GANG AWARENESS

March 2016 CE
Loyola EMS System
Introduction

• SME video of the month
• Review Trauma SOPs

https://youtu.be/4tC1i5hkBK0
Is there a Need for Safety Awareness?

• Increasing violence
  • Street violence
  • Threat groups
  • Domestic violence
  • Drugs and drug users

• EMS providers on the street
  • Violent crimes require EMS response
  • EMS may arrive before police
Violence

- Violence against EMS providers can take many forms
  - Risk for non-fatal assaults on EMS workers is 30 times higher than national average
  - Risk of fatal assaults for EMS workers is 3 times higher than the national average
Violence

- Assault and battery are common types of violence experienced by EMS
- Other types of violence
  - Ambushes
  - Domestic Violence
- Medical reasons for violence
  - Drugs
  - Alcohol
  - Hypoxia
  - Seizure (post ictal)
  - Head injury
Violence

- In a survey of 2,300 prehospital care providers regarding weapons found on patients
  - 46% found weapons on patients at least 5 times in their careers
  - Knives twice as often as guns
  - 22% stated they had formal training in how to search and confiscate weapons
  - 13% thought training adequate
  - Fewer than 2% responded they always searched their patient for weapons
Stay Safe and Be Aware

- Violence against EMS is on the rise.¹
- Recognize that no scene is completely and forever safe.
- As a profession, we are not prepared or trained to avoid, prevent, respond to or survive hostile encounters.

EMS World Reader Poll
(as of 12/21/2012):
HAVE YOU EVER BEEN INJURED WHILE PERFORMING YOUR JOB DUTIES?

- Yes, once or twice, but never severely: 40%
- Yes, once or twice, at least once severely: 10%
- Yes, 3 or more times, but never severely: 18%
- Yes, 3 or more times, at least once severely: 10%
- No: 22%
Situational Awareness

- Scene safety, BSI
- Everyone says this what does it mean?
- Assessment of scene safety starts prior to arrival
  - Verbal clues and cues dispatch obtains from caller
  - Prior calls to this location
  - Information from other crews
  - Begin observation several blocks before scene
Situational Awareness

- All calls require a certain level of caution
- Even calls that appear “routine” require a scene size up
- Begin assessment of scene even before exiting vehicle
Warning Signs of Dangerous Residential Calls

• Past history of problems or violence
• Known drug or gang area
• Loud noises or items breaking
• Seeing or hearing fighting
• Intoxication or drug use
• Evidence of dangerous pets
• Unusual silence or darkened residence
• Calls for the “unknown medical”
Potentially Dangerous Scenes

- Highway encounters
- Violent street incidents
- Murders, assaults, robberies
- Dangerous crowds
- Street gangs
- Drug related crimes
- Domestic violence
Approach

• Look, Listen and Feel—not just for breathing!
• If actual danger present retreat and call police
• Do not broadcast approach (lights and sirens)
• Do not backlight yourself
• Stand to side of door opposite hinges
• Listen for signs of danger before announcing presence
Chemical Assisted Suicide

- A new approach to suicide using toxic gases generated in combination of consumer products or common household chemicals.
- The vapors entrapped in an enclosed space may exist in concentrations that can be hazardous
- Also called detergent suicides
- Increasingly popular method for suicide in the United States
- Two most common toxic gases produced are hydrogen sulfide and hydrogen cyanide
Chemical Assisted Suicide

- Hydrogen Sulfide: most common gas used
  - Readily available in consumer products
  - Is an asphyxiate that suffocates at the cellular level rendering cells unable to use oxygen
  - Effects and symptoms begin to show immediately after exposure
  - Rotten egg odor which at higher concentrations paralyzes the olfactory nerve and deadens the sense of smell
  - Once reaches brain breathing is rapidly and severely affected
Chemical Assisted Suicide

• Hydrogen Cyanide: not as common because consumer products needed for the reaction are less readily available
  • Absorbed thru contact with mucous membranes, eyes and skin
  • Effects and symptoms similar to hydrogen sulfide
  • Bitter almond odor
  • Stronger concentrations deaden sense of smell
Chemical Assisted Suicides

• Indicators of a chemical suicide include:
  • A confined space (e.g., a car or room with closed doors and windows)
  • Tape or plastic covering the vents and windows
  • A victim showing no signs of trauma
  • Signs or placards posted by victim warning of toxic gas
  • A suicide note
  • Empty cleaning supplies, pesticide, or paint containers
  • Odors of rotten eggs or bitter almonds
  • Other victims near the area complaining of symptoms
Highway Encounters

• Danger from vehicular traffic
  • Vehicle positioning
  • Reflective clothing
  • Beware of speeding and intoxicated drivers
Highway Encounters

- Danger from violence
  - Disabled vehicles
  - "Man slumped over the wheel calls"
  - MVCs
- Occupants may be
  - Intoxicated or drugged
  - Armed
  - Violent/Abusive
Scenario

You are called to the scene of a single car MVC. Upon arrival the driver is unresponsive. Witnesses report a passenger exited the vehicle and was seen walking down the interstate. You spot the passenger: a twenty something, Caucasian male. He appears to be standing in traffic, waving his hands and rocking back and forth mumbling to himself. When you ask him if he needs help he ignores you, but you notice blood running freely from a large laceration on his scalp. When you attempt to assist him he screams and tries to run from the scene.

