About The National Safety Council

The National Safety Council® is a nonprofit organization whose mission is to save lives by preventing injuries and deaths at work, in homes and communities and on the road through leadership, research, education and advocacy. NSC advances this mission by partnering with businesses, government agencies, elected officials and the public to make an impact where the most preventable injuries and deaths occur, in areas such as distracted driving, teen driving, workplace safety and beyond the workplace, particularly in and near our homes.

Founded in 1913 and chartered by the U.S. Congress, the National Safety Council relies on research to determine optimal solutions to safety issues and directs its educational efforts to build awareness, provide training and share best practices. The Council recognizes organizations that have focused on safety as a critical part of their operational excellence with the Robert W. Campbell Award®, safety’s most prestigious honor. NSC Congress & Expo is the world’s largest annual event dedicated to safety, and Safety+Health® magazine is a leading source of occupational safety information. The World Health Organization named NSC the designated U.S. certification center for its Safe Communities America® Program. Each year, the Green Cross for Safety® Medal from NSC salutes a company with an outstanding safety record for its leadership in responsible citizenship and community service. Offering a variety of learning options, NSC is a leader in First Aid and Workplace Safety training and created the defensive driving course category where it remains the chief innovator.

The National Safety Council is committed to helping its members prevent unintentional injuries and deaths by providing knowledge and resources that enable them to reduce risks, engage employees, measure progress and continuously improve their safety management systems. With local Chapters and global networks, NSC is the leading advocate for safety and promotes June as National Safety Month.
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Part 1 • Basic Life Support

Hands-Only CPR

1. Send someone to **Call 9-1-1** and to bring an AED. If alone, **Call 9-1-1** and get an AED if available nearby.

2. Expose chest. Pump hard and fast in the center of the chest. Let chest fully rise after each compression.

3. Continue until:
   - An AED is brought to the scene and is ready to use
   - Professional help or another person arrives and takes over

Conventional CPR (adult, child and infant)

1. Check for responsiveness by tapping the victim on the shoulder and shouting, “Are you OK?” Note if the victim is not breathing or not breathing normally (gasping).

2. Send someone to **Call 9-1-1** and to bring an AED. If alone, **Call 9-1-1** and get an AED if available nearby; if alone with a child, first give CPR for 2 minutes before calling 9-1-1 and getting a nearby AED.

3. Expose the chest. Put the heel of your hand on the breastbone in the center of the chest for chest compressions. For an adult, put your second hand on top of the first and interlock the fingers. For a child, use 1 or both hands. For an infant, put your 2 middle fingers of 1 hand just below the nipple line.
CPR – cont’d

4. Give 30 chest compressions hard and fast at least 2 inches deep in an adult and at least ⅓ the depth of the chest in an infant (about 1½ inches) or child (about 2 inches) at a rate of at least 100 per minute. Count aloud for a steady, fast rate: “1, 2, 3…”

5. Open the airway by tilting the head back and lifting the chin.

6. Give 2 breaths over 1 second each to produce visible chest rise.

7. Continue cycles of 30 compressions and 2 breaths. If the victim may have been choking, look inside the mouth when opening it to give breaths and remove any object with your fingers.

8. Continue CPR until:
   • The victim wakes up
   • An AED is brought to the scene and is ready to use
   • Professional help or another CPR-trained person arrives and takes over

9. a. When an AED arrives, start the AED sequence.
   b. If the victim is breathing normally but is unresponsive, put him or her in the recovery position and monitor breathing.

Using an AED

• Give CPR until an AED (automated external defibrillator) is brought to the scene and is ready to use. When the AED is ready, follow the steps below.

• If you arrive with an AED at a victim who is not breathing or breathing normally (gasping), use the AED immediately before starting CPR.
• For an infant or child under age 8, use a unit with pediatric pads if available, applied as directed by the unit. If unavailable, use adult pads.

1. Place the unit by the victim’s shoulder and turn it on.

2. Expose the victim’s chest and quickly dry or shave the pad placement area if necessary.

3. Apply pads to the victim’s chest. If needed, plug the cables into the unit.

4. Stand clear during rhythm analysis.

5. Follow prompts from the AED unit to take 1 of 3 actions: (1) press the shock button, (2) stay clear while the AED automatically delivers a shock or (3) do not shock but immediately give CPR with the pads remaining in place, starting with chest compressions.

