **ACT UP**
- **Fairy farms** and **Pagan Cluster** communities
- Radical feminist health collectives



Battle of Seattle, 1999

Anti-Globalization Movement



Courtesy of DC Street Medics

Medics trained tens of thousands of protesters in short courses focused on:

- Protest health and safety
- Eye flushes
- **Critical incident stress management**
- Day-long affinity group medic trainings

Street Medic Internationalism

We are in solidarity with our fellow medics outside of the US who are fighting for justice alongside protesters and supporting local movements.

We recognize that we would not have much of our knowledge, skills, and wisdom without the support of our comrades around the world, including those in Palestine, Hong Kong, France, Colombia, and South Africa.



Uprisings of the 2000s

- 2008 Oaxaca Uprising
- 2009 Greek Uprising
- Arab Spring
- 2011 Act 10 protests
- Spanish Indignante movement



Mutual Aid Disaster Relief

Over time, the role of street medics expanded to include disaster response.

- AIM medics responded to tsunami in coastal Thailand
- Street medics set up the first medical clinic in NOLA after Hurricane Katrina



The original free health clinic in a former corner grocery store and masjid after Hurricane Katrina

Mutual Aid Disaster Relief

In the last 2 decades, street medics have:

- Provided medical support and training to poor Appalachian families
- Worked with affinity groups after the 2010 Haiti earthquake
- Developed a temporary natural health clinic after the 2010 Gulf oil spill
- Set up emergency clinics, performed door-to-door checks, and provided first aid during Hurricane Sandy in 2012
- Set up and supported **Centros de Apoyo Mutuo** in Puerto Rico after Hurricane Maria



Occupy Wall Street

Occupy Wall Street (2011-2012) led to a massive resurgence of street medics who offered medical care, food, hygiene products, Reiki, and herbal medicine to no- / low-income communities.

While most of these medic groups were short-lived, several have become a stable presence and continued to grow.



Standing Rock #NoDAPL



The protest camp at Standing Rock brought together street medics from different collectives and traditions. Led by indigenous elders, this affinity group came together as the **Standing Rock Medic and Healer Council**.



Dr. Didi Banerjee, Standing Rock medic and Water Protector



Members of the Standing Rock Medic and Healer Council



SRMHC medic treating a protester who has been pepper sprayed

Hong Kong Protests



In the summer of 2019, protests evolved in response to a new bill that would increase criminalization of protests, political dissent, and criticism of the Hong Kong and Chinese governments.

Nurses, doctors, medical students and ordinary people with first aid training formed a small volunteer corps to treat people on the frontlines.

2020: COVID-19 Pandemic and Uprisings

The pandemic expanded the role of community medicine:

- Mutual aid coalitions for PPE
- Education about disease transmission and recovery
- Translation of public health guidance
- Medical advocacy

The 2020 uprisings brought new visibility to the role of action medical and brought thousands of medical professionals into the field of street medicine.



Now: Stop Cop City

The Stop Cop City movement spawned after the police murder of Rayshard Brooks in 2020.

- Co-optation of Rayshard Brooks Peace Center
- \$90 million 85-acre police training facility with 265 acres of green space
- Public occupation of Weelaunee People's Park from 2020 to 2023 experienced police raids

We mourn and honor Tortuguita (they/them), a 26 y/o queer, non-binary Afro-Venezuelan street medic and member of the Atlanta Resistance Medics who was killed by Georgia State Police on January 18, 2023.



Now: Gaza Genocide

In the span of 4 months, the Israeli Occupation Forces have:

- Killed over 42,500 and injured over 79,000 Palestinians
- Killed over 15,700 children
- Killed or injured over 950 medics and healthcare workers
- Targeted over 322 healthcare facilities

Activists of all backgrounds, **including you**, have united internationally to demand a permanent ceasefire, an end to Israeli occupation, and a free Palestine.



We dedicate this training to the medics / care workers of Gaza.

D/D	Rm.	List	PE. Num.	O.T.	Investig
Sun.					
Mon.					
Tue.					
Wed.					

WHOEVER STAYS UNTIL THE END ,
WILL TELL THE STORY WE DID WHAT WE COULD
* REMEMBER US *

20/10/2023



The words Dr. Mahmoud Abu Nujaila of MSF wrote on a hospital whiteboard normally used for planning surgeries on October 20. Dr. Abu Nujaila was killed in the attack on Al-Awda Hospital on November 21.

Street Medic Structure

The Buddy Pair

The foundation of our organizational structure in street operations is the **buddy pair**. All other structures function as support structures for on-duty buddy pairs.

Buddies provide a second pair of eyes, a second perspective on any situation, and an extra pair of hands.

Buddies do scene assessment and crowd control, keep photographers away from patients, help with lifts and carries, call for backup, and keep in touch with dispatch.



Sharena Thomas and Lesley Phillips of People's Community Medics in Oakland, CA (2013)

The Buddy Pair

Buddies also remind you to drink water, eat, and take a break.

They prevent **critical incident stress**, offer support through secondary trauma, and provide someone to debrief with at the end of each day.

Buddying up is a process of deep trust, intention, and vulnerability.

A medic without a buddy is off-duty.



PEARLSY

Physical Needs: physical injuries or access needs, boundaries around physical touch

- Examples: I have asthma; my inhaler is in my pocket. Is it okay if I grab your arm/your pack to keep from getting separated? Can you take a COVID test beforehand? Can we get food after the action?

Emotional Needs: debrief needs, triggers

- What are your debrief or aftercare needs? What are your goals for a debrief? Do you want to plan one in advance? How can your buddy help keep you grounded?

Arrestability:

- **Red** (ready and willing to be arrested)
- **Yellow** (could be arrested but not actively planning / trying to be)
- **Green** (absolutely not arrestable)

Roles: tactical, medical, emotional/spiritual, communications

Loose Ends: What time do you need to leave by? Who is your emergency contact? Any dependents?

Supplies: Do you need to pick up any supplies? Do our kits complement each other?

Yes/No: Are we running together?

Exercise

Break off into pairs and practice PEARLSY

Affinity Groups



An **affinity group** is a group of people who come together to accomplish a shared objective.

- Sometimes the goal of an affinity group is tactical, such as to block a bridge, drop a banner, or disrupt a speech.
- Other times an affinity group's mission may be **logistical**, such as to provide food, water, legal aid, or medical support to protesters.

Affinity groups may also be called action groups, action collectives, or cells.

It's important to distinguish between **affinity group medics** vs. **street medic affinity groups**.

Affinity Group Medics

Affinity group medics, also known as **embedded medics**, are (usually unmarked) medics that exist within and support a specific affinity group or organization with its goal or mission.

While an affinity group medic may help people outside the team they are serving, their primary responsibility is to the group. Unlike marked street medics, affinity group medics are not bound by the expectation of **tactical neutrality**.



Discussion

What are some benefits of having embedded medics?

Street Medic Affinity Groups



Street medic affinity groups are affinity groups that solely provide action medical services and exist to support mobilizations and direct actions, usually in a particularly geographic region.

Since a street medic affinity group is committed to serving all the groups at a protest, they typically run marked and are bound by tactical neutrality. While marked, they do not participate in other tactics other than action medical.

Street Medic Collectives

Unlike an affinity group, **street medic collectives** have points of unity and a formal covenant that describes how decisions are made and how membership is defined. These details may vary broadly from one collective to the next but are clearly defined within each collective.

Street medic collectives often engage in radical community health organizing in between direct actions.

NYCAM is a street medic collective 🚑



Community Medics

Street medics have a rich history of serving local communities in health initiatives.

- Setting up walk-in clinics
- Providing care for people without housing
- Assisting larger health organizations with on-the-ground outreach
- Home care for elders / disabled comrades
- Harm reduction and safe injection/use sites
- Food and mutual aid distros
- Promoting community health education

Street medics also work with grassroots communities to offer alternatives to the formal healthcare system for those most marginalized by it, including doula / midwifery support and herbal medicine.



Discussion

What are some other roles medics may take on?

Other Medic Roles

- Purchasing, transporting, and distributing supplies
- Coordinating with organizers
- Information gathering (social media and police radios)
- Offering transportation
- Communications and language interpretation
- Offering medical consults or support in accessing higher care
- Jail / court support
- Dispatching street medic teams
- Hosting debrief spaces and offering emotional support
- Offering trainings and skill shares

Street Medic Values

Social Contract or Covenant

These are some of the values that are shared by street medics:

- Anti-Oppression
- Radical Consent & Patient Autonomy
- Security Culture
- Autonomy of Risk
- Horizontal Decision Making
- Commitment to the Cause
- Tactical Neutrality
- Commitment to Continuing Education
- Adherence to Scope of Practice



Anti-Oppression



- We do not tolerate bias or criticism based on race, ethnicity, color, religion, gender, sex, sexuality, age, income, education, relationship to the means of production, body size, ability, ideology, immigration or documentation status, or any other axis of oppression.
- NYCAM does not support treating white nationalists, fascists, or cops while on duty as part of our street medic philosophy.
- We consider treating dangerous individuals who mean to do harm against marginalized communities as a violation of our "Do No Harm" stance as leftist medical providers.

Radical Consent & Patient Autonomy

Street medics get consent for everything.

How we get consent:

- Approach calmly and cautiously.
- Introduce yourself confidently and quickly.
- Example: *“Hello, my name is Inigo Montoya and I know first aid. I can help you. Would that be okay?”*



Discussion

What are some reasons people decline medical care at protests or other street situations?

Common Reasons for Refusing Care

- The caregiver's perceived race or gender
- Worries that medics are cops
- Financial concerns / being uninsured
- Modesty / fear of exposure
- Fear of attracting attention
- Doubting injury is "that bad"
- Perceiving another patient as doing worse and needing care first
- Fear of contagion (you or them)
- Not needing care or support

Consent is a **CONTINUOUS** process. Always ask whether you can do something to a person and describe what you are doing. Treating someone who has not consented is assault.

Ways to Encourage Consent

Be persistent, but not pushy.

- “Your wound looks really bad, and I’m concerned about you. What would make you more comfortable in getting support?”



Validate and address the patient’s concerns, communicate risks, and offer alternatives.

- “I can understand why this might be scary.”
- “Would you prefer if my partner takes care of you and I mostly keep watch?”
- “Healthcare is really expensive, especially if you don’t have health insurance. Would you consider going to a public hospital?”
- “I hear that you don’t want to go to the ER today. Can we check in about your symptoms tomorrow?”

Establish privacy barriers and innovate!

Always take “no” for an answer!

Special Circumstances

Minors

- Minors cannot legally consent. Seek a parent or guardian to provide consent if possible. However, you may provide treatment if a guardian is not available and treatment is in the best interest of the patient.

Implied Consent

- If a patient is unable to give consent, we can assume that the patient would want life-saving treatment were they able to give consent
- We **DO NOT** call 911 on people who are intoxicated or experiencing crises or altered realities

Radical Consent is Required!

- Even if we have legal consent through a guardian or through implied consent, we always require that our patient agrees to our plan of treatment (unless our patient is incapable of expressing a preference one way or the other).
- Street medics always adhere to patient consent, even if we suspect a patient is under the influence.

Special Circumstances: Survivors of Violence

Consider how your identity or presentation inherently shifts power in an interaction and impairs a survivor's ability to give consent.

Look for survival responses being activated, respond appropriately, and offer reassurance / validation. Provide options and ask open-ended questions.

- **Flight:** putting space/distance between you and them, flinching from touch
- **Freeze:** dissociation, being tense / silent / still
- **Fawn:** saying yes to everything, trying to accommodate / not be a burden, expressing gratitude to an abnormal/excessive degree ("hero worship")

Look for both **“affirmative” consent** and **“negative consent”** → both opt-in and opt-out consent

- Affirmative: “enthusiastic yes” through clear words/actions
- Negative: “no means no”

Consent Is a Spectrum



Special Circumstances: Disability

Some people have limited ability to give or express consent due to temporary or permanent disability or cognitive or emotional status.

We assume the legal competence of our patients unless we are forced to accept evidence to the contrary.

However:

- Adult disabled people can have their bodily autonomy rights violated by a court of law (guardianship).
- Caregivers assume they have decision-making powers over a disabled person when legally they do not.
- We require consent from the patient in any case regardless of the law.

Tips:

- Use simple language and avoid jargon when possible
- Explain things slowly and check in with your patient regularly to confirm that what you said was understood
- Use a respectful, age-appropriate tone of voice
- Do not mistake a failure to communicate as a failure to understand especially if the patient has a speech difference or uses adaptive communication technology

Special Circumstances: Disability

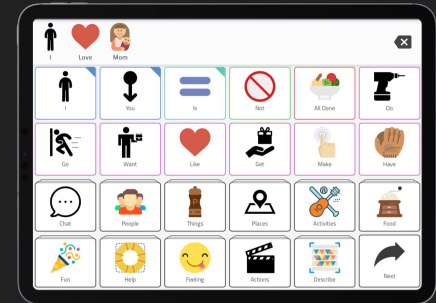
Many disabled people may utilize semi-verbal or non-verbal means of communication.

Be familiar with and ready to use the following:

- Augmentative and Alternative Communications (AAC) devices
- Pen and paper
- Live Transcribe app (iPhone and Android)
- Any object that the person is trying to draw your attention to

Try to ask "yes/no" questions when possible.

Be mindful of body language that might indicate a revocation of consent, discomfort, or pain.



Special Circumstances: Mobility and Access Devices

Do not touch a person's wheelchair or other medical device without their expressed consent.

Never move a mobility device or other piece of accessibility equipment outside the reach of its user, even if they give you permission to touch and move it.

Recognize that a mobility device, prosthetic, infusion pump, or other medical device is often an extension and especially sensitive part of the patient's body, and therefore, requires extra care when approaching it.

Expand your imagination of what a mobility or access device looks like.



Patient Care & Transfer of Care

No Abandonment: You must stay with someone once you start helping them, until you hand them off to someone with higher training or your own life is threatened. Your goal should be to transfer ASAP, with clear communication.

DO NOT leave your patient until:

- They confirm care is completed or say they do not want further treatment.
- You transfer them to a higher level of care (more experienced medics, EMS, hospital, etc).

To leave the patient otherwise is considered **ABANDONMENT**.

Street medics **do not** abandon their patients!

Calling 9-1-1

Should you?

- We are assuming that the person in question could die without EMS.
- Respect that there are reasons people might not want EMS called.

If you must:

- Direct a bystander to call 911 by pointing at them:
 - *“You, [PERSON + DESCRIPTION], call 911, tell them we need an ambulance, tell them this person [SIGNS/SYMPTOMS], then come back and tell me what they said.”*
- Focus on the injury, as opposed to what happened to avoid police involvement:
 - *“There is a large wound in their chest,”* rather than *“They were in a fight and got stabbed.”*
 - *“I don’t know”* is always an acceptable answer!
- Key language:
 - *“They are not breathing,”* or *“They are unresponsive.”*
- Designate a bystander to deal with the police when they undoubtedly arrive
- Direct other bystanders create a privacy circle and enforce privacy asks
- Give other folks around you a heads up that you are activating 911 so they can leave if necessary

Red Flags: Signs to Activate & Communicate to 9-1-1

- Any amputations
- Any impaled objects
- Bleeding you cannot control
- Any arterial bleeding
- Any sign of shock
- Head injuries
- Any penetrating wound to the abdomen
- Any spinal injury



Security Culture & Information Security (InfoSec)

People trust care providers to keep their secrets. Here are some tips:

- Don't talk / don't brag. **Don't ask questions you don't need the answer to.**
- In-person communication is often the most secure, but there are many reasons why exclusively in-person organizing is not accessible (particularly to caregivers, working-class people, and disabled people).
- A lot of surveillance happens digitally, but **a lot happens in person too.**
- Having a criminal record or being familiar to cops is not an excuse to abandon security practices.
- **InfoSec is as much about protecting your comrades as it is about protecting yourself.**
- Anything you say can find its way to prosecutors and police, and can and will be used against you, **even if you say it on an encrypted platform.**

Security Culture & Information Security (InfoSec)

Assume anything digital is public.

Remember that police will confiscate (and may search) your phone if you are arrested.

- If you use your face to unlock your phone, the police do not need any permission to point the phone at your face and unlock it. Learn how to temporarily disable biometrics.
- Use a passcode. The longer and more complicated, the better.

Watch what you post online! Blur faces and identifying features in photos and videos.

Your Metadata is as important as your data. Be careful what you leak unintentionally.

- Location data in photos and video; phone number or device ID on messages
- All people in all of your group chats can see you change your Signal username.
 - Changing “blob” to “blob - team lead badass blockade” can be used to target you or comrades

Turn off location tracking and opt into privacy features.

Autonomy of Risk

Professional EMS will stage outside a protest until the police declare the scene secure, but a street medic is accountable to no one except their buddy when deciding whether or not to enter a potentially dangerous situation.

Listen to your buddy. Consult with your buddy before taking risks.

Other than their buddy, no one in the world has the right to tell a street medic who wants to go in that they should hold back because it's too dangerous.

However, a medic partner must **NEVER** pressure you to enter a situation that you feel presents an unwarranted risk.

Buddy pairs work together and are accountable to each other!



Horizontal Decision Making

Members of action medical organize and operate according to **non-hierarchical principles of solidarity**. Medical certifications and licenses, skill level, and experience are respected with regards to patient care, but **DO NOT** translate into hierarchies of duty or administrative decision-making power.

