

# Arizona Peace Officer Standards and Training

## Basic Curriculum Lesson Plan

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**LESSON TITLE: FIRST AID - BLEEDING AND RELATED INJURIES 8.1.10**

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SUBJECT:	First Aid (Bleeding/Related Injuries)
AZ POST DESIGNATION:	8.1.10
HOURS:	1.5
COURSE CONTENT:	Instruction on the function and design of the circulatory system. Instruction includes treatment for bleeding and specific injuries.
PERFORMANCE OBJECTIVES:	Upon completion of this course of instruction, students using notes, handouts and other support materials as references, within the allotted time, will:  8.1.10 Given written, verbal or visual descriptions of bleeding persons, identify the types of bleeding and the proper methods for reducing blood flow, to include:  A. Methods:  1. Direct pressure.  2. Tourniquet.  B. Specific injuries:  1. Abdominal injuries.  2. Avulsed parts.  3. Face/scalp wounds.  4. Impaled objects.  5. Lacerations.  6. Nose Nosebleeds.  7. Puncture wounds.  8. Amputated body parts.

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BLEEDING AND RELATED INJURIES**

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DATE FIRST PREPARED: January 1998

PREPARED BY: Allen Weston

REVIEWED – **REVISED**: David Kleinman DATE: December 1998  
**REVIEWED** – REVISED: Sgt. W. Wright ALEA DATE: January 2001  
Course Revision 2001

**REVIEWED** – REVISED: SME Committee DATE: October 2003  
REVIEWED – **REVISED**: Officer Tim Taylor, DATE: February 2004  
SME Chairman

REVIEWED – **REVISED**: AZ POST – Hours corrected DATE: June 2006  
REVIEWED – **REVISED**: SME First Aid Group DATE: November 2017  
REVIEWED – **REVISED**: AZPOST (DocX) DATE: March 2022  
REVIEWED – REVISED: DATE:

AZ POST – APPROVAL: Don Yennie DATE: November 2017  
AZ POST – APPROVAL: Lori Wait DATE: March 2022

INSTRUCTOR REFERENCES:

CLASS LEVEL: Student

TRAINING AIDS:

INSTRUCTIONAL STRATEGY:

SUCCESS CRITERIA: 70% or higher on a written, multiple-choice examination.

COMPUTER FILE NAME: 8.1.10 Bleeding and Related Injuries

DATE RELEASED TO THE SHARE FILE: May 27, 2022

**I. INTRODUCTION**

- A. Instructor – (self) introduction.
- B. Preview of performance objectives.

**II. TYPES OF INJURIES**

A. Internal:

- 1. No observation of bleeding.
- 2. Will see the signs and symptoms of shock. **P. O. 8.1.11**  
***INSTRUCTOR NOTE:** Review signs and symptoms of hypovolemic shock.*
- 3. Treat for shock.

B. External:

- 1. Visually observe some type of bleeding.

**III. THE PRIMARY OBJECTIVE IN ALL EXTERNAL INJURIES IS TO STOP PROFUSE BLEEDING**

A. Direct pressure. **P. O. 8.1.10B1**

- 1. Gloved hand/dressing.
  - a. Dressing – material placed over a wound.
    - ii. Gauze.
    - ii. Bulky.
    - iii. Occlusive (airtight, does not allow air to pass through.)
    - iv. Use what you have; sterile is best, but do not leave the patient to try and find something.
  - b. A bandage holds the dressing in place.
    - i. Bandage only after the bleeding is controlled.
    - ii. Never remove, always add.
    - iii. The bandage is wrapped from below the wound to the top, covering the entire dressing.

