PREPARED & GROUNDED

A three-part preparedness course for Lajna Ima'illah USA

Medical Emergencies

Webinar 2 of 3 · 45 minutes

Facilitator: Dr. Hiba Ghani, Saima Ahmed & Dr. Hiba Nasir [9/10/26]

Humanity First Lajna Ima'illah USA Disaster Relief Webinar 2- Medical Emergencies

Agenda

- Recitation of Holy Quran, English and Urdu Translation- Hania Virk
- Dua Dr Tahira Sidiqua Nasir Sahiba
- Webinar 2 Medical Emergencies
  Part 1 &2 - Dr Hiba T. Ghani
  Part 3- Saima Ahmed
  Part 4- Dr Hiba Nasir
- Live Questions (raised hands) Moderator Sabahat Ali
  Q&A (Chat) HF Lajna Imai'llah DR team
- Closing remarks & Adjourn- Dr. Hiba Ghani

The Command to Prepare

Surah Yunus, Ch.10: V.56

اَلَاۤ اِنَّ لِلّٰهِ مَا فِی السَّمٰوٰتِ وَالۡاَرۡضِ ؕ اَلَاۤ اِنَّ وَعۡدَ اللّٰهِ حَقٌّ وَّلٰکِنَّ اَکۡثَرَہُمۡ لَا یَعۡلَمُوۡنَ ﴿۵۶﴾

Know ye! to Allah, surely, belongs whatever is in the heavens and the earth. Know ye, that Allah's promise is surely true! But most of them understand not.

خبردار !یقیناً اللہ ہی کا ہے جو آسمانوں اور زمین میں ہے۔ خبردار !اللہ کا وعدہ یقیناً سچا ہے۔ لیکن ان میں سے اکثر نہیں جانتے۔

Surah Yunus, Ch.10: V.57

ہُوَ یُحۡیٖ وَیُمِیۡتُ وَاِلَیۡہِ تُرۡجَعُوۡنَ ﴿۵۷﴾

He it is Who gives life and causes death, and to Him shall you be brought back.

وہی زندہ کرتا ہے اور مارتا بھی ہے اور اسی کی طرف تم لوٹائے جاؤ گے۔

Surah Yunus, Ch.10: V.58

یٰۤاَیُّہَا النَّاسُ قَدۡ جَآءَتۡکُمۡ مَّوۡعِظَۃٌ مِّنۡ رَّبِّکُمۡ وَشِفَآءٌ لِّمَا فِی الصُّدُوۡرِ ۙ وَہُدًی وَّرَحۡمَۃٌ لِّلۡمُؤۡمِنِیۡنَ ﴿۵۸﴾

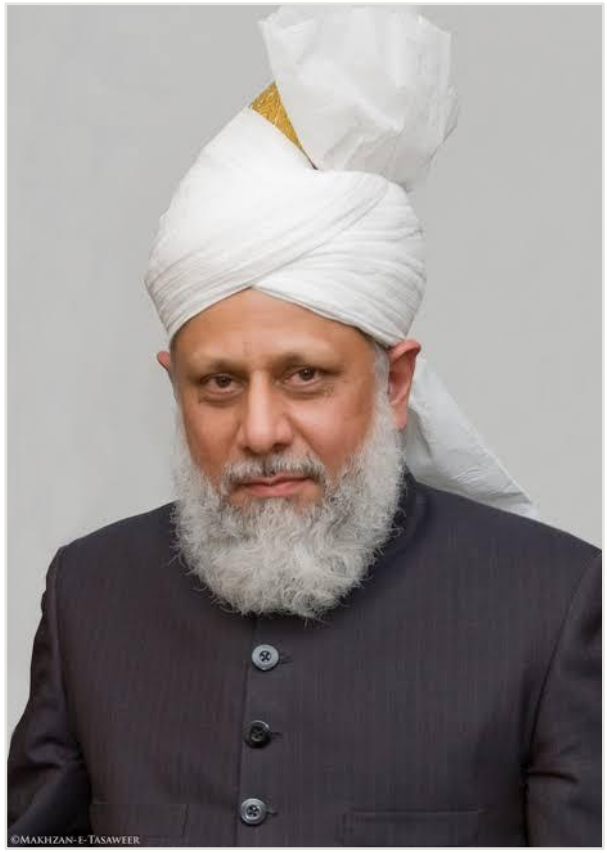
O mankind! there has indeed come to you an exhortation from your Lord and a cure for whatever *disease* there is in the hearts, and a guidance and a mercy to the believers.