6. Stand clear when AED prompts to analyze the rhythm again after 5 cycles of CPR (about 2 minutes).

7. Continue steps 5 and 6 until the victim wakes up or professional rescuers arrive and take over.

8. If the victim is breathing normally but is unresponsive, put the victim in the recovery position (with pads remaining in place) and continue to monitor the breathing.
Choking – Responsive Adult or Child

1. If the victim is coughing forcefully, encourage continued coughing to clear object. If not coughing, ask the victim if he or she is choking. A person who cannot cough, speak or breathe is choking and needs help immediately. Have someone Call 9-1-1.

2. Ask if you can help. Tell the victim you will use abdominal thrusts (the Heimlich maneuver).

3. Stand behind the victim with one leg forward between the victim’s legs. For a child, move down to the child’s level.

4. Reach around the abdomen and locate the person’s navel with a finger from one hand.

5. Make a fist with the other hand and place the thumb side of the fist against the person’s abdomen just above the navel.

6. Grasp your fist with your other hand and thrust inward and upward into the victim’s abdomen with quick jerks. Continue abdominal thrusts until the victim expels the object or becomes unresponsive.

7. If the victim becomes unresponsive, lower the person to the ground, expose the chest and start CPR (p. 1) by pumping the chest 30 times hard and fast. Look inside the mouth when opening the airway to give breaths and remove any object.

8. For a responsive pregnant victim or any victim you cannot get your arms around or cannot effectively give abdominal thrusts to, give chest thrusts instead of abdominal thrusts. Avoid squeezing the ribs with your arms.
Choking – Responsive Infant

Give choking care only if the infant cannot cry, cough or breathe.

1. Support the infant face down by holding the head in one hand, with the torso on your forearm against your thigh. Give up to 5 back blows (slaps) between the shoulder blades with the heel of your other hand.

2. If the object is not expelled, roll the infant face up, supporting the back of the infant’s head with your hand.

3. Place 2 fingers on the breastbone, just below the nipple line (same position as for CPR chest compressions).

4. Give 5 chest thrusts, about 1 per second. Each thrust should be 1½ inches deep.

5. Continue cycles of 5 back blows (slaps) and 5 chest thrusts until the object is expelled or the infant becomes unresponsive. If alone, Call 9-1-1 after 1 minute.

6. If the infant becomes unresponsive, give CPR (p. 1). Look inside the mouth when opening it to give breaths and remove any object.

Recovery Position – Adult or Child

Leave a breathing, responsive victim in the position found or a position of comfort, unless you must move the victim to be safe.

Put an unresponsive victim who is breathing in the recovery position. The HAINES (High Arm IN Endangered Spine) recovery position helps keep the airway open, allows fluids to drain from the mouth and prevents the inhalation of stomach contents if the victim vomits. If possible, put the victim on his or her left side to reduce risk of vomiting.

1. Extend the victim’s arm that is farther from you above the victim’s head.
Recovery Position – cont’d

2. Position the victim’s other arm across the chest.

3. Bend the victim’s nearer leg at the knee.

4. Put your forearm under the victim’s shoulder with your hand around the back of the neck to support the head and neck.

5. Carefully roll the victim away from you by pushing on the victim’s flexed knee and lifting with your forearm while your hand stabilizes the head and neck. The victim’s head is now supported on the raised arm.

6. While continuing to support the head and neck, position the victim’s hand palm down with fingers under the armpit of the raised arm, with forearm flat on the surface at 90 degrees to the body.

7. Bend both legs so the victim’s position is stabilized.

8. With the victim now in position, open the mouth to allow drainage and monitor breathing.

Recovery Position – Infant

1. Hold the infant face down on your arm with the head slightly lower than the body.

2. Support the head and neck with your hand, keeping the mouth and nose clear.
Abdominal Injuries – Open and Closed

Immediate medical help is needed!

Abdominal Injury – Closed

Signs and symptoms: severe pain or tenderness in area, victim protecting the abdomen, bruising, swollen or rigid abdomen, rapid shallow breathing, nausea or vomiting.

