



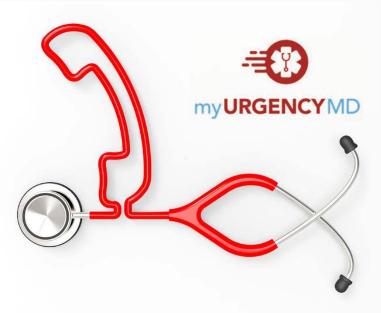
FIRST AID GUIDE

"When life sends you **URGENCIES**, not **EMERGENCIES**."

This guide should not be used as a substitute for medical treatment. It is provided for reference only.

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EMERGENCY PHONE NUMBERS

For all **EMERGENCIES** you should dial **911**

AMBULANCE
FIRE DEPARTMENT
PREFERRED HOSPITAL
PREFERRED PHARMACY
POLICE DEPARTMENT
PRIMARY DOCTOR
ELECTRIC COMPANY
GAS COMPANY
WATER COMPANY
OTHER

CARDIOPULMONARY RESUSCITATION (CPR)

Instruction on C.A.B. (Compressions, Airway, Breathing) Sequence of CPR

A







(For Infants):

#1 RECOGNITION:

- o Check to see if the victim will respond while quickly looking for signs of breathing (chest rising up and down, attempts to breathe). Occasional gasps are **NOT** breathing. **See (A).**
- o If no response, CALL 911 and then proceed to performing chest compressions. See (B/C).
- o If you are alone with an infant, do 2 minutes of CPR before calling 911.

#2 Performing CPR

- o Compressions: Place two fingertips of one hand on the center of the chest so that both fingertips are on the breastbone just below the nipples. Push the chest down 1.5 inches. Let the chest rise completely before pushing down again. Compress the chest 30 times at a rate of at least 100 times per minute. (You can use the tune "Staying Alive" to help you with the rate of compressions). **See (B/C).**
- o Airway: If you've been trained in CPR, open the airway with a head tilt and chin lift. Do not tilt the head too far back. **See (D).**
- o Breathing: Cover the victim's mouth and nose with your mouth making an airtight seal. Give two gentle breaths, each just enough to *make the chest rise*. Continue 30 compressions then two breaths until help arrives. Pinch victim's nose and hold barrier firmly across mouth to create a seal while keeping the head tilted. **See (D).**

Continue 30 compressions, 2 breaths at a rate of 100 per minute until help arrives.

CPR requires training skill and practice. The untrained may cause serious damage to the patient. To be prepared for an emergency, at least one family member should seek training from a certified instructor (cpr.heart.org). However, without CPR, anyone whose heart has stopped will die, so in an emergency it may be necessary to perform CPR even if you are untrained.

CARDIOPULMONARY RESUSCITATION (CPR)

Instruction on C.A.B. (Compressions, Airway, Breathing) Sequence of CPR

A





D









(For Adult/Child):

#1 RECOGNITION:

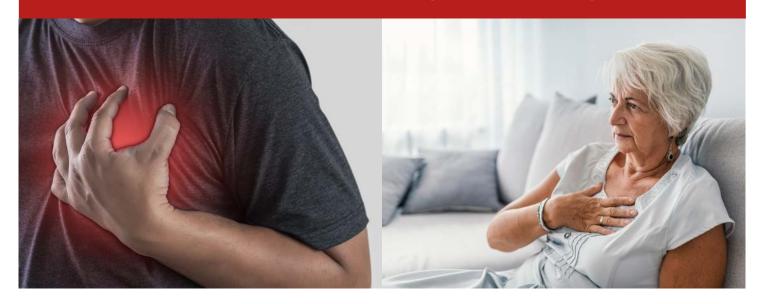
- o Check to see if the victim will respond while quickly looking for signs of breathing (chest rising up and down, attempts to breathe). Occasional gasps are **NOT** breathing. **See (A)**.
- o If no response, CALL 911, apply an AED (if available) and then proceed to performing chest compressions if no shock is advised. See (B)
- o If you are alone with a child, do 2 minutes of CPR before calling 911.