- We focus on how to creatively, effectively, and safely meet the needs of the communities we serve above all else.
- Organizations and collectives must adapt very quickly to difficult environments.
- We cannot afford to neglect hidden skills and talents within our ranks!



Commitment to the Cause

Street medics are unapologetically activists: we do what we do because we believe that **care infrastructure makes our movement stronger** and because we want the movement to succeed.

Street medics are anti-oppression, anti-fascist, and pro-collective liberation. A good street medic is builds relationships with the activist movements in their own community.



Dick Reilly (left), a dedicated activist and Chicago street medic who passed away in February 2020

Tactical Neutrality



Portland Street Medic (2020)

Many people say that marked medics don't participate in tactics. That isn't entirely true.

As stated earlier, we believe that having medics makes our side stronger, more resilient, and more likely to succeed.

Medicking itself is a tactic, not a passive act. That said, tactical neutrality does mean that, when we're marked, we don't participate in tactics other than being a medic.

- Medics **DO NOT** direct or control the action.
- Medics **DO NOT** act as an authority above organizers or protest attendees.
- Medics **DO NOT** use their certifications or licenses to "pull rank."

Tactical Neutrality

Street Medics should try to stay out of debates about the “right way” to protest.

We are not there to police the movement.

We are there to provide care, whether it's a riot, a law-abiding candlelight vigil, or anything in between. We let others debate tactics, while we focus on supporting **every** part of the movement.

Whether we like it or not, our ability to provide care creates an imbalance of power. We never want our care to be weaponized.



Andrea Smith, St. Louis Medic

Continuing Education

By identifying as street medics, we have committed ourselves to a lifetime of **continuing education**.

Your training will never end. All professionals with years of experience and academic training have to review literature and update their knowledge and practices continuously.

It is your responsibility to actively seek out or create opportunities to keep this knowledge fresh, acquire new skills, expand your scope of practice, and pass what you know on to others.

It is also important to give additional input or critique of medicking knowledge in a direct and respectful manner.



Ujijmaa Medics leading a gunshot wound training

Legal Risk, Good Samaritan Laws, & Scope of Practice

Remember, when you are a medic, outsiders (like the police and passersby) will still see you as a protestor! Being a medic **DOES NOT** shield you from the risks of a protest. In fact, you may be confused for a protest leader when you are not.

Medics strictly adhere to our individual scope of practice per our training and education for both ethical and legal reasons. For licensed/certified professionals, always work according to your organization's **standard of care** to avoid further legal ramifications.

Legality: You may perform interventions if you act **within your training & knowledge**, with intent to save a life. Check the local city & state Good Samaritan laws before going to an action (varies by state).

Good Samaritan Laws (GSL) in New York State

Drug or alcohol overdose:

- GSL allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing

Use of defibrillators or CPR:

- GSL protects those who perform CPR or use an AED in the case of a sudden heart attack or heart-stopping injury

Street Medic Operations

Situational Awareness

Street medics need to be aware of their surroundings at all times. It's important to avoid distractions to the extent possible and keep our eyes on the crowd.

- What are the protesters doing?
- What are the police doing?
- Who looks hot, cold, or tired?
- What risks are around you?
- Where is your buddy, and how are they doing?

If the crowd isn't moving, try to stake out a location where you can see what's going on all around you, and where others can find you easily if they have a medical concern.



Scene Safety in 1 2 3 4 5!

1. "Look out for #1"

- Keep our own safety and buddy safety in mind
- Limits effectiveness if you/buddy get hurt
- If patient also poses a danger, you are not obligated to help them.

2. "What happened 2 you?"

- Brief look for any obvious mechanism that could have caused injury/ extreme weather conditions/ surrounding people, etc. Is the MOI still an active threat?

3. "None on me!"

- Body Substance Isolation (PPE) to keep self and treated as sterile as possible.
- New materials for each patient. Make sure not to contaminate people with any bodily fluids.



4. "Are there any more?" (Triage)

- Who are the priority patients? When seeing multiple people injured, who needs help most urgently?

5. "Now we arrive" / "Let's help you thrive."

- Initiate treatment.



The Buddy Walk

One person walks forward while the other walks backward, offering 360° vision.

Watch each others' backs and offer guidance to avoid bumping into people and objects.



Exercise

Practice Buddy Walk

The Human Barricade / Privacy Circle



Organizers at Capitol Hill Autonomous Zone/Capitol Hill
Occupied Protest form a barricade

People at protests tend to view each other as allies and are almost always happy to help when asked.

If you need a scene secured, ask people facing out in a tight circle in order to protect your patient while you provide care.

NOTE: Please be mindful of pandemic safety when forming a barricade. If needed, innovate and use signs, umbrellas, fabrics, etc. to help shield the patient instead.

The Human Barricade

Discussion:
What could they
do even better?



The Human Barricade



It's not uncommon for journalists and livestreamers to try and film people who are receiving treatment. When this happens, politely request that they respect the privacy of your patient.

If that doesn't work, don't get in arguments with them or demand that they stop filming (that never works). Instead, ask other protesters to form a wall around you with signs.

COVID-19 Precautions



High-quality (N95, KN95, KF94, etc.) masks protect against surveillance, doxxing, and disease transmission.

- Always wear them (yes, even outdoors) any time you are not eating/drinking/smoking. Encourage people to mask and always bring extras to distribute.
- **We are still in a pandemic!** COVID complications and Long COVID can impact anyone. Repeat infections make you more vulnerable to complications and Long COVID.
- Masks make protest spaces more accessible to high-risk and immunocompromised people.
- **Surgical and cloth masks are not effective at preventing aerosol transmission**, which is the main way SARS-CoV-2 spreads. They are, however, better than not masking and do prevent droplet spread. Swap for a higher-quality mask if one is available or offered to you.
- Mask Bloc NYC ([@maskblocnyc](https://www.instagram.com/maskblocnyc)) distributes masks for free and is often at protests with extras.

COVID-19 Precautions



Practice regular testing as is accessible to you. We know the end of the Public Health Emergency has dismantled city-wide COVID testing infrastructure and created barriers to testing.

- If you can, take a rapid test before you go out and share your results with your comrades. Swab your throat too! Try to get a PCR test a 3-5 days before and after you go to an action.
- Rapid tests are not great at catching asymptomatic infections, but they are a tool we have. **Testing does not replace masking.**
- If you recently had COVID, you need 2 negative rapid tests spaced at least 24 hours apart to exit isolation. The People's CDC has great resources on this!
- Stay home if your test is positive or if you are symptomatic (even if it might be “just a cold”). Your cold can mean bronchitis or pneumonia for a more vulnerable comrade.

Discussion

We've been here for a couple of hours.
What resources in this space do you notice?

Jail Support

What is Jail Support?

Being available outside of jails, processing centers, and detention centers:

- To provide support and care to people on the ground and at home waiting for their loved ones and community members to be released
- To provide support and care to people as they are freed
- To offer resources and follow up to people seeking formal medical documentation, criminal defense, legal action, etc

It is **NOT** bringing the protest to the precinct, processing center, or detention center, nor is it a continuation of the protest.

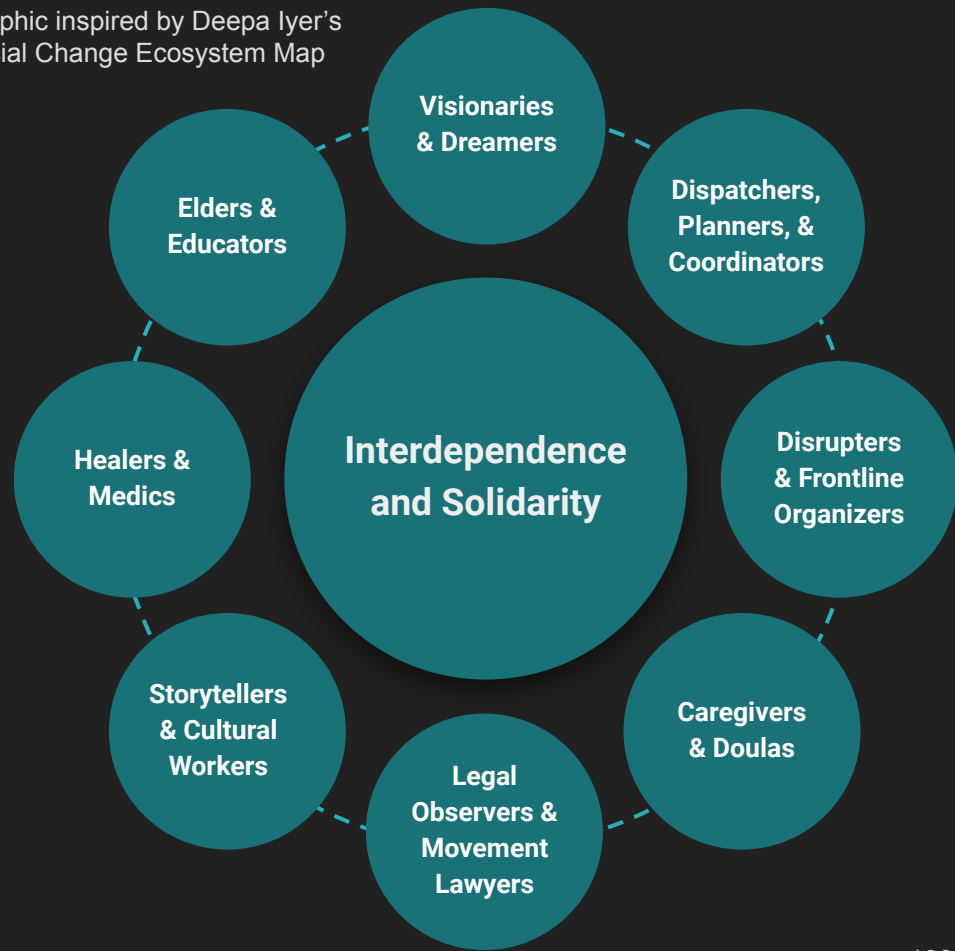
Jail / Court Support

What can a medic do at jail / court support?

- Offer critical first aid and emotional or spiritual care after a protest
- Dispatch medic teams
- Gather information about injuries
- Offer consults and follow-up
- Offer language interpretation
- Organize supplies, food / beverage, meal trains, childcare, and elder care

The action isn't over until everyone is out and home safe.

Graphic inspired by Deepa Iyer's Social Change Ecosystem Map



Request Our Jail Support Training!

A 90-minute virtual training in collaboration with movement lawyers

- Why Do We Do Jail Support?
- Roles & Responsibilities
- Care Planning
- Safety & De-Escalation at Jail Support
- Finding Arrestees
- Legal Support
- Documenting Injuries
- Basic First Aid & Other Human Needs
- Jail Support Toolkit

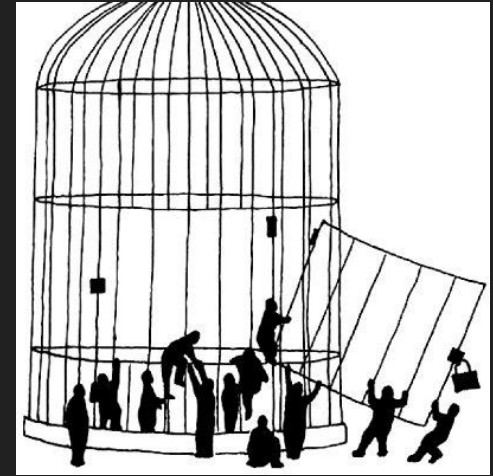


Image courtesy of Atlanta Jail Support



bit.ly/NYCAM-JS

Body Substance Isolation & PPE

Body Substance Isolation (BSI)

BSI protects both you and the patient!

Rules of choosing gloves

- Material (vinyl vs. latex vs. nitrile)
- Light vs. dark
- Size

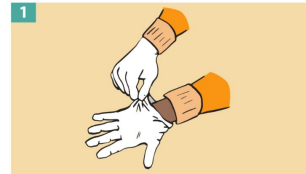
Other PPE:

- Goggles / face shields
- Outerwear (e.g. ponchos)
- Masks

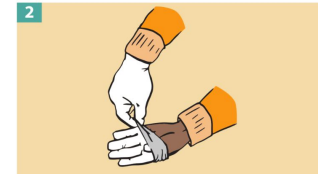
DEMO: Removing exam gloves

How to Remove Gloves

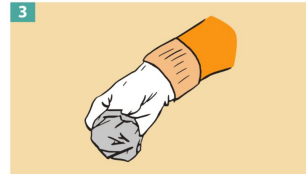
To protect yourself, use the following steps to take off gloves



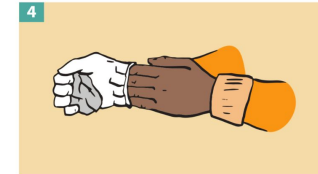
1 With both hands gloved, grasp the outside of one glove at the top of your wrist, being careful not to touch your bare skin.



2 Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.



3 Hold the glove you just removed in your gloved hand.



4 With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.

Exercise

Practice Putting On and Removing Gloves

Mental Health First Aid

Gratitude to Che, N, Bran, La La, and Collier for their contributions to this section

Lineages and Intentions

Our Lineages include:

- [Bay Area Transformative Justice Project](#)
- [SOIL Transformative Justice Project](#)
- Icarus Project / [Fireweed Collective](#)
- [Institute for Development of Human Arts](#)
- [Sins Invalid](#)
- [Project LETS](#)
- [Mirror Memoirs](#)
- [Elliott Fukui](#)
- [Mad Mapping](#)
- [Transformative Mutual Aid Practices \(T-MAPs\)](#)
- The deinstitutionalization, psychiatric survivor, harm redux, and abolition movements

Intentions for this module:

1. Identify the need for mental health first aid skills in street medicine
2. Recognize the signs and symptoms of emotional distress, trauma, and burnout
3. Acquire skills necessary for holding space
4. Learn tools for emotional grounding and nervous system regulation
5. Practice pod mapping and care planning for ourselves as medics / care workers

This is NOT a full MHFA training.

Discussion

Why is it important for street medics to build mental health first aid skills?

Ableism (as defined by Talila A. Lewis)

able·ism / 'ābəˌlɪzəm/ noun

A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression that leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave."

You do not have to be disabled to experience ableism.

Saneism (as defined by Morton Birnbaum): the oppression of people who have psychiatric disabilities or who are “perceived to be mentally ill”

Discussion

In what ways do our current models of mental health care reproduce ableism / saneism, carcerality, or oppression?

How do we, as street medics, avoid replicating state and interpersonal violence done to neurodivergent people, people with psychiatric disabilities, people who are mad, crazy, and experiencing altered realities, etc.?

How do we actively mitigate this harm, interpersonally and in our work?

Trauma

Trauma: a broad spectrum of harmful events / experiences that overwhelm an individual's ability to cope, or their nervous system's ability to stay regulated

- Can impact someone's ability to feel a full range of emotions and experiences
- Can be a single event or ongoing experiences (the latter is referred to as "complex" trauma)
- Can be experienced by an individual, a broader community (collective / racial / historical trauma), or generations of a group or community (generational / intergenerational trauma)

Secondary Trauma (aka Vicarious Trauma)

- The impact of indirect exposure to traumatic experiences, including when listening to the firsthand traumatic experiences of harm, abuse, and violence that occurred to another individual
- Exposure to secondary trauma can have immediate impacts, such as fatigue, irritability, anxiety, inattentiveness, and sadness
- Over time, exposure to secondary trauma can lead to "burnout"

What does it mean to be trauma-informed?

Being **trauma-informed** is a constant process of (1) understanding how oppression and systemic violence show up in interpersonal relationships and (2) being a container for people's multiplicity and experiences

- Recognizing that people have more likely experienced trauma in their lives than not
- Understanding that many “defensive,” “harmful,” or “problematic” behaviors are rooted in adapting to / surviving traumatic experiences (“No one enters violence for the first time by committing it.” - Danielle Sered)
- Understanding trauma through a historical and sociopolitical lens by learning about power, privilege, and the health impacts of systemic oppression
- Creating a safe, open, and collaborative environment that supports the autonomy of the survivor(s), offers them options, and empowers them to make the best choices for their wellbeing
- Minimizing the risk of re-traumatizing the survivor(s) by not replicating prior traumatic events, dynamics, or environments for them; creating space for feedback and being accountable when you inevitably do
- Anticipating and addressing secondary trauma and its impact on medics, particularly those belonging to multiply marginalized communities

Discussion

What are some common signs that indicate someone is in emotional distress or needing emotional support?

Emotional First Aid Skills

Open-Ended vs. Closed Questions

- “I would like to call for more support.” → “Is that okay?” vs. “How does that sound?”
- “Have you ever felt this way before?” vs. “Tell me about your experience with situations like this.”

Active Listening

- Nodding. Eye contact (if that feels okay to you). “Yeah”s and “Mhm”s. Get comfortable with silence.

Mirroring / Reflecting back what you hear

- “I hear that this is a big stressor for you now.”
- “It sounds like you’re really struggling to feel heard.”

Validation / Affirmation

- “You are allowed to make mistakes.”
- “You deserve care in ways that feel good to you.”

