

FIRST AID

Toolbox Talk



1. Stop the Bleeding

- Apply direct pressure on the area.

2. Clean and Protect

- Clean the area with warm water and gentle soap.
 - Apply an antibiotic ointment to reduce chance of infection.
 - Put a sterile bandage on the area.
- In some people, antibiotic ointments may cause a rash. If this happens, stop using the ointment.



3. Call a health care provider if:

- The cut is deep or over a joint
- You cannot get the cut or laceration clean
- The injury is a deep puncture wound or the person has not had a recent (within the last 5 to 10 years) tetanus shot or booster
- The cut is from a human or animal bite

4. Follow Up

- For a minor cut or laceration, remove bandage after a couple of days to promote healing.
- See a health care provider if the cut doesn't heal or shows signs of infection, including redness, swelling, pus, or excessive pain.

Fracture/Sprains

1. Control Any Bleeding

- Apply direct pressure to the source of bleeding with gauze or a cloth to stop bleeding.
- If a bone has broken through the skin, cover the wound with loosely wrapped gauze or cloth.

DON'T increase damage by pressing directly on the bone or pushing it back into place.

2. Immobilize the Injury

- Place a rigid material (splint) next to the injury, and tie or tape it in place. Secure the splint above and below the injury.
- **DON'T** increase damage by straightening an injury.
- **DON'T** secure the splint too tight. If toes or fingers become pale, cold, or numb, loosen the splint immediately.

Fracture/Sprains

3. Ice and Elevate

- Place ice or a cold pack on the injury for 20 minutes every three to four hours to limit swelling and pain. Use a barrier, such as a thin towel, between the ice or cold pack and the skin to prevent cold injury to the skin.
- Raise the injury above the heart, if possible, to reduce swelling.



Amputation



1. Stop the Bleeding

- Have the injured person lie down, if possible. Don't reposition the person if you suspect a head, neck, back, or leg injury.
- Elevate the injured area.
- Apply steady, direct pressure to the wound for 15 minutes. You can do this up to three times. If there's an object in the wound, apply pressure around it, not directly over it.
- If blood soaks through, apply another covering over the first one. Don't take the first one off.
- Use a tourniquet or compression bandage only if bleeding is severe and not stopped with direct pressure.

Amputation

2. Check for and Treat Shock

- With the person still lying flat, raise feet 12 inches.
- Cover with coat or blanket.
- Calm the person as much as possible until medical help arrives.

3. Clean and Protect Wound

- Wrap or cover the injured area with sterile dressing or clean cloth.

4. Save Amputated Part

- In some cases, the amputated part can be reattached.
- If possible, rinse with clean water to remove dirt or debris. Do not use soap or scrub.
- Place in a clean, plastic bag.
- Pack the bag in ice. Take it with you to the hospital.

Burns

First-Degree Burns

- Hold burned skin under cool running water or immerse in cool water until pain subsides.
- Use compresses if running water isn't available.
- Do not apply butter or ointments, which can cause infection.
- Seek medical help if you see signs of infection, like increased pain, redness, swelling, fever, or oozing.

Second-Degree Burns

- Immerse in cool water for 10 or 15 minutes.
- Use compresses if running water isn't available.
- Don't apply ice. It can lower body temperature and cause further damage.
- Cover loosely with sterile, nonstick bandage and secure in place with gauze or tape
- The doctor can test burn severity, prescribe antibiotics and pain medications, and administer a tetanus shot, if needed.

Third-Degree Burns

- Protect burn Area
- Unless the person would cause discomfort:
- Lay the person flat.
- Elevate feet about 12 inches.
- Elevate burn area above heart level, if possible.
- Cover the person with coat or blanket.
- For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.
- Have a person with a facial burn sit up.
- Check pulse and breathing to monitor for shock until emergency help arrives.

Electrical shock

In the event of electric shock do NOT rush to assist the victim until you are certain that he is no longer in contact with electricity. Otherwise the current will pass through the victim directly to you.



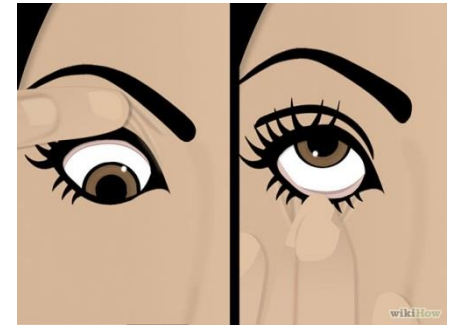
1). If at all possible, turn off the source of electricity, if this is not an option, use non-conductive material such as plastic or dry wood to separate the source of electricity from the victim.

Electrical shock

- 2) Check the victim's vitals signs such as the depth of his breathing and regularity of his heart beat. If either one is effected by exposure to electricity or if the victim is unconscious, begin to perform CPR.
- 3) Treat any areas of the victim's body that may've sustained burns.
- 4) If the victim is responsive and does not appear seriously injured but looks pale or faint, he may be at risk of going into shock. Gently lay him down with his head slightly lower than his chest and his feet elevated.

SMALL OBJECT ON THE EYE OR EYELID

- Not to rub the eye.
- Wash your hands .
- Examine the eye in a well-lighted area. To find the object, have the person look up and down, then from side to side.
- If you cannot find the object, grasp the lower eyelid and gently pull down on it to look under the lower eyelid. To look under the upper lid, you can place a clean cotton-tipped swab on the outside of the upper lid and gently flip the lid over the cotton swab.
- If the object is on an eyelid, try to gently flush it out with clean water. If that does not work, try touching a second cotton-tipped swab to the object to remove it.



CHEMICALS IN THE EYE

- Flush with cool tap water right away. Turn the person's head so the injured eye is down and to the side. Holding the eyelid open, allow running water from the faucet to flush the eye for 15 minutes.
- If the person is wearing contact lenses and the lenses did not flush out from the running water, have the person try to remove the contacts after the flushing procedure.
- Continue to flush the eye with clean water or saline while seeking urgent medical attention.
- Seek medical help right away. Do not delay.



BIBLIOGRAPHY

- *Mayo Clinic Burns First Aid*
- *Mayo Clinic Cuts First Aid*
- *Mayo clinic Electrical Shock First Aid*
- *Mental health First Aid training: review of evaluation studies*

ANY QUESTIONS?

**THANKS FOR YOUR
PARTICIPATION!!!**