1. Carefully position the victim on his or her back. Loosen tight clothing.

2. **Call 9-1-1.**

3. Treat for **Shock** (p. 38), monitor the victim’s breathing and be ready to give **CPR** (p. 1) if needed.

Abdominal Injury – Open

1. Position the victim on his or her back, and loosen any tight clothing.

2. Do not push protruding organs back inside the abdomen. Cover the wound with a moist, sterile dressing or a dry, nonadherent dressing. Do not apply direct pressure on the wound.

3. Cover the dressing with a large occlusive dressing or plastic wrap taped loosely in place. Then cover the area with a blanket or towel to help maintain warmth.

4. **Call 9-1-1.**

5. Treat the victim for **Shock** (p. 38). Monitor the victim’s breathing and be ready to give **CPR** (p. 1) if needed.
Abdominal Pain

1. Always **Call 9-1-1** for an abdominal injury (see previous entry).

2. Seek urgent medical attention for any severe abdominal pain in the following situations.

   **In adults:**
   - Sudden, severe, intolerable pain or pain that causes awakening from sleep
   - Pain that begins in general area of central abdomen and later moves to lower right
   - Pain accompanied by fever, sweating, black or bloody stool, or blood in urine
   - Pain in pregnancy or accompanying abnormal vaginal bleeding
   - Pain accompanied by dry mouth, dizziness on standing or decreased urination
   - Pain accompanied by difficulty breathing
   - Pain accompanied by vomiting blood or greenish-brown fluid

   **In young children:**
   - Pain that occurs suddenly, stops and then returns without warning
   - Pain accompanied by red or purple jelly-like stool or by blood or mucus in stool
   - Pain accompanied by greenish-brown vomit
   - Pain with a swollen abdomen that feels hard
   - Pain with a hard lump in lower abdomen or groin area
Alcohol Overdose

1. Check for injuries or illness. Do not assume alcohol is the factor involved. Note that victims with uncontrolled diabetes may seem intoxicated.

2. For a responsive intoxicated person:
   a. Stay with the person and protect him or her from injury (take away car keys).
   b. Do not let the victim lie down on his or her back.

3. For an unresponsive intoxicated person:
   a. Put an unresponsive, breathing victim in the Recovery Position (p. 5). Be prepared for vomiting.
   b. Monitor the victim’s breathing and give CPR (p. 1) if needed.
   c. Call 9-1-1 if the victim’s breathing is irregular, if seizures occur or if the victim cannot be roused (coma).

4. Protect an intoxicated person from hypothermia (p. 30).

Allergic Reaction (Severe)

Immediate medical help is needed!

A severe allergic reaction is life-threatening. Common causes include certain drugs such as penicillin, certain foods such as peanuts and shellfish, certain substances such as latex, and insect stings and bites.

Signs and symptoms: difficulty breathing, wheezing, tightness in throat or chest, swelling of the face and neck, puffy eyes, anxiety or agitation, nausea, vomiting or changing levels of responsiveness.

1. Call 9-1-1

2. Help a responsive victim use his or her emergency epinephrine kit such as an EpiPen auto-injector or an Ana-Kit. If the victim cannot use the prescribed EpiPen auto-injector, you may administer it yourself if permitted by state law.
   a. Take the EpiPen out of its case and remove the cap.
Allergic Reaction – cont’d
   b. To administer the medication, jab the pen tip into the outer thigh and hold it there for 10 seconds while the medication is injected.
   c. The medication should provide relief for 15-20 minutes.

3. Monitor the victim’s breathing and be ready to give CPR (p. 1) if needed.

4. Help a responsive victim sit up in a position of easiest breathing. Put an unresponsive victim who is breathing in the Recovery Position (p. 5).

Amputation
Call 9-1-1. Control bleeding and care for the victim’s wound first, then recover and care for amputated part:

1. Wrap the severed part in a dry sterile dressing or clean cloth. Do not wash it.

2. Place the part in a plastic bag and seal it.

3. Place the sealed bag in another bag or container with ice. Do not let the part touch ice directly or surround it with ice.

4. Give the severed part to emergency personnel.

Angina
The chest pain of angina usually happens after intense activity or exertion, is recognized as angina by the victim, and lasts only a few minutes.

1. Ask if the person has been diagnosed with angina and if the pain is like angina pain experienced in the past. If so, help the person take his or her own medication and rest.

