

# **First Aid Support Team Guidelines for USPS Districts and Squadrons**

## Name:

First Aid Support Team (“F.A.S.T.” or “Team”)

## Overview:

This document establishes the criteria for USPS districts or squadrons wishing to set up a F.A.S.T. program under the criteria established by the USPS Safety Committee and with the approval of the USPS insurance company. Establishment of a F.A.S.T. program does not require the Team to attend every district or squadron meeting or social event. Attendance at district or squadron meetings or social events is dependent on the availability of the Team.

## Reporting Responsibility:

The district or squadron bridge will determine the need, and if desired establish a F.A.S.T. program for their district or squadron. F.A.S.T. Team Leader will be appointed by and report to the District or Squadron Commander or their designated representative.

## Role of the Team:

1. To provide emergency first aid during USPS District/Squadron meetings or social events.
2. To act as a resource for information on CPR and First Aid.
3. To provide assistance with general health matters.
4. To provide education on medical matters of interest to members.

## Functions of the Team:

In fulfilling its role of providing first aid information and assistance, the First Aid Support Team may from time to time engage in the following activities:

1. Establish the need for, and as appropriate provide, emergency first aid to persons attending a district or squadron meeting or social event.
2. Establish the need for, and as appropriate provide, CPR with (if available) defibrillation using an Automated External Defibrillator (AED) to a person in Cardiac Arrest.
3. Provide comfort to a person in distress and to stay with that person until Emergency Medical Services (EMS) arrives or, if the person is not in need of Emergency Medical Service, is relieved of the distress.
4. Promote sensible health practices. Among these might be, promulgation of health information cards to be carried by members, advice regarding health related matters ashore and afloat, the need for blood pressure control, the advisability for physical examination on a periodic basis, etc.
5. If qualified, conduct CPR and/or First Aid Training through a CPR/First Aid certifying organization adhering to the standards established by the American Heart Association.

## SCOPE OF COVERAGE:

All Team Members agree to voluntarily, in good faith, and without the expectation of monetary or other compensation from the person aided or treated, render first aid, emergency treatment or rescue assistance to a person who is unconscious, ill, injured or in need of rescue assistance, or any person in obvious physical distress or discomfort (“medical emergency”).

If providing emergency services to a person in need of assistance exceeds his/her level of training, the Team Member shall render assistance as a reasonably prudent person would have acted under the same or similar circumstances.

Nothing in this document shall require a Team Member to provide any form of first aid or CPR if, in the opinion of the Team Member, providing that service would put that Team Member in harm's way.

### TEAM MEMBERS:

#### Team Leader:

1. The Team Leader will be a healthcare professional (i.e. Physician, Registered Nurse, Physician's Assistant, EMT) who is one of the Team Members.
2. The Team Leader shall maintain a record of all Team Member's CPR/First Aid certifications and assure that all Team Members' certifications are current.
3. The Team Leader shall be responsible for the District's/Squadron's F.A.S.T. equipment and supplies.
4. The Team Leader shall assure that the First Aid Kit(s) contain products that are within the expiration date and assure that the AED is in operation condition with pads and battery within the expiration date.
5. The Team Leader shall replace any item used from the AED or First Aid Kit(s) or has exceeded its expiration date.
6. In the event that the Team Leader is unable to attend a District/Squadron meeting or social event, the Team Leader will attempt to find a Team Member to serve as the Team Coordinator for that meeting or social event.
7. In the event that the Team Leader is unable to attend a meeting or social event, he/she shall attempt to arrange that the AED and First Aid Kit(s) be transferred to the Team Coordinator prior to the meeting or social event.

#### Team Coordinator:

1. The Team Leader or Team Coordinator will contact Team Members in an attempt to provide emergency support at any District/Squadron meeting or social event.
2. The Team Leader or Team Coordinator shall maintain possession of the AED and First Aid Kit during any meeting or social event.
3. The Team Leader or Team Coordinator shall respond to all medical emergencies at the meeting or social event in which he/she is present.

#### Team Members:

1. Team Members shall maintain their CPR/First Aid certifications and take any course or other requirement to renew their certification in accordance with their certifying organization.
2. When notified of a medical emergency at a District/Squadron meeting or social event in which they are attending, all available Team Members agree to respond in the most expeditious manner.

### TEAM QUALIFICATIONS:

1. All District/Squadron Team Members will have completed a CPR/AED and First Aid Basic Life Support (BLS) course, or equivalent as defined by the certifying organization, for Adults and Children, which meet the then current CPR/First Aid Standards as defined by the American Heart Association.
2. All District/Squadron Team Members will possess current certification in CPR/AED and First Aid Basic Life Support (BLS) course, or equivalent as defined by the certifying organization, for Adults and Children, which meet the then current CPR/First Aid Standards as defined by the American Heart Association.
3. Members must be willing to attend some District/Squadron meetings or social events and participate in team functions.

