

# Street Medic Refresher



NYCAM June 2023

# Justice for Breonna Taylor

EMT Breonna Taylor, killed by Louisville police.

You can donate to the Justice for Breonna Fund, who have also stated they will use future funds toward scholarships for those who want to pursue a career as an EMT or RN.

<https://bit.ly/3cCR7FY>



# Stop Cop City

¡Tortuguita viva, ahora y siempre!

Afro-Indigenous non-binary street medic and land defender killed by Georgia state police in January.

Support the Atlanta Community Press Collective here:  
<https://opencollective.com/acpc>

Learn more here:

- [stopcop.city](http://stopcop.city)
- [defendtheatlantaforest.org](http://defendtheatlantaforest.org)
- [atlsolidarity.org](http://atlsolidarity.org)
- [@atlanta\\_press](https://twitter.com/atlanta_press)



# 👁️ Scope of This Training 👁️

- This refresher will not cover the entirety of a 20-hour street medic training. Our focus will be responding when someone near you has a **life-threatening** injury, medical emergency, or an injury likely to cause permanent disability. We are offering this training this only to only previously trained street medics or bridge-trained medics.
- If you are looking to take a 20-hour course, please let NYCAM know so we can add you to the announcement list to be notified about the next one.
- The **assumption** for all of this training is going to be that **you saw the person get injured**, or are with people who did see them get injured, so we will NOT be covering the entire patient assessment. This training will focus only on the (C-A-B) of trauma assessment.
- This training **does not certify** you in First Aid.
- **We are not teaching the CPR/ Heartsaver course.** Please contact the American Heart Association or your local provider for this training.

# Content Warnings

- Frank discussion of mortality
- Some graphic photos
- Weapons such as guns, knives, and cars
- Blood
- Emesis (vomiting)
- Major bodily damage
- Anti-queer/trans violence

*We will try to avoid morbid fascination.*

# Ground Rules

## In General

Be responsible for yourself.

Be accountable for your words & behavior.

Take care of each other.

Take the training seriously.

For discussion questions, use your imaginations, but don't derail into "What If's"?

Be thoughtful about our time together.

## Anti-Oppression

We do not tolerate bias or criticism based on race, ethnicity, religion, gender, sexuality, ability, age, socioeconomic status, body size, ideology, or any other bullshit reason.

## Expectations in this Space

Be mindful of how much space you take up.

Respect people's identities, backgrounds, pronouns, lived experiences, etc.

Acknowledge impact.

Apologize when you upset someone, and considerately try to learn why.

Assume good intent. Try to offer grace for people's good faith mistakes.

# Agenda

- Good Samaritan Law
- Consent reminders
- COVID-19 Precautions
- Buddy Pair
- Situational Awareness & Crowd Management
- “The Buddy Walk”
- Scene Assessment
- Human Barricade/ Privacy Circle
- Calling 911
- Red Flags for 911
- Special Types of Wounds
- Airway & Breathing
- Splinting & Wrap
- Medical Emergencies
- Stroke
- Poisoning
- Heart Attack
- Heat Ailments
- Diabetic
- Fainting
- Seizures



# Good Samaritan Law



- **LEGALITY:** You may perform interventions if you **act within your training & knowledge**, with **intent to save a life**. (Varies by state)
- Good Samaritan Law in NYS  
*Regarding drug or alcohol overdose:*  
The New York State 911 Good Samaritan Law 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. (We'll talk more about overdose symptoms & what else to consider when calling 911 in later slides!)  
*Regarding use of defibrillators or CPR:*  
Protects those who perform CPR or use an AED in the case of a sudden cardiac arrest.
- **NO ABANDONMENT:** **You must stay** with someone once you start helping them, until the patient confirms end of care, you hand them off to someone with higher training or your own life is threatened. For serious & life-threatening injury, your goal should be to transfer ASAP, with good communication.