This patient could be suffering from a head injury, he could be intoxicated or he might suffer from...
Violent Street Incidents

• Murder, assault, robbery
  • Can involve dangerous weapons
  • Perpetrators may be on scene or return to scene
  • May be violent towards EMS

• Dangerous crowds and bystanders
  • Crowds may quickly become large and volatile
  • Violence can be directed towards anyone

• Safety actions
  • Constantly monitor crowds
  • Retreat if necessary
  • Take patient with you if possible
Domestic Violence

• Most dangerous incidents fire/police respond to
• Can be called for other medical conditions that are later identified as domestic violence
• Has potential to become violent again
• Scenes are unpredictable/ emotionally driven
• DV occurred in 38% of confirmed child maltreatment
• DV proceeded child maltreatment in 78% of the cases
Domestic Violence

- Pay attention to the “victim’s” body language and actions
- Victim can become the aggressor
- Responders must consider every single person in the environment
- Never put someone from the environment between themselves and the exit
Domestic Violence
De-Escalation Tips

• These tips can help you respond to difficult behavior in the safest, most effective way possible
  • Be empathetic and non judgmental
    • Try not to judge or discount their feelings, they are real to that person.
  • Respect personal space
    • Allowing personal space tends to decrease a person’s anxiety and prevent acting out behavior.
  • Use non-threatening nonverbal cues
    • Be mindful of your gestures, facial expressions, movements and tone of voice.

[Images of closed and open body language]
De-Escalation Tips

• Avoid overreacting! Remain calm, rational, and professional
• Facts are important, but how a person feels is the heart of the matter. Watch and listen carefully for the person’s real message
• Ignore challenging questions!
• Set limits. If a person’s behavior is disruptive, belligerent, or defensive, give them clear, simple, and enforceable limits
• Choose wisely what insist upon. It’s important to be thoughtful in deciding which rules are negotiable and which are not
De-Escalation Tips

• Allow silence for reflection
  • It can give a person a chance to reflect on what’s happening and how they need to proceed.

• Allow time for decisions
  • Give them a few moments to think through what you said.
How to Handle the Violent Patient

- Tell patient you are there to help.
- Avoid intense eye contact that may be perceived as threatening.
- Acknowledge that they seem upset
  - Listen empathetically.
- Don’t be defensive or take statements personally.
- Listen to your gut
  - If you sense a problem back away and reassess.
- Don’t play along with delusions, but don’t try and challenge the delusion either.
- Be honest; don’t lie.
How to Handle the Violent Patient

- Keep a comfortable distance (a leg length) while talking to patient
- Don’t make sudden moves
  - As you are talking and preforming an assessment, explain calmly what you are doing.
- While preforming an exam, don’t forget to intermittently scan the scene and reassess for any potential danger
- Involve family/friends if they are comforting
- Ask for police assistance if patient appears combative/violent
- If patient not responding restraints or medications may be necessary
Crime Scene Awareness

- The goal of EMS at crime scenes is to provide high quality patient care while preserving evidence
- Never jeopardize patient care for the sake of evidence!
- Ambulance or rescue crews may arrive before police
- If scene safe to enter
  - Attempt not to disturb anything
  - Remember patient care comes first
  - Be observant to surroundings
  - Make a mental note as to location of patient
  - Any blood, weapons, or articles of clothing that seem out of place
Crime Scene Awareness

- Avoid contaminating the crime scene
  - Do not walk thru any bodily fluids that have collected at scene
  - Do not place equipment in bodily fluids
- Protect physical evidence
  - This includes clothing you need to remove to treat the patient
  - Bag clothing separate from other bio hazard waste
  - Cut around blood not thru it
- Minimize number of people working in area to prevent further scene contamination
EMS Response to Crime Scenes

- Consider the patient a crime scene and protect that scene.
- Handle clothing as little as possible, if at all.
- If you must remove clothing, separately bag each item.
- Do not cut through any tears or holes in the clothing
- Place bloody articles in brown paper bags.
- If the assault took place within the hour or the patient is bleeding, put an absorbent under pad (e.g. Chux) under the patient to collect that evidence.
Hate Groups