2. If the pain persists more than 10 minutes or stops and then returns, or if the victim has other heart attack symptoms not relieved by rest, give first aid for a Heart Attack (p. 27).
Asthma

**Signs and symptoms:** wheezing and difficulty breathing and speaking, dry persistent cough, fear or anxiety, gray-blue or ashen skin or changing levels of responsiveness.

1. If the victim does not know he or she has asthma (first attack), **Call 9-1-1** immediately.

2. If the victim identifies the breathing difficulty as an asthma attack and has been prescribed medication (usually an inhaler), help the victim use the medication.
   - Remove the cap.
   - Shake the inhaler several times.
   - Connect the spacer (if needed).
   - The victim places the inhaler or spacer end in mouth.
   - The victim presses the applicator down while slowly inhaling.
   - Remind the victim to hold his or her breath with the medication for about 10 seconds.

3. Help the victim rest in a position for easiest breathing (usually sitting up).

4. If needed, the victim may use the inhaler again as prescribed or directed by his or her medical provider. If the breathing difficulty persists after use of the inhaler, **Call 9-1-1**.

Back Injury

*See Spinal Injury (p. 40).*

Bee or Wasp Sting

1. Remove stinger from skin by scraping it away gently with a piece of plastic such as a credit card (not a knife blade). **Call 9-1-1** if the victim has a known allergy to stings.

2. Wash the area with soap and water.
Bee or Wasp Sting – cont’d

3. Put ice or a cold pack on the sting site for up to 20 minutes (with a cloth or paper towel between the cold pack and the skin).

4. Watch the victim for 30 minutes for any signs or symptoms of severe allergic reaction (difficulty breathing, swelling in other areas, anxiety, nausea or vomiting); **Call 9-1-1** and treat the **Allergic Reaction (p. 9)**.

5. Allow the victim to use an over-the-counter oral antihistamine to help reduce discomfort.

6. Have the victim suck on ice for an insect sting in the mouth.

7. Do not allow the victim to scratch the sting, as this increases swelling, itching and the risk for infection.

**Bite – Animal or Human**

1. Clean the wound with large amounts of warm or room-temperature water with or without soap.

2. Control **Bleeding (p. 12)**.

3. Cover the wound with a sterile dressing and bandage.

4. Seek medical attention immediately.

5. Do not try to catch the animal, but note its appearance and describe it to the health care provider.

**Bites**

*See Spider Bite (p. 39) and Snakebite (p. 39).*

**Bleeding**

If severe bleeding is occurring, shout for someone to **Call 9-1-1**.

1. Put on medical exam gloves or keep a barrier (dressing, plastic bag) between you and the blood.

2. Put a sterile dressing or clean cloth on the wound.
3. Push on the wound with your gloved hand as hard as needed for about 5 minutes.

4. Reevaluate the bleeding. If it continues, put another dressing or cloth pad on top of the first and keep applying pressure.

5. If needed, apply a pressure bandage to keep pressure on the wound, wrapping from the end of the extremity toward the center of the body – **Pressure Bandage (below)**.
   Tourniquets only should be used as an extreme last resort by rescuers trained in their use because of the high risk of complications.

6. If severe bleeding is occurring, treat the victim for **Shock (p. 38)**.

7. See a health care provider immediately for:
   - Bleeding not easily controlled
   - Deep or large wounds
   - Significant face wounds
   - Possible wound infection
   - **Animal or Human Bite (p. 12)**
   - Object in the wound
   - Tetanus vaccination if needed
   - Wounds that may need stitches

8. Minor wounds may be cleaned, dressed and bandaged – **Wound Care (p. 44)**.

**Pressure Bandage to Control Bleeding**

1. Place sterile dressing or clean cloth on wound. Start wrapping an elastic or self-adhering roller bandage below the wound dressing.

2. Make several circular turns, then overlap turns by about half of previous turn.
Bleeding – cont’d

3. Work up the limb to cover the dressing completely. The pressure is sufficient if the bandage is snug but a finger can be slipped under it.

4. Fix or tie the end of the bandage in place.

Bleeding – Internal

**Signs and symptoms of severe internal bleeding:** tender, swollen, bruised or hard abdomen; blood vomited or coughed up or present in urine; cool, clammy skin that may be pale or bluish; thirst; confusion; or lightheadedness.