اے انسانو !یقیناً تمہارے پاس تمہارے ربّ کی طرف سے نصیحت کی بات آچکی ہے اِسی طرح جو (بیماری)سینوں میں ہے اس کی شفا بھی۔ اور مومنوں کے لئے ہدایت اور رحمت بھی۔

English translation by Maulawi Sher Ali · Urdu translation by Hazrat Mirza Tahir Ahmad · alislam.org

How Huzoor Has Called Us to Prepare

His Holiness has repeatedly reminded us of the need to stay informed and prepared.



> ***"Thus, you must plan meticulously and train your teams rigorously, so they are prepared as much as possible. You should identify the specific areas where you can help, as it will not be possible for Humanity First to cover everything. Your priority should remain saving lives and alleviating suffering… Remember, at a time of profound crisis, selfish people look to protect themselves and their own interests, but, as members of Humanity First, you must always set aside your own interests and needs for the sake of others."***
>
> — Hazrat Khalifatul Masih V, Address at the Humanity First International Conference, London ·2025

In the same address, His Holiness described ***"You must never lose sight of the noble objectives with which Humanity First was established. Unquestionably, inspiring true service to humanity amongst his followers was a core objective of the advent of the Promised Messiah (peace be upon him). He repeatedly emphasized the necessity of helping those in need."***

About this course

Three webinars. Each one builds on the last and goes a little deeper.

You are here →

45 min

1

Foundations & Communication

Mindset, awareness, home readiness, family comm plan

✓ Completed

45 min

2

A) Medical Emergencies B) Mental Health

Bleed control, choking, CPR, recognizing critical conditions

45 min

3

Civil Unrest, Sheltering & Evacuation

Avoidance, home hardening, sheltering, go-bags, evacuation, building the network

https://www.lajnausa.net/site/sihat-e-jismani-health-fitness
https://www.lajnausa.net/site/khidmat-e-khalq-social-services

Why we are here

In the first minutes, **we are the only help there is.**

7–10% drop in cardiac-arrest survival for every minute CPR is delayed (American Heart Association)

5–10 min how quickly uncontrolled severe bleeding can become life-threatening

7+ min typical EMS response time — often longer outside city centers

This is the work of preparedness.

Three principles guide this session

Hold onto these. They shape every decision under pressure.

01

Scene safety first

You cannot help anyone if you become a second casualty. Check the scene before you check the person.

02

You are the first responder

EMS is minutes away at best. What you do before they arrive determines the outcome more than anything after.

03

Act, don't wait for certainty

You will never feel fully ready. Trained action beats a perfect diagnosis. Do the next right thing.

The critical minutes

What separates a close call from a tragedy is usually what happens in the first few minutes.

> *"Most medical emergencies are survivable — if someone nearby knows what to do, and does it fast."*
>
> — The premise behind every skill in this session

Cardiac arrest

Brain damage can begin within 4–6 minutes without CPR and blood flow.

Severe bleeding

A major wound can become life-threatening in well under 10 minutes.

Choking

A blocked airway can cause loss of consciousness in about 4 minutes.

Stroke

Every minute untreated, roughly 1.9 million brain cells are lost.

Check. Call. Care.

The three-step sequence behind every response in this course.

1

Check the scene

Is it safe to approach? Traffic, fire, downed wires, an unsafe crowd, a violent scene — assess before you move toward the person.

2

Call for help

Call or direct someone specific to call 911. "You, in the red shirt — call 911 and come back and tell me." Never assume someone else already called.

3

Care for the person

Only now do you begin hands-on care — bleeding, breathing, positioning — using the skills in the rest of this session.

PART TWO

Airway & Breathing

When someone can't breathe, seconds matter more than anywhere else in this course.

Choking response & CPR basics.

Choking: adults & children vs. infants

The technique changes with age. Know both before you need either.

Adult & child (1 yr+)

Ask first

"Are you choking?" If they can cough or speak, let them keep coughing — don't intervene yet.

5 back blows

Firm strikes between the shoulder blades with the heel of your hand, leaning them forward.

5 abdominal thrusts

Fist above the navel, other hand over it, sharp inward-and-upward thrusts (the Heimlich).

Repeat until clear

Alternate 5 and 5 until the object comes out or the person goes unresponsive.

Infant (under 1 yr)

Face-down on your arm

Support the head and jaw, head lower than the chest, resting on your thigh.

5 back slaps

Heel of your hand between the shoulder blades, firm and controlled.

5 chest thrusts

Flip face-up, two fingers on the breastbone, sharp thrusts — never abdominal thrusts on an infant.

Never blind-sweep

Only remove an object if you can clearly see it. A blind finger sweep can push it deeper.

Watch: Red Cross — Adult & Child Choking ↗

CPR basics

If they are unresponsive and not breathing normally, start compressions immediately.