• 21 in Illinois
• Activities include marches, rallies, speeches, meeting, publishing and criminal activity
• Nine groups are white supremacist
• Six are black separatists, primarily Nation of Islam
• Four are anti-LGBT
  • Americans for Truth about Homosexuality in Naperville
  • Heterosexuals Organized for a Moral Environment in Downers Grove
  • Illinois Family Institute in Carol Stream
• Two are “Christian Identity” groups
Gangs
Gangs: A National Problem

- Street gangs were once considered to be primarily an urban, big-city problem
- Gang influence has contaminated surrounding suburban areas and spread into rural communities
- Gangs remain the primary distributor of drugs throughout the United States
- U.S. gangs are associating with organized criminal groups from Mexico, Asia and Russia
- Social media
- Technology
Gangs: In the Midwest

- Gang activity around schools and college campuses is on the rise
- Gang members are concealing their affiliations and colors to confuse police
- The Chicago area remains a transportation hub for movement of illegal drugs
- The most serious gang violence continues to be concentrated in areas of high unemployment, low incomes, lack of economic opportunities and aging housing
What is a Gang?

- A gang is a group of individuals who are unified by a common ideology that revolves around criminal activity.
- These criminal activities typically include drug dealing, armed robberies, and vehicle thefts.
- Gang members typically range in age between 16 to 24, although newcomers can be as young as 6 and some time long time members are in their 50s and 60s.
Street Gangs

- Youth are joining gangs at a younger rate and remaining longer.
- Gang membership crosses all socioeconomic, racial and gender lines.
- Female gangs account for 5-10% of total gang population.
- Cook County, followed by Will, Kane and Lake Counties has the largest concentration of gang members in Illinois.
- No EMS unit is totally immune from gang activity.
- City of Chicago has more than 100 gangs and in excess of 125,000 gang members.
Street Gangs

- Gangs are migrating out of Chicago
- Vast majority heading south and west
- Want to move to places where police departments are small and ill equipped
- Chicago making it uncomfortable for gangs to do business
- More attempt to blend in to suburban life
- Gangs have evolved from social to corporate structures
- Less emphasis on territory and more on making money
- Respondents from 222 law enforcement agencies report on average 5 gangs and 67 gang members in their jurisdictions
Motivation for Joining a Gang

- Protection
- Money and drugs
- Control of the environment
- Racial/cultural similarities
- Common enemies
- Respect
- Acceptance by peers
- Peer pressure
- Loyalty and reward
- Recruitment
- Intimidation
- Control of turf
- Poverty
- Family tradition
Recruiting

- At school
- Myspace
- Facebook
- City libraries

- Boys and Girls Club
- YMCA
- Skate parks
Not My Child! Are you sure?

• Your child may be in a gang if
  • Gang slang used in everyday conversation
  • Change in hair and clothing styles (same colors daily)
  • Wearing gold and silver pendants and rings with the shapes of dollar signs, automatic guns, crowns, etc.
  • Too much secrecy. Develops an unusual desire for privacy
  • Not wanting for you to meet new friends. Withdrawal from former friends
  • Unexplained cash and expensive possessions
  • Sudden drop in school performance/ truancy
  • Alcohol or drug use/abuse

• Hidden tattoos on their body, including tattoos formed by burns
Prevention Strategies

• The Illinois General Assembly has determined that character education must be a component of the public school curriculum. Such programs include:
  • Cease Fire
  • Coalition for Character Development
  • D.A.R.E. (Drug Abuse Resistance Education)
  • G.R.E.A.T. (Gang Resistance Education and Training)
  • C.H.A.M.P.S. (Channahon, Minooka, Plainfield and Shorewood)
  • Parent Notification letter
Gang Structure

- Gang membership involves different levels of commitment
  - **Leadership**: Typically older members with long criminal records. They maintain their rank in prison and may continue to direct gang activities from behind bars
  - **Hard Core members**: Devoted to the gang and its activities. The gang is their primary source of interest in life. They carry out the day to day operations including violence
  - **Associate Members**: Active gang members who readily identify themselves as a member of the gang
  - **Fringe Members**: Younger person who lives in the gang’s neighborhood and hangs out in the fringe of the gang structure
Gang Structure

- **Pee Wees or Shorties**: Typically under the age of 15. They associate with hard core members and are often used as look outs or runners.

- **Wanna Be’s**: They are imitators who are familiar with specific gang symbols and imitate members thru dress and action.