# Consent Reminders

CONSENT: It is a continuous process. Always ask whether you can do something to a person and describe what you are doing, and only do so if they are responsive enough and say yes. Treating someone who has not consented is assault.

- **Implied consent:** if unresponsive, to perform any action assuming the patient wants to live and you want them to live.
- Street medics always adhere to patient consent, even if they suspect the patient is under the influence. ***The patient still has the right to say no to medical attention.***
- For minors, look to see if there is a parent or guardian present to get consent. If not, you may/should still act under in the best interest of the patient, as recommended under NYS EMS protocol.

# COVID-19 Precautions

- Wear a high-quality mask (N95, KN95, KF94, etc.) and bring extra to give out. Surgical and cloth masks are not effective at preventing aerosol transmission. This is both BSI and anti-ableist praxis.
- Weigh your risks. Do not have close unmasked contact with someone with a non-life-threatening injury.
- Take a rapid test before you go out and get tested 3-5 days after attending a crowded demonstration, even if you are fully vaccinated. Knowing your testing status is important for minimizing your role in transmitting this virus, as well as notifying your buddy & others. Practice regular testing (as is accessible to you) along with masking.
- Coughing, chanting, and shouting spread viral particles in greater amounts and at a faster rate. Chemical weapons make people cough.
- Rescue breaths should only happen with EMS equipment, not mouth-to-mouth contact.
- Someone with pneumonia may already be in compensated shock or with a compromised airway for days. Recognizing that gets them treatment faster.

# 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.

**A medic without a buddy is off duty.**

Syncing up with PEARLSY

- P – Physical needs (current injuries, access needs, etc.)
- E – Emotional needs (triggers, specific consent needs, etc.)
- A – Arrestability (green, yellow, red)
- R – Roles you might play (tactical lead, medical lead, communications)
- L – Loose ends (dependents, curfew, etc.)
- S – Supplies
- Y – Running: Yes or No?

# Situational Awareness & Crowd Management

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

- What are the protesters doing?
- What are the police/other fascists 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.

# “The Buddy Walk”



# Scene Assessment

You witness someone get injured. It is obvious this person needs help immediately.

First, practice situational awareness:



**One:** Look out for #1. (scene safety)

**Two:** What happened to you? (mechanism of injury)

**Three:** Don't get any on me. (BSI)

**Four:** Are there any more? (triage)

**Five:** Let's stay alive / now we arrive / let's help you thrive. (begin treatment)

# The Human Barricade & Privacy Circles



Note: These images were taken pre-pandemic.

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



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



# Calling 911



## SHOULD YOU?

- Respect that there are reasons people might not want EMS called. **Why would a patient not want to call 911/ EMS?**

## IF YOU MUST:

- Say “You, **PERSON**, call 911, tell them we need an ambulance, tell them this person isn’t breathing (or whatever), come back and tell me what they said.”
- **What not to say on the phone:** Anything about what happened/how they got injured (“There is a large wound in their chest,” not “they got shot”)
- **What to say:** “They’re not breathing,” “They’re unresponsive,” etc.
- Designate someone to deal with the police
- Have other bystanders create a privacy circle



# Red Flags to Tell 911

- Any amputations
- Any impaled objects
- Bleeding you can't get under control
- Any arterial bleeding
- Any sign of shock
- Head injuries
- Any penetrating wound to the abdomen

# Assessment Order

## Initial Assessment: A-B-C-D-E

- Airway: head-tilt chin-lift or jaw-thrust
- Breathing: respiratory distress/choking
- Circulation: pulse/bleeding
- Disability: life threats/loss of access aids
- Environment: ongoing MOIs

# Assessment Order

## Secondary Assessment: S-A-M-P-L-E

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

# Assessment Order

When treating IMMEDIATE CRITICAL TRAUMA, check for C-A-B.