- iv. Apply enough pressure to control the bleeding.
    - v. Check the pulse. (Can be checked at a foot or wrist on the same limb that is injured.)
  - 2. Place over the wound, hold and apply steady pressure.
- A. On arteries, this technique takes 10-30 minutes. Pulsating action stops clotting from taking place.
- B. Tourniquet. **P. O. 8.1.1B**
  - 1. Use when bleeding cannot be controlled with direct pressure.
    - a. Used for amputation.
    - b. Used only on extremities.
    - c. Stops blood flow past the point of the tourniquet.
  - 2. Method:
    - a. Commercially Available Tourniquet- Follow the instructions to apply correctly.
    - b. Tourniquet placement.
      - i. Locate appropriate sites.
      - ii. Place the tourniquet 3 to 4 inches above the wound site.
      - iii. If unable to locate the wound site, place a tourniquet as high as possible on the limb. Avoid sharp edges and narrow straps
      - iv. Tighten until bleeding stops or no distal pulses felt.
    - c. Note the time the tourniquet is applied and notify EMS.
    - d. Never loosen a tourniquet.

**IV. TYPES OF COMMON EXTERNAL BLEEDING INJURIES**

- A. Abrasions- Control bleeding and bandage.
- B. Cuts, lacerations, incisions- Control bleeding and bandage. (Surface injuries)

**P. O. 8.1.10B5**

- C. Punctures and Penetrating wounds. **P. O. 8.1.10B7**
1. Use occlusive dressing on the torso or neck.
  2. Control bleeding and bandage.
- D. Avulsions. **P. O. 8.1.10B1**
1. Reposition the skin. A piece of skin torn off or left hanging as a flap)
  2. Control bleeding and bandage.
- E. Amputations. **P. O. 8.1.10B8**
1. Bulky dressing. **P. O. 8.1.10B1**
  2. Preserve part.
  3. Keep cool and dry.

**V. SPECIFIC INJURIES**

- A. Abdominal injuries.
1. Contains both hollow and solid organs. (Hollow- stomach, intestine, etc. Solid- liver, pancreas and spleen.)
    - a. The rupture of hollow organs allows waste contents to spill into the peritoneal cavity.
    - b. The rupture of solid organs results in severe bleeding.
  2. Treatment of injury.
    - a. Internal.
      - i. Treat for shock. Organs such as the liver and spleen can lose a lot of blood, if damaged.
      - ii. May make the patient more comfortable by holding a pillow on his/her abdomen.
    - b. External (protruding organs).
      - i. Normal procedure.
      - ii. Be alert for vomiting.

- iii. Cover exposed internal organs with occlusive dressing, such as plastic wrap. Keep organs cool and moist.
- iv. Do not try to push the organs back in.

**B. Impaled objects.**

**P. O. 8.1.10B4**

**1. Treatment of injury.**

- a. Do not remove. One (1) exception is noted below.
- b. Stabilize bulky dressing.
- c. Bandage in place.
- d. Do not shorten, cut or break off unless you cannot transport.

**2. Impaled object in cheek.**

- a. This is the exception, **if it is making breathing difficult.**
- b. Check to see if it passed through.
  - i. One (1) side – pull out in the direction in which it entered.
  - ii. Two (2) sided – pack inside the cheek first and then remove. Do not obstruct the airway with dressing.
- c. Standard treatment for an impaled object.
  - i. Call for EMS. Put on your personal protective equipment (gloves), apply direct pressure, bandage and dress the area.
  - ii. Monitor vital signs.

**C. Scalp and face wounds.**

- 1. Bleed heavily.
- 2. Assess for skull fractures.
- 3. Do not apply pressure to head wounds if skull fracture is possible.

**P. O. 8.1.10B3**

**D. Nosebleeds.**

1. Pinch nostrils.

**P. O. 8.1.10B6**

2. Sitting position, leaning forward.

3. Assess for head/neck injuries.

**E. Mental exercise:**

1. You stop to assist a motorist changing a tire. While you are talking to him, the jack slips and the car falls. The wheel-well trim cuts his arm, leaving a five (5)-inch laceration on his forearm. The man grabs his arm and sits down.

2. What do you do first? (Make sure the vehicle is stabilized.)

3. What do you do next? (Contact EMS.)

4. What is your first intervention? (Apply direct pressure to control bleeding)

5. Once the bleeding is controlled, what would be your next intervention?

6. What is your final step? ( Bandage and monitor vital signs. Turn over to the care of EMS and document any treatment.)

**VI. CONCLUSION**

A. Review of performance objectives.

B. Final questions and answers.

C. Instructor closing comment(s).