- **Girls in Gangs**: Girls have become more directly involved in gang activities. Roughly 6% of the nation’s gangs members are girls.
STREET GANGS
THE NEW ORGANIZED CRIME

GANGLS: A NATIONAL PROBLEM

STREET GANG MEMBERSHIP

Chicago Street Gangs are Aligned Under Two Major Groups: PEOPLE and FOLKS

Some gangs in Chicago operating under the PEOPLE Alliance are:
- Latin Kings
- Vice Lords
- Bishops
- Black P. Stones
- La Familia Stones
- Mickey Cobra Stones

Some gangs in Chicago operating under the FOLK Alliance are:
- Gangster Disciples
- Black Disciples
- New Breed
- Maniac Latin Disciples
- Ambrose
- Imperial Gangsters

"PEOPLE" ALLIANCE — NATIONWIDE GANG MEMBERSHIP MAP

PEOPLE STREET GANG FACTS:
Nationwide disbursement of gangs operating under the PEOPLE Alliances:

LATIN KINGS
Active in 28 States

VICE LORDS
Active in 20 States

BLACK P. STONES
Active in 9 States

MICKEY COBRA STONES
Active in 3 States

LATIN KINGS

VICE LORDS

STREET GANGS: THE NEW ORGANIZED CRIME - A CHICAGO POLICE DEPARTMENT REPORT
Philip J. Cline, Superintendent • Richard M. Daley, Mayor
National Gang Threat Assessment

The bar chart shows the percentage of different types of gangs categorized by threat level:

- **National-Level Street Gangs**:
  - Significant Threat: 33.1%
  - Moderate Threat: 27.8%
  - Low Threat: 32.9%
  - Not Present: 5.1%
  - Unknown: 1.9%

- **Prison Gangs**:
  - Significant Threat: 25.8%
  - Moderate Threat: 15.8%
  - Low Threat: 26.4%
  - Not Present: 5.1%
  - Unknown: 4.7%

- **Outlaw Motorcycle Gangs**:
  - Significant Threat: 41.5%
  - Moderate Threat: 13.0%
  - Low Threat: 2.4%
  - Not Present: 13.6%
  - Unknown: 5.2%

- **Neighborhood-Based Gangs**:
  - Significant Threat: 45.3%
  - Moderate Threat: 13.6%
  - Low Threat: 5.2%
  - Not Present: 13.6%
  - Unknown: 5.2%
What gang members wear

- Boys wear:
  - Oversized jackets
  - Oversized shirts
  - Pants worn low (sagging)
  - Clothing a mixture of their gang's colors
  - Tattoos
    - Arms, chest, belly, neck, forearms
    - Normally of numbers, names, and images
Graffiti

• First indicator of gang presence
• Marks territory
• Claim responsibility for a violent act
• Disrespect or challenge a rival
• Show allegiance to a gang
• Gang graffiti proclaims to world the status of the gang
Hand Signs

• Hand signs in an upright position, they are demonstrating their affiliation with or respect for a gang.
• When gestures are made upside down or toward the ground, it is a sign of disrespect.
Cabrini Green

- Cabrini Green: example of failed urban planning
- Housed approximately 15,000 residents post war
- Considered one of Chicago’s most dangerous public housing projects
- Became home to many of the city’s gangs
- Life there became violent and chaotic
- Demolition completed by March 30, 2011
- Currently mixed income neighborhood and many residents displaced
- Residents relocated to south and western suburbs
Robert Taylor Homes

- Housing project in Bronzeville on South Side
- Planned for 11,000 residents but housed upwards of 27,000
- Gangs dominated the project
- 95% residents unemployed
- CHA estimated $45,000 in drug deals took place daily
- 1993 decided to replace RTH with a mixed income community
- All residents were moved out by 2005
- March 2007 last building demolished
Migration to Suburbs

- Gang related crime has increased over the last three years in the suburbs
- Police departments are collecting and sharing information
- Police are tracking movement of convicted gang members
- Midwest has over a 100,000 documented gang members
- Hub for the Sinaloa cartel
- Larger profits in the suburbs
- Smaller police departments
- Lack of resources to fight organized crime
Many suburban and rural communities are experiencing increasing gang-related crime and violence because of expanding gang influence.

