# Daily Emergency Response Manual

# First Aid Guidelines for the Public, Families, and Workplace

Emergencies can occur at any time in daily life — from kitchen accidents at home, workplace injuries, to sudden illness on the street. Proper and timely response is critical to saving lives and minimizing harm. This manual reflects the Ministry of Health and Welfare's emergency medical guidelines and real-world cases, providing a structured procedure for rapid and systematic response to everyday medical emergencies.

# 1. Standard Manual for Everyday Medical Emergencies

# — Integrated SOP Based on Ministry of Health Guidelines and Field Cases

# 1.1 Purpose and Scope

**Purpose:** To ensure patient safety during daily emergencies through rapid and systematic response, and to save lives while minimizing aftereffects.

### Scope:

- All everyday environments (home, workplace, school, public spaces)
- All types of emergencies such as amputations, heat stroke, anaphylactic shock, head trauma, burns
- Basic first aid measures that can be performed by laypersons, guardians, and bystanders

### 1.2 Definitions

- "Everyday Medical Emergency": Trauma or illness occurring in daily life requiring first aid
- "Life-Threatening Situation": An emergency where immediate professional treatment is required to prevent death
- "Golden Time": The critical period from emergency onset to professional treatment (generally 4-6 minutes)

# 1.3 Types of Accidents and Risk Factors

- Amputation: Severe bleeding, tissue damage → risks: uncontrolled bleeding, infection, shock
- Heat Stroke: Failure of thermoregulation → risks: dehydration, brain injury, multi-organ failure
- Anaphylaxis: Rapid progression → risks: airway obstruction, cardiac arrest, brain injury
- Head Trauma: Risk of brain injury → risks: intracranial bleeding, raised ICP, loss of consciousness
- Burns: Skin damage, infection → risks: shock, infection, scarring

# 1.4 Early Signs of Emergencies

- E1 (Unconscious/Unresponsive): Call 119 immediately, prepare CPR
- E2 (Severe bleeding/shock): Direct pressure, elevate legs, arrange transport
- E3 (Breathing difficulty/cyanosis): Secure airway, oxygen, consider epinephrine
- E4 (Severe headache/vomiting/mental changes): Immobilize head, neurosurgical evaluation
- E5 (Widespread hives/swelling): Remove cause, antihistamines, prepare for shock

# 1.5 Response Procedure by Stage

- 1. Recognition (Bystander/Patient): Ensure safety, assess patient, call 119
- 2. Initial Response (First Aider): Check vital signs, provide basic first aid, continuous monitoring
- 3. **Professional Response (EMS):** Advanced care, hospital transfer, medical handover

### 1.6 Initial On-Site Measures

- · Secure scene safety, move patient away from danger
- Assess patient condition:
  - o Consciousness: call loudly, shake shoulders
  - o Breathing: observe chest, feel airflow
  - Pulse: check carotid or radial for 10 sec
  - Check bleeding sites and control hemorrhage
- 119 Call Information: exact location, patient age/sex, accident details, consciousness, breathing status

# 1.7 First Aid by Type

### Amputation:

- 1. Apply direct pressure with clean gauze/cloth
- 2. Elevate wound above heart
- 3. Wrap amputated part in moist gauze, seal in plastic bag, place in ice water (not direct ice contact)

### Heat Stroke:

- 1. Move immediately to shade or cool indoors
- 2. Loosen/remove clothing
- 3. Cool body with water, fans, or wet cloth
- 4. If conscious, give cool water or electrolyte drinks

# 1.8 Post-Event Support and Education

### Patient/Family Support:

- o Psychological counseling, trauma care
- Medical cost assistance (insurance, compensation)
- Rehabilitation planning

### Prevention Education:

- o Home: safe knife use, anti-slip mats, first aid kit
- Workplace: safe work practices, regular training
- Personal health: allergy testing, chronic disease management, regular checkups

# 1.9 Roles and Responsibilities

- Public/Bystanders: Call 119 quickly, provide first aid, reassure patient
- EMS (119): Provide professional care, safe hospital transfer
- Emergency Room: Accurate diagnosis, rapid treatment, specialty referral
- Family/Guardians: Provide medical history, psychological support, cooperate in care