#2 Performing CPR

- o Compressions: Press the heel of one hand on the center of the chest between the nipples. Put your other hand on top of the first with your fingers interlaced. Keep your arms straight, position your shoulders directly over your hands. Push the chest down 2 inches. Let the chest rise completely before pushing down again. Compress the chest 30 times at a rate of at least 100 times per minute. (You can use the tune "Staying Alive" to help you with the rate of compressions). **See (B).**
- o Airway: If you've been trained in CPR, open the airway with a head tilt and chin lift. See (C).
- o Breathing: Pinch the victim's nose closed. Cover the victim's mouth with yours to make an airtight seal. If a CPR Protective Barrier is available, insert long end of barrier into victim's mouth. Give two breaths, each lasting one-second as you watch for the chest to rise. Continue 30 compressions then two breaths until help arrives. Pinch victim's nose and hold barrier firmly across mouth to create a seal while keeping the head tilted. **See (D).**
- o If you have never received CPR training or do not feel comfortable giving mouth-to-mouth, you should perform **compressions only** (without mouth-to-mouth breathing) and continue until help arrives.

Continue 30 compressions, 2 breaths at a rate of 100 per minute until help arrives.

HEART ATTACK SYMPTOMS



DO NOT wait to get help if you experience heart attack warning signs like those listed below. Although some heart attacks can be sudden and intense, most start slowly with just mild discomfort or pain.

You should trust and pay attention to your body and call 9-1-1 if you experience any of the following:

Chest discomfort or mild pain. The majority of heart attacks involve discomfort in the center of the chest that lasts more than a few minutes. Sometimes the discomfort may go away and then return. It can sometimes feel like uncomfortable squeezing, pressure, fullness or pain.

Discomfort in other areas of the upper body. Symptoms can include discomfort or pain in one or both arms, in the back, neck, jaw or stomach.

Shortness of breath. This can occur by itself or without chest discomfort.

Other signs. Other symptoms include nausea, lightheadededness or cold sweats.

Please note: Just like men, the most common heart attack symptom in women is chest pain (angina) or chest discomfort. However, women are slightly more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain. So, if these symptoms are occurring alone in a woman, you should also think heart attack.

Call 9-1-1 if you or a family member experience any of the heart attack warning signs. You should also chew 4 baby asiprin or take one 325mg aspirin.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment from your local emergency medical services (EMS) such as the fire department or ambulance. EMS staff can begin treatment when they arrive — up to an hour sooner than if someone goes to the hospital by car. In addition, patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital.



For more information visit: heart.org

STROKE SYMPTOMS









Facial Drooping

Is one side of the face drooping or does it feel numb? Ask the person to smile. Is the person's smile uneven or lopsided?





Arm Weakness

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?



Speech

Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence.



If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.





For more information visit: stroke.org



CHOKING

Symptoms:

- Look for the universal sign of choking which is hands clutched to the throat.
- 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 or skin that is flushed then turns pale or bluish in color.
- Loss of consciousness.

If the person is able to cough forcefully, the person should keep coughing. If the person is choking and can't talk, cry or laugh forcefully, the American Red Cross recommends a "five-and-five" approach to delivering first aid:

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. See (A).

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.

*Note: The American Red Cross does not teach the Back Blow technique so it is OK not to use them if you haven't been trained.

To perform abdominal thrusts (Heimlich maneuver) on someone else:

- Stand behind the person. Place one foot slightly in front of the other for balance. Wrap your arms around the waist and tip the person forward slightly. If a child is choking, kneel down behind the child.
- Make a fist with one hand. Position it slightly above the person's navel.
- Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up. See (B)
- Perform between six and 10 abdominal thrusts until the blockage is dislodged.



TREATMENT

BLEEDING (EXTERNAL)

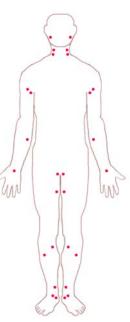
Bleeding from veins:

Steady flow of dark red blood.