- Criminal gangs commit as much as 80 percent of the crime in many communities, according to law enforcement officials throughout the nation. Typical gang-related crimes include alien smuggling, armed robbery, assault, auto theft, drug trafficking, extortion, fraud, home invasions, identity theft, murder, and weapons trafficking.
Outlaws Motorcycle Club

- One percenter motorcycle club founded in McCook, Illinois in 1935
- Motto “God Forgives, Outlaw’s Don’t”
- Rivals are Hell’s Angels
- Membership 1600-2000
- Chicago chapter split into three groups
  - Mother Chapter (Southside)
  - Westside
  - Northside
- The Outlaws exist as one of the largest Motorcycle clubs worldwide
Gangster Disciples

- From South Side of Chicago
- Formed by leader of the Supreme Gangsters, Larry Hoover, and leader of the Black Disciples, David Barksdale
- Merged in 1960s to form Black Gangster Disciple Nation
- BGDN part of phenomenon taking place in military. Gang members are now joining the army
- Gang members can be found in the U.S. and American bases overseas
Gangster Disciples

- More than a quarter of Chicago’s murders can be affiliated with the Gangster Disciples.
- One of the city’s largest gangs
- New generation more willing to strike out on own
- Less regard for tradition and gang hierarchies
- Can be found in over 100 Chicago neighborhoods and 60 suburban locations
- Two alleged members charged in fatal shooting of Hadiya Pendelton in 2013
Gangster Disciples

• Main symbol is the six pointed star
  • Love: Love of Nation is greater than mere love alone, because we have a brotherhood in which love is as deep as the deep blue sea. TRUE BLUE LOVE
  • Life: Life commitment to the Nation for the betterment of ourselves as well as the Nation and each committed brother within the Nation, and our nation’s teachings, laws, creeds, symbols, philosophy and defense
  • Loyalty: To yourself, and each committed brother of our Nation
  • Unity: Collectively embraces all concepts, ideas, and actions that apply to our Nation.
  • Knowledge: Is insight, therefore it is priceless.
  • Understanding: Shows that we are able to communicate effectively, bringing about agreements, and a positive state of mind
Gangster Disciples

- Ethnicity: Most African American
- AKA: GD/ GDN/ 7-4/ 7-4-14
- Saying: GD Till The World Blow
- Members: 30,000
Vice Lords

- Oldest, most dominant organized criminal enterprise in Illinois
- Also Known as Almighty Vice Lord Nation
- Founded in 1958 in Chicago, Illinois
- Ethnicity: Mostly African American, some Hispanic
- Membership: approximately 20,000 both in prison and throughout state
- Criminal Activities: Drug trafficking, robbery, extortion, fraud, money laundering, murder
- Headquarters near 16th and Pulaski
- Referred to as “Holy City”
Vice Lords Identifiers

- Hat cocked to left side
- Rabbit wearing bow tie (The Playboy Logo)
- Martini Glass
- The letters “VL”
- Top hat and cane
- Five Point Star- Love, Truth, Peace, Freedom and Justice
- Crescent Moon
- Five point Crown
- Colors: Black, Gold, Red
Latin Kings

- Formed in Chicago in 1954
- Well structured and organized
- Strict, detailed charter or constitution
- Their motto is “Once a King, always a King”
- Internal discipline is a high priority
- Midwest faction has approximately 30,000 members
- Main focus is to control drug trafficking and internal gang discipline within prison and the community
- Commemorate January 6th “Kings Holy Day”
Latin Kings

- Colors: Black and Gold
- Markings: 5 or 3 point “sacred crown”
- Teams they represent are usually Chicago teams
- Affiliation: People Nation
- Hand Sign/Signal: Thumb, index and little finger extended
IDENTIFIERS—The Latin Kings

The Latin Kings are known to exhibit in drawings, paintings, and graffiti their reflection and interpretation of the Latin Kings.

The Latin Kings colors are used in much of the material along with symbols such as A.L.K.N. (Almighty Latin King Nation), A.D.R. (Amor Del Rey Love the King), crowns, lion heads, “LK”, bulldogs, Coat of Arms, guns, cars and money.
Two-Six Nation

• Gang Name: Two Six/ Gangster Two Six
• Affiliation: Folks
• Ethnicity: Mostly Latino
• Symbols: Bunny with right ear bent/ Hooded Bunny, Hearts, Clubs, Diamonds, 6 point star, Dice with 2 and 6 showing. Also … (Three dots), meaning money, mack, murder
• Colors: Black/ Beige
Two-Six Nation

- Started in Little Village around 1964
- Started as a baseball team known as the Two-Sixers since they were from 26th street
- Began to sell drugs in community and occupy drug territory which gained attention from Latin Kings
- Started recruiting members from community to combat Latin Kings in the late 1960s and grew rapidly
- In the late 1970s joined the Folks Alliance under leadership of David Ayala
Two-Six Nation

- 1990s the gang made a move to suburb of Cicero and continue to have a large presence there.
- Has been one of Chicago’s fastest growing gang and continue to spread influence throughout the Southside and suburbs
- High proficiency for violence, drug trafficking, assault, armed robbery, arson, kidnapping and murder to protect territory
California Street Gangs

