

EMERGENCY FIRST AID GUIDELINES

TO CONTROL BLEEDING:



Apply manual pressure on gauze or other cloth placed over the bleeding source.



Wrap with an elastic bandage firmly over gauze to hold it in place with pressure.

IF BLEEDING DOESN'T STOP:

Apply pressure to a nearby artery.



ARM:
Inside upper arm, between shoulder and elbow.



LEG:
Crease at front of hip, in the groin.

CARE FOR BURNS

Thermal Burns



Cool with cold water as soon as possible and continue at least until pain is relieved. Avoid cooling burns with ice or ice water for longer than 10 minutes, especially if the burn covers more than 20% of body surface area.

Burn Blisters



Loosely cover burn blisters with a sterile dressing but leave them intact.

Electrocution and Electrical Burns

- Do not place yourself in danger by touching an electrocuted victim while the power is on.
- Turn off the power at its source.
- Assess the victim, who may need CPR, defibrillation, and treatment for shock and thermal burns.
- All victims of electric shock require medical assessment because the extent of injury may not be apparent.

Chemical Burns

- Brush powdered chemicals off the skin with a gloved hand or piece of cloth.
- Remove all contaminated clothing and make sure not to contaminate yourself in the process.
- In case of an acid or alkali exposure to the skin or eye, IMMEDIATELY irrigate the affected area with copious amounts of water.

SPINE STABILIZATION

A victim with a spinal injury has an increased risk of permanent neurological damage.

It may be difficult to identify a victim with a spinal injury, but you should suspect spinal injury if an injured victim:

- is involved in a motor vehicle, motorized cycle, or bicycle crash as an occupant, rider, or pedestrian.
- is injured as a result of a fall from greater than a standing height.
- Complains of neck or back pain, tingling in the extremities, or weakness.
- is not fully alert.
- Appears frail or over 65 years of age.
- Has a head or neck injury.



POSITIONING THE VICTIM

A victim should NOT BE MOVED unless:

- The area is unsafe for you or the victim: Move the victim to a safe location.
- The victim is face down and needs CPR: Turn the victim face up.



- The injured victim is unresponsive and has difficulty breathing because of copious secretions or vomiting or; you are alone and have to leave the victim to get help: Place the victim in a modified HAINES recovery position by extending one of the victim's arms above the head and rolling the body to the side so that the victim's head rests on the extended arm. Bend both legs to stabilize the victim.



TYPE OF INJURY OR ILLNESS: FIRST AID

SEIZURES

Prevent Injury

- Protect the head with a pillow or other soft material. Do not restrain the victim or place any object in the victim's mouth.
- If possible without causing injury to yourself or the victim, ensure an open airway.
- Ensure that the airway remains open and place the victim in a recovery position after the seizure has ended.

WOUNDS AND ABRASIONS:

Clean The Injury

- Irrigate wounds and abrasions with clean running tap water for 5 or more minutes or until there appears to be no foreign matter in the wound. If running water is unavailable, use any source of clean water.
- Apply antibiotic ointment or cream only if the victim's wound is an abrasion or is superficial.

MUSCULOSKELETAL TRAUMA

Sprains, Strains, Contusions and Fractures

- Apply cold to soft-tissue injuries (cooling is best accomplished with a plastic bag or damp cloth filled with ice).
- Limit each application of cold to periods of no more than 20 minutes and place a barrier, such as a thin towel, between the cold container and the skin.
- Assume that any injury to a person's extremity includes a bone fracture - **DO NOT MOVE OR STRAIGHTEN** any injured extremity.
- A victim with an injured lower extremity should not bear weight until advised by definitive health care.

POISON EMERGENCIES

- Do **NOT** administer anything by mouth unless advised to do so by a poison control center.
- Inform the **Poison Control Center (800-222-1222)** of the nature of the exposure, the time of exposure, and the name of the product or toxic substance.

TEMPERATURE EMERGENCIES

Hypothermia:

- Move the victim to a warm environment, remove wet clothing, wrap all exposed body surfaces with anything at hand (blankets / clothing / newspapers).
- ONLY** if you are far from definitive health care should you begin active rewarming by placing the victim near a heat source and placing containers of warm (NOT HOT) water in contact with the skin.

Frostbite:

- Remove wet clothing and make sure victim does not develop hypothermia.
- Get victim to a medical facility as rapidly as possible (Do not try to re-warm the frostbite if there is any chance that it may re-freeze).
- ONLY** if you are in a remote area far from a medical facility, should you begin to slowly re-warm the frostbite using warm water (100° to 105°).

Heatstroke:

- Move the person out of the sun and into a shady or air-conditioned space.
- Dial 911 or call for emergency medical assistance.
- Cool the person by covering him or her with damp sheets or by spraying with cool water.
- Direct air onto the person with a fan or newspaper.

Heat Exhaustion:

- Get the victim out of the heat and into a cool place.
- Place in the shock position, lying on the back with feet raised.
- Remove or loosen clothing.
- Cool by fanning, applying cold packs, wet towels or sheets.
- If conscious, give water to drink every 15 minutes.

SAFETY

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