Bleeding from arteries:

Spurting, bright red blood from wounds. Often rapid and profuse. More critical than bleeding from veins which mean greater potential for massive blood loss.

Pressure points location



Elevate the wound, if possible, above the heart and apply a clean compress (heavy gauze pad, washcloth, t-shirt, sock) directly to the wound. Do not remove any soaked through compresses because you may remove clots that have already started to form. If blood soaks through, wrap with additional gauze or pads. Once bleeding has slowed tie the pads firmly in place (you may use strips of sheet, t-shirt or shoestrings). For continued bleeding, you can apply pressure to pressure points. (See image)

BLEEDING (INTERNAL)

If vomiting, blood can be dark red/brown like coffee grounds or bright red. Stools can be black or have blood in them.

If bleeding in the lungs, the individual will be coughing up blood. Person could be pale with cold skin. Person may also have lightheadedness and if a stomoch or intestine bleed, a swollen abdomen. If the symptoms of internal bleeding occurs with or without trauma, the individual should be seen in the ER immediately.





TREATMENT

NEAR DROWNING

Describes almost dying from suffocating underwater. It is possible to revive a person that has been underwater a long time. Near drowning victims require medical attention to prevent further health-related complications.

Symptoms:

Cold or bluish skin, abdominal swelling, chest pain, cough, shortness of breath, vomiting, unconscious

Be careful handling victim due to possibility of neck or spinal injury. If rescuer is alone, begin rescue breathing (mouth to mouth) and chest compressions for 1 minute and then call 911. If two rescuers are present, one should call 911 and the other begins CPR.

Make sure to keep the victim warm.

For the best chance of recovery, seek help immediately.

FROSTNIP/FROSTBITE

Frostnip occurs on the surface skin and does not include the deeper layers of the skin. Frostbite occurs when the body part freezes and ice crystals form in cells causing them to rupture and die.

Susceptible areas are nose, cheeks, lips, arms/hands/fingers, toes,

Frostnip can be treated at home by rewarming and there are no long term problems.

Frostbite is a medical emergency and the individual should go the ER immediately. There may be complications such as amputation of a limb, infection and associated hypothermia (low body temperature).



TREATMENT

LACERATIONS AND ABRASIONS

An **abrasion** occurs when the skin is rubbed away usually due to injury.

Examples are road rash and a skinned elbow or knee. They can contain dirt and debris.

A **superficial laceration** is a cut that goes all the way through the skin. Some are small and superficial, for example some of those that occur on fingers, toes or hands and can be treated at home.

Deep lacerations go through fat and muscle and will need treatment right away.

Puncture wounds usually occur by stepping on a nail or other sharp object.

Skin tears are when the outer layer of the skin is peeled back. Usually occurs the in elderly and those certain medications.

The first step for all lacerations or abrasions is to clean the wound with soap and water (if possible). Cover the wound with a clean gauze or bandage. If superficial not requiring repair, you may also use antibiotic ointment to prevent infection.

For lacerations that require repair, they can be repaired in a variety of ways depending on how deep and where it is located on the body. The laceration may be repaired with steri-strips, glue, sutures (stiches) or staples.

A tetanus shot may need to be given depending on the extent of the wound and your tetanus status.

For more detailed information regarding wounds and their treatment visit:

https://www.facs.org/woundcare



TREATMENT

HEAT-RELATED ILLNESSES

Heat exhaustion is heat-related illness after you have been exposed to high temperatures. It is accompanied by dehydration.

- Symptoms include dark urine, fainting, fatigue, headache, muscle cramps, sweating, nausea/vomiting/diarrhea.
- **Heat stroke** occurs after prolonged exposure to high temperatures with core temperature of at least 104 degrees.
- Symptoms are the same as heat exhaustion but also has fainting, seizures, confusion, and coma.