1

Position & call

Person on their back, on a firm surface. Confirm 911 is called or being called. Kneel beside their chest.

2

Push hard, push fast

Center of the chest, heel of your hand, other hand on top. Push at least 2 inches deep, 100–120 compressions per minute.

3

Don't stop

Let the chest fully rise between pushes. Continue until EMS arrives, an AED is ready to use, or the person starts breathing on their own.

Hands-only CPR (no rescue breaths) is fine for adults if you're untrained in rescue breathing — compressions alone save lives.

Watch: AHA — Hands-Only CPR ↗

PART THREE

Stop the Bleed

Uncontrolled bleeding is the #1 preventable cause of death after injury.

Three skills, in order of severity: direct pressure, wound packing, and the tourniquet.

Recognizing life-threatening bleeding

Not every wound needs a tourniquet. Know the difference, fast.

Steady but slow

Blood oozes or flows steadily. Direct pressure alone will usually control it.

Spurting or pooling fast

Blood spurts with the pulse or is pooling on the ground within seconds. Treat as life-threatening.

Can't see the source

Bleeding soaks through clothing quickly, or the wound is on the torso, neck, or groin. Get hands-on now.

When in doubt, treat it as serious. You lose nothing by over-responding.

Three ways to stop a bleed

Escalate in this order. Move to the next step only if the last one isn't working.

Step 1, always

Direct pressure

Push down hard on the wound with a cloth, gauze, or even your bare hand. Do not lift to check — hold firm, continuous pressure for at least 5–10 minutes.

Wound packing

For deep wounds pressure alone can't reach

Pack gauze or clean cloth firmly into the wound itself, filling the space, then apply direct pressure on top. Used for deep wounds on the torso, thigh, or groin where a tourniquet cannot be applied.

Tourniquet

For limbs, when bleeding won't stop

A tight band placed 2–3 inches above the wound (never on a joint), tightened until bleeding stops completely. Painful — that means it's working. Note the time applied.

Watch: ACS Stop the Bleed — technique overview ↗

Tourniquets: getting it right

The tool people fear most is often the safest option. Myths cost lives.

1

High and tight

Place it 2–3 inches above the wound, never directly on a joint. When unsure of exact placement, go higher rather than lower.

2

Tight enough to hurt

Bleeding must stop completely. A loose tourniquet that only slows bleeding can make blood loss worse, not better.

3

Write the time

Mark the application time on the tourniquet or the person's skin. This tells EMS exactly how long it has been in place.

Myth: "Using a tourniquet means the limb will be amputated." Fact: Limbs are regularly saved even after 2+ hours with a tourniquet in place. A dead patient loses the limb either way.

PART FOUR

Recognizing Critical Conditions

You don't need a diagnosis. You need to recognize the pattern and act.

Stroke, heart attack, severe allergic reactions, hypoglycemia, and syncope (fainting) — and when to call 911.

Recognizing a stroke: think FAST

Four checks. If any one is present, act immediately — minutes of brain function are at stake.

F

Face

Ask them to smile. Does one side droop?

A

Arms

Ask them to raise both arms. Does one drift down?

S

Speech

Ask them to repeat a phrase. Is speech slurred or strange?

T

Time

If yes to any of these, call 911 now. Note the time symptoms started.

Watch: American Stroke Association — B.E. F.A.S.T. ↗

Heart attack & severe allergic reaction

Two more patterns worth recognizing on sight.

Heart attack

SIGNS

Chest pressure or pain, pain radiating to the arm/jaw/back, shortness of breath, nausea, cold sweat. Women often have subtler symptoms — fatigue, nausea, back pain.

RESPOND

Call 911. Have them sit and rest. Chew an aspirin if available and not allergic. Do not drive them yourself if you can avoid it.

Anaphylaxis

SIGNS

Sudden hives or swelling, throat tightness, trouble breathing, dizziness — usually after a known trigger (food, sting, medication).

RESPOND

Use their epinephrine auto-injector (EpiPen) immediately if they have one. Call 911 even if symptoms improve — a second wave can follow.

→ EpiPen Mnemonic: “Blue to the Sky & Orange to the Thigh”

Hypoglycemia & Syncope/Fainting

Similar presentations ~ different causes. Know the signs and respond right away.

Hypoglycemia - low blood sugar (< 70 mg/dL)

Recognition: "Cold & Clammy - You Need Candy!"