### EQUIPMENT:

1. First Aid kit (See attachment "A")
2. Automated External Defibrillator
3. Each Team Member must possess an operational mobile phone or radio communication device while attending a District/Squadron meeting or social event in which he/she will be part of the Team.

### REPORTS:

1. Team Members will record and file an "Incident Report" each time assistance is provided.
2. Team Leader shall be responsible for report keeping and for filing an annual summary of assistance provided with the District/Squadron Commander.
3. Team Leader shall be responsible for preparing and submitting any state-specific documentation or reports as needed.

## ATTACHMENT "A"

### **Suggested F.A.S.T. First Aid Kit**

Advanced Medical Mountain Series – Fundamentals (or equivalent)

#### **Bandage Materials**

- 2 - Dressing, Gauze, Sterile, 2" x 2", Pkg./2
- 3 - Dressing, Gauze, Sterile, 4" x 4", Pkg./2
- 2 - Bandage, Conforming Gauze, 3"
- 1 - Bandage, Stockinet Tubular, 1" x 4"
- 3 - Dressing, Non-Adherent, Sterile, 3" x 4"
- 8 - Bandage, Adhesive, Fabric, 1" x 3"
- 5 - Bandage, Adhesive, Fabric, Knuckle

#### **Bleeding**

- 1 - Instructions, Easy Care Bleeding
- 1 - Trauma Pad, 8" x 10"
- 1 - Trauma Pad, 5" x 9"
- 2 - Gloves, Nitrile (Pair), Hand Wipe

#### **Blister / Burn**

- 2 - Glacier Gel (Small Rectangular)
- 11 - Moleskin, Pre-Cut & Shaped (11 pieces)
- 1 - Aloe Vera Gel with Lidocaine, 1 oz

#### **CPR**

- 1 - CPR Face Shield, Laerdal

#### **Duct Tape**

- 1 - Duct Tape, 2" x 5 Yards

#### **Fracture / Sprain**

- 1 - Instructions, Easy Care Fracture & Sprain
- 1 - SAM® Splint, 4" x 36"
- 1 - Bandage, Elastic with Velcro, 3"
- 1 - Bandage, Triangular

#### **Instrument**

- 1 - Thermometer, Digital
- 1 - EMT Shears, 4"
- 1 - Splinter Picker/Tick Remover Forceps
- 3 - Safety Pins
- 1 - Pencil

#### **Medical Information**

- 1 - Patient Assessment Form

# First Aid Support Team Incident Report

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Location (Lat/Lon): \_\_\_\_\_

Vessel/Description: \_\_\_\_\_

Weather: \_\_\_\_\_

Time called for Help: \_\_\_\_\_

Description of Incident:

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Nature of injury:

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Initial Assessment of Problems:

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Patient Complaints:

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Treatment Given:

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Known Allergies:

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Last Food/Fluids:

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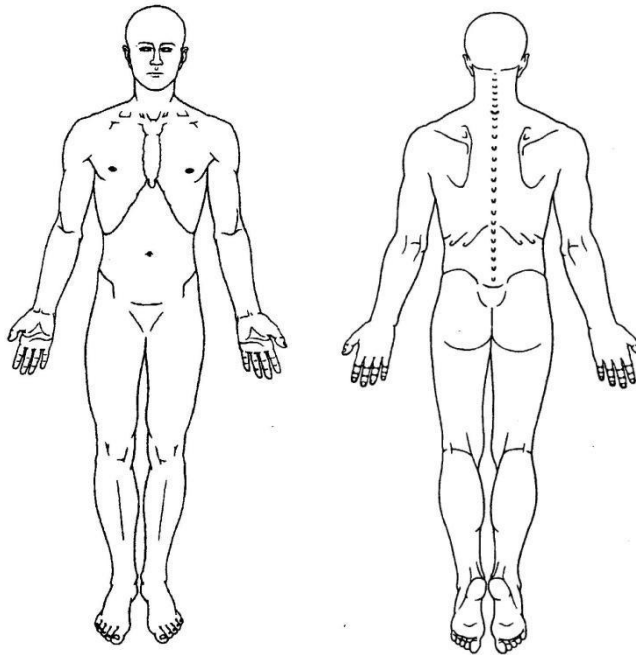
**(over)**

# Vital Signs

PULSE: Rate/Minute, Regular/Irregular    RESPIRATIONS: Rate/Minute, Easy/Labored  
 Temperature: Oral/Axillary/Rectal or Hot/Normal/Cold    LEVEL OF CONSCIOUSNESS: Awake  
 (describe), Verbally Responsive, Pain Responsive/Unresponsive

<b>TIME</b>									
<b>PULSE</b>									
<b>RESPIRATIONS</b>									
<b>TEMPERATURE</b>									
<b>LEVEL OF CONSCIOUSNESS</b>									

## ABNORMAL FINDINGS ON EXAMINATION



### Additional Comments:

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