# 1.10 Emergency Checklists

### Basic First Aid:

- Consciousness: [] Shake shoulders, call "Are you okay?" → if no response, call 119
- Breathing: [] Observe chest, [] feel airflow (10 sec) → if absent, start CPR
- Bleeding: [] Inspect body, [] apply direct pressure with gauze, [] elevate above heart

# 2. Personal Response Guidelines for Daily Emergencies

— Practical First Aid for Families, the Public, and Workers

### 2.1 Definition and Priorities

- Level 1 (Immediate 119 Life Threatening): Unconsciousness, apnea, cardiac arrest, massive bleeding, severe burns, anaphylaxis, choking
- Level 2 (Urgent Care Needed): Fractures, dislocations, major trauma, heat stroke, hypothermia, seizures
- Level 3 (Observation): Minor wounds, bruises, mild burns, dizziness

# 2.2 Immediate Actions by Situation

### Cuts/Amoutations:

- Apply strong pressure with clean gauze/cloth
- Elevate limb above heart
- Preserve amputated part in moist gauze → sealed bag → ice water (not direct ice)

### Heat Stroke/Dehydration:

- Move to cool shade indoors
- Loosen/remove clothing
- Cool body with water/fan
- Give water/electrolytes if conscious
- Danger signs (call 119): Unconsciousness, seizures, temp >40°C, unable to hydrate

### Food Allergy/Anaphylaxis:

- Stop allergen exposure immediately
- Call 119 early
- Keep patient lying down, legs elevated
- Use prescribed epinephrine auto-injector (EpiPen)
- Emergency signs: breathing difficulty, hoarse voice, hypotension, cyanosis

### Head Trauma/Concussion:

- Check consciousness
- Look for scalp wounds, bleeding
- Watch for vomiting, severe headache, vision issues
- First Aid: Immobilize head/neck, apply gauze to scalp wounds, apply cold pack (wrapped in cloth)
- Hospital required: LOC >5 min, repeated vomiting, severe headache, bleeding/clear fluid from ears/nose, seizures, paralysis

### 2.3 Home First Aid Kit

- Wound Care: Sterile gauze, tape, elastic bandages, triangular bandage, gloves, saline
- **Medications:** Analgesics, antacids, antidiarrheals, antihistamines, burn cream, antibiotic ointment
- **Devices:** Thermometer, flashlight, scissors, tweezers, BP monitor, ice/heat packs
- Special Needs: EpiPen, diabetes supplies (glucometer, insulin, glucose), cardiac meds (nitroglycerin, aspirin)

# 2.4 Calling 119 – Required Info

- Location: exact address, nearby landmarks, phone GPS
- Patient: age, sex, consciousness, breathing, main symptoms
- Accident: when/how it occurred, bleeding/pain, first aid provided
- Follow dispatcher instructions: do not hang up until instructed

# 2.5 Workplace Emergencies

- Machine entrapment: stop machine, cut power, call 119, don't force removal, control bleeding
- Chemical exposure: rinse with water ≥15 min, remove clothing, check MSDS, transport to hospital
- Emergency network: workplace responders, nearby ER, occupational health nurse/doctor
- Supplies: location of first aid kits, AEDs, emergency exits

# 2.6 Special Populations

### Infants/Children:

- Choking: infant → 5 back blows; child → Heimlich maneuver; if unconscious → CPR
- **High fever:** remove clothing, sponge with lukewarm water, give antipyretics properly, hydration, observe 24h

### Elderly:

- Falls: suspect fracture, immobilize, control bleeding, support head/neck before transport
- Acute illness: check medications, secure airway if unconscious, monitor chronic conditions

### 2.7 Prevention

- Home safety: organize knives, careful with hot oil, use anti-slip mats; install emergency bells in bathrooms for elderly
- Personal health: allergy testing, chronic disease control, CPR certification
- Preparedness: know blood type, medication list, emergency contacts, first aid basics