1. Have the victim lie down on his or her back.

2. **Call 9-1-1.**

3. Be alert for vomiting. Put a breathing victim who vomits or who becomes unresponsive in the *Recovery Position (p. 5)*.

4. Keep the victim from becoming chilled or overheated.

5. Do not give the victim anything to drink.

6. If the victim becomes unresponsive, monitor his or her breathing and be ready to give **CPR (p. 1)** if needed.

Breathing Difficulty

**Immediate medical help is needed!**

**Signs and symptoms:** gasping or unable to catch one’s breath, speaking in shortened sentences, very fast or very slow breathing, very deep or shallow breathing, wheezing or gurgling with breathing, dizziness or lightheadedness, or pale or ashen skin.

1. **Call 9-1-1** for sudden unexplained breathing problems.

2. Help the victim rest in a position of easiest breathing. Calm and reassure the victim.

3. If the victim is hyperventilating, ask him or her to breathe slowly.
4. Ask the victim about any prescribed medicine he or she may have and help the victim take it if needed.

5. Stay with the victim and be prepared to give CPR (p. 1) if breathing stops.

**Broken Bones and Dislocations**

**Call 9-1-1** for a large bone fracture or any dislocation (except in the hand or finger).

Use the RICE acronym for fractures, sprains and dislocations:

1. **R – Rest** the injured area. Support and do not move the injured area.

2. **I – Ice.** Place a plastic bag or damp cloth with an ice-water mix on the injured area to reduce swelling and pain; put a barrier such as a cloth between the plastic bag and the skin. A cold pack also can be used. Apply the cold for 20 minutes (or 10 minutes if it produces discomfort), then remove it for 30 minutes. Repeat the process for 24 to 48 hours or until the victim receives medical help.

3. **C – Compress** the injury in an extremity with an elastic roller bandage. The bandage can be placed over the ice-water bag.

4. **E – Elevate** an injured extremity. (A sling may be used for arm injuries.)

**Splinting**

Splint an injury if help will be delayed and there is a risk of the injured area moving. Splint an injury of the hand or foot if the victim is to be transported to the hospital in a personal vehicle.

- Dress open wounds before splinting.
- Splint only if it does not cause more pain for the victim.
- Splint the injury in the position found.
Broken Bones and Dislocations – cont’d

- Immobilize the entire area. Splint the joints above and below the injured area.

See the next sections for splinting an arm or leg and for making an arm sling.

**Splinting an Arm**

1. Support the arm above and below the injury.
2. Pad a rigid splint and position the arm on it. If available, add a roller bandage under the fingers.
3. Secure the splint.
4. Check circulation. Look for tingling, numbness, swelling or cold skin. Remove the splint if circulation is cut off.

**Arm Sling and Binder**

1. Secure the point of the bandage at the elbow. Use a safety pin or tie the point at the elbow.
2. Position the triangular bandage while the victim supports the arm.
3. Bring up the lower end of the bandage to the opposite side of the neck.
4. Tie the ends. Pad under the knot.
5. Tie a binder over the sling and around the chest to help prevent movement.

**Splinting a Leg**

1. Gently slide 4 or 5 bandages or strips of cloth under both legs. Do not put a bandage over the injury site.
2. Put padding between the legs. Do not move the injured leg.

3. Gently slide the uninjured leg next to the injured leg. Tie the bandages (snug but not tight), starting in the middle, then at the lower leg and at the top.

**Broken Ribs**

1. Help the victim into a position for easiest breathing.

2. Support the ribs with a pillow or soft padding loosely bandaged over the area and under the arm.

3. **Call 9-1-1.**

4. Monitor the victim’s breathing while waiting for help.

5. If helpful, immobilize the arm with an Arm Sling and Binder (p. 16) to prevent movement and ease pain.

**Burns – Chemical**

*See Chemical Burns (p. 19).*

**Burns – Electrical**

*See Electrical Shock or Burns (p. 22).*

**Burns – Heat**

**First- and Second-Degree Burns**

**First-degree burns:** skin is red, dry and painful; swelling; skin is not broken.

**Second-degree burns:** skin is swollen and red; skin may be blotchy or streaked; blisters are present and possibly weeping clear fluid; pain is significant.
Burns – Heat – cont’d
1. Stop the burning by removing the heat source.
2. Immediately cool the burn with cold running tap water until area is free from pain even after removal from water. (Do not put ice on a burn, which would cause tissue injury.)
3. Remove constricting items such as clothing and jewelry.
4. For large second-degree burns, **Call 9-1-1**.
5. Protect the burn area from friction or pressure. Put a nonstick dressing over the burn to protect the area, but keep it loose and do not tape it to the skin.
6. Keep burn blisters intact. This reduces pain and improves healing by preventing infection.
7. Seek medical attention for burns on the face, genitals, hands or feet.