“I” Statements

- Ask for consent: “Can I share a personal thought or experience related to this?”
- “When this happened to me, I felt scared of abandonment and like I will lose everyone I care about. Does that resonate with you?”

What is beyond your scope?

In an acute / protest setting, MHFA focuses on harm redux: supporting the person in returning to a baseline or in accessing a sense of safety

Acute Situations

What is your objective?

- To support this person in **returning to a baseline** or in **accessing a sense of safety**
- Your objective is **not** to rescue, police, control, babysit, or fix the person

Work in teams.

- Assess your capacity. Know your scope / boundaries / limits.
- Coordinate shifts to offer aftercare (for yourselves and the person).

Project calm. Briefly step away (and communicate!) if you need to ground yourself.

- Don't overreact, but don't underreact either
- Try to distinguish genuine medical concerns from desires to intervene from a place of guilt or pity.
- Are they unsafe or are you uncomfortable?

Listen to the person without judgment. Be comfortable with silence.

- Be aware of both verbal and nonverbal cues
- Hold space for conflicting / multiple truths and experiences
- Don't tell people suicide is never an option.

Acute Situations

Lack of sleep is a large factor in crisis; so is abandonment / isolation.

- Offer community and opportunities to rest

Substances (or withdrawal from substances) may be a factor.

Create a sanctuary and meet basic needs. Support them with nervous system regulation.

- Food, water, sleep, shelter, movement, and (with consent) professional care

Police and hospitals can (and often, will) make things worse.

Be direct. Ask people about their suicidal or self-harm-related thoughts.

- Ask about crisis plans and advance directives.
- Try pod mapping / mad mapping / transformative mutual aid practices (T-MAPs).
- Don't give people random hotline numbers without understanding how those hotlines work and what their mandatory reporting policies are.

Validate, normalize, affirm, and believe.

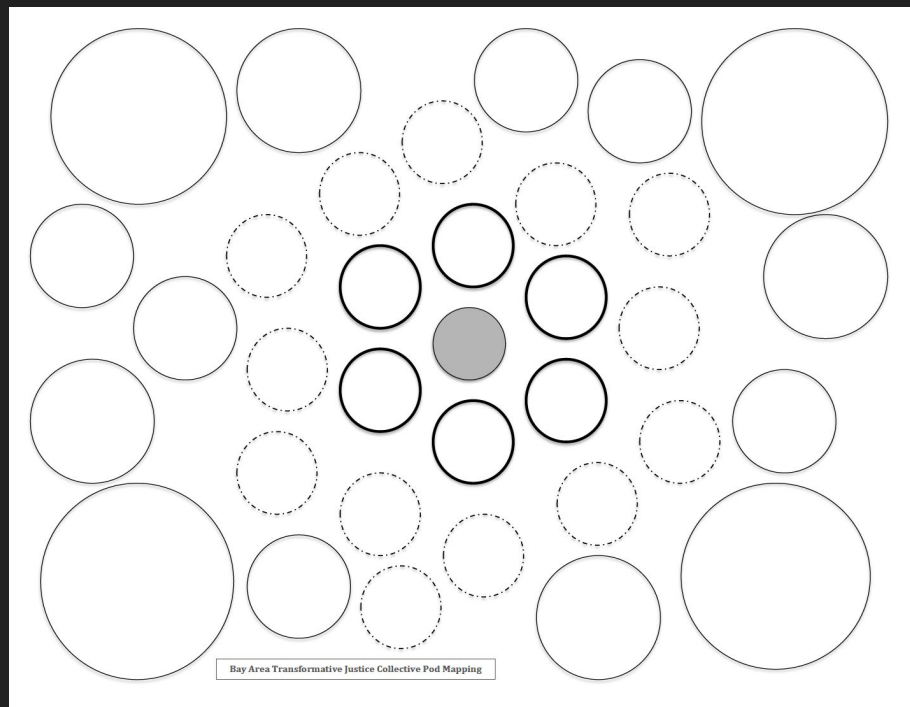
Pod Mapping - A Brief Intro

What is a pod?

- Developed by disability / transformative justice elder **Mia Mingus**
- A group of people or a community who can “turn to each other for support around violent, harmful and abusive experiences, whether as survivors, bystanders, or people who have harmed”
- People can have multiple pods for different needs (being harmed vs. doing harm, pandemic, mutual aid, support, etc.)

Resources:

- [Bay Area TJ Collective](#)
- [SOIL TJ Project](#)



We highly recommend Mia's Pods 101 workshop!

T-MAPs and Mad Mapping

- What are signs that I am doing well?
- What do I care about most in the world?
- What are some values / principles that guide me?
- How do I treat myself / others when I am well?
- What are some things I do regularly to take care of myself? What are some things I would like to try?
- What helps me manage stress?
- What contributes to my wellness?
- How does my relationship to substances help or harm me? When and how are they useful, and when are they not?
- What helps if I am feeling drawn to behaviors that might be out of alignment with my goals and values?
- In what ways do you experience oppression? (Name some daily micro- and macro-aggressions)
- What emotions or bodily sensations do you feel when you experience oppression?
- How do you cope when you feel those emotions and bodily sensations?
- How does oppression impact your wellness, self-image, behavior, daily life, work, and relationships?
- How do you navigate triggering situations and feeling activated?
- How can other people support you?
- How can your community support you / address oppression?

Crisis Planning / Toolkits

- What are warning signs that I am approaching crisis? What does crisis usually look like for me?
- What helps if I am approaching crisis?
- What are my safe places?
- How do I feel when I am not well?
- What would feel or has felt supportive when I am feeling unwell or in crisis?
- What are some triggers that may come up?
- If I have a diagnosis, how do I relate to it? Have I dealt with shame about my struggles and/or diagnosis? Do I accept it? Does it fit?
- If I have ongoing experiences, like voices or visions, or extreme states, or unusual beliefs, how do I relate to these experiences?
- Who are my support people? (family, friends, partners, groups / networks, mental health providers, mentors, support animals, etc.)
- Who am I going to share this plan with?
- What are some questions my support people can ask me if they are concerned about my mental health?
- What are the names and contact info of my preferred providers?
- What kind of local / online community resources are available to support me?
- What are national or international resources that are helpful to me?

Discussion

What are some grounding tools you use or quick practices you have for regulating your nervous system?

Tools for Nervous System Regulation

TIPP: Temperature (mammalian dive reflex), Intense exercise, Paced or square breathing, Paired / [Progressive muscle relaxation](#)

Vagus Nerve Reset / Stimulation: eye exercises

PLEASE: physical illness, eating/hydrating, substances, sleep, movement

5, 4, 3, 2, 1: 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, 1 thing you can taste (sensory grounding)

Emotional Freedom Technique: facial / temple tapping

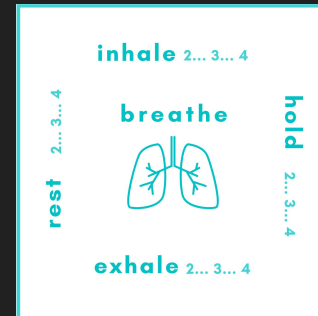
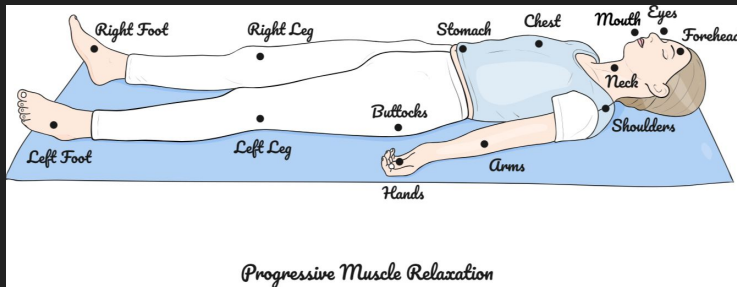
Hold hands with a friend / send a **pulse** back and forth

Bilateral Stimulation: butterfly tapping, audio panning

Humming / Singing: make a playlist of comfort songs

Sensory Soothing: aromatherapy, sour candy, cat pics, etc.

Suggestions for your kit: stim/fidget toys, essential oils, ice packs, a list of non-carceral mental health resources



Vagus Nerve Stimulation Eye Exercise

1. Start by lying down or sitting comfortably
2. Take a few deep breaths, using your diaphragm
3. Gently and slowly turn your head from side to side
4. Interlace your fingers and place them behind your head to keep it in place and facing forward
5. Keeping your head facing forward, look to the peripheral of your vision for ~30-60 seconds on one side
6. When you feel the urge to sigh, yawn, or swallow, look forward
7. Then repeat and look to the peripheral of your vision on the other side
8. Look forward and take a deep breath

Discussion

If you have experienced burnout, what helped you realize you were in burnout, and how did you care for yourself?

Burnout

Symptoms:

- **Physical:** palpitations, difficulty “catching your breath,” GI distress, changes in sleep / appetite, fatigue
- **Emotional:** feelings of nihilism, detachment, failure, despair, helplessness, irritability, compassion fatigue (emotional unavailability), feeling of compulsion (not being able to stop or slow down)
- **Behavioral:** withdrawal or isolation, engaging in high-risk behavior or substance use more often or in more intensity than usual, avoiding things that bring you joy

Check-in questions to consider when running:

- What are my boundaries around the support I can offer and the support I want to receive today?
- What topics am I feeling sensitive around / what wounds feel closer to the surface today?
- How can I “cope ahead” and set myself up for feeling nourished before and after my shift?

Why is burnout something we need to think about as medics?

A large part of emotionally (and physically) supporting others is:

1. Recognizing what being activated or burnt out looks like for you
2. Understanding your needs
3. Learning your boundaries
4. Communicating those things in compassionate but authentic ways

Know that your capacity has limits. Be prepared to admit when you reach your limit.

Do not push others to exceed theirs.

How can we, as a medic community, show up for and care for each other in the days in between actions to keep this work sustainable for all of us?

Care Planning for Medics

How do you want your pod / community to show up for you?

- Who can you call for support? (family, friends, partners, groups / networks, mental health providers, mentors, support animals, etc.)
- Do you need reminders to eat, hydrate, take meds, etc.?
- What are your debriefing / aftercare needs?
- Do you have any access needs / triggers that others should know about (loud noises, touch, chemical sensitivities, allergies, etc.)
- What are your boundaries / limits around your time and labor?

How will you show up for yourself?

- What skills and tools do you have access to?
- How do you decompress after a stressful event?
- Do you have a regular practice for regulating your nervous system?
- What are signs that you are burnt out or feeling unwell / activated / triggered?
 - How do you want people to respond or care for you when you are in these states?
- What triggers are you concerned about? (SI, HI, SH, substance use, etc.)
 - What is in your a crisis plan / toolkit?

Exercise

Practice Pod Mapping / Care Planning

Eye Flush Demo

Eye Flush Demo

1. Stop the spread

- Instruct patients to avoid touching contaminated areas and stop rubbing their eyes, face, or other soft/mucosal tissues.
- Have them sit on their hands or with their hands between their thighs and calves while kneeling. If they wear glasses, have them hold their glasses.



Hong Kong medic performing eye flush on patient in 2019

Eye Flush Demo

2. Get the chemical out of their eyes and off their face.

- Make sure contact lenses are removed with clean hands before flushing the eyes with water.
- Grab their eyebrow and lift up to keep their eye open.
- Using a newly-opened squirt bottle filled with water (or saline if you have pre-filled vials or syringes), sweep the stream away from the tear duct/nose toward the ear.
- Have them tilt their head so contaminated water runs off the edge of their face.
- Repeat process until they can blink and see. (They may still be in pain.)
- Rinse mouth. Wash glasses before putting them on again.

Eye Flush Demo

3. Use water and soap/detergent to wash the chemical off their skin.

Remove contaminated clothes/items and dispose of them in a garbage bag. Seal this bag in another garbage bag to prevent spread to sanitation workers.

4. Monitor breathing, especially for patients with asthma/COPD



Chemical Weapons Aftercare

Avoid entering **enclosed areas** (like apartments and subway cars) with contaminated clothing. Remove and bag everything you can beforehand.

Avoiding touching other people, animals, and soft surfaces before cleaning your hands.

Take a lukewarm or cool shower with soap.

- Wash your hair first by leaning backwards into the stream, so that the chemicals don't run into your eyes and face again.

Wash clothes in a washing machine at least twice with strong detergent. Avoid public laundromats.

Your liver will be processing these chemical weapons in the coming days. Avoid substances like alcohol, which can slow down your liver metabolism.

Exposure to chemical weapons can be traumatic and disorienting. What feels supportive when you are processing grief, rage, or pain?

Exercise

Practice Simulating Eye Flush on Each Other

DAY ONE COMPLETE

Get some rest and stay hydrated!

DAY TWO

20-Hour Street Medic Training



New York City Action Medical

nycactionmedical@riseup.net

@nycactionmedical



bit.ly/NYCAM-20hr-2024

Day 2 — Morning

1. Review of Day 1
2. Initial Assessment
 1. Mechanism of Injury (MOI)
 2. C-Spine Injury / Stabilization
 3. Assessing Mental Status
 4. Airway
 5. Breathing
 6. Circulation
 7. Disability and Environment
 8. Triage
3. Practice: Initial Assessment



Phoenix Urban Health Collective, November 2010

Review of Day 1

Can you answer these questions? (You can look in your packet 😊)

What does PEARLSY stand for?

Name 1 street medic value.

Describe Scene Safety (1, 2, 3, 4, 5!)

What does BSI stand for?

Name 1 grounding technique or nervous system regulation tool for emotional first aid.

Initial Assessment

Initial Assessment

Purpose: To identify life-threatening or potentially life-threatening conditions

Call for backup if you find a red flag

- If it *could* be a red flag, it *is* a red flag 

These are protocols

- Follow the order
- Do not skip steps
- Only interrupt them to perform life-saving interventions

Mechanism of Injury (MOI)

The immediate cause of injury or sudden (“**acute**”) illness

- Do **NOT** think like a radical at this stage
- It’s not the root cause; it’s the **direct cause**

Persistent dangers

- Potential harm to you (e.g. cops, traffic)
- Continuous harm to the patient (e.g. burns, vehicle, ongoing brutality)

Discussion

What is the MOI for a burn?

Cervical Spine (C-Spine) Injuries

Injuries to the vertebrae in the neck can be fatal.

EVEN IF the person appears okay at first!

If you suspect a C-Spine injury, you must initiate C-Spine stabilization

Potential MOIs

- Falling a long distance (e.g. twice one's height) or in a weird position
- Being struck by a large object with great force (e.g. car)
- Being thrown
- Direct trauma to the head / neck

If these MOIs are present, you must assume that their C-Spine is compromised. Moving this person without stabilizing their neck risks severing the spinal cord (the nerves that keeps them breathing and moving), leading to **paralysis, other long-term disability, or death**.

Cervical Spine



C-Spine Stabilization 🚩🚩🚩

Purpose: To prevent further injury to the cervical vertebrae and spinal cord by restricting movement

1. Approach from the front
2. Tell the injured person to keep their head still and immediately hold their head and shoulders
3. Gently bring the neck into alignment
STOP if the patient feels pain or there is grinding (“crepitus”) 🚩🚩🚩
4. Firmly hold both sides of the patient’s head until EMS can apply a collar and backboard




Exercise

Practice C-Spine

Assessing Mental Status

Questions to ask:

- Is the patient alert and oriented?
- Have they lost consciousness?
- Do they respond readily and as expected?

Prior loss of consciousness (LOC) or current **altered mental status** (AMS) | 

We assess mental status for multiple reasons:

- The patient's critical medical needs
- Our own safety in cases where a patient may be frightened or agitated
- If we miss AMS or prior LOC, we may be missing much more
- If they develop AMS later, we need to be able to recognize it as different from their baseline.

Sometimes it can be difficult to assess if someone is acting differently than their baseline (particularly if they are neurodivergent, disabled, or intoxicated). Nearby friends and comrades can be helpful!

Assessing Mental Status

A V P U

A: Awake, **A**lert, and Oriented (x4)

- Person
- Place
- Time
- Event

V: Responds to **V**erbal Stimuli

P: Responds to **P**ainful Stimuli

U: **U**nresponsive

For patients unknown to us, we are assuming they are (A) hearing and (B) have intact sensation aka a pain response.

Protocol

A: If the patient is alert, assess their orientation

- What is your name? (Person)
- Where are we right now? (Place)
- What month is it? (Time)
- What happened just now? (Event)
- Did you lose consciousness at any point?

V: if the patient is not alert, try addressing them loudly.

P: If verbal stimulus does not work, apply some acute pain by pinching the shoulder muscles or pinching and twisting the skin on the back of their hand.

U: If you observe no response to the above stimuli, the patient is unresponsive.

Assessment Order

Initial Assessment

A - B - C - D - E

When treating injuries that do not constitute an immediate life threat:

- **A**irway
- **B**reathing
- **C**irculation
- **D**isability
- **E**nvironment

This may be familiar if you learned **M-A-R-C-H**:
Massive hemorrhage, **A**irway, **R**espiration,
Circulation, **H**ypothermia prevention

IMMEDIATE, CRITICAL TRAUMA

C - A - B

- **C**irculation: Is any serious bleeding under control?
- **A**irway: Is the airway clear?
- **B**reathing: Can the patient maintain their breathing on their own?

When a major bleed is involved, **Circulation** comes first!

