



Short Safety Subject

Short Safety Subjects are provided by the Public Safety Business Center, Fort Bragg, NC. Our intent is to provide safety topics for the purpose of increasing safety awareness and improving safety performance. Additional Short Safety Subjects are available on the PSBC Business Management Web Site at:

www.bragg.army.mil/psbc-bm/PubsAndForms/ShortSafetySubjects.htm

Basic First Aid

Accidents happen anywhere and anytime. The first response to an accident is the most important. Often times, first aid given at the scene can improve the victim's chances of survival and a good recovery. The right response is better than an incorrect quick one. Any response, even if it is wrong, is better than none at all.

Unconscious Victims

If the victim is unconscious, perform rescue breathing. (Rescue breathing is explained later.) If the victim's heart has stopped beating, perform cardiopulmonary resuscitation (CPR) if you have been properly trained to do so.

Shock

Shock usually accompanies severe injury or emotional upset. The signs are cold and clammy skin, pale face, chills, confusion, frequent nausea or vomiting and shallow breathing. Until emergency help arrives, have the victim lie down with the legs elevated. Keep the victim covered to prevent chilling or loss of body heat. Give non-alcoholic fluids if the victim is able to swallow and has not sustained an abdominal injury.

Bleeding

Until emergency help arrives, try to control any bleeding. If possible, first put on rubber or latex gloves before touching any blood. If these are not available, a clean plastic bag can be used to cover your hands. It is important not to come in contact with blood because of the health risks.

If finger or hand pressure is inadequate to control bleeding, place a thick pad of clean cloth or bandage directly over the wound, and hold in place with a belt, bandage, neckties or cloth strips. Take care not to stop the circulation to the rest of the limb. For injuries where a tie cannot be used, such as to the groin, back, chest, head and neck, place a thick pad of clean cloth or bandage directly over

Basic First Aid

The first response to an accident is the most important - know what to do.
Keep a shock victim covered to reduce heat loss.
Try to stop bleeding by applying pressure to the wound.
Do not remove a victim with a spinal injury unless further danger is imminent.



the wound and control the bleeding with finger or hand pressure. If bones are not broken, raise the bleeding part higher than the rest of the body. If the injury is extensive, the victim may go into shock and should be treated for it.

As a last resort, a tourniquet can be applied to stop bleeding. There is a risk of sacrificing a limb to save a life. A tourniquet is a wide band of cloth or other material tightly placed just above the wound to stop all flow of blood. A tourniquet crushes the tissue and can cause permanent damage to nerves and blood vessels. Once in place, a tourniquet must be left there until a physician removes it. The victim must be taken to medical help as soon as possible.

Burns and Scalds

Until medical help arrives, immerse the burned area immediately in tap or cool water or apply clean, cool, moist towels. Do not use ice because it may cause further damage to the burned area. Maintain this treatment until the pain or burning stops. Avoid breaking any blisters that may appear. Do not use ointments, greases or powders.

For more severe burns or chemical burns, keep the victim quiet and treat them for shock. Remove any clothing. If the clothing sticks to the burned area, leave it there. For exposure to chemicals, flush the skin with plenty of water, but only cover the exposed area with a clean bandage if the chemical has caused a burn. If the burn victim is conscious, can swallow and does not have severe mouth burns, give plenty of water or other non-alcoholic liquids to drink. Get the victim to a physician or hospital as soon as possible.

Broken Bones

For fractured limbs, take the following precautions until emergency help arrives. Place the injured part in as natural a position as possible without causing discomfort to the patient. If the patient must be moved to a medical facility, protect the injured part from further injury by applying splints long enough to extend well beyond the joints above and below the fracture. Use firm material, such as a board, pole or metal rod, as a splint. Pad the splints with clothing or other soft material to prevent skin injury. Fasten splints with a bandage or cloth at the break and at points along the splint above and below the break. Use a pressure bandage to control any bleeding.

For very serious fractures involving injuries to the body, neck or back: do not move the victim without medical supervision, unless absolutely necessary, and then only if the proper splints have been applied. If a victim with a suspected neck or back injury must be moved, keep the back, head and neck in a straight line, preventing them from being twisted or bent during movement. Use a board or stretcher to support the victim, if available.

Spinal Injuries

Take special care when helping a spinal injury victim. All damage to the spinal cord is permanent, because nerve tissue cannot heal itself. The result of nerve damage is paralysis or death.