SIGNS

Cold & Sweaty
Shakiness, feeling weak
Dizziness, Headache, Confusion, or Irritability
If Severe: Loss of Consciousness, Slurred Speech, or Seizures

RESPOND

- If Awake & Able To Swallow: Give 15g (4 tablets) of fast-acting glucose tablets/gel (or juice/sodas)
- Wait 15 minutes → Reassess → Repeat if Still Low Sugar
- If Unable to Swallow/Unconscious: Administer Glucagon via IM

Syncope - brief loss of consciousness

SIGNS

Pale, Cool, or Sweaty Skin
Lightheadedness or Dizziness
Vision Changes: Blurry or "Tunnel Vision"

RESPOND

- Positioning: Lay the person flat/supine and raise their legs - this helps increase blood flow to their brain
- Circulation, Airway, & Breathing: Loosen clothes to allow for proper breathing

When to call 911, act, or wait

A simple filter for the decision you'll face in the moment.

1	**CALL 911 IMMEDIATELY**	Unresponsive, not breathing normally, uncontrolled bleeding, chest pain, stroke signs, severe allergic reaction, seizure.
2	**CALL, THEN TREAT**	Get help on the way first, then begin direct pressure, positioning, or your auto-injector while you wait.
3	**TREAT, THEN DECIDE**	Minor cuts, small burns, a bruise, a controlled nosebleed. Basic first aid is enough — no 911 needed.
4	**MONITOR & WATCH**	A bump to the head with no other symptoms, a mild reaction fading on its own. Keep observing for the next hour.

Building a household trauma kit

Beyond the basic first-aid box — the items this session's skills actually require.

Tourniquet (commercial, e.g. CAT)

Not a shoelace — a real, purpose-built tourniquet

Trauma shears

Cut clothing away fast without moving the person

Chest seal or plastic wrap

For penetrating chest wounds

Epinephrine auto-injector

If anyone in the household has a prescription

Gauze, roll & packing and Nitrile Gloves (several pairs)

Plain and hemostatic gauze for wound packing. Keep extra gloves for helpers.

Glucometer Kit with Fast-Acting Glucose Tablets

Check blood sugar when hypoglycemia is suspected

CPR face shield

Basic barrier for rescue breaths

Emergency contact card

Medications, allergies, and your out-of-state contact

Get BLS Certified

Take tonight's skills further — official certification, open to anyone

Option 1 — AHA Heartsaver CPR/AED *(recommended starting point)*

Built for everyday people, not clinicians — same core skills as tonight (CPR, AED, choking), no medical background needed. No prerequisites.
cpr.heart.org — search "Heartsaver" by zip code

Option 2 — American Red Cross BLS

Nationally recognized, open to anyone. In-person or blended (online + hands-on skills check). ~4–5 hours, valid 2 years.
redcross.org/take-a-class/bls

Option 3 — AHA BLS Provider

The healthcare-provider-grade version — same certification hospitals require of nurses and EMTs. Take this if you need it for work or school, not required otherwise.
cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training

No prerequisites for any option above. Cost typically $35–$95. Certification valid 2 years.

Assess your preparedness

Practice the sequence

Plan on collecting First aid items— you don't need supplies to practice the decisions.

1. Make a list of first-aid items you already own.
2. Walk through Check-Call-Care out loud for: someone collapses in a parking lot.
3. One person suffers severe bleeding on a forearm. Talk through direct pressure, then packing, then a tourniquet.
4. What is one item from the trauma kit list you'll buy this week?
5. Check in with your accountability partner from Webinar 1 — how did last week's actions go?

Questions, reflections, stories

This is your time. There are no small questions in this room.

Raise a hand · Type in chat · Unmute and speak

This week's actions

Two small tasks. Doable in one evening combined.

ACTION 1

Assemble Your Trauma Kit

Create your list

- Buy or confirm a real tourniquet (CAT or SOF-T)
- Add gauze, trauma shears, and gloves
- Store it somewhere every adult in the home can find fast

ACTION 2

Practice the Sequence Once

Create one page recap

- Say the Check-Call-Care sequence out loud
- Practice hand placement for CPR on a couch cushion
- Text your accountability partner what you practiced

Next time

Webinar 3 — Civil Unrest, Sheltering & Evacuation. 45 minutes.

WHAT WE WILL COVER

- Situational avoidance and de-escalation
- Home hardening & sheltering in place
- Managing fear without freezing
- Building a go-bag for every family member
- Evacuation routes and mobility
- Growing your neighbor network

BEFORE WE MEET AGAIN

- Assemble your trauma kit
- Practice the Check-Call-Care sequence
- Text your accountability partner what you did

Thank you for being here.

"Remain vigilant, stay calm and continue to pray."

See you next time- For any questions/information please do not hesitate to send an email to Hiba.ghani@humanityfirstusa.org