Airway

MOI for Airway Obstruction

- **Anaphylaxis**
- Choking
- Asthma
- Jaw, neck, or throat injury

MOI for Compromised Airway

- Jaw, neck, or throat injury
- Unconscious with fluids in mouth
- Unconscious and lying on back

Pause initial assessment to intervene. What is our intervention?

Open the airway!

Anaphylaxis / Allergic Reactions

Signs of **Allergic Reaction** (an kind of immune response):

- Rash (redness, hives, flat or raised spots, blisters)
- Swelling (particularly of **mucosal membranes**)
- Itching (sometimes numbness / tingling)
- Shortness of breath, difficulty breathing, cough, wheezing, hoarse voice (due to airway swelling)

Anaphylaxis: a severe life-threatening allergic reaction that impacts the eyes, nose, mouth, and **airways** 🚩🚩🚩

- Can happen as quickly as seconds to minutes after exposure to an allergen
- Can lead to **anaphylactic shock** 🚩🚩🚩
- Other symptoms: runny nose, difficulty or pain with swallowing, nausea / vomiting, abdominal pain, diarrhea, increased heart rate, low blood pressure, and lightheadedness / dizziness

Treatment for Severe / Life-Threatening Allergic Reactions:

1. If the person has an EpiPen, help them administer it
2. Benadryl 50 mg
3. **Go to the ER.** EpiPens only help to maintain the airway. They **DO NOT** treat the allergic reaction.


“**Blue** to the sky. **Orange** to the thigh.”



Mild allergic reactions can be treated with over-the-counter **antihistamines** like Allegra (fexofenadine) / Claritin (loratadine) / Zyrtec (cetirizine) / Xyzal (levocetirizine); decongestants, hydrocortisone cream for rashes; and reducing exposure to the allergen when possible.

Choking (Responsive Person)

1. Establish that the patient is choking
2. Tell the patient to cough
3. Activate EMS
4. Abdominal Thrusts (“**Heimlich Maneuver**”)
 - Apply 5 firm back thrusts between lower shoulder blades
 - Apply 5 firm abdominal thrusts above the navel

CHOKING 

Ask “Are you choking?”
Call 911 if person can’t speak or breathe

Person is awake

Make a fist.
Place it above the person’s belly button, well below the rib cage.

Pull sharply, inward and upward.


Continue until the food comes out or the person can breathe.

Person stops responding

Open the mouth. If food is there, take it out. If food is not visible, tilt the person’s head back.

Pinch the person’s nose. Place your mouth over the person’s mouth and give two breaths.

Push hard repeatedly in chest center for 20 seconds. Check breathing. Repeat from start.

NYC Poster design by Steve Quince. Graphics supplied by iStock & Free Press. 

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Choking (Unresponsive Person)

If your patient is unresponsive, check for breathing:

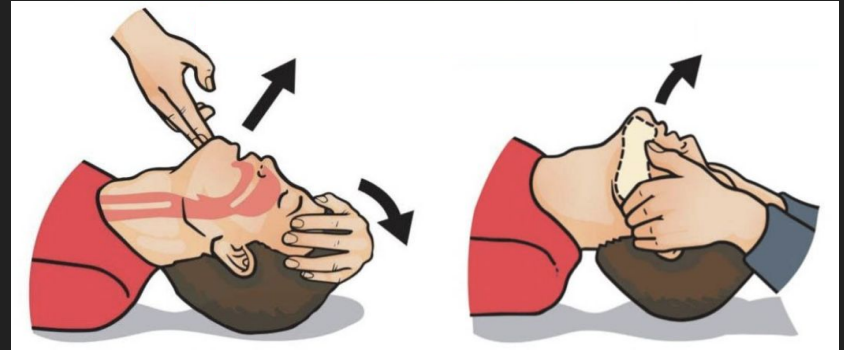
→ If the patient is not breathing, open their airway

- If no C-spine injury is suspected, use the head-tilt, chin-lift technique to open the airway
- If C-spine injury is suspected, use the jaw-thrust maneuver

NEVER do a blind sweep for something in the throat!
But if you can see something in there, hook it out with a gloved finger.

→ If the patient does not spontaneously breathe, initiate CPR

→ If the patient begins breathing on their own, roll them into the recovery position

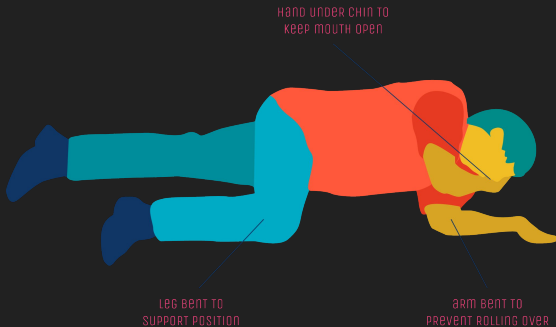


Jaw-Thrust Maneuver

1. Kneel above patient's head
2. Place fingers behind angle of jaw
3. Use thumbs to keep mouth open

Recovery Position

1. Move arm closer to you to a right angle
2. Place hand of arm further from you on opposite cheek
3. Lift and bend knee further from you
4. Roll the person toward you
5. The further knee and arm should prop up the person
6. Adjust the head so tongue flops forward and fluids can drain



Exercise

Practice Head-Tilt Chin-Lift / Jaw-Thrust
Techniques and Recovery Position

Breathing

MOI for Respiratory Distress

- Exertion
- Aerosolized chemicals
- Chronic conditions (asthma, COPD, etc.)

Signs of Respiratory Distress

- Shallow breathing
- Rapid breathing
- Slow breathing
- Unsteady breathing
- Strained breathing
- Wheezing/gasping
- Tripod position

POSITIONS TO RELIEVE SHORTNESS OF BREATH



Tripod position (seated)



Upright seated position



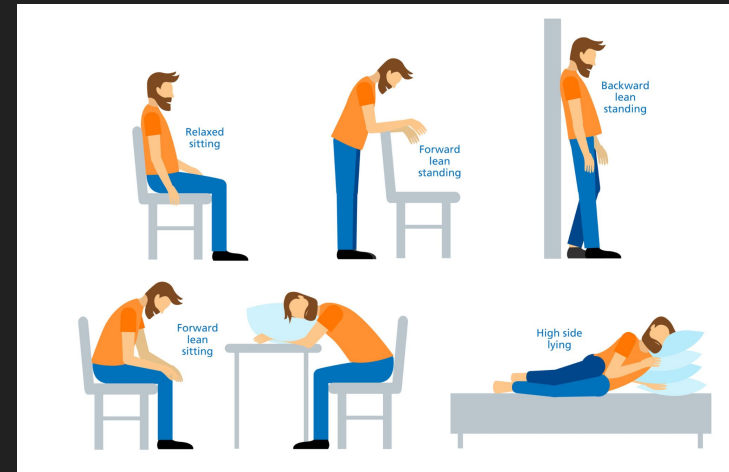
Reverse seated position



Wall position



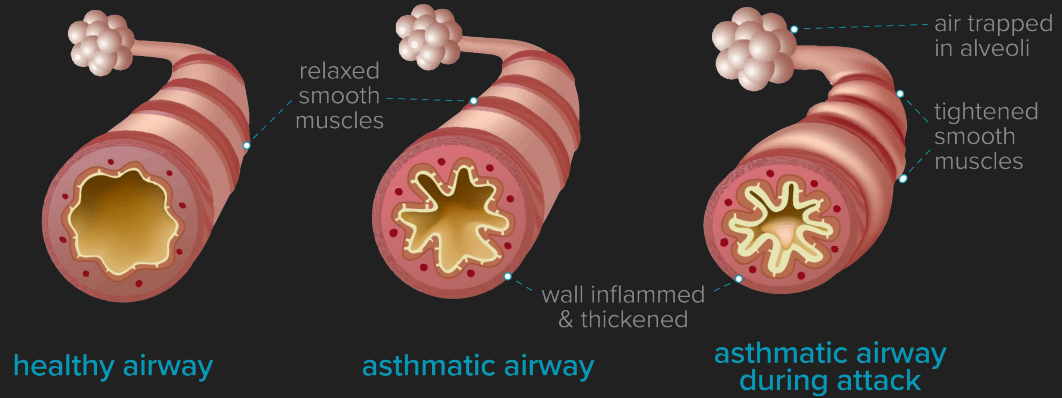
Tripod position (standing)



Asthma

MOI for Asthma Attacks

- Chemical weapons
- Smoke
- Allergens
- Running / exertion
- Stress
- Cold / dry air or hot / humid air



If the person has their inhaler, help them administer it (2 puffs / 20 minutes).

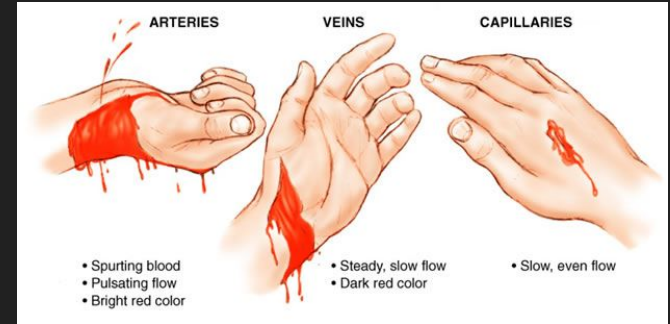
- Do not use someone else's inhaler on them.
- Help them into a sitting, "tripod" position, and focus on breathing OUT
- Remove environmental trigger or transport patient if possible
- Caffeine, mint / ginger drinks, and menthol cough drops can open the airways / provide temporary relief
- Once home, nebulizer treatments (saline or albuterol) and inhaling steam with eucalyptus can provide relief



Circulation / Bleeding

Does the patient have a pulse?

- If they're breathing, they have a pulse!
- If someone is breathing for them, check for a pulse.



Venous

- **Dark Red**
- Leaking / Oozing
- Flowing
- Moving toward the heart

Arterial

- **Bright Red**
- Pulsing
- Gushing / Spurting / Forceful
- Moving away from the heart

ALWAYS A LIFE THREAT 🚩🚩🚩

Demonstration

Blood Sweep for an Unresponsive Patient

Disability & Environment

Disability

- Is there life-threatening danger the patient unable to perceive or avoid?
 - Caused by recent injury
 - Loss of mobility / perception aids
- Disability in a life-threatening situation calls for intervention, which may require backup

Environment

- Are there any threats that prevents or disrupts lifesaving care?
 - Severe weather
 - Hostile / chaotic crowds
- Are the immediate surroundings a danger to your patient?
- Think ahead: Changing environments mean continually reassessing the threat

Triage

Triage: The prioritization of care when patients outnumber available medics

Purpose of triage:

- Quickly perform initial assessment on all patients
- Organize medic resources, prioritizing the most critical cases

Triage should be performed by the highest trained/most capable medic on scene.

1. Have anyone who can walk on their own / not actively providing care move to a “green” area
2. Perform rapid ABCDE assessment on all remaining patients
3. Assign available medics to perform life-saving interventions in critical cases as you go
4. After checking all patients, assign medical resources according to severity

Exercise

**Initial Assessment, C-Spine Holds, Head-Tilt Chin-Lift,
Jaw Thrust, Abdominal Thrusts**

Break into small groups and have an instructor lead each group

B R E A K

Day 2 — Afternoon

1. Secondary Assessment
2. Bleeding Control
3. Special Wounds
4. Head Injuries
5. Weather-Related Injuries
6. Musculoskeletal Injuries
7. Emergency Carries
8. Skills Round Robin



Secondary Assessment

Secondary Assessment

Secondary Assessment: After an initial assessment is complete and life-saving interventions have been administered

Purpose:

- Help catch factors that may inform your assessment or care
- Gather information that may be helpful during hand-off to higher care if conditions change or patient loses consciousness

Focused trauma assessment

- Head-to-toe exams are administered whenever the mechanism of injury (MOI) suggests there may be injuries or signs you have missed
- Get consent for further assessments!
"Can I ask you some more questions about your medical history?"

SAMPLE

If patient is alert, you can make an assessment of their injury/illness:

- Signs / symptoms
- Allergies
- Medications
- Past medical history
- Last food / drink
- Events leading up to illness / incident



Head-to-Toe Trauma Assessment

If patient is found unresponsive, check unresponsive patient for undetected blood loss collected in clothing or on the ground

- Maintain C-Spine stabilization if needed
- Have second medic perform a head-to-toe trauma assessment

Head-to-toe trauma assessment

1. Perform a blood sweep to make sure patient isn't bleeding out first.
2. Then check every single area to assess any signs of injury.
3. While inspecting each area, note any visible injuries, bleeding, signs of pain expressed by the patient.

Head-to-Toe Trauma Assessment

1. Documentation Is Important

Have your medic buddy take notes

2. Communicate Throughout

Be sure to communicate clearly with your patient throughout the assessment. Even if unresponsive, they may still hear you as they gain consciousness. Consent is important & communication is part of this.

3. Keep an Eye on Bilateral Symmetry

When you are examining a patient, make note of any unusual asymmetry. This could mean a traumatic injury on that side.

4. Assess Skin Throughout

Note if patient's skin seems unusually pale, flushed, cold, hot, clammy, or dry anywhere throughout the exam. Also note any lesions, abrasions, or rashes.

Head-to-Toe Trauma Assessment

Head / Face

- Palpate scalp and forehead.
- Check scalp for bumps, nits, lesions, etc
- Palpate skull for tenderness
- Check for symmetrical facial movements

Eyes

- Check for "raccoon eyes" (sign of head trauma)
- Assess state of patient's corneas with a pen light
- **PERRL** = **P**upils **E**qual, **R**ound, **R**eactive to **L**ight

Head-to-Toe Trauma Assessment

Ears

- Check each for bruising behind the ear (“Battle’s Sign”; sign of head trauma)
- Look inside ear for any bleeding or clear, viscous fluid (sign of head trauma)

Nose

- Palpate nose and assess symmetry
- Check inside nostrils for bleeding

Mouth and Throat

- If the patient is held in C-spine, **BE CAREFUL** when checking mouth. Do not move neck.
- Note moistness and color of lips
- Inspect teeth and gums for any broken teeth / airway obstructions

Head-to-Toe Trauma Assessment

Neck and Shoulders

- Palpate neck and trachea
- Check for bulging neck vein (“jugular vein distension”); a sign of heart attack / heart failure

Lungs and Chest

- Palpate chest
- Assess breathing – is it even? steady? any lung sounds?
- Is the chest symmetrical bilaterally?

Abdomen

- Inspect abdomen
- Palpate four quadrants of abdomen for pain / tenderness / swelling

Head-to-Toe Trauma Assessment

Pelvis

- Palpate pelvis for any broken bones.

Arms and Hands

- Palpate arms for any broken bones.

Legs and Feet

- Palpate legs for any broken bones.

If you **DO NOT SUSPECT C-SPINE** injury, you can roll patient and feel down their back for any injuries. If C-Spine is being stabilized, your buddy can hold position as you roll.

Head-to-Toe Trauma Assessment

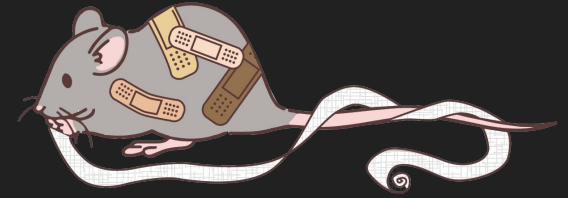
Sounds like too much?

Then just remember:

Check down the body for Anything Fucked Up!

Bleeding Control

Bleeding Control



Apply firm, direct pressure

- Use the heel of palm or kneel into the wound with as much pressure as needed, up to and including as much of your body weight as you can until the bleeding stops

Layer gauze on top of the wound if it bleeds through

Change out **top layer ONLY** if it bleeds through. **NEVER** remove the first one on the wound (may disrupt clotting).

Keep track of the quantity of material used. It can be used to estimate the quantity of bleeding.

- e.g. "The patient bled through ten 4x4s, two abdominal pads, etc."

Ask if the patient takes anticoagulants / blood thinners / platelet inhibitors (especially for older patients and patients with history of cardiovascular disease)

- e.g. Eliquis (apixaban), Xarelto (rivaroxaban), Coumadin (warfarin), Lovenox (enoxaparin), heparin, Plavix (clopidogrel), daily aspirin, etc"

What are Life-Threatening Bleeds?



What is "life-threatening" bleeding?



Blood that is spurting out of the wound.



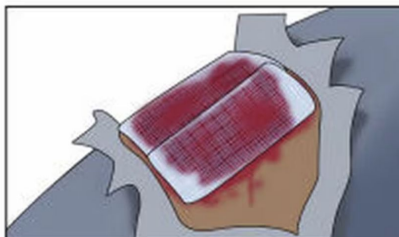
Blood that won't stop coming out of the wound



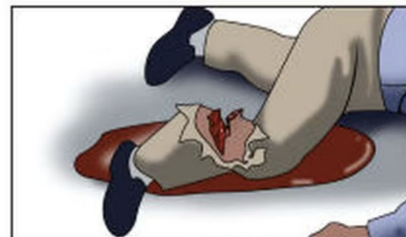
Blood that is pooling on the ground



Clothing that is soaked with blood



Bandages that are soaked with blood



Loss of all or part of an arm or leg



Bleeding in a victim who is now confused or unconscious

Source:
Stop the Bleed

Signs of Shock

If you lose enough blood, you will develop **hemorrhagic shock**.