Do not move the limbs or body of a victim with a suspected spinal injury unless the accident scene is such that there is imminent danger of further injury or unless it is necessary to establish breathing. The victim's body should be stabilized to prevent any movement of the head, neck or body. Be aware that any movement of a victim with spinal injury may result in paralysis or death.



If the victim must be moved, keep the neck and torso of the body as straight as possible and pull in a direction that keeps the victim's spine in a straight line. Pull the body from the feet or shoulders (using both feet, both shoulders, or both arms pulled over the shoulders). It is also possible to pull the victim by the clothing. Grab the victim by the collar of the shirt and support the victim's head with your forearms while pulling. The clothes drag is preferred because the victim's head is supported while being moved. Do not pull the body sideways.

When providing patient care, it may be necessary to roll the victim over on their back to clear an airway or evaluate breathing. When rolling the victim over, the head, neck and torso should be moved together so that no twisting occurs.

Rescue Breathing for an Adult

When breathing movements stop or lips, tongue and fingernails become blue, a person needs immediate help. When in doubt, apply rescue breathing until medical help arrives. Delay of rescue breathing may cost the victim's life. Start immediately. Seconds can count.

The following 10 steps to assist an adult who has stopped breathing.

1. Does the person respond? Tap or gently shake the victim. Shout, "Are you OK?"
2. Shout, "Help!" Call people who can phone for help.
3. Roll the person onto their back by pulling them slowly toward you. Slowly pull towards you until the victim is face up.
4. Open the airway by tilting the head back, and lift the chin. Clear the mouth and throat of any obstructions with your fingers.
5. Check for breathing. Look, listen and feel for breathing for three to five seconds.
6. Give two full breaths. Keep the head tilted back. Pinch the nose shut and seal your lips tight around the victim's mouth. Give two full breaths for one to one and a half seconds each.
7. Check for pulse at the side of the neck. Feel for pulse for five to 10 seconds.
8. Phone emergency staff for help. Send someone to call for an ambulance.
9. Continue rescue breathing. Keep the head tilted back, lift the chin and pinch the nose shut. Give one full breath every five seconds. Look, listen and feel for breathing between breaths.
10. Recheck the pulse every minute. Keep the head tilted back and feel for the pulse for five to 10 seconds. If the victim has a pulse, but is not breathing, continue rescue breathing.

For infants and small children, follow the first five steps listed above. On the sixth step cover the child's mouth and nose in a tight seal and give two small breaths. Check for pulse and call for help. Begin rescue breathing, giving one small breath every three seconds for an infant and one every four seconds for a child.

Choking

Choking occurs when food or a foreign object obstructs the throat and interferes with normal breathing. The following steps are advised if the choking victim is unable to speak or cough forcefully.

For adults and children over one year of age:

1. Ask, "Are you choking?"

2. Shout, "Help!" Call for help if the victim cannot cough, speak or breathe, is coughing weakly or is making high-pitched noises.
3. Phone emergency staff for help. Send someone to call an ambulance.
4. Do abdominal thrusts. Wrap your arms around the victim's waist. Make a fist. Place the thumbside of the fist on the middle of the victim's abdomen just above the navel and well below the lower tip of the breastbone. Grasp the fist with the other hand. Press the fist into abdomen with a quick upward thrust.
5. Repeat abdominal thrusts until the object is coughed up or the victim starts to breathe or cough. If the victim becomes unconscious, lower the victim to the floor.
6. Do a finger sweep. Grasp the tongue and lower jaw and lift jaw. Slide the finger down inside of the cheek to base of tongue. Sweep the object out.
7. Open the airway. Tilt the head back and lift the chin.
8. Give two full breaths. Keep the head tilted back, pinch the nose shut, and seal your lips tight around the victim's mouth. Give two full breaths for one to one and a half seconds.
9. Give six to 10 abdominal thrusts. If the air will not go in, place the heel of one hand against the middle of the victim's abdomen. Place the other hand on top of the first hand. Press into the abdomen with quick upward thrusts.
10. Repeat steps six through nine until the airway is cleared or the ambulance arrives.

For infants less than one year old:

1. Place the victim's head in a downward position on the rescuer's forearm with the head and neck stabilized.
2. With the heel of the rescuer's hand, administer five rapid back blows between the victim's shoulder blades.
3. If the obstruction remains, turn the victim face up and rest on a firm surface.
4. Deliver five rapid thrusts over the breastbone using two fingers.
5. If the victim is still not breathing normally, administer mouth-to-mouth resuscitation as specified for an infant.
6. Repeat the above steps as necessary. If the obstruction cannot be removed, call for medical help immediately.