- **Circulation:** Bleeding control
- **Airway:** Making sure the airway is clear
- **Breathing:** Making sure the patient can maintain their breathing

# Spinal Precautions: Holding C-spine



If someone was

- Struck in the head or neck by a big thing with great force OR
- Fell a long way or in a weird position  
you **must assume** that their cervical spine (neck vertebrae) is compromised.

If you move this person without stabilizing their neck, you risk breaking the nerves in their spine that keep them breathing and moving, leading to paralysis or other long-term disability.

# ✘ Circulation / Bleeding Control ✘

We will only discuss wounds that constitute a life threat, so we will not be doing aftercare or a lot of specific discussion on the care of minor wounds.

In a trauma situation (knife, gun, car, etc.), treat bleeds first.

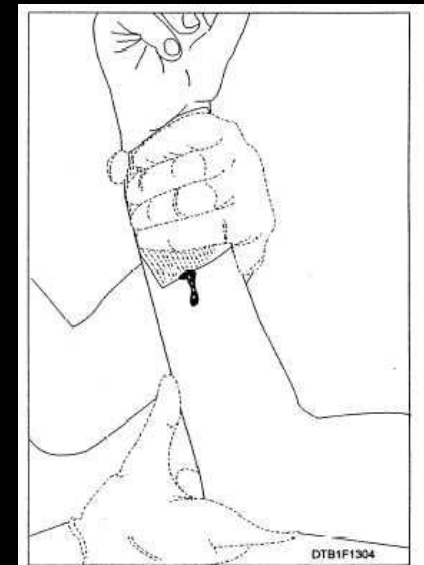
BLEEDING:

**Arterial**: bright, pulsing, forceful

*Always a life threat.*

**Venous**: dark, flowing

DEMO: Blood Sweep



# Direct Pressure

**TREATMENT: Direct pressure (use the heel of your palm or kneel into the wound with your full body weight)**

- Layer gauze on top of the wound if it bleeds through.
- You can change out top layer **ONLY** if it bleeds through.
- Never change the layer on the wound (may rip clotting).
- Material used can be assessed for seriousness (e.g. bled through ten 4x4s, two abdominal pads, etc)
- Bleed should slow after 7–10 minutes of pressure

# What are “life-threatening” bleeds?



Blood that is spurting out of the wound.



Blood that won't stop coming out of the wound



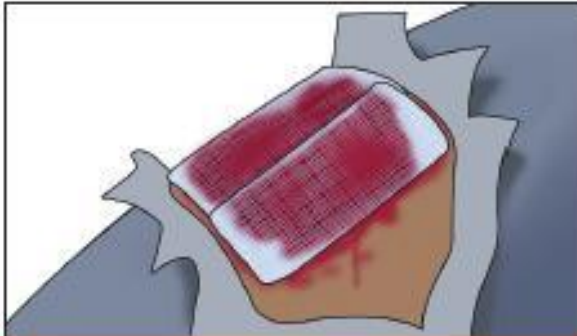
Blood that is pooling on the ground



Clothing that is soaked with blood



# What are “life-threatening” bleeds?



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:  
[stopthebleed.org](http://stopthebleed.org)

# Tourniquets



CAT Tourniquet

If you can't get arterial bleeding under control with direct pressure, or if anything larger than a finger is amputated, consider a tourniquet. Can be an IMMEDIATE INTERVENTION if it is obvious direct pressure won't work.

**DO NOT DO THIS LIGHTLY.**

Tourniquets can cause damage and can be ineffective if not applied correctly.

# Tourniquets

## **Indications for tourniquet:**

- Amputation above the wrist or ankle.
- Severe bleeding not stopped by direct pressure.
- Direct pressure cannot be applied to site of wound.
- Get a manufactured tourniquet device and learn to use it.

## **How to apply a tourniquet:**

- Use a dedicated tourniquet when available.
- Apply tourniquet just above the injury site or two inches above the joint.
- Tighten till bleeding stops.
- Write the time you applied the tourniquet securely to the patient.
- Never release the tourniquet.