Shock is an immediate life threat. 🚩🚩🚩

Signs of shock:

- Tachycardia (heart rate above 100 bpm)
- Excessive thirst
- Nausea/vomiting
- Agitation, restlessness, anxiety
- Pallor, ashen or cyanotic skin
- Diaphoresis/profuse sweating
- Weak, thready, or absent peripheral pulses
- Rapid, labored, or irregular breathing
- Decreased body temperature
- Decreased mental status
- Decreased blood pressure



TRANSPORT THEM QUICKLY TO HIGHER CARE

- Continue to control bleeding
- Continue checking pulse and perfusion
- Keep them still and lying down if possible
- Keep them warm, using mylar blanket or other coverings
- Continue monitoring them and assess the need for rescue breaths and CPR



Tourniquets

For any bleeding to an extremity that cannot be controlled with good direct pressure, consider a tourniquet.

- For amputations and similar injuries, tourniquets can be an immediate intervention.
- Tourniquets are ONLY for extremity injuries
- Apply tourniquets proximal to the injury (2+ inches above the joint). Not directly on a joint!
 - "High and tight!"
 - Write the time you applied the tourniquet

There are a variety of commercial tourniquets available.

- Practice with one that's similar to what you have.



RATS Tourniquet



CAT Tourniquet

Improvised Tourniquet

You'll need three components to make a tourniquet:

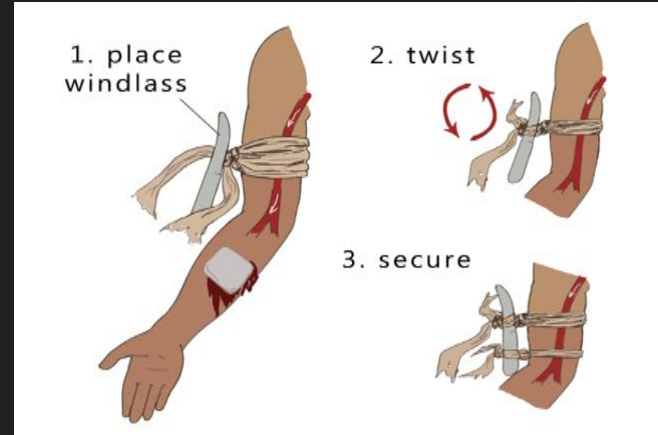
1. **Material:** any clean cloth, bandage, necktie, ace wrap, nylon webbing
 - a. Bad materials: belt (not flexible enough for pressure), zip ties (tissue & nerve damage)
2. **Windlass** (the turning mechanism): carabiner, trauma shears or scissors, broom handle, pocket knife
 - a. Bad windlass: breakable wood or plastic (rulers, pens), hands (just using your strength to keep it tight and closed is not enough!)
3. **Securing material:** second bandana, hair ties, key rings, hooks or straps



Improvised Tourniquet

1. Take a broad piece of cloth and wrap it around the limb, two inches above the joint that is above the wound.
2. Tie a square knot around the limb, with a stick or something that will not break at the center.
3. Turn it as a crank until the bleeding stops.
4. Use the ends of the cloth or a second piece of cloth to tie it in place. Mark with the time applied.
5. **RUSH THIS PERSON TO THE HOSPITAL.**
Do not undo or loosen tourniquet.

Whether you use a commercial tourniquet or an improvised one, these are **PERISHABLE SKILLS** and must be practiced!



Priorities

With any **LIFE-THREATENING** physical trauma, your priorities are:

1. Scene safety (yours, your partner's, any ongoing threats)
2. Triage
3. **Circulation** – **Airway** – **Breathing**
4. Control the bleed first, even during a traumatic cardiac arrest
5. Activate higher resources and get this patient to a trauma center
(See toolkit for a list of trauma centers in NYC)

Internal Bleeding



















Signs/symptoms of severe internal bleeding

- Obvious bruising in abdomen or chest
- Blood in vomit, stool, or urine
- Abdominal pain and swelling

Patient needs follow-up professional care, but only activate emergency response if signs of shock are present (or if patient wants it)

Gastrointestinal bleeding can look like:

- Bright red blood in the vomit or stool
- Coffee grounds (digested blood from stomach)
- Tarry black stool, like an oil spill (melena)

Source of bleeding		Heavy bleeding		Light bleeding	
Upper GI bleeding	Esophagus				
	Stomach				
	Duodenum				
Lower GI bleeding	Colon	—		—	
	Sigmoid	—		—	
	Rectum	—		—	

Special Wounds

Special Types of Wounds

Punctures

- High risk of infection, especially with bites
- Update tetanus vaccines (>10 years)
- Risk of sucking chest wound and tension pneumothorax → occlusive bandage

Impalements

- Leave the object in!
 - Unless it is interfering with breathing
- Immobilize it with a **donut bandage**
- If in the eye, cover both eyes (they move together)

Knife Wounds

- Most dramatic ≠ most life-threatening
 - Long and shallow vs. small but deep
- People who have been stabbed often do not realize it. They only know they have been struck.



donut bandage

Special Types of Wounds

Burns

- The most dangerous burns are:
 - On the face, hands, or genitals
 - Encircling limbs
 - Covering large surface areas of the body
- Smother fire, remove heat
- Flush acid/chemicals with water
- **NO ICE. Cool water.**

Amputations

- Hospital ASAP
- Wrap the body part and place it near (not on!) ice (e.g. inside a bag, inside a bag of ice)
- Keep the person and part together
- Address bleeding; tourniquet if larger than finger

Crush, fracture, avulsion, etc. → depends on severity

More on Burns

Various degrees of burns indicate severity

- First degree: redness and pain (e.g. stayed out in the sun too long)
- **Second degree**: redness, blisters, peeling skin
- **Third degree**: burnt / charred or no skin; deep tissue injury / nerve damage
- **Fourth degree and beyond**: affecting all layers of the skin, muscles, tendons and bones

Treatment

- First and second degree: Cool, clean water for a couple of minutes. **NO ICE**. keep it clean with moist, sterile bandage / dressing
- Third degree: Cover burn with a moist, sterile dressing; treat for shock
- Acid / chemical burns: flush with water
- Do **NOT** break any blisters.
- There is a huge infection risk associated with burns; keep them as clean as possible

Minor Wound Care - Abrasions & Lacerations



Abrasions (scrapes) and lacerations (cuts)

1. Wash hands and wear PPE
2. Stop the bleeding (direct pressure and raising limb above heart)
3. Wash wound/surrounding skin with mild soap and water
4. Gently remove any contaminants
5. Pat dry
6. Apply clean bandage
7. Remove PPE and wash hands again
8. Repeat daily until healed

If tetanus vaccine is not up to date, patient needs to receive it within 48 hours of injury, esp. if deep / dirty

Seek higher care if:

- Unable to stop bleeding
- Showing signs of infection
 - Redness
 - Itching
 - Persistent pain
 - Swelling
 - Pus or drainage
 - Warmth
- Dirt / foreign material in wound
- Tetanus vaccine >10 years ago
- Large or deep
- Bite (human or non-human animal)

Minor Wound Care - Contusions (Bruises)

Main treatment: ICE and REST

If bruising is on the abdomen or near a joint, do a more thorough assessment

- Past medical history
- Mechanism of injury - what caused it?
- Assess range of motion - can they move it per usual (their baseline)?
- Palpate (gently push against) the area
- Check for referred pain
 - Example: You see a bruise on their gut and they say, “my shoulder is killing me.”
This is a sign you need to seek higher care!

Head Injuries

Head Trauma and Consent

These cases warrant a nuanced understanding of consent.

We do not want to ignore or violate the bodily autonomy of our patients.

Neither should we abandon our patients who may be disoriented and whose cognitive abilities may be temporarily compromised.

Let's discuss: How should we navigate this as street medics?

Head Trauma

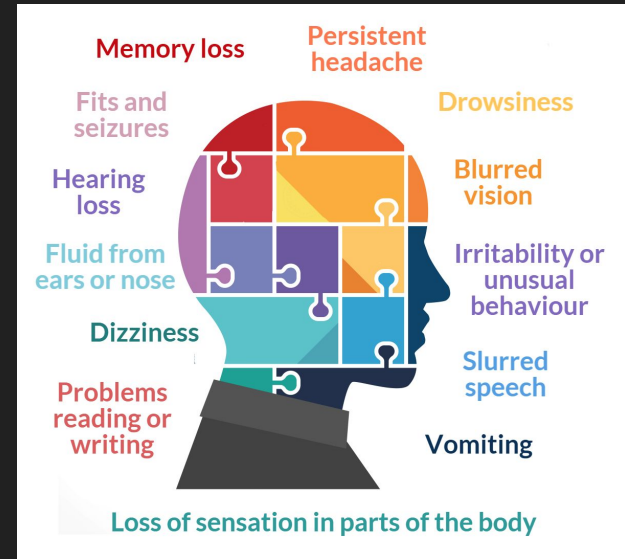
When should you go to the ER? 🚩🚩🚩

- Confusion/loss of memory
- Loss of consciousness at any point
- Bruising on the head or face in locations other than the impact (especially behind the ears and around the eyes)
- Changes in vision, speech, mobility, or sensation compared to baseline

*Unless it's a tooth! For dental injuries: go to a dentist, not the ER



Place the tooth in a container with the patient's saliva or gently place it back in the socket (after rinsing off with patient's saliva)



Aftercare for Head Injuries / Concussions

A doctor is required to formally diagnose / document, but you may be able to recognize when someone is not at their baseline cognitive level after being hit in the head.

- Be aware of sensory changes (loss of vision, blurred vision, floaters, light sensitivity, ringing in the ears, hearing loss, tingling/numbness, etc.)
- Nausea/vomiting is another common, but overlooked sign.
- People who have had concussions before are usually able to self-diagnose.

Generally, if a concussion is suspected, they should seek higher care. If they won't, advise low/no screens, quiet/calm environment, and take time off school and work if possible.

- Return to activity slowly and stop if symptoms worsen.
- Avoid medications or substances that thin blood or prevent clotting (e.g. aspirin and alcohol)
- Avoid things that cause confusion or dizziness for 48 hours - can mask concussion symptoms
- Have a buddy to monitor symptoms and offer care.
- **Avoid further head injuries.**

Head Trauma + Bleeding

Direct pressure can cause serious harm!

- There may be very dangerous injury aside from bleeding
- Skull may be compromised/fractured or the brain may need to drain fluids
- It is nearly impossible to diagnose a life-threatening head injury in the field

Bleeding can look bad, but almost no one dies from a head bleed.

- Skip bleed control or only place bandage lightly to prevent blood getting in the eyes

Get the person to higher care ASAP

- If someone has a bleeding head injury and is alert and aware enough to refuse transport or care, at least try to get them somewhere that they won't get more hurt

Demonstration

How to Dress a Head Wound

Weather-Related Injuries

Heat Ailments

Most common injury during summer marches and protests.

Heat Exhaustion

- **Symptoms:** muscle cramps, fatigue, dizziness, sweating, cold skin, nausea, excessive thirst, panting
- **Treatment:** move to shade, drink water/clear juice/sports drink, dampen, remove layers, cold cloth to neck, fan.

Heat Stroke 🚩🚩🚩

- **Symptoms:** confusion, trouble speaking, hallucinations, seizures, fainting, throbbing headache, hot/dry/red skin, high temperature, vomiting
- **Treatment:** **CALL EMS.** Shade, remove clothing, dampen, cold packs in armpits/groin/neck. SIP water.

Cold Ailments

Hypothermia

- **Grumbles:** Irritability, blue lips.
- **Mumbles:** Slurred speech, shivering, pale/bluish/grayish
- **Fumbles:** Clumsiness, sleepiness, less shivering
- **Stumbles:** Confusion, fainting
- **Tumbles:** Unconsciousness

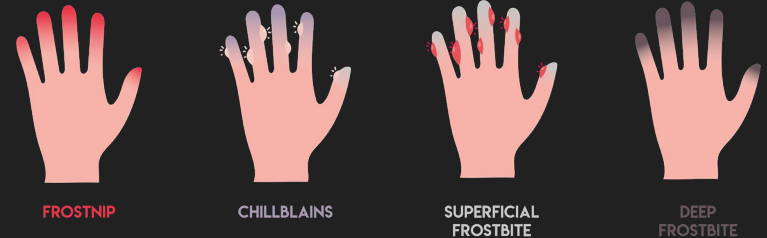


Frostnip

- Symptoms: redness, swelling, pain, difficulty moving
- Treatment: gentle friction, dry insulation, warmth

Frostbite

- Symptoms: waxy, immobile, hard, numb
- Treatment: bandage, do not rewarm (large blisters common after rewarming), seek emergency care



Cold Ailment Prevention and Treatment

- Place barriers (like blankets or cardboard) between cold surfaces and bodies
- Hand / toe warmers, reusable heat packs, portable space heaters
- Warm sugary drinks (coffee, tea, hot cocoa, etc.) or fatty foods (e.g. nut and seed butters)
- **Layers, layers, layers.** Carry an extra supply of hats, gloves, scarves, earmuffs, etc. **BUT keep the layers dry.**
- Identify nearby public places where people can rewarm. Make plans for after closing hours.
- Call EMS for confusion and loss of consciousness 🚩🚩🚩

Cold ailments can happen in any season!

Musculoskeletal Injuries

Musculoskeletal Injuries

Injuries to bones, muscles, and the stuff holding it all together, most especially:

- Breaks (bone fractures)
- Sprains (injury to the ligaments between bones)
- Strains (injury to muscles and/or tendons)
- Dislocations (dislodgement of long bone from joint)

Differentiating between breaks and sprains

Dislocations in the field

- If you have not been specifically trained to treat a specific type of dislocation, do not attempt to relocate a dislocated bone.
- Treat with **RICE** (next slide) and refer to ED or urgent care.

Musculoskeletal Injuries

Treatment is the same for all injuries in the field

1. Examine the site.
2. Check pulses/perfusion (compare to opposite side).
3. Treat any wounds at the site.
4. **RICE**

Rest

Ice

Compression

Elevation

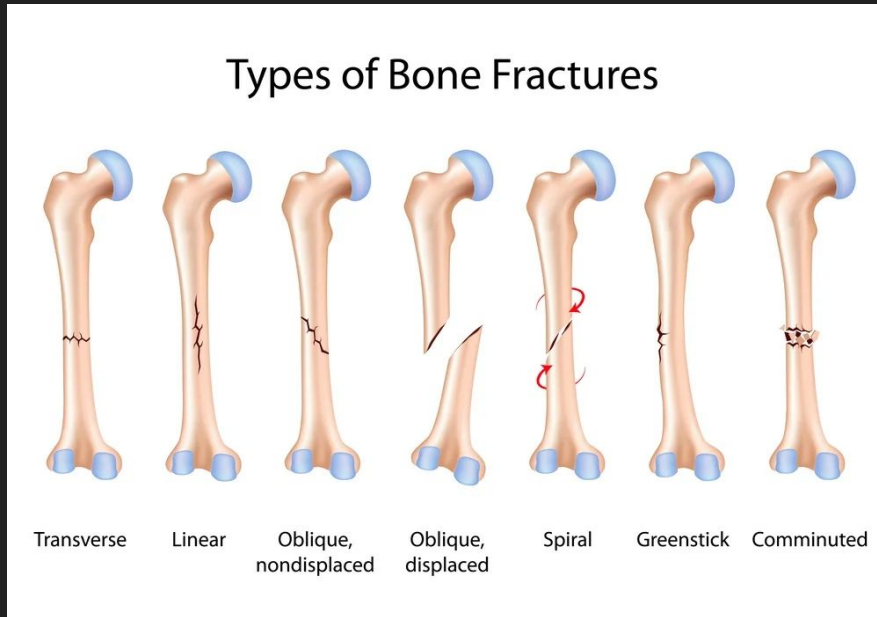
RICE

- Treats pain
- Prevents exacerbation
- Restricts swelling
- Includes immobilization / protection of the injury site

Ice

- 20 minutes on / 20 minutes off
- Prevent direct contact / tissue damage
- Some treatment advises not to over-ice, which would freeze or damage the tissue

Open and Displaced Fractures



Open fracture: a bone break that exposes the bone through the skin (aka compound fracture)

Treatment for Open Fractures

- Treat open fractures like a puncture wound
- Stabilize
- Protect

Treatment for Displaced Fractures

- Assess circulation / sensation / movement
- Stabilize

Go to the ER **immediately** for open and displaced fractures. 🚩🚩🚩

Tetanus booster for open fractures.

Splinting and Wraps

Principles for immobilizing musculoskeletal injuries

- For long bones, immobilize at least the joints “above and below” the injured bone.
- For joints, immobilize the long bones connected to the joint.
- Protect the injury site.
- Check perfusion before wrapping/splinting

Materials should be wrapped completely around the splinted extremity to secure the splint but should not be so tight as to block circulation.

Check circulation on the extremity before and after you apply the splint, and if circulation is lost, take the splint back off.

On the Go

Stabilizing materials

- Branches
- Boards
- Layers of cardboard
- Firm sleeping pad

Wrapping materials

- Bandannas
- Climbing webbing
- Torn shirts, pants, or other pieces of clothing

Splinting Notes

Injury to the forearm and wrist requires a straight supportive splint that secures and aligns both sides of the injury.