- Now found in many Chicago suburbs
- Wave of immigration from Mexico and Central America
- Blending with current gangs in city and suburbs
- Four gangs in particular
  - 18<sup>th</sup> Street
  - Surenos 13’s
  - Nortenos 14’s
  - Mara Salatrucha
Surenos 13s

- “Sureno” means southern in Spanish
- Allied with Mexican Mafia
- Found in 14 Chicago suburbs ranging from Joliet to Carol Stream
- Use number 13 to pay allegiance to Mexican Mafia
- Involved in homicide, drug trafficking, kidnapping, assaults
- Heavily engaged in human trafficking
18th Street

- Central American Gang
- Referred to as “Children’s Army”
- Main source of income is drug distribution also produce fraudulent Immigration ID cards and food stamps
- Close ties to Mexican and Columbian drug cartels
- Colors are blue and black
- Can be found in West Chicago, Aurora, Woodridge, Downers Grove and Naperville

18th Street Gang

The 18th Street gang members can be easily identified by their tattoos. A common identifier is the number 18, Spanish for “dieciocho,” which is usually represented in the Roman numerals XVIII, XV, and sometimes use 666 or 99 (6+6+18 = 18 = 9+9-18). They also tattoo themselves with the word BEST, which stands for Barrio Eighteen STrreet. Face tattoos with demonic themes are common — similar to MS-13.
Notenos 14

- Means *Northerners*
- Use number 14
- Clothing based on color red
- Drug trafficking primary income
- Affiliated with Sinaloa Cartel
- Can be found in North Chicago, West Chicago, Aurora, Cary, Crystal Lake, Elgin, Palatine, Schaumburg, Streamwood, Woodstock
Mara Salvatrucha

- Also Known as MS-13
- Show no fear of law enforcement
- Members cover themselves in tattoos
- Activities involve sex trafficking, murder, human smuggling and immigration offenses
- Primarily in South suburbs of Harvey, Dolton, Chicago Heights, Sauk Village and Lynwood
Dealing with Gang Members

• Don’t insult the gang member
• Don’t use their moniker
• Don’t disrespect them or their set
• Don’t accuse without cause
• Don’t put rival gang members together
• Don’t mimic hand signs
• Don’t use gang slang
• Above all, always be professional!
BLS Scenario

• You are dispatched for an unresponsive patient. Upon arrival you find an approximate 20 year old male lying in the parking lot of a car wash.
• It is 2 AM and 40 degrees outside. Patient is shivering and has slurred speech.
• You note that patient has an extensive wound to the left arm that is bleeding profusely.
• Law enforcement is not on scene. How would you proceed?
BLS Scenario

- Scene safety, BSI
- Patient states attacked by an unknown person with a knife.
- Large laceration to left forearm bleeding uncontrolled
- Consumed 12 pack earlier in the evening
- First set of vitals:
  - Blood pressure 102/60
  - Pulse 120 weak
  - Respirations 36
  - Patient cool to touch and dry
  - Capillary refill >3 seconds
- Responsive to voice, oriented

How would you care for this patient? Trauma Score?
### ADULT INITIAL TRAUMA CARE

#### BLS/ALS

**SCENE SIZE UP**
- Assess and secure scene safety.
- Use standard precautions on all patients.
- If indicated, follow department HazMat protocols.
- If a potential crime scene, make efforts to preserve integrity of possible evidence.
- Anticipate potential injuries based on the mechanism of energy transfer.

**INITIAL ASSESSMENT:**

1. **AIRWAY/C-SPINE:** Manual C-spine immobilization as indicated. Position airway and suction as needed. Advanced airway procedures as indicated. If unable to secure by other means, consider **CRICOTHYROIDOTOMY**.

2. **BREATHING/VENTILATION:** Assess ventilatory status; expose chest as needed.
   - Auscultate breath sounds.
   - Oxygen:
     - Administer supplemental **OXYGEN AT LOW FiO₂** (4-6 LPM nasal cannula).
     - If acute altered mental status, hemodynamically unstable, signs of hypoxemia, or meets Trauma Region Field Triage Criteria, **increase OXYGEN TO HIGH FiO₂** (12-15 LPM non-rebreather mask).
     - If hypoventilating or apneic, **VENTILATE WITH HIGH FiO₂** (BVM with ≥ 15 LPM oxygen supply).
   - **ALS:** refer to Drug Assisted Intubation - Etomidate SOP, p. 24, if needed.
   - **ALS:** if tension pneumothorax, perform **PLEURAL DECOMPRESSION** of affected side.