# Shock

*Not enough oxygen getting to brain and organs.*

- Can be for several reasons, but for now, we're addressing blood loss

## **COMPENSATED**

- sweaty, flushed skin
- blue/gray nailbeds & pale inner lips/ inner eyelids
- panting
- nausea
- extreme thirst
- rapid pulse
- dizziness
- confusion
- panic

# Shock

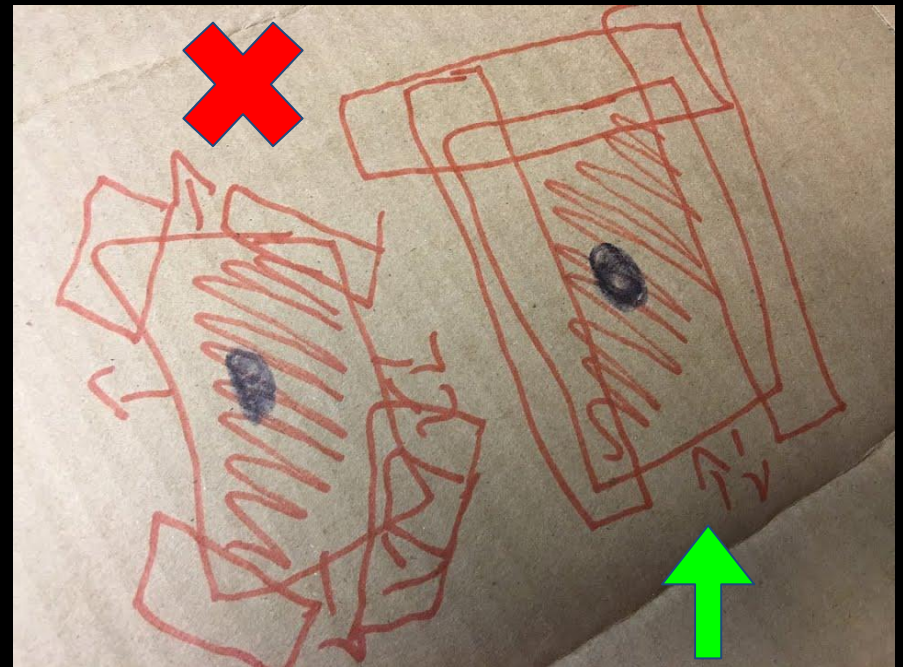
## **DECOMPENSATED**

- slow breathing
- cool, clammy skin (would look "pale" in light skin tones or "gray" in darker skin tones)
- weak pulse
- fainting
- unresponsive

**TREATMENT:** Keep warm. Control bleeding. Keep still and lying down. Transport quickly to higher care. Rescue breaths if applicable. Will need oxygen, blood infusion.

# Special Wounds

- Punctures
- Impalement
- Knife wounds
- Burns
- Amputations
- Head Wounds
- Severe Trauma