- Remove the individual from heat source and move to a cool area.
- Take off any unnecessary clothing or equipment and lay the person down.
- Use a fan while wetting the body with towels. You may also place ice packs to armpits, groin, neck and back.
- Give sips of cool salt water to individual with symptoms heat exhaustion but NOT heat stroke.

Heat stroke - call 911 immediately
Heat exhaustion - seek help if symptoms
go on for more than an hour or recurrent
vomiting.

CARBON MONOXIDE POISONING

Carbon monoxide is colorless and odorless and is found in exhaust fumes (heaters, car mufflers, fireplaces). Most common symptoms are dull headache, weakness, nausea, vomiting, dizziness, difficulty breathing and confusion.

Remove individual from the environment and into fresh air, if possible. Call 911 immediately.

Definitive treatment is 100% oxygen given in the hospital.



TREATMENT

THERMAL BURNS

1st degree - superficial redness and pain, no break in the skin.

Example: mild sunburn

2nd degree – redness and blistering of skin, very painful.

Example: burn from boiling water



The first step to treating a burn is to stop the burning process. Chemicals need to be cleaned off. Electricity needs to be turned off. Heat needs to be cooled down with running water. Sunburn needs to be covered up or go inside.

Never use ice, oils, butter, toothpaste.

1st degree – Cool, running water. Aloe vera or a cooling gel. Antibiotic cream to cover and protect the burn.

Minor 2nd degree – Cool, running water. Burn creams, cooling gels.

Major 2nd degree and 3rd degree - Requires emergency treatment.

CHEMICAL BURNS

Associated with redness and pain. Seek immediate help if the burn:

- Is deep
- Covers an area larger than 3 inches
- Involves hands, feet, face, groin, buttocks or major joint.

Note: You may not develop symptoms for 2–3 hours after exposure.

Immediately flush the affected area with water for at least 10–15 minutes. For dry chemicals, brush off any remaining material prior to flushing.

Cover with a clean, non-fluffy bandage. Do not use any antiseptics or ointments. Seek medical attention.



TREATMENT

ELECTRICAL BURNS / SHOCK

The danger from an electrical shock depends on the type of current, how high the voltage is, how the current traveled through the body, the person's overall health and how quickly the person is treated.

An electrical shock may cause burns, or it may leave no visible mark on the skin. In either case, an electrical current passing through the body can cause internal damage, cardiac arrest or other injury. Under certain circumstances, even a small amount of electricity can be fatal.

Symptoms of life-threatening shock:

- Severe burns
- Confusion
- Difficulty breathing
- Heart rhythm problems (arrhythmias)
- Cardiac arrest
- Muscle pain and contractions
- Seizures
- Loss of consciousness

Take these actions immediately while waiting for medical help:

- Turn off the source of electricity, if possible. If not, move the source away from you and the person, using a dry, nonconducting object made of cardboard, plastic or wood.
- Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.
- Try to prevent the injured person from becoming chilled.
- Apply a bandage. Cover any burned areas with a sterile gauze bandage, if available, or a clean cloth. Don't use a blanket or towel, because loose fibers can stick to the burns.



TREATMENT

SPRAINS AND STRAINS

Sprain – a stretched or torn ligament. Usually caused acutely due fall, hit or twisting. **Symptoms** are pain, swelling, bruising, and unable to move joint.

Strain – a stretched or torn tendon. Usually caused by twisting or pulling. Can happen suddenly or occur over time. Many people get strains during sports. Symptoms include pain, swelling, muscle spasms and trouble moving the muscle.

At first, treatment of both sprains and strains usually involves **R.I.C.E.:** resting the injured area, icing it, wearing a bandage or device that compresses the area and elevation. You can also take over the counter medications like Tylenol or Motrin.

Later treatment might include exercise and physical therapy.

DISLOCATIONS

Dislocation – an injury in which the ends of your bones are forced from their normal positions. Usually from trauma like a fall, a car accident, or during high-speed sports. Usually involves the body's larger joints but thumb and finger are vulnerable as well. **Symptoms:** Deformed joint, sudden and severe pain and swelling.