An injured finger or toes can be buddy-taped to the adjacent, unaffected fingers or toes.

Pelvis, hip, and femur (upper leg) fractures often completely immobilize the person; these types of fractures should be evacuated to higher care ASAP. 🚩🚩🚩

Knee injuries require splints that extend to the hip and down to the ankle. These splints are applied to the back of the leg and buttock.

Ankle injuries and foot injuries can be wrapped alone. The foot should be kept at a right angle in the splint to immobilize the ankle.

Demonstration

arm splint / leg and ankle splint / ankle wrap

Emergency Carries

1-Person Carries

Pack Strap Carry

If the patient is conscious, have them sit up and place their arms over your shoulders.



If the patient is unconscious, cross the patient's arms and grab their wrists. Swing the patient's arms over your shoulders and around your neck.



Lean forward and carry the patient on your back with their arms crossed in front of you.

Hip Carry

Roll the patient onto their side and bend their legs at the knees.



Take a seat on the edge of the bed next to the patient.

Reach behind you to grab the patient from behind the knees and underneath the far shoulder. Put their arm over your back.



Hold the patient against your hip, stand up, lean forward, and carry the patient out on your hips.

Cradle Drop

If possible, lower the bed as low as it will go. Place a blanket, sheet, or towel on the floor beside the bed.



Slide the patient off the bed, onto your knee, then onto the blanket.

Grip the corners of the blanket and drag the patient out head first by sliding the blanket.



2- or 3-Person Carries

Extremity Carry

Have the patient sit up on the edge of the bed and cross their arms out in front of them.



One rescuer should grab at the patient's forearms, while the other lifts from behind the patient's knees.



Lift the patient and carry them out.

Swing Carry



Have each rescuer sit on either side of the patient. Rescuers should reach behind the patient's back and interlock their forearms.



Rescuers should reach under the patient's knees and grab each other's wrists.

Lift the patient into a "swing" position and carry them out.

3 PERSON CARRY

All 3 rescuers can stand next to the patient.



The rescuer near the top should reach behind the patient's neck and upper back.



The middle rescuer should reach under the lower back.



The rescuer near the bottom should reach under the patient's thighs and knees.



Once all are positioned, lift the patient together and carry them out.

7-Person Carry



SCRIPT

1. I need you (x 6) 👉👉👉👉👉👉.
2. Line up, three on each side.
Taller people at the torso.
3. Get down on one knee and alternate hands palm up like a zipper.
Now do that again under their body.
4. On the count of 3, we will lift.
5. Is anyone not ready?
6. 1-2-3. Lift.
7. Now shuffle in the direction of their feet.
8. If anyone says stop, we stop. **STOP**.
9. On the count of 3, we drop back to one knee.
10. 1-2-3. Down.
11. Gently release.

Carries

Move the patient if:

- If you don't suspect spinal injury and the location is not safe
- If you **DO** suspect spinal injury, but the location is ***life-threatening***

Practice!

- Review videos and try these out on each other.
- This video uses the problematic term “victim” for the person being carried but gives a thorough overview:

<https://www.youtube.com/watch?v=Urr6-5geZM4>

DAY TWO COMPLETE

Almost there!

DAY THREE

20-Hour Street Medic Training



Notes

bit.ly/3Qcjwta

New York City Action Medical

nycactionmedical@riseup.net

@nycactionmedical



Notes

bit.ly/NYCAM-20hr-2024

Review of Day 2

Can you answer these questions? (You can look in your packet 😊)

**What does ABCDE stand for?
Hint: Initial Assessment**

**How do you perform a jaw thrust?
When do you perform one?**

**Name some injuries that would
require holding C-Spine**

When assessing mental status, what questions should you ask a patient?

What are signs and symptoms of a breathing issue?

**What is the difference between a venous bleed and an arterial bleed?
Which is more urgent?**

**What does SAMPLE stand for?
Hint: Secondary Assessment**

**When applying direct pressure,
how long could it take
before bleeding slows?**

What are signs or symptoms of a possible head injury?

Outline

1. Police Tactics
2. Police Weapons
3. Protest Tactics
4. Medical Emergencies
5. Bleeding Control
6. Live Shooter / Gunshot
Wound Training
7. Preparing for an Action
8. Street Medic Collectives
9. How to Join Dispatch



Police Tactics

Why Teach Police Tactics?



As a street medic, it is your role NOT to spread rumors about tactics at a protest or create panic by demonstrations from the police.

Knowledge of possible tactics allows you to understand what injuries can occur and how to treat them.

It is NOT a street medic's role to direct the action or act as an authority figure based on your knowledge of police tactics.

- If organizers – and ONLY ORGANIZERS – ask for your input, you can offer insights privately to them. **REMEMBER, your role is to act as a medic.**

For each example, let's discuss what injuries can be caused by a tactic & how to care for a patient.



Police Kettles

Discussion:
How might you exit this kettle?

Bridge Kettle



Kettling



Discussion: What injuries can you anticipate here?

Bikes

Pay attention to how the cops use bikes.

They can be weapons, not just rides.

They can also be used to facilitate kettling.



Bikes aren't just for cops...



Bikes can be excellent tools for street medics. They allow you to scout ahead to anticipate risks, move water and supplies quickly, and conserve energy while covering long distances. They also provide an excuse for wearing a helmet. But don't plan on riding a bike unless your buddy is on one too!

Police Batons



A police officer employing a side-handled baton to attack demonstrators during the protests against the beating of Rodney King



collapsible/extendable baton

Batons can be used for blunt force attacks, blocking, and crowd control.

Barricades

Wooden ones say
“Police Line - Do
Not Cross”

Can be used for
blunt force attacks,
blocking, crowd
control, or as a
preamble to
kettling.





Police Vehicles

Police Animals – Horses & Dogs



Often used for crowd control and intimidation.

A horse will charge into a crowd on command. Sitting/ kneeling before a horse will not stop it!



Remember, police horses & dogs also count as police officers.

Touching, hitting, or injuring a police horse or dog can be considered the same as assaulting an officer.

What is the most common police tactic? FEAR.

We can combat the police's fear tactics by fostering a calm environment and not spreading rumors/assumptions about police activity during actions.



Palestinian child Faris Odeh throwing a rock at an Israeli tank on October 29, 2000 during the 2nd Intifada. He was killed by the IOF 10 days later, after he became a symbol of Palestinian resistance.

Police Weapons & Their Clinical Implications

Long-Range Acoustic Device (LRAD)



Model	LRAD RX®	LRAD 1000X®	LRAD 500X®	LRAD 300X®	LRAD 100X®
Max dB	153 dB	153 dB	149 dB	143 dB	137 dB
Max range	3000+M	3000+M	2000+M	1500+M	700+M

An LRAD, sometimes called a sound cannon, is sonic weapon, often vehicle mounted. They produce highly directional beams of sound, in the 150 decibel range, which can cause panic, intense pain, disorientation, and permanent hearing injury.

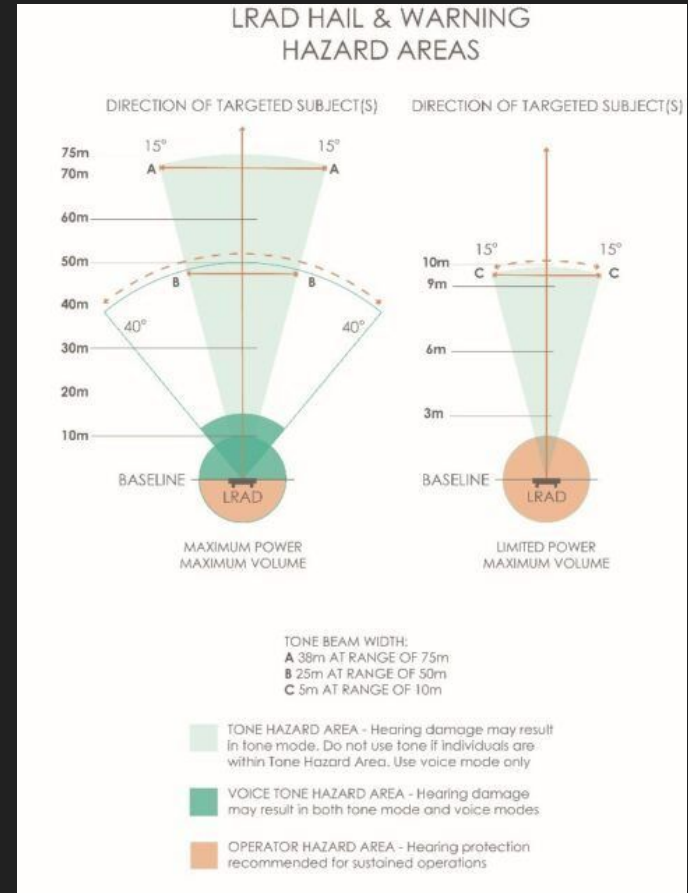
L
R
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LRAD Clinical Considerations

LRADs tend to cause panic disproportionate to their actual danger. The best protection is to anticipate that feelings of panic are normal, and to make a conscious decision to stay calm when the LRAD hits.

Earplugs provide only limited protection. Walk perpendicular to the LRAD to escape the sound cone.



Handcuffs

Plastic zip ties most commonly used by SRG upon arrest

Wrist pain, nerve compression injuries, lacerations, and shoulder strains seen among arrestees upon release

- There is a wide range of injury
- Shoulder strain is especially seen among fat protesters
- Medics can advocate to switch cuffs to the front



Water Cannons



Black high school students being attacked with fire hoses during the Birmingham Campaign in 1963, photographed by Charles Moore



Dakota Access Pipeline protesters being attacked with water cannon in 2016 at Standing Rock

Water Cannons

Water cannons are a type of kinetic energy less-lethal weapon.

They are typically mounted on large, specialized vehicles (which themselves are simply called “water cannons”).

The water may be mixed with riot control agents such as tear gas. Water cannons can knock down protesters, push them once they are down, and cause permanent damage to the eyes.

Internal injuries, fractures, and death from the force of the water are possible

Taken from Riot Medicine
by Håkan Geijer



Water cannon used against protesters
in Leipzig, Germany (2015)

Figure 20.2: Water Cannon^{12,v}

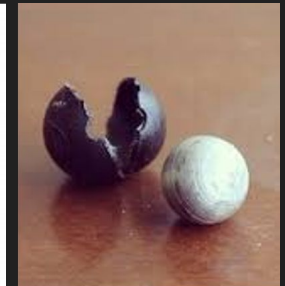


Impact Munitions

Baton Rounds - large plastic, foam, gel, or even wooden projectiles that are fired from a multi-launcher or occasionally a shotgun

Rubber Bullets - aka rubber-encased steel impact rounds, metal projectiles coated in rubber or PVC

Bean Bag Rounds - woven bags filled with either silica or lead, usually fired from shotguns



⚠️ Bean bag round injury on next slide

Injuries from Impact Munitions - Beanbag Rounds



Richelle Washabaugh displays an injury from a Super Sock brand bean bag round that nearly took her eye.

Richelle was attacked by police in El Cajon, California in September 2016 during protests in response to the police murder of 38-year-old Alfred Olango, an unarmed Black man with psychiatric disability.

Discussion: What is the most pressing clinical concern in this photo?

Injuries from Impact Munitions - Bean Bag Rounds

Sri Louise Coles was one of 50 people injured on April 7, 2003, when Oakland police used less-lethal weapons on a peaceful protest crowd.

Coles was shot in the jaw with a bean bag round. She was evacuated to a nearby hospital by two medics from the Bay Area Radical Health Collective.

Discussion: What are the most pressing clinical concerns in this photo?





Sri Louise Coles survived her injury. Here she is in Albuquerque on January 31, 2017

Impact Munitions

Pepper Balls - essentially paintballs filled with pepper spray

FN303 Rounds - combination of pepper-balls and regular impact munitions; contains a synthetic capsaicin known as PAVA (pelargonic acid vanillylamide, also known as nonivamide), which is stronger than law-enforcement grade pepper spray

Rubber Balls - rubber or plastic or foam pellets packed into grenades to explode like shrapnel or shotgun shot



Injuries from Impact Munitions - Pepper Balls



Impact Munitions

Stun Grenade - aka flash-bang grenade, explosive device that emits an extremely loud bang and bright lights to disorient people

Sponge grenade - bullet-shaped, with a foam rubber nose and a high-density, plastic body

Gas Canister - metal canister filled with chemical agents or smoke (more on these later)



Conducted Electrical Weapons (CEW)



TASER is the most common brand

Wide range of injuries

- Puncture wounds from metal probes or small circular wounds at site of contact (“signature marks”)
- Minor burns from electrical conduction at puncture site
- Injuries from falls (muscle strains, fractures, abrasions, contusions, lacerations, and head injuries)
- Cardiac events (arrhythmias)



Treatment dependent on scale of injury

- If the metal probe is still inside a puncture site in the torso, head, or neck, do not remove without additional resources



Firearms



Sharpshooter in Ferguson, MO during Michael Brown protests



Hong Kong police drawing guns on protesters in 2019

Chemical Weapons

Pepper Spray

- Contains OC (Oleoresin capsicum)

Tear Gas

- Contains CN (Chloroacetophenone) or CS (2-chlorobenzylidene malononitrile)

Both are not actually gasses—they are lipid-based aerosolized particulates.

- Oil droplets do not remain airborne for long periods of time.
- Masks and bandanas provide protection. Reducing the degree of exposure has a significant impact.

Note: Tear gas is not used in NYC.



Police shoot pepper spray toward a protester during a demonstration over the death of George Floyd in Boston on May 31

Pepper Spray (OC)

- Used by police since 13th century Japan (metsubushi, 目潰し, "eye closers")
- Heavy greasy splatter that does not remain airborne for more than a few seconds
- More potent than tear gas
- 5.3 million Scoville heat units (more than Carolina Reaper)



Pepper Spray (OC)

- Irritates skin and mucosal membranes to cause pain and temporary blindness
- Can cause chemical burns with prolonged contact
- Can cause bronchospasm and severe respiratory distress—especially in people with pre-existing cardiopulmonary illness, such as asthma/COPD
- Risk for loss of blink reflex within 5 days of prolonged exposure (Olajos & Stopford, 2004)





EGYPT



PALESTINE



FERGUSON, MO



OAXACA, MEXICO



ECUADOR



CHILE

GLOBAL REPRESSION: MADE IN USA

Tear Gas (CN or CS Gas)

The chemical becomes airborne via extreme heat generated by a powerful oxidation reaction.

The range and velocity vary depending on the brand and model. Some are designed to be fired at very long range, while others are short-range, lower velocity rounds.

- Designed to be “skip fired” – fired at the ground in front of the intended target
- BUT there are many documented cases of tear gas canisters being fired at protesters and resulting serious injuries or death

Again, tear gas is not currently used in NYC.



Tear Gas (CN or CS Gas)

It is common practice among protesters to execute a “return to sender” with tear gas grenades. **Discourage people from picking up a tear gas grenade with unprotected hands to throw it back.**

Many people have been severely burned trying to pick up a grenade. These weapons become hot enough to start fires or cause full-thickness burns.

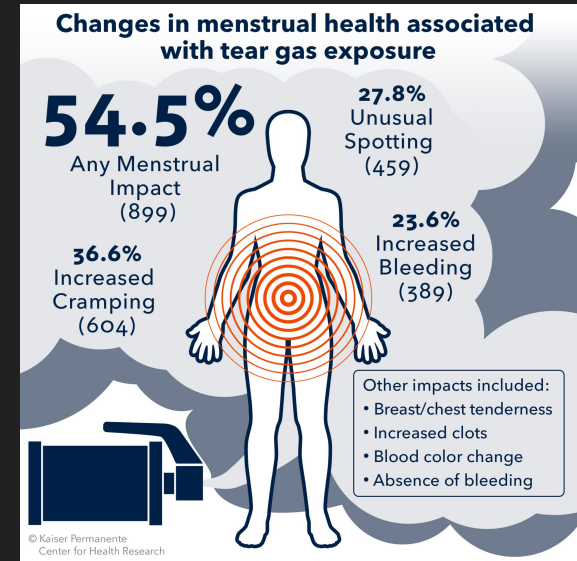
**Do not pick up any canisters.
At best, spray down with water.**

Tear Gas and Reproductive Health

CN and CS are known endocrine disruptors

- Many patients experience abnormal reproductive symptoms after tear gas exposure, including but not limited to:
 - Irregular or prolonged menstrual cycles
 - Heavier bleeding
 - Spontaneous bleeding/spotting
 - Increased cramping
 - Chest tenderness
- Effects on pregnant people are still unknown and need to be investigated, but some countries have reported increased risk of miscarriage.

Not well-studied clinically until the past 5 years; further research is needed.