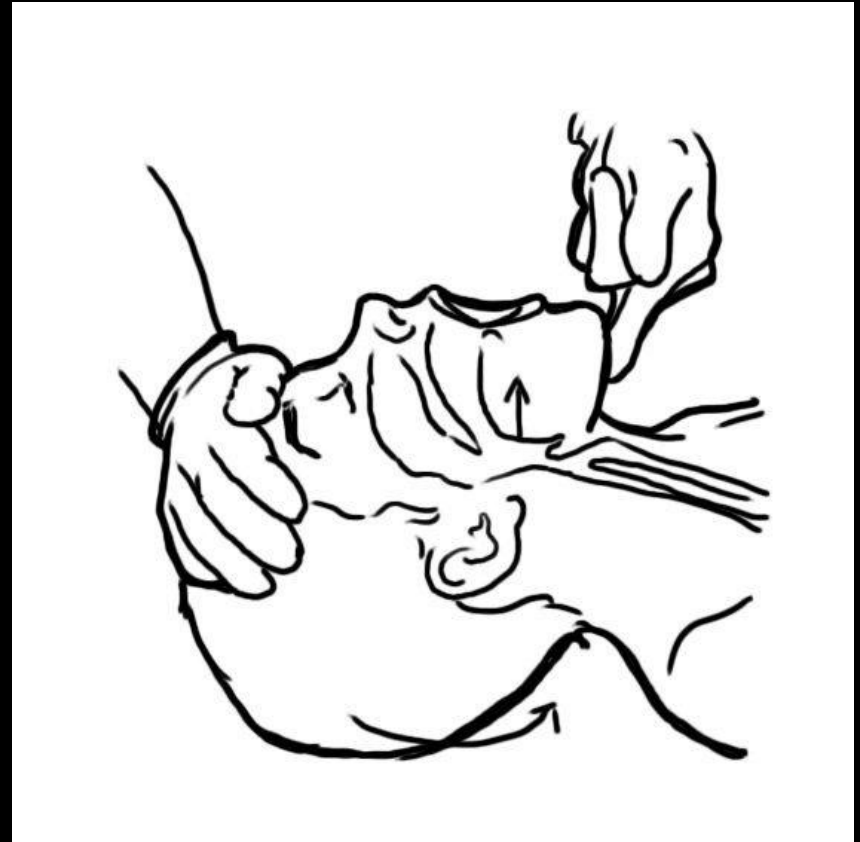


*a very punk illustration of an occlusive bandage with flutter valve and also how NOT to do one*

# 😱 Airway & Breathing

*Why might someone not have an airway?*

- Asthma
- Choking
- Jaw/Neck Injury
- Unconscious & Not Breathing
  - Head-Tilt Chin-Lift
  - Jaw Thrust (only for neck injury)



# Splinting & Wraps

DEMO: arm split & leg / ankle splint; ankle wrap

Materials on the go: use branches, boards, layers of cardboard, or a foam sleeping pad.

Wrapping materials: bandannas, climbing webbing, torn shirts, pants, or other pieces of clothing.

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



# 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.

# Medical Emergencies: Stroke & Poisoning

## Stroke

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

## Poisoning

- Inhaled, injected, exposed, eaten
- Call 911 and Poison Control Center 1-800-222-1222
- Common case is CO (Carbon Monoxide): flu-like symptoms, lethargic, sleepy
- Treatment: Move them away from area, hydrate, educate

# Medical Emergencies: Heart Attack

## Common signs:

- Chest pain
- Shooting pains through left arm
- Back pain
- Abdominal pain (especially epigastric pain/indigestion feeling)
- Pain from your lower lip to your belly button in front or back
- “I think I’m dying” or “It feels like an elephant sitting on my chest”
- Breaking out in a cold sweat
- Nausea/vomiting
- Lightheadedness

## Signs of a heart attack may express themselves differently in people AFAB

- Pain or discomfort in one or both arms
- Shoulder pain
- Neck/Jaw pain
- Upper back between the shoulder blades
- Upper abdominal pain
- Shortness of breath with or without chest discomfort

# Medical Emergencies: Heart Attack

## Treatment

- Nitroglycerine tablets
  - Do NOT touch the pills. They can be absorbed through your skin.
  - Have patient SIT DOWN while taking them.
- CPR
  - Learn CPR
  - Enter businesses for AED
  - Ask someone if they know CPR

# Medical Emergencies: Heat Ailments

Stay hydrated and make sure to drink water & electrolytes.

Heat ailments are our most common injury during past summer marches (heat exhaustion, heat stroke, and fainting).