Get medical help immediately and don't move the joint. Until you receive help:

- Splint the affected joint into its fixed position. Don't try to move a joint or try to pop it back into place.
- Ice the injured joint. This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint.



ANIMAL BITES

For minor bites that scrape the skin:

- Wash the wound thoroughly with soap and water.
- Apply an antibiotic cream and cover with a bandage.

Seek medical attention if:

- The wound is a deep puncture
- You are unsure of the rabies status of the animal (speak with your doctor about animals who have the highest rabies risk)
- The skin is badly torn, crushed or bleeding profusely.
- You notice increased redness, swelling or discharge which are all signs of infection.
- You haven't had a tetanus shot within the last 10 years or 5 years if the wound is deep or dirty.

FAINTING

Fainting occurs when your brain temporarily doesn't receive enough blood supply, causing you to lose consciousness. This loss of consciousness is usually brief but could be due to a serious medical condition so all fainting spells should be treated as a medical emergency until the cause is known.

If you feel faint:

 lie or sit down and place your head between your knees (if you sit down). To prevent recurrence don't get up too fast.

If someone else faints:

- Position the person on his or her back. If there are no injuries. Raise their legs above heart level, if possible.
- Loosen belts, collars or constrictive clothing.
- If the person doesn't regain consciousness within 1 minute, call 911.
- If the person isn't breathing, begin CPR and call 911. Continue CPR until help arrives or the person begins to breathe.
- Treat cuts and bruises if there was an associated fall.



STINGS/BITES

Symptoms of mild reaction:

Most reactions to insect bites and stings are mild, causing little more than redness, itching, stinging or minor swelling.

Treatment for mild reactions:

- Move to a safe area and if needed, remove the stinger.
- Wash the area with soap and water and apply a cool compress (ice or cold water).
- If injury is on an arm or leg, elevate it.
- Apply 0.5 or 1% hydrocortisone cream, calamine lotion or a baking soda paste to the bite or sting several times daily until improved.
- Take an antihistamine (Benadryl, others)
 to reduce any itching. Usually improved
 after 1–2 days. If you're concerned —
 even if your reaction is minor call a
 doctor.



Symptoms of a severe reaction:

Rarely, insect bites and stings, such as those from a bee, a wasp, a hornet, a fire ant or a scorpion, can result in severe reactions. Symptoms are:

- Difficulty breathing
- Swelling of the lips, eyelids or throat
- Dizziness, faintness or confusion
- Rapid heartbeat
- Hives
- Nausea, cramps or vomiting

Treatment of severe reactions, Call 911:

- Ask the person if they have an Epi-Pen and if they need help injecting it. This is usually done by pressing the autoinjector into the outer thigh and holding in place for several seconds.
- Loosen tight clothing and cover the person with a blanket.
- Don't give him or her anything to drink.
- If the person is vomiting, position him or her on their side to prevent choking.
- If the person shows no signs of circulation, such as breathing, coughing or movement, begin CPR.

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TREATING FEVERS

A fever is a rise in body temperature usually due to infection. The fever itself is generally harmless and probably helpful. Fevers usually don't need treatment.

Normal body temperature can range between 97 F (36.1 C) and 99 F (37.2 C) or more and it varies depending on how active you are or the time of day. Generally, older people have lower body temperatures than younger people have.

The following thermometer readings generally indicate a fever:

- Rectal, ear or temporal artery temperature of 100.4 (38 C) or higher
- Oral temperature of 100 F (37.8 C) or higher
- Armpit temperature of 99 F (37.2 C) or higher

Should I treat a fever?

When you or your child is sick, the main goal is to relieve discomfort and promote rest. Treating a fever neither shortens nor particularly prolongs the course of an illness.

Treatment (adults and children):

- Push fluids to prevent dehydration
- Dress in lightweight clothing
- Use a light blanket if experiencing chills until they subside
- Use ibuprofen (6 months and older) or Tylenol to help with symptoms.
- Do not give aspirin to a child or teenager for fever. Do not give an infant any type of fever reducer until you have talked with a doctor.