**Third-Degree Burns**

**Signs and symptoms:** damaged, charred or white leathery skin. Watch also for signs and symptoms of shock: clammy, pale or ashen skin; nausea and vomiting; fast breathing.
1. Stop the burning by removing the heat source.
2. Immediately cool the burn with cold running tap water until area is free from pain even after removal from water. (Do not put ice on a burn, which would cause tissue injury.) Do not attempt to cool the burn with cold water if it is larger than 20% of the body (e.g., 1 whole leg or torso from neck to waist) or 10% for child because of the risk of hypothermia and shock.
3. Remove clothing and jewelry before the area swells.
4. **Call 9-1-1.**
5. Treat for **Shock (p. 38):** have victim lie on back, elevate legs if no trauma and maintain normal body temperature.
6. Carefully cover the burn with a nonstick dressing; keep it loose and do not tape to skin; do not apply cream or ointment.
7. Do not give the victim anything to drink.
8. Watch the victim’s breathing and be ready to give CPR (p. 1) if needed.

**Chemical Burns**

*See also Chemicals in the Eyes (p. 24).*

1. Check the Material Safety Data Sheet (MSDS) for the chemical involved.
2. Move the victim away from fumes or ventilate the area.
3. With a gloved hand or piece of cloth, brush off any dry chemical.
4. Remove clothing and jewelry from the burn area.
5. Flush the entire area as quickly as possible with large amounts of running water. Flush until EMS personnel arrive to give definitive care or until a toxic-specific solution is available.
6. **Call 9-1-1.**

**Chest Injury – Impaled Object**

1. Keep the victim still. The victim may be seated or lying down.
2. Stabilize the impaled object with bulky dressings.
3. Bandage around the object.
4. **Call 9-1-1.**

**Chest Injury – Sucking Chest Wound**

**Signs:**

- Air moving in or out of a penetrating chest wound
- Sucking sounds on inhalation

1. Put a thin sterile dressing over the wound.
2. Cover the dressing with a plastic bag or plastic wrap. As the victim exhales, tape it in place on 3 sides, leaving one side untaped to let exhaled air escape.
Chest Injury – Sucking Chest Wound – cont’d

3. Position the victim lying down and inclined toward the injured side.

4. **Call 9-1-1.**

**Closed Abdominal Injury**
*See Abdominal Injury – Closed (p. 7).*

**Choking**
*See Choking (p. 4).*

**Cold Emergencies**
*See Frostbite (p. 25), Hypothermia (p. 30).*

**Concussion**
*See Head and Face Injuries (p. 25).*

**Convulsions**
*See Seizure (p. 37).*

**CPR**
*See CPR (p. 1).*

**Cramps**
*See Heat Cramps (p. 28) or Muscle Cramp (p. 32).*

**Diabetic Emergencies**

**Signs and symptoms of low blood sugar:**

- Sudden dizziness, shakiness or mood change (even combativeness)
- Headache, confusion, difficulty paying attention
- Pale skin, sweating
• Hunger
• Clumsy, jerky movements
• Possible seizure

1. Confirm the victim has diabetes. Talk to the victim; look for a medical ID tag.

2. Give the victim sugar: 3 glucose tablets, ½ cup fruit juice, 1 or 2 sugar packets (but not artificial sugar or sweetener packets) or 5 to 6 pieces of hard candy. If the victim still feels ill or has signs and symptoms after 15 minutes, give more sugar.

3. **Call 9-1-1** if the victim becomes unresponsive or continues to have significant signs and symptoms.