Skunk (aka “Skunk Water”)

Non-lethal malodorant “crowd control weapon”



- Developed by the Technological Development Department of the Israel Police
- Manufactured by Odortec, with two supporting companies (Man and Beit-Alfa Technologies)

Used by the IOF indiscriminately against Palestinian people, homes, and businesses; Ethiopian Jews; and their allies as collective punishment

- Purchased by several US police departments, including the St. Louis Metropolitan PD, during the first wave of BLM in 2014-2015
- No known reported use in the United States until January 19 at Columbia
- No evidence that it is being widely deployed in the US

Skunk (aka “Skunk Water”)

Deployed as “yellow mist” in handheld canisters/grenades or fired from a water cannon

Smell compared to sewage, excrement, and rotting corpses

Health effects and treatment:

- Nausea, vomiting, gagging, coughing, difficulty breathing, headaches, and irritation of the skin and eyes
- Little data on how to treat or reduce the effect of Skunk (other than Odortec soap) or the long-term effects of exposure
- We **DO NOT** endorse home remedies (like hydrogen peroxide, olive oil, ketchup, etc.)
- Water eye flushes, water and soap/dish detergent for the skin, and disposal of contaminated clothing and materials.



Chemical Weapons Safety/Prevention

Goggles (without air vents, like swimming goggles), face shields, well-fitted high-quality masks (P100, N95, KN95, KF94), and bandanas can serve as a physical barrier.

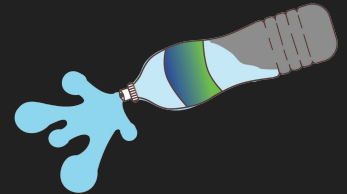
- Apple cider vinegar-soaked bandanas can help with tear gas, but don't wear them all day. Carry them in a plastic baggie and pull one out when you need it.
- Showing up to a protest in goggles can also make you a police target. Be smart!

Avoid contacts. Chemical agents can get trapped under the lenses. Wear glasses if you can.

Avoid wearing oil-based or **comedogenic** makeup or skincare products. Opt for water-based or powder-based non-comedogenic products.

- They can trap chemical weapons in your pores and prolong their effects.

Bring an unopened squirt top water bottle.



Pepper Spray Treatment

OC is an oil. It is not soluble in water and large volumes of water will not wash it off. Soap!

Pepper spray stops hurting when it dries and reactivates when it gets wet again.

Best practice on scene is to:

1. Move the patient to a safe and secure environment
2. Assess for airway complications
3. Offer reassurance and spread calm
4. Blot off excess chemical from the skin
5. Remove contact lenses before eye flush
6. Clean the eyes and mouth with water or saline
7. If possible, clean skin with soap and water.
If not, allow the chemical on the skin to dry.
8. Educate patient about after-action decontamination.



Chemical Weapons Aftercare

Avoid entering enclosed areas (like apartments and subway cars) with contaminated clothing. Remove everything you can beforehand.

Avoiding touching other people, animals, and soft surfaces before cleaning your hands.

Take a lukewarm or cool shower with soap.

- Wash your hair first by leaning backwards into the stream, so that the chemicals don't run into your eyes and face again.

Wash clothes in a washing machine at least twice with strong detergent.

Your liver will be processing these chemical weapons in the coming days. Avoid substances like alcohol, which can slow down your liver metabolism.

Emotional care: What feels supportive when you are processing grief, rage, or pain?

Protest Tactics



Black Bloc



Leftist Armed Formations



Hunger Strikes



Die-Ins and Sit-Ins

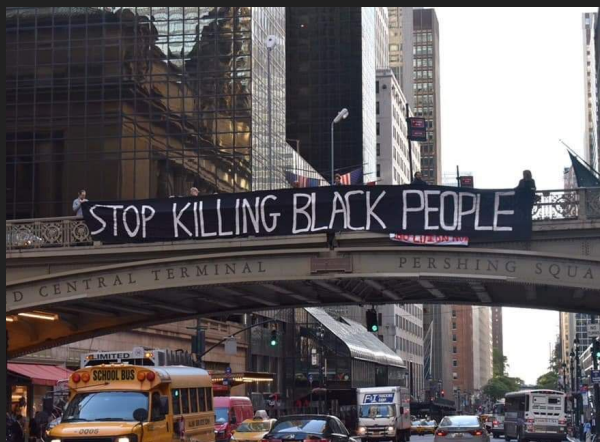




Balloon Banners

Concerns: wind hazards, anchoring, quick-release, power lines





Banner Drops

Costumes and Puppets

Concerns: infiltration,
heat exhaustion, limited
visibility, wind hazards



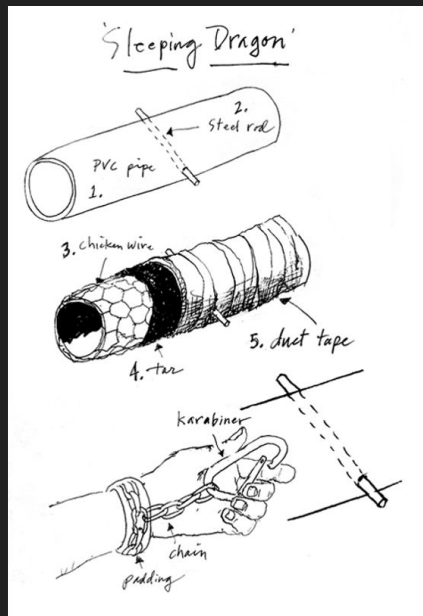
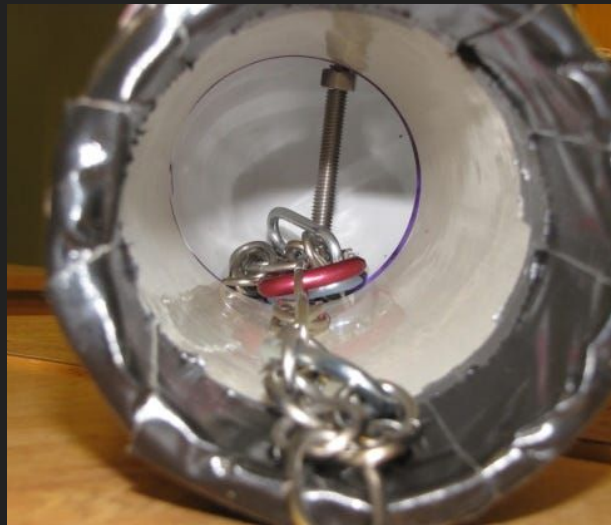


Barricades

Blockades



Sleeping Dragons



Barrel & Tire Blockades



Tripods and Treesits



anti-Adani protester who sat on a tripod structure above a Queensland railway



Treesit in Weelaunee Forest



Tripod at Enbridge Energy's Line 3 pipeline protest in Backus, MN

Medical Emergencies

Strokes and Poisoning

Stroke (“Cerebrovascular Accident”)



Signs: **F A S T**

- **F**ace: drooping, unevenness, muscles are dropping on one side
- **A**rms: hold out their arms with eyes closed and have them push upwards; if one side drifts it is a sign of stroke.
- **S**peech: words will come out slurred
- **T**ime: really urgent to call 911 or head to a hospital if any of these signs are seen

Poisoning

Inhalation, injection, exposure, consumption

Call 911 and Poison Control Center

1-800-222-1222 

Common cause is Carbon Monoxide (CO):

- Signs: flu-like symptoms, lethargy. Sleepiness
- Treatment: move them away from area, hydrate, educate

Heart Attack (“Myocardial Infarction”)

Symptoms:

- Chest pain
- Back pain
- Abdominal pain
- Shooting pains through left arm
- Pain from lower lip to your belly button in front or back
- Nausea / vomiting
- Lightheadedness
- Sweating (“breaking out in a cold sweat”)
- “I think I’m dying” 🚩🚩🚩
- “I feel like an elephant is sitting on my chest” 🚩🚩🚩

Note: Symptoms may present differently by gender

- Pain / discomfort in one or both arms, back, neck, jaw or stomach
- Shortness of breath with or without chest discomfort
- Feeling unusually tired
- Heartburn

Explanation? Heart attacks can occur in smaller, rather than larger, arteries among AFAB people

Little data on how these gender differences in symptoms apply to trans people

Heart Attack

Treatment:

- If they have nitroglycerin tablets, the patient can take them while they wait for EMS to arrive
 - **DO NOT** touch the pills with your bare hands—they can be absorbed through skin
 - Have patient **SIT DOWN** while taking them
- Learn CPR or ask someone if they know CPR
- Enter businesses for an **automated external defibrillator** (AED)
- **Activate 911** 🚩🚩🚩



Hypoglycemia (Low Blood Sugar)

Rapid onset of symptoms:

- Fatigue
- Tremor
- Sweating
- Insatiable hunger
- Confusion

Hypoglycemia may mimic heat exhaustion or alcohol intoxication. Diabetic patients are often able to self-diagnose as their condition deteriorates.

Hypoglycemia may present in people who are intoxicated, fasting, physically ill, living with eating disorders, or engaged in intense physical activity.

Treatment:

- Give 15-20g glucose / reassess in 15 minutes
- Once stabilized, encourage the person to eat a meal to prevent relapse
- Protect from heat and provide hydration
- **If unconscious or seizing, activate 911** 🚩🚩🚩
- High-risk people may have a rescue drug called **glucagon** on their person. It is in a red plastic clam shell or a yellow tube.



Hyperglycemia (High Blood Sugar)



Key symptoms:

- Insatiable thirst + frequent urination
- "Fruity" smelling breath (not reliable)
- "Non-specific symptoms" including
 - Fatigue
 - Nausea
 - Abdominal pain
 - Confusion
 - Difficulty concentrating
 - Difficulty breathing
 - Flushed skin

Hyperglycemia can mimic heat exhaustion or alcohol intoxication, but symptoms will not improve when removed from the elements and given hydration.

Treatment:

- Provide unlimited water plus electrolytes
- Some diabetic patients may be able to self-rescue with insulin if given access to their medications. Provide assistance accessing and/or using medications.
- Refer to urgent care if unable to self-rescue
- **If unconscious, activate 911** 🚩🚩🚩

If left chronically untreated, can lead to **Diabetic Ketoacidosis** (DKA) or **Diabetic Hyperglycemic Hyperosmolar Syndrome** (DHHS), but eating disorders and/or diabetes can also cause ketoacidosis without hyperglycemia

Diabetes can develop among pregnant people who did not have diabetes prior to pregnancy ("**gestational diabetes**")

Fainting (“Syncope”)

Causes:

- Dehydration / heat exposure
- Head injury
- Heart conditions (e.g. **arrhythmia**)
- Stress / psychological shock
- Exhaustion
- Blood pressure dropping from changes in posture (“**orthostatic hypotension**”)
- Autonomic dysregulation (“**dysautonomia**”)

Note: Some people experience **convulsive syncope**; worth professional follow up

Treatment:

- People with fainting disorders tend to know their own care needs
 - Can include hydration, eating / sugar, staying horizontal, resting, Valsalva maneuvers, and vagus nerve resets
- If this is someone’s first syncopal episode, and appears to be for no reason, they should be checked out
- If someone falls twice their height, they should have a C-Spine check
- Call 911 if out for longer than 2 minutes

DO NOT give unresponsive people water 🚩🚩🚩

Seizures

Similar to migraines, people with seizure disorders experience prodromal and aural symptoms. They will usually lie down if they anticipate they are about to have a seizure.

Early stage (**prodromal**) signs / before the episode:

- Confusion
- Slurred speech
- Incontinence
- Mood changes (Irritability, anger, or anxiety)
- Shaking / trembling
- Headache
- Grinding of teeth
- Feeling “spacey” / disoriented
- Lightheadedness

Aural stage: the earliest sign of seizure activity itself

- Odd smells or tastes in mouth (bitter / sour)
- Vision changes / hallucinations
- Ringing / buzzing in the ears
- Numbness / tingling
- Headache
- Nausea / stomach ache
- Feelings of intense fear / panic
- Dizziness (room-spinning)
- Déjà Vu (feeling of familiarity with a person, place, or thing without having experienced it)
- Jamais vu (feeling of unfamiliarity with a person, place, or thing despite having already experienced it)

Seizures

Common cause of seizures is missed medication doses during actions

- People will suddenly drop to the ground hard on their back and convulse rapidly
- People may vomit, lose control of their bowels, swallow, spit, or bite their tongue

Treatment during seizure:

- Padding under their head to prevent head injury
- Privacy circle and reassurance
- Monitor airway and breathing
- Do NOT put things in people's mouth / Do NOT restrain the person
- Afterward, offer a change of clothes or ways to conceal incontinence, if the person wants

If airway is blocked, you can try to put in recovery position to prevent tongue-biting

Time seizures for frequency. **Call 911 if seizing longer than 5 MINUTES.** 🚩🚩🚩 Most last 30 sec. to 1 min.

Case Studies in Protest Medicine

 This section contains video footage of protest experiences, including targeted and violent interactions between police, fascists, and protesters 

J20 Protests in DC

Big protests are fluid and dynamic. Even an experienced street medic with excellent situational awareness can get swept into a situation they did not anticipate.

In this video, note how the medics and legal observers are staying safely off to the side, but still get swept up in a kettle as the situation changes.

What police or fascist weapons do you recognize? What clinical concerns can you anticipate?

⚠ This clip vividly documents an intense protest experience, including crowd panic and violent interactions between police and protesters ⚠



<https://youtu.be/Y3p6sZnVaLs>

G20 Resistance Project in Pittsburgh (September 24, 2009)

What police or fascist weapons do you recognize?

What clinical concerns can you anticipate?



<https://www.youtube.com/watch?v=F6qpYliAjXY>

Standing Rock (September 4, 2016)



<https://www.youtube.com/watch?v=kuZcx2zEo4k>

Collective Breath

(1 minute)

Live Shooter / GSW

Bleeding Control and Wounds

For this part of the training, we will discuss live-shooter safety and interventions for certain wounds that constitute **a life threat**.

Reminder: In a (physical) trauma situation (knife, gun, car, explosion, etc.), ensure your safety and **treat life-threatening bleeds first**.

We recognize that we live in an era when you or someone you know may have experienced or survived gun violence and mass shootings.

- You know yourself best. Step out if you need to. Take care of yourself!

Live Shooter Safety

1. **RUN.** During active gunfire, your safety comes first. Don't become another patient!
2. **HIDE.** Get behind a solid wall or object that bullets cannot penetrate, like brick walls and concrete. Bullets can ricochet off vehicles and enter through car doors and windows. If you can't find solid cover, get behind visual cover.
3. **FIGHT.** The absolute last option if you cannot run or hide.

Gunshot Wound (GSW) Treatment

What have we learned about treatment of traumatic injuries?

- Remember assessment order: **C** - **A** - **B**
- **Circulation**. **Airway**. **Breathing**.
- Treat “**C**” first if gunshot is a perceived life threat that overcomes airway / breathing.

Gunshot Wound Treatment

Bullet entry and exit wounds, especially from smaller caliber firearms, can be surprisingly small.

- Check for multiple wounds (entry and exit), especially if multiple shots were heard

All gunshot wounds are serious, even if they seem isolated to an extremity.

Bullets can ricochet unpredictably inside a body, causing multiple—sometimes unexpected—internal injuries.

- Bullets can become lodged in the body, where they can continue to cause injury.

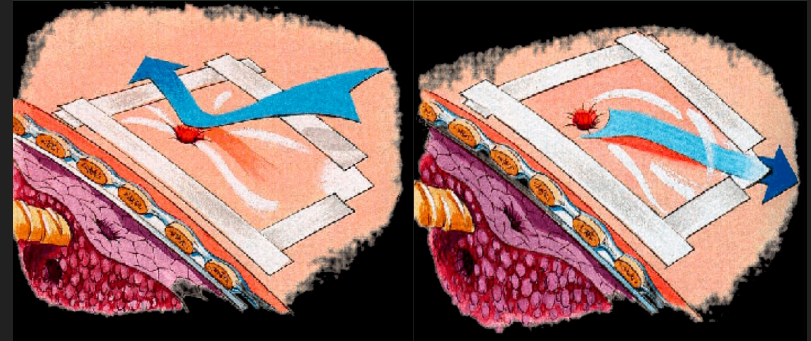
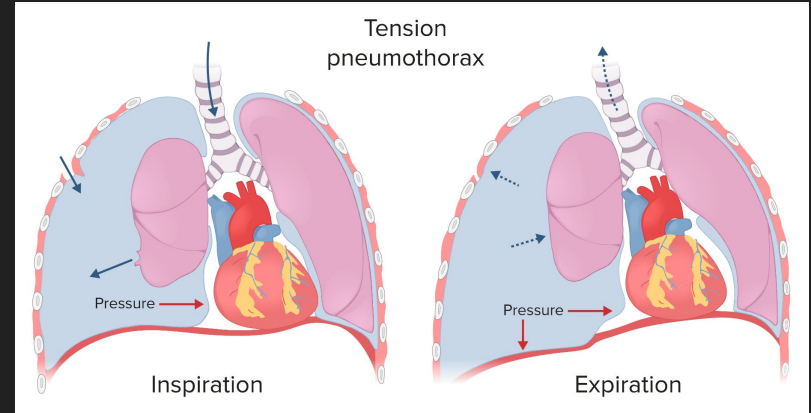
Occlusive Dressings

Penetrating wounds in the neck and in the chest should be covered with an occlusive dressing, especially if there are air bubbles at the wound site.

Air entry can cause a **pneumothorax**, **tension pneumothorax**, or **air embolus**.

Make an occlusive bandage with commercial chest seal with flutter valve, tegaderm, sterile plastic from other bandages, any available clean plastic

If respiratory distress worsens, "burp" an occlusive dressing on the chest during an exhale and reseal.