Seek medical advice for:

- Abnormal behavior even after the temperature has been treated.
- Confusion
- No wet diapers over 8–10 hours or signs of dehydration
- Stiff neck or severe headache
- Rash
- Difficulty breathing
- Abdominal pain
- Repeated vomiting
- Chest pain
- Difficulty swallowing
- Pain in back or trouble urination. Foul smell of urine in children.



TOXIC INGESTIONS

Poisoning – injury or death due to swallowing, inhaling, touching or injecting various drugs, chemicals, venoms or gases.

Many substances are poisonous only in higher concentrations or dosages — such as certain drugs and carbon monoxide. And others — such as household cleaners — are dangerous only if ingested. Children are particularly sensitive to even small amounts of certain drugs and chemicals.

How you treat someone who may have been poisoned depends on:

- The person's symptoms and age
- If you know the type and amount of the substance that caused poisoning.

If you are in the U.S. call the Poison Center at 800-222-1222. Poison control centers are excellent resources for poisoning information and, in many situations, may advise that in-home observation is all that's needed.

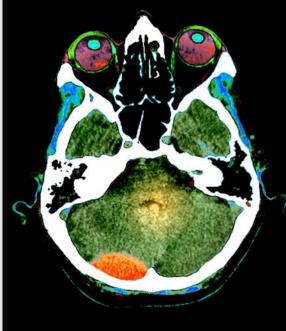
Signs and symptoms:

- Burns or redness around the mouth and lips
- Breath that smells like chemicals, such as gasoline or paint thinner
- Vomiting
- Difficulty breathing
- Drowsiness
- Confusion or other altered mental status

What to do while waiting for help:

- Remove anything remaining in the person's mouth.
- Read any containers' label and follow instructions for accidental poisoning.
- Remove any contaminated clothing using gloves. Rinse the skin for 15 to 20 minutes in a shower or with a hose.
- Gently flush the eyes with cool or lukewarm water for 20 minutes or until help arrives.
- If inhaled, get the person into fresh air as soon as possible.
- If the person vomits, turn his or her head to the side to prevent choking.
- Begin CPR if the person shows no signs of life, such as breathing or movement.





NOSEBLEEDS

Symptoms:

Bleeding from one or both nostrils.

Treatment:

- Sit upright and lean forward.
- Pinch your nose. Use your thumb and index finger to pinch your nostrils shut. Breathe through your mouth. Continue to pinch for 10 to 15 minutes. If the bleeding continues after 10 to 15 minutes, repeat holding pressure for another 10 to 15 minutes. Avoid peeking at your nose. If the bleeding still continues, seek emergency care.
- To prevent re-bleeding, don't pick or blow your nose and don't bend down for several hours after the bleeding episode.
- If re-bleeding occurs, blow out forcefully to clear your nose of blood clots. Then spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin). Pinch your nose again as described above and call your doctor.
- Seek emergency care if the bleeding lasts for more than 30 minutes or you feel faint or lightheaded.

HEAD INJURY

Signs and symptoms:

- Severe head and facial bleeding
- Change in level of consciousness for more than a few seconds, confusion
- Severe headache, unequal pupil size
- Black and blue discoloration behind the eyes or ears
- Blood or fluid leaking from nose or ears
- Weakness or inability to use and arm or leg, loss of balance
- Seizures, slurred speech
- Children: all of the above plus persistent crying, refusal to eat, bulging of soft spot or persistent vomiting

What to do while waiting for help:

- Keep the person still. Do not move unless necessary and do not remove helmets if present
- Stop any bleeding by holding pressure, but do not hold direct pressure if a skull fracture is suspected
- Watch for changes in breathing or alertness. If person does not show signs of life, then begin CPR.



Disclaimer: This information is not intended as a substitute for professional medical advice, emergency treatment or formal first-aid training. Don't use this information to diagnose or develop a treatment plan for a health problem or disease without consulting a qualified health care provider. If you're in a life-threatening or emergency medical situation, seek medical assistance immediately.