**Signs and symptoms of high blood sugar:**

- Frequent urination
- Drowsiness
- Dry mouth, thirst
- Shortness of breath, deep rapid breathing
- Breath that smells fruity
- Nausea, vomiting
- Eventual unresponsiveness

1. High blood sugar is a medical emergency. If you suspect high blood sugar, **Call 9-1-1** immediately and monitor the person.

2. If you are unsure whether the victim suffers from high or low blood sugar, it is okay to give sugar.

3. **Call 9-1-1** if the victim becomes unresponsive or continues to have significant signs and symptoms.

**Dislocations**

*See Broken Bones and Dislocations (p. 15).*
Drug Overdose

Immediate medical help is needed!

1. Put a breathing, unresponsive victim in the Recovery Position (p. 5) and be ready to give CPR (p. 1) if needed. **Call 9-1-1.**

2. Try to find out what drug was taken. If you see evidence of an overdose, **Call 9-1-1.**

3. If symptoms are minor and you know what substance was taken, call the Poison Control Center *(800-222-1222)* and follow its instructions.

4. Check the victim for any injuries requiring care.

5. Do not try to induce vomiting, which may cause further harm and is unlikely to help the victim.

Ear Injury

1. **Call 9-1-1** if you see clear fluid or watery blood coming from the ear.

2. Help the victim sit up and tilt the affected ear lower to let any fluid drain out.

3. Apply a loose sterile dressing. Do not apply pressure. Do not plug the ear closed.

4. Seek medical attention if 9-1-1 was not called.

Electrical Shock or Burns

An electrical shock can be life-threatening. Check the victim first for responsiveness and normal breathing and begin CPR if needed.

1. Do not touch the victim until the area is safe. Unplug or turn off power.

2. **Call 9-1-1.**

3. Care for the Burn *(p. 17).*
4. Treat for **Shock (p. 38)**.

5. Put an unresponsive victim who is breathing in the **Recovery Position (p. 5)**.

6. Monitor breathing. Be ready to give **CPR (p. 1)** if needed.

**Eye Injuries**

**For a Blow to the Eye**

1. If the eye is bleeding or leaking fluid, **Call 9-1-1** or get the victim to the emergency department immediately.

2. Put a cold pack over the eye for 15 minutes to ease pain and reduce swelling, but do not put pressure on the eye. If the victim is wearing a contact lens, do not remove it.

3. Have the victim lie still; cover the uninjured eye. Movement of the uninjured eye causes movement of the injured one.

4. Seek medical attention if pain persists or vision is affected in any way.

**For a Large Object Embedded in the Eye**

1. Do not remove the object. Stabilize it in place with dressings or bulky cloth.

2. Cover both eyes. Movement of the uninjured eye causes movement of the injured one.

3. **Call 9-1-1** or get the victim to the emergency department immediately.

**For Dirt or a Small Particle in the Eye**

1. Do not let the victim rub the eye.

2. Gently pull the upper eyelid out and down over the lower eyelid.

3. If the particle remains, gently flush the eye with water from a medicine dropper or water glass. To keep water from flowing into the unaffected eye, position the victim’s head so the affected eye is lower than the other eye.
Eye Injuries – cont’d

4. If the particle remains and is visible, carefully try to brush it out with a sterile dressing. Lift the upper eyelid and swab its underside if you see the particle.

5. If the particle still remains or if the victim has any vision problems or pain, cover the eye with a sterile dressing and seek medical attention. Also cover the uninjured eye. Movement of the uninjured eye causes movement of the injured one.

For a Chemical or Other Substance Splashed in the Eye

1. Flush the victim’s eye with large amounts of running water until EMS arrives. Use a specialized solution if available.

2. Have a victim wearing contact lenses remove them.

3. Tilt the victim’s head so the water does not run into the other eye.

4. **Call 9-1-1.**

Facial Injury

*See* Head and Face Injuries (p. 25).

Fainting

1. Check the victim’s breathing and be ready to give CPR (p. 1) if needed.

2. Lay the victim down on his or her back and raise the legs 6 to 12 inches. Loosen constricting clothing.

3. Check for injuries.

4. **Call 9-1-1** if the victim does not regain responsiveness soon or faints repeatedly. Also **Call 9-1-1** for all older adults, people with heart disease and pregnant women.