## **Heat Exhaustion**

SIGNS: cold/pale skin, muscle cramps, fatigue, weakness, confusion, dizziness, heavy sweating, nausea, headache, intense thirst, fast/shallow breathing (panting)

TREATMENT: Move to cool shade, remove as many layers of clothing as possible, apply cool wet cloths or ice to head/face/neck, spray with cold water, drink water/clear juice/sports drink, fan

# Medical Emergencies: Heat Ailments

## Heat Stroke

SIGNS: hot/dry/red skin, profuse sweating, confusion, trouble speaking, high body temperature, throbbing headache, hallucinations, nausea/vomiting, seizures/LOC

TREATMENT: CALL EMS. Move to cool shade, remove as many layers of clothing as possible, wet skin/clothing with water, apply ice or cold packs to head/face/neck/axillae/groin, SIP water.



# Medical Emergencies: Cold Ailments



Often due to rain/exposure

## SIGNS:

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

TREATMENT: Hot, sweet drinks (no alcohol). Dry clothes in layers. Barrier between body and cold or wet ground. Transport to warmer space. For stage 4-5, bundling and EMS.

# Medical Emergencies: Hypoglycemia

## Low Blood Sugar

- Rapid onset of symptoms
- Key symptoms:
  - Fatigue
  - Tremor
  - Sweating
  - Insatiable Hunger
  - Confusion
- Hypoglycemia may mimic heat exhaustion or intoxication, but diabetic patients will likely be able to self-DX as condition deteriorates.
- Also may present in very intoxicated people, fasting people, people with eating disorders, ill people, and people engaged in intense physical activity.

## Treatment:

- Give 15-20g glucose and reassess in 15 minutes.
- Once stabilized encourage eating 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.



# Medical Emergencies: Hyperglycemia

## High Blood Sugar (DKA and/or DHHS)

- Key symptoms:
  - Insatiable thirst + frequent urination
  - "Fruity" smelling breath (not reliable)
  - Fatigue and other "non-specific symptoms" such as nausea, abdominal pain, confusion, difficulty concentrating, flushing of the skin, difficulty breathing, etc.
- Mimics heat exhaustion but patient will not get better when removed from the elements and given a reasonable amount of hydration. May also mimic alcohol intoxication.
- Pregnant people may have gestational diabetes.
- Eating disorders and/or diabetes may cause ketoacidosis without hyperglycemia.

## Treatment:

- Provide unlimited water plus electrolytes.
- Some diabetic patients may be able to self-rescue if given access to their medications. Provide assistance accessing and/or using medications.
- If patient is unable to self-rescue refer to urgent care.
- If unconscious activate 911.

# Medical Emergencies: Fainting

- Causes: dehydration, head injury, psychic shock
- Falls twice their height or more is dangerous. They should have a C-Spine check.
- People with fainting disorders often know their own care.
- If this is their first faint for no reason, they should be checked out.
- Call 911 if out for longer than 2 minutes.
- DO NOT give unresponsive people water.
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# Medical Emergencies: Seizures

## Seizures

- Causes: people march without medication; they will immediately drop to the ground hard on their back and convulse rapidly
- People with disorders may see an aura and would usually lie down if they recognize they are about to have one
- Less obvious signs: confusion, slurred speech; shaking, shaking head, trembling, grinding of teeth, being spaced out

## Treatment

- Padding under their head; privacy circle talk reassuringly; monitor breathing for airway and breathing; time seizures for frequency
- Do NOT put things in patient's mouth
- Do NOT restrain the person
- If Airway is blocked, put in recovery position to protect tongue-biting
- May have soiled themselves; can be embarrassed; offer coverings

*CALLING 911: Seizures longer than 5 MINUTES are a great concern; most last*

# Live Shooter Safety

**RUN.** During active gunfire, your safety first. Don't become another patient!

**HIDE.** Get behind a solid wall or object that bullets cannot penetrate. Brick wall or concrete. Remember, bullets can ricochet off vehicles & enter through car doors/windows. If solid cover isn't around, get behind visual cover.

**FIGHT.** Absolutely last option if you cannot run or hide.

# Gunshot Wound Treatment

Bullet entry wound are much smaller than exit wound.

- Skin closes around a bullet wound upon entry
- Important to find the wound if causing major bleed

Bullets can ricochet inside the body, injuring multiple places internally.