3. **CIRCULATION:** assess cardiovascular status.
   - If no carotid pulse, follow **Traumatic Arrest SOP**, p. 59
   - Control all external hemorrhage.
   - **ALS:** **Obtain VASCULAR ACCESS.** Infusion rate as follows:
     - **Inadequate perfusion** (altered mental status or signs of hypoperfusion): Attempt large bore access (IV or IO if the patient meets all other criteria) enroute. Minimum fluid volume of 2 L unless contraindicated. Infusion rate based on clinical presentation.
     - **Adequate perfusion:** Attempt large bore IV enroute. Titrate fluid volume to patient condition.
   - Monitor ECG as appropriate.
   - Place a pelvic stabilizing device for suspected pelvic instability.
1. **DISABILITY/MINI-NEUROLOGICAL EXAM**: Assess AVPU along with Glasgow Coma Scale and evaluate neurological function

### ALS
- If GCS score ≤ 8, see HEAD INJURIES SOP, p. 56
- **No neurological impairment**: Reassess periodically and document changes
- **Altered Mental Status**: Seizure and vomiting precautions. Check glucose level.
  - If glucose < 60:
  - Administer DEXTROSE 50% 25 gm (50 mL) IVP

### BLS/ALS
1. Expose and examine as indicated. Consider potential injuries based on mechanism of injury.
2. Identify priority transport.
3. Complete spinal immobilization as indicated.
4. Assess pain score on a scale from 0-10. Treat pain per appropriate SOP.

### TRANSPORT DECISION
Once the initial assessment and resuscitative interventions are initiated, a decision must be made whether to continue with the rapid trauma survey and the need for additional interventions on scene, or to transport rapidly with interventions enroute. Document the patient condition(s) or behavior(s) that necessitated this decision.

Transport to closest appropriate facility per Trauma Region Field Triage Guidelines, p. 44.

### RAPID TRAUMA SURVEY (as allowed by time and patient condition)
1. Systematic head-to-toe assessment
2. SAMPLE history
3. Recheck and record vital signs and patient condition at least q 15 minutes as able, and after each ALS intervention. For unstable patients, more frequent reassessment may be needed. Note the time obtained.
4. **Revised Trauma Score**
### ADULT GLASGOW COMA SCALE

<table>
<thead>
<tr>
<th>EYE OPENING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>4</td>
</tr>
<tr>
<td>To voice</td>
<td>3</td>
</tr>
<tr>
<td>To pain</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VERBAL RESPONSE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oriented</td>
<td>5</td>
</tr>
<tr>
<td>Confused speech</td>
<td>4</td>
</tr>
<tr>
<td>Inappropriate words</td>
<td>3</td>
</tr>
<tr>
<td>Incomprehensible sounds</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOTOR RESPONSE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obeys commands</td>
<td>6</td>
</tr>
<tr>
<td>Localizes pain</td>
<td>5</td>
</tr>
<tr>
<td>Withdraws to pain</td>
<td>4</td>
</tr>
<tr>
<td>Abnormal flexion to pain</td>
<td>3</td>
</tr>
<tr>
<td>Abnormal extension</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL GLASGOW COMA SCALE SCORE:** (3-15)

### ADULT REVISED TRAUMA SCORE

<table>
<thead>
<tr>
<th>Glasgow Coma Score Conversion Points</th>
<th>GCS 13-15</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GCS 9-12</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>GCS 6-8</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>GCS 4-5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>GCS 3</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
<th>10-29</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt; 29</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>6-9</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1-5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systolic Blood Pressure</th>
<th>&gt; 89</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>76-89</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>50-75</td>
<td>2</td>
</tr>
</tbody>
</table>
ALS Scenario

- You are dispatched for a mob scene at a local bar. Police are on scene and scene is now safe. You are directed to an approximate 40 year old male lying on floor with his knees drawn up to chest. Patient is resistant to care and tries to sit up but feels dizzy and lies down.
- Patient is alert but slow to respond
- Skin parameters are pale, cool, moist
- Blood pressure is 90/50, Pulse 112 and irregular, RR 28
- Takes medication for hypertension
- Upon exam you note two small entry wounds to the right upper quadrant, no exit wounds
ALS Scenario (cont.)

• Patient cannot tell you what happened
• Initiate ALS care
• Repeat vital signs 80/P, 120, 36
• How will you care for this patient?
• What possible injuries does he have?
• What is his trauma score?
Pulseless Electrical Activity

• PEA is defined as the presence of an organized rhythm on the EKG in the absence of a palpable pulse due to a dying myocardium.
• It is estimated PEA may occur in as many as 35% of prehospital cardiac arrests in the United States
• PEA develops when a significant cardiac insult occurs, followed by a decrease in cardiac contractility
• Contractions insufficient to produce palpable pulse
• Reduction in cardiac output
• PEA can occur in many forms
**Pulseless Electrical Activity**
(PEA = rhythm on monitor, without detectable pulse)