Wound Packing

Wound packing can be used with direct pressure for deeper wounds in sites where a tourniquet is inappropriate

- Effective for bleeds in junctures like shoulders and groin
- Do not use in abdomen or chest – these are cavities and difficult to pack tightly
- Use **hemostatic** gauze such as QuikClot bandages, sterile gauze, or clean cloth (NOT QuikClot powder)
 - If the wound is in the neck, do not use hemostatic gauze or Quikclot. Only use sterile gauze or clean cloth.



Wound Packing

1. Wrap index finger in clean gauze, insert into the wound, and find the vessel.
2. Apply direct pressure.
3. Wrap index finger from other hand in gauze, place in wound alongside the first, and “switch places.”
4. Repeat with clean gauze, switching fingers and maintain applying pressure.
5. **Time yourself for 3 minutes** (set watch/phone!), then check for bleeding.
 - Could be still bleeding if you missed the vein or if wound is not packed tightly enough.

Take all BSI/PPE precautions.



**That was INTENSE!
Let's shake it off!**

B R E A K
(5 minutes)

Before & After the Action

A Week Before

Identify risks and take preventative measures

- Get a PCR COVID test if you can
- Establish a safety person/emergency contact who has your [jail support](#) information
- Consider personal responsibilities
- Coordinate [care planning](#) for yourself
 - How will you take care of yourself in the days before and after the protest?
 - Who can you call on for support?

Build a rapport with the organizers

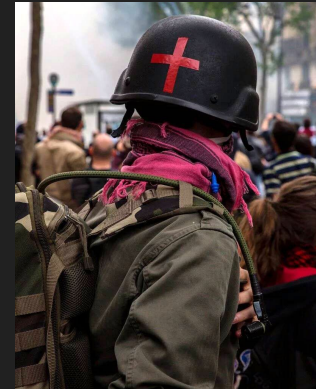
- Establish route (if known) and identify exits
- Obtain information (if appropriate) to assess for potential injuries
- Consider environmental risks and police jurisdiction

Brush up on skills and training

- Be aware of environmental/weather-related risks



A table filled with supplies at an apartment complex that became central command for Denver's street medics on June 1, 2020



The Day Before

- Find a buddy if you haven't already
- Double check your kits for complementary or missing supplies
- Follow up with organizers about any last-minute updates or changes
- Determine your needs/boundaries around your time and labor
- Discuss any debrief needs
- Set your home environment up for support



Cruz Verde Medics in Venezuela prepare before a big protest

The Day Of

- Dress appropriately!
- Take a rapid test, bring a high-quality mask, and pack extras (N95, KN95, KF94, etc.)
- Get to the action site 15 minutes early to scope out the scene for cops, entrances, exits, and safe houses
- Consider going to the safety or marshal meetup, if (and only if) you are invited
- Check in with the organizers before and after, as needed and as appropriate
- Go to Jail Support, or (ideally) hand off patients to a Jail Support medic
- Seek out aftercare



AJ Mossman, an EMT and member of Denver Action Medic Network

The Day After

- Check in on your buddy
- Consider going to Jail Support
- More aftercare and rest!



Limbo contest outside the jail while waiting for arrestees to be released in Phoenix, AZ



Columbus street medics Duck Bardus, left, and Atticus Garden, right resting after spending the day with protesters

A Week After

Repack bags and restock any used supplies

Touch base with buddy

Report back/after-action debriefing

Be aware of signs of burnout

Look out for future actions

Work on your perishable skills!

Spend time with your medic friends outside of life / death situations :)



Getting Connected

(Incomplete) List of Street Medic Collectives in the US

- Mutual Aid Street Medics (MASM)
- Bay Area Street Medic Collective
- DC Street Medic Collective
- Chicago Action Medical (CAM)
- Boston Area Medics
- Baltimore Street Medic Collective
- Detroit Street Medic Collective
- North East Street Teams (NEST, Maine)
- North Star Health Collective (Minneapolis/
St. Paul, MN)
- StL Street Medics (St. Louis, MO)
- Las Vegas Street Medics
- New York City Action Medical (NYCAM)
- New York City DSA Medics
- Rochester Street Medic Collective (NY)
- Rosehip Medic Collective (OR)
- Steel City Organizing for Radical Community
Health (SCORCH, Pittsburg, PA)
- Bayou Action Street Health (BASH, Houston TX)
- River City Medic Collective (Richmond, VA)
- Rustbelt Medics (Michigan and Ohio)
- Appalachian Medical Solidarity (Southern
Appalachian Region)

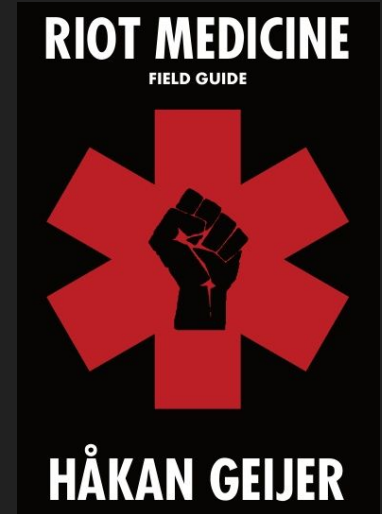
What Happens Next

For NYC-area medics, you must be vetted to be connected to NYCAM Dispatch. Email nycactionmedical@riseup.net to start!

Once you have been vetted, you will be added to a Signal group chat with other NYCAM-trained medics.

This chat serves as a lobby or listserv where you can sign up for actions, community events, and mutual aid campaigns in need of street medics.

Note: Being in this chat does not make you an organizing member of NYCAM or a representative of NYCAM. It simply means you have been trained and vetted by us and that you have the skills and qualifications to be an active street medic.



Dispatch

Not all medics are on the ground!

Dispatch serves an important role for both medics and protestors.

What dispatch entails:

- Working with organizers to gather information related to medic requests
- Coordinating medics before, during, and after an action, **while off-site and away from the protest**
- Holding emergency contact information for medics, if necessary
- Providing resources for protestors (e.g. number to call/text for support)
- Providing medics with advice/consults for higher-level care
- Ensuring all medics are safe and accounted for after the action
- Working with jail support



Iris Butler, CNA and member of Denver Action Medic Network

THANK YOU!

This training was conspired on the unceded ancestral homelands of the Lenape, Schaghticoke, and Wappinger peoples. Please consider financially supporting indigenous sovereignty at landback.org.



Member of Ujimaa Medics of Chicago, IL

Additional Resources

Ear Seed Training

What are ear seeds?

- Small acupressure beads for auriculotherapy in Traditional Chinese Medicine
- Placed on the outside of your ear with waterproof tape for up to 1 week

Uses include:

- Stress and anxiety
- Insomnia
- Grief
- Trauma
- Chronic pain

Community training in May



Welcome...

The tradition of medical support for those engaged in acts of political protest is a rich one. Be aware that you are receiving knowledge hard-won in the civil-rights struggles of Dr. King, in the antiwar movement that followed, and throughout the line of environmental and anti-globalization actions and protests from the 1970s into the present day.

The struggle continues. Specifics may change, but the will toward human dignity in the face of oppression weaves a common thread through the history of American—and inseparably, global—political protest.

It has also always been dangerous, and certainly no less so today than in years or decades past. "Developed" nations field paramilitary police forces with novel weapons and broad license to use them, while in poor nations their less well-equipped counterparts employ unambiguous brutality in defense of a corrupt status quo. Exposure, accidents, and simple human frailty all play their role, as many put aside their privilege temporarily to join the struggle, and many others had no privilege to put aside.

Street medics keep them safe when they can, patch them up when they can't, and get them out when patches won't hold. We keep their secrets and keep our promises: aid, comfort, do no harm; don't give up and don't let them.

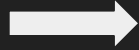
So we got a revolution. It's a start. Here's something useful you can do while you're here.

Aaron Stratton, EMT, PUHC Co-Founder, 2010

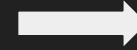
How This Training Came to Be



Jason Odhner, RN and
Elizabeth Diedrich, RN
of Phoenix Urban Health
Collective (PUHC)

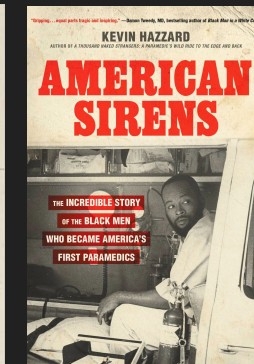
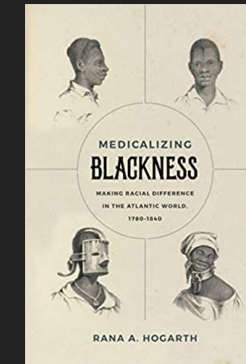
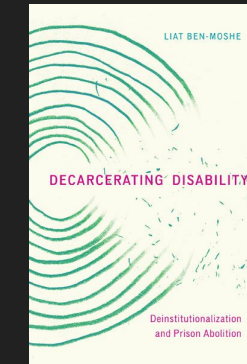
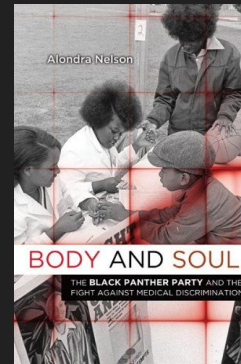
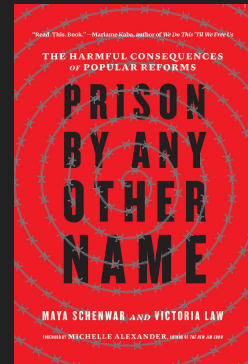
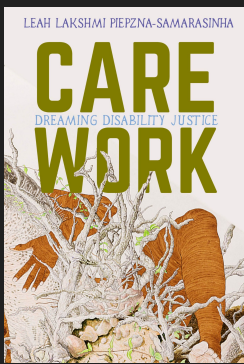
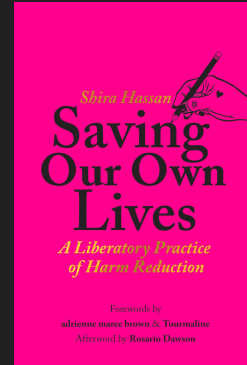
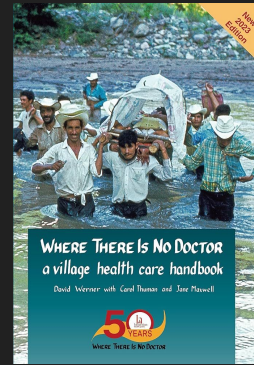
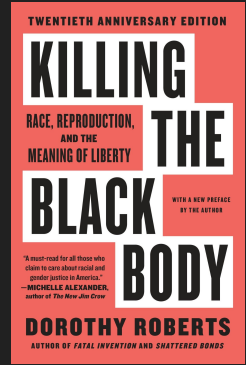
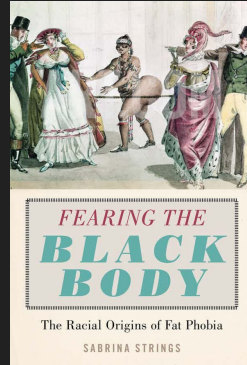
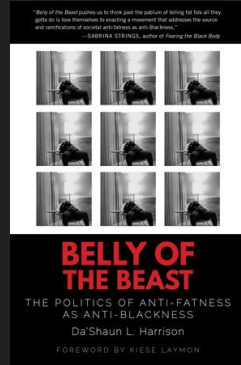
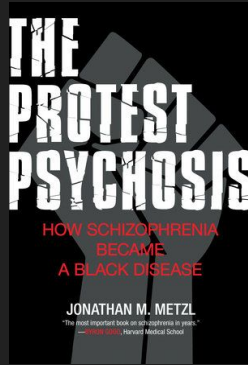
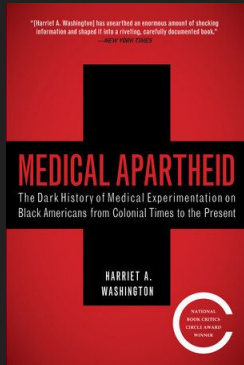


Steel City Organizing for
Radical Community
Health (SCORCH) of
Pittsburgh, PA



New York City
Action Medical
(December 2023)

Learn more about Health and Abolition



Street Medic Kit List

- 15 pairs of nitrile gloves that fit you
- 10-20 sterile 4" x 4" gauze squares
- 2 triangular bandages/cravats
- 5 gauze bandage rolls, 1-6"
- 1-2 rolls of 1" medical tape (micropore, transpore, or silk tape)
- 5 bandaids
- Wound ointment
- 1 liter of water with a squirt-top for eye flushes or washing wounds/hands
- 1 small bottle of liquid soap (like Dr Bronner's)
- 1 bag of mint cough drops/lozenges
- Lightweight snacks (nuts/dried fruit/energy bars) and electrolyte mix (Liquid IV)
- Trauma shears
- Change of socks
- Menstrual products (pads and tampons)
- Bandana
- Flashlight
- Pen (tactical pens are great!), sharpie, and paper
- High-quality masks (KN95, KF95, N95)
- Hand sanitizer/wipes
- Ear plugs
- Bleeding control kit (tourniquet, QuikClot, etc.)
- Plastic bag or small garbage bag roll
- Hot weather care
 - Water-based sunscreen
 - Extra water
 - Sunglasses, hat, bandanas
- Cold weather care
 - Hats, dry socks, and emergency ponchos
 - Candied ginger
 - Hand warmers
 - Mylar blankets
- Red duct tape for marking up

Pack your kit in quart-size ziploc bags to shield items from leaks, weather, and contamination, and in a bag you can carry comfortably for the length of the action

Trauma Centers in New York City

Manhattan

- Bellevue
- Harlem Hospital
- New York Presbyterian Weill Cornell
- New York Presbyterian CUIMC
- Mount Sinai Morningside

Bronx

- Jacobi
- Lincoln
- St. Barnabas

Queens

- New York Presbyterian Queens
- Elmhurst
- Jamaica
- Long Island Jewish

Brooklyn

- Brookdale University Hospital
- Kings County
- NYU Langone Brooklyn
- Maimonides
- New York Presbyterian Brooklyn Methodist

Staten Island

- Richmond University Medical Center
- Staten Island University North

Westchester

- Westchester Medical Center

Nassau County

- Mount Sinai South Nassau
- NYU Langone Long Island
- North Shore University Hospital
- Nassau University Medical Center

Digital Security Tools

Signal (encrypted messaging)

- Encryption is only secure if you know, trust, and have verified that all participants are who they say they are.
- WhatsApp only encrypts content in messages. It does not secure names of group chats or participants in group chats, among other data. Meta will turn over information if subpoenaed.

Burner phone/burner number and privacy screens

VPNs (ProtonVPN is free and comes with a secure email and mobile app)

- NOTE: a VPN is just another ISP, it masks your location but nothing else

Cryptpad, Riseup Pad, and Wire for group work

Tor Browser (Onion Browser for iPhone) > Chrome and Firefox > Safari

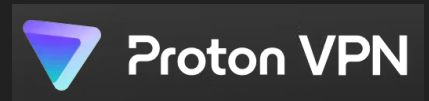
DuckDuckGo, instead of Google

Anti-malware software (Malwarebytes)

Password manager: 1Password, Bitwarden, DashLane, etc.

Resources

- Electronic Frontier Foundation's Surveillance Self-Defense Toolkit: ssd.eff.org
- Equality Labs: equalitylabs.org/work/digital-security



DuckDuckGo



Malwarebytes

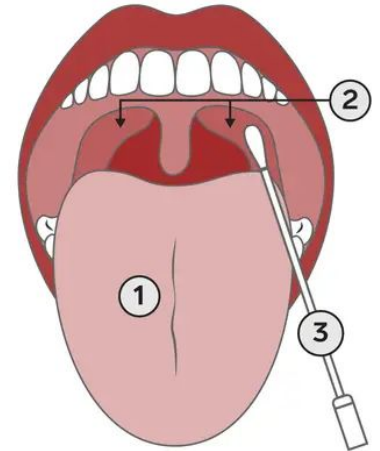


COVID-19 Resources

- [You Are Not Entitled To Our Deaths](#)
- [@maskblocnyc](#)
- [The People's CDC](#)
- [COVID in NYC](#)
- [The COVID Conscious Toolkit](#)
- [Make My Test Count](#)
- [Test 2 Treat](#)
- [What To Do When You Have COVID](#)
- [Paxlovid Co-Pay Program](#)
- [Find COVID-19 Medications](#)

How to swab your throat the right way for a COVID-19 at-home test kit

- ① Stick out your tongue.
- ② Find your tonsils, the oval-shaped pads at the back of your throat, below the arched roof of your mouth.
Avoid touching the tongue, teeth, or insides of your cheeks with the swab.
- ③ Sweep the swab across both tonsils for several seconds.
Be gentle, but swab judiciously back and forth, at least four times.



Source: UK Health Security Agency

INSIDER

Additional Case Studies in Protest Medicine

National Socialist Movement Rally in DC (2008)

What fascist weapons do
you recognize?

What clinical concerns
can you anticipate?



G20 Toronto Police Snatch Squads (June 26, 2010)



<https://www.youtube.com/watch?v=RKZPyeevTwc>

George Floyd Protests (May 31, 2020)



<https://www.youtube.com/watch?v=q-W-7WPWfE4>

Stop Cop City (January 21, 2023)



<https://www.youtube.com/watch?v=BaheZ9cVr-8>