**What have we learned about treatment of traumatic injuries?**

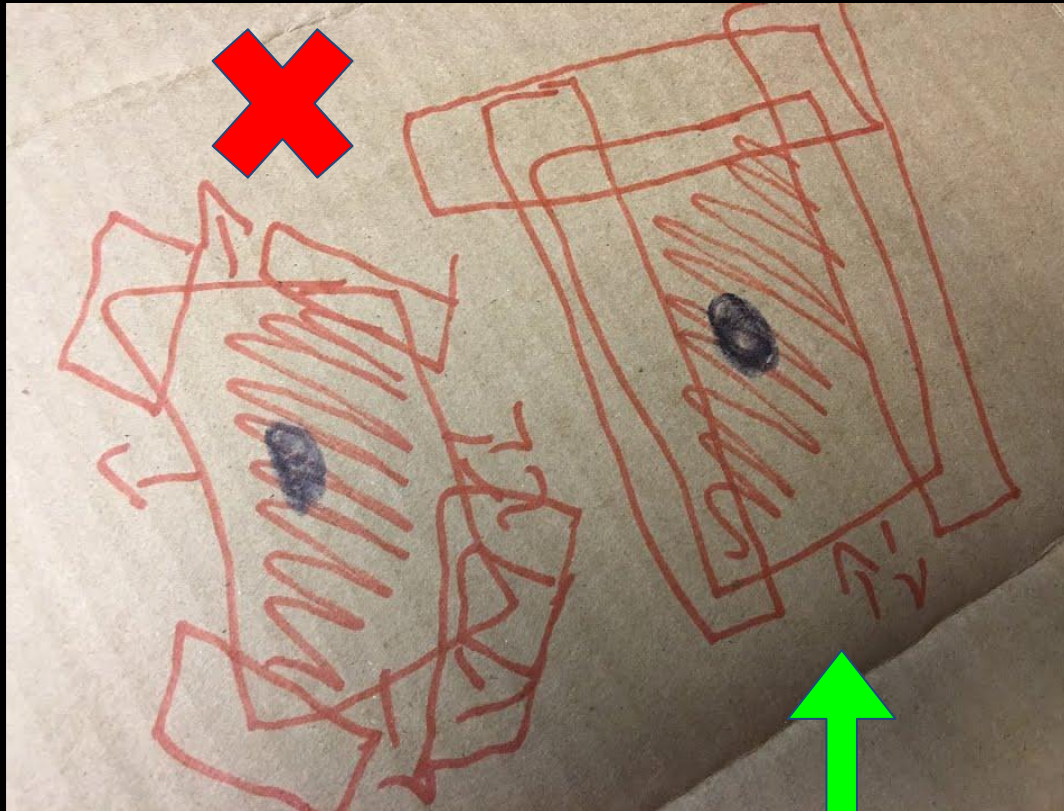
Remember assessment order: C – A – B

**Circulation. Airway. Breathing.** Treat “C” first if gunshot is a perceived life threat that overcomes airway / breathing.

# Gunshot Wound Treatment

- Pressure on lungs/heart: holes in the chest caused by GSW can cause a tension pneumothorax (sucking chest wound) as outside air enters & causes pressure in the chest.
- Make occlusive bandage: clean plastic and tape three sides, leaving third side open in the direction of gravity. Gorilla tape or duct tape very effective
- Not as urgent as taking care of any life-threatening bleeds first
- Can also carry chest seals

# Occlusive Bandage



*a very punk illustration of an occlusive bandage with flutter valve and also how NOT to do one*

# Emergency Carries



**Script for 7 person carry: take c-spine at the head and direct.**

I need 6 people. Line up three on each side. Taller people at the torso. Get down on one knee and alternate hands palm up like a zipper. Now do that again under their body. On the count of 3 we will lift. Is anyone not ready? 123. Now shuffle in the direction of their feet. If anyone says stop we stop. STOP. On the count of 3 we drop back to one knee. 123, down. Gently release.