**Review for most frequent causes**
- Hypovolemic
- Hypoxia
- Hydrogen ion — acidosis
- Hyper-/hypokalemia
- Hypothermia
- "Tablets" (drug OD, accidents)
- Tamponade, cardiac
- Tension pneumothorax
- Thrombosis, coronary (ACS)
- Thrombosis, pulmonary (embolism)

**Epinephrine**
1 mg IV push, repeat every 3 to 5 minutes

**Atropine**
1 mg IV (if PEA rate is slow), repeat every 3 to 5 minutes as needed, to a total dose of 0.04 mg/kg

6 Hs + 6 Ts
Pulseless Electrical Activity

- Clinical features of cardiac arrest
- ECG normally associated with an output
ADULT ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY

ALS
1. CPR until defibrillator available for rhythm check
   - While patient is pulseless, CPR should only be interrupted for ventilation (until intubated), rhythm check or shock delivery. Rhythm checks should be less than 10 seconds and pulse checks only if an organized rhythm is observed.
   - After ET tube placed, give continuous CPR without pause for ventilation
   - Search for possible treatable contributing causes:

<table>
<thead>
<tr>
<th>Possible Cause</th>
<th>Field Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypovolemia</td>
<td>IV fluid boluses</td>
</tr>
<tr>
<td>Hypoxemia</td>
<td>High FiO₂ ventilations, confirm ET tube placement</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>Check blood sugar and treat per Diabetic/Glucose Emergencies SOP, p. 29</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>Active rewarming if hypothermic</td>
</tr>
<tr>
<td>Tamponade (cardiac)</td>
<td>IV fluid boluses to maximize preload</td>
</tr>
<tr>
<td>Tension Pneumothorax</td>
<td>Pleural decompression of affected side</td>
</tr>
</tbody>
</table>

2. Administer EPINEPHRINE 1:10,000 1 mg IV/IO or 1:1000 2 mg ET
   - Repeat q 3 minutes while pulseless

3. If pulse returns, refer to appropriate SOP

4. If patient remains in persistent asystole, consider withdrawal of resuscitation per Withholding or Withdrawing of Resuscitative Efforts SOP, p. 10

Notes:
- For any patient who experiences persistent return of spontaneous circulation (ROSC), refer to INDUCTION OF HYPOTHERMIA FOR ROSC SOP, p. 20
- EPINEPHRINE 1:1000 preferred, but 1:10,000 2 mg ET also acceptable
- If EPINEPHRINE 1:1000 given ET, dilute with NS to a total of 10 mL
- Flush all IV/IO push meds with 20 mL IV fluid
Skill: Pleural Decompression

TENSION PNEUMOTHORAX

- One-way valve forms in lung or chest wall
- Air enters pleural space; cannot leave
- Air is trapped in the pleural space
- Pressure rises
- Pressure collapses lung
- Mediastinal shift
Pleural Decompression

• Signs and symptoms include:
  • Progressive dyspnea
  • Absent breath sounds on affected side
  • Jugular vein distention
  • Tachycardia
  • Late stages: circulatory collapse, hypotension
Pleural Decompression

- Identify Landmarks
- Needle size 3-3.25 inch, 14 gauge needle
- Cleanse site
- Insert needle into skin over the superior border of the third rib and direct needle into the second intercostal space at a 90 degree angle
- As enters pleural space a “POP” is felt followed by hiss of air
- Advance needle all the way to hub
- Remove needle, leave catheter in place stabilize and secure
- Reassess breath sounds
## ADULT CHEST INJURIES

### BLS/ALS

1. Initial Trauma Care SOP, p. 53
2. Begin expeditious transport to appropriate facility and contact Medical Control enroute
3. **SUCKING CHEST WOUND/OPEN PNEUMOTHORAX**
   - Apply occlusive dressing taped on three sides
   - If patient deteriorates, remove dressing temporarily to allow air to escape
   - **ALS**: Consider intubation

4. **FLAIL CHEST**
   - If respiratory distress, appropriately **VENTILATE WITH HIGH FI\textsubscript{O}{2} VIA BVM** to provide internal splinting.
   - **ALS**: Consider intubation

5. **TENSION PNEUMOTHORAX**
   - Suspect when patient presents with severe respiratory distress or difficulty ventilating, hypotension, distended neck veins, absent breath sounds on the involved side, and/or tracheal deviation.
   - **ALS**: **PLEURAL DECOMPRESSION** of affected side
   - Assess for PEA. If present, refer to Asystole/PEA SOP, p. 19

### Note:
The landmark for pleural decompression is the second intercostal space in the mid-clavicular line. The needle should be inserted above the third rib to avoid the intercostal nerve, artery, and vein.