

Purpose	<ul style="list-style-type: none"> The best emergency is a well-rehearsed one Assess Associate and facility preparedness in the event of an emergency Clarify the roles and responsibilities of those expected to respond in an emergency Improve coordination among those responding to an emergency Increase Associate and member confidence for handling emergency situations
Objectives	<ul style="list-style-type: none"> Incorporate active participation Provide an opportunity for de-briefing at the conclusion of each drill by identifying and addressing successes and learning opportunities
Locations	<ul style="list-style-type: none"> All Bay Club Locations - Café or Lobby

SCENARIO: Conscious Choking

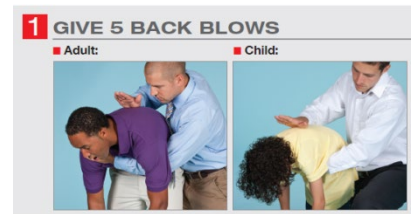
Choking occurs when a foreign object lodges in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, give first aid as quickly as possible. The universal sign for choking is **Hands clutched to the throat**. If a person does not give this signal, look for these other signs:

- Inability to talk
- Difficulty breathing or noisy breathing
- Squeaky sounds when trying to breathe
- Cough, which may either be weak or forceful
- Skin, lips and nails turning blue or dusky
- Skin that is flushed, then turns pale or bluish in color
- Loss of consciousness

ACTIONS / SITUATION

An Associate enters an area and observes a “conscious choking situation”

- Alert Associates nearby immediately
- Identify quickly which participating Associates are currently First Aid/CPR/AED trained
- Associate instructs an Associate to clear the area / control the crowd
- Associate asks victim if he/she is alright. The victim is confirming he/she is choking (*hands clutching the throat*):
 - Associate instructs another Associate to alert the front desk, and return with the AED
 - Designated Front Desk Associate call 911 (simulate when training) with the following information:
 - Identify the location of the victim/incident
 - Give basic directions to club entrances
 - Direct an Associate to wait outside for paramedics to arrive
 - Direct the paramedics to the scene of the incident
 - Get consent from the victim to offer assistance:
 - Give 5 back blows.** Stand to the side and just behind a choking adult. For a child, kneel down behind. Place one arm across the person's chest for support. Bend the person over at the waist so that the upper body is parallel with the ground. Deliver five separate back blows between the person's shoulder blades with the heel of your hand.
 - Give 5 abdominal thrusts.** Perform five abdominal thrusts (also known as the Heimlich maneuver).
 - Alternate between 5 blows and 5 thrusts** until the blockage is dislodged.



RESOURCES FOR TRAINERS from the American Red Cross

Poster: [Unconscious Choking-Adult / Child / Infant](#)

Videos: [Conscious Choking - Adult and Child](#) (2:21) [Conscious Choking – Infant](#) (1:54)

Always Safe, Always Prepared

Emergency Response Drill Scenario

IF the victim stops breathing and loses consciousness, trained Associates may attempt to clear the airway of the unconscious person or begin CPR until AED or emergency medical personnel arrive to take over. **To clear the airway of an unconscious person:**

1. **Lower the person** on his or her back onto the floor, arms to the side.
2. **Clear the airway.** If a blockage is visible at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage. Do not try a finger sweep if you cannot see the object. Be careful not to push the food or object deeper into the airway, which can happen easily in young children.
3. **Begin CPR** if the object remains lodged and the person doesn't respond after you take the above measures. The chest compressions used in CPR may dislodge the object. Check the mouth periodically.

Remember C-A-B (Compressions, Airway, and Breathing) to help you remember the steps of CPR.

Compressions: Restore blood flow with chest compressions

- 1) Try to get the person to respond; if they do not, roll the person on his or her back on a firm surface.
- 2) Kneel next to the person's neck and shoulders.
- 3) Place the lower palm (heel) of your hand over the center of the person's chest, between the nipples.
- 4) Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.
- 5) Push straight down on (compress) the chest at least 2 inches (5 centimeters) but no more than 2.4 inches (6 centimeters). Use your entire body weight (not just your arms) when doing compressions.
- 6) Push hard at a rate of 100 to 120 compressions a minute. The American Heart Association suggests performing compressions to the beat of the song "Stayin' Alive." Allow the chest to spring back (recoil) after each push.
- 7) If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to opening the airway and rescue breathing.

Airway: Open the airway using the head-tilt, chin-lift maneuver. Place the palm of your hand on the victim's forehead and two fingers of your other hand under the person's chin. Gently tilt the head back and lift the chin to open the airway. Look, listen, and feel for normal breathing for around 5 seconds, but taking no more than 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear.

Breathing: Breathe for the person. Rescue breathing can be mouth-to-mouth/mask breathing or mouth/mask-to-nose breathing if the mouth is seriously injured or can't be opened. *Current recommendations suggest performing rescue breathing using a bag-mask device with a high-efficiency particulate air (HEPA) filter.*

- 1) After opening the airway (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth/mask breathing and cover the person's mouth with yours/mask, making a seal.
- 2) Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises.
- 3) If the chest rises, give a second breath.
- 4) If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give a second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle. Be careful not to provide too many breaths or to breathe with too much force.
- 5) Resume chest compressions to restore blood flow.
- 6) As soon as an automated external defibrillator (AED) is available, apply it and follow the prompts. Give one shock, then resume chest compressions for two more minutes before giving a second shock. If you're not trained to use an AED, a 911 operator or another emergency medical operator may be able to give you instructions.
- 7) Continue CPR until there are signs of movement or emergency medical personnel take over.

RESOURCES FOR TRAINERS – Video: [Unconscious Choking – Adult and Child \(2:18\)](#) [Bag-Mask \(0:41\)](#)

5. A CPR/AED Trained Associate must run the AED unit's "self-test" during the Drill to ensure the unit is ready, had the Drill been/become a true emergency
6. Simulate paramedics arriving, taking over, and transporting the injured person (victim)
7. Manager / Safety Rep reviews documentation and reporting procedures

DEBRIEF :

- Identify where the team excelled as well as where they need improvement and complete report
- Manager completes the Debriefing & Evaluation Log as a part of the group discussion
- Each participant signs and dates the Participation Log
- Participation Log is emailed to hr@bayclubs.com immediately following the drill