# Mobility Aids

## Resources Available at QLM

- Wheelchairs are available upon request from the marshals
- Marshals will receive training on assisting wheelchair users

## Boundaries and Consent

- **DO NOT TOUCH** a person's mobility aid without permission
- **DO NOT MOVE** a person's mobility aid without permission
- **DO NOT REMOVE** a person's mobility aid from their reach
- **DO NOT ABANDON** a person you are assisting with mobility without permission

## Dehumanization

Mobility device users are people who use mobility devices. They are not their device. Never refer to a wheelchair user as "a wheelchair."

# Mobility Aids

## When Pushing Someone in a Wheelchair

- **Slow Down**
- **Provide Space** between the person and other people and between the person and hazards, especially curbs.
- **Avoid Cracks** in the pavement. If you think you can slide your foot along the pavement and catch the toe of your shoe on the crack you must slow down considerably when going over it.

## Communication and Consent

- Talk through what you're doing with the person you are assisting
- Solicit feedback on how well you're doing your job
- Accept criticism and apologize when you cause harm or discomfort
- Make smalltalk and generally treat the individual like a human being

# Mobility Aids

## Addressing Curbs in a Wheelchair

- Experienced wheelchair users may have their own tactic for getting over curbs and your job is to follow their instructions.
- Otherwise turn around and pull individual over the curb, big wheels first
  - **DO NOT EVER** lift on any part of the chair other than the handles.
  - The person in the chair can help by leaning forward as you pull the back wheels over the curb.
- Follow the instructions of the disabled person to the letter, especially if assisting someone in a power wheelchair or a custom manual wheelchair.

## Addressing Crowds in a Wheelchair

- Ambulatory people tend to "not see" people in wheelchairs
- An ambulatory person such as a medic or marshal needs to walk in front of the person in the chair to clear a path through the crowd

# 💧 Chemical Weapons 💧

## ONLY USE WATER

You are physically flushing a substance out of the eyes, not countering the chemical.

Water is cheap, easy, safe, and widely agreed upon.

# WATER.

DEMO: Eye flush



# Chemical Weapons Aftercare

- Water, dish soap can be used to remove pepper spray from skin. Medics have also used LAW (liquid and antacid) on the skin ONLY but this would mark protestors with darker skin and is NOT preferred.
- *How to decontaminate clothing:* Remove and bag any removable clothing / change into any spare clothing if possible.
- Do not enter closed spaces (subway or car) for long periods of time → lead to “off gassing” and affecting passersby
- Once home, seal clothes in plastic bags until you can wash them with detergent-based soap
- Shower with cold or cool water, scrub skin with soap, and be careful of contaminated water from hair running over skin/eyes
- Take emotional and physical care of yourself. Your liver will be processing this internally as well for the next 3 – 4 days.

# Opioid Overdose

The following are signs of an overdose.

Administer Narcan & **call 911** if the person:

- Is unresponsive and unconscious
- Has slowed or stopped breathing or is making snoring/gurgling sounds
- Has cold clammy skin
- Has blueish/grayish lips and fingernails

# Opioid Overdose

If you would like to carry Narcan (naloxone) and be trained in its use, please get in touch at [nycdsahr@gmail.com](mailto:nycdsahr@gmail.com) or 908-543-4986



# Police Weapons & Tactics

- Kettles & Barricades
- Pepper Spray
- LRAD
- Tasers
- Batons
- Cars
- Scooters, Motorbikes, Bikes
- Police Horses & Dogs



# The #1 Police Tactic

## FEAR

- Keep calm.
- You cannot “mind-read” what cops will do or second-guess police movements.
- Do not spread rumors of what you may hear from others or over social media.
- WALK, don't run to help. Encourage others to do so as well.



See you in the streets!

Get in touch at  
[nycactionmedical@riseup.net](mailto:nycactionmedical@riseup.net)