Fracture

*See* Broken Bones and Dislocations (p. 15).
**Frostbite**

**Signs and symptoms:** skin looks waxy and white, gray, yellow or bluish; skin feels numb, tingly or aching.

1. Move the victim out of the cold and into a warm place.
2. Remove wet clothing and constricting items.
3. Protect between fingers and toes with dry gauze.
4. Seek medical attention as soon as possible.
5. Warm the frostbitten area in lukewarm water (99-104 °F or 37-40 °C) for 20 to 30 minutes only if medical care will be delayed and if there is no danger of the skin refreezing.
6. Protect and elevate the area.

**Genitals Injury**

- Provide privacy for the victim.
- Use direct pressure to control external bleeding.
- For injured testicles, provide support with a towel positioned between the legs like a diaper.
- For vaginal bleeding, have the woman press a sanitary pad or clean folded towel to the area.
- **Call 9-1-1** for severe or continuing bleeding, significant pain or swelling, or the possibility of sexual abuse.

**Head and Face Injuries**

*See also* Ear Injury (p. 22), Eye Injuries (p. 23) or Mouth Injuries (p. 32).

For any painful head injury, and any head trauma in a child older than age 2, suspect a spinal injury and prevent movement of the head and spine. *See Spinal Injury (p. 40).*
Head and Face Injuries – cont’d

**Skull Fracture**

**Signs:** deformed area of the skull; depressed area in bone felt by touch; blood or fluid coming from ears or nose.

1. Put a breathing unresponsive victim in the **Recovery Position** (p. 5) unless there may be a spinal injury. Monitor breathing and be ready to give **CPR** (p. 1) if needed.

2. *Do not* clean the wound, press on it or remove an impaled object.

3. Cover the wound with a sterile dressing.

4. If there is significant bleeding, apply pressure only around the edges of the wound, not on the wound itself. Do not apply pressure if you feel bone fragments move.

5. Do not move the victim unnecessarily because there may also be a spinal injury.

6. **Call 9-1-1** and stay with the victim.

**Head Wound (No Skull Fracture)**

1. Replace any skin flaps and cover the wound with a sterile dressing.

2. Use direct pressure to control bleeding.

3. Put a roller or triangle bandage around the victim’s head to secure the dressing.

4. Seek medical attention if the victim later experiences nausea and vomiting, persistent headache, drowsiness or disorientation, stumbling or lack of coordination, or problems with speech or vision.

**Cheek Wound – Impaled Object**

1. Check inside the mouth to see if the object has penetrated through.

2. If you can see both sides of the object and can remove it safely, gently pull the object out in the direction from which it penetrated the cheek, taking care with a sharp object not to cut the cheek further.
3. Place a dressing inside the mouth between the cheek wound and teeth; ensure the dressing does not come loose and block the airway.

4. Apply another dressing to the outside of the wound, applying pressure to control bleeding.

5. Position an unresponsive victim with the head turned to the side so blood and other fluid will run out of the mouth.

Heart Attack

Immediate medical help is needed!

Signs and symptoms:

- Persistent discomfort, pain or pressure in chest
- Pain that may spread to neck, jaw, shoulder or arm
- Shortness of breath
- Dizziness, lightheadedness, feeling of impending doom
- Pale skin, sweating
- Victims having a heart attack may not have all these signs and symptoms.
- Women especially may experience other symptoms, including shortness of breath, indigestion, nausea or vomiting, and back or jaw pain.

1. **Call 9-1-1** for any victim experiencing chest discomfort, even if the victim says it is not serious.

2. Help the victim rest in a comfortable position. Loosen constricting clothing.

3. Ask the victim if he or she is taking heart medication and help obtain the medication. Follow the directions on the medication.

4. Encourage the victim to chew one uncoated adult or 2 low-dose baby aspirin unless he or she is allergic to aspirin or cannot take aspirin for any other reason.
Heart Attack – cont’d

5. Stay with the victim and be reassuring and calming.
6. Be ready to give CPR (p. 1) if needed.
7. Do not let the victim eat or drink anything (including water).

Heat Cramps

**Signs and symptoms:** muscle pain, cramping, spasms; heavy sweating.

1. Have the person stop the activity and sit quietly in a cool place.
2. Give the person a sports drink or water.
3. Have the person avoid strenuous activity for a few hours to prevent progression to heat exhaustion or heatstroke.
4. For abdominal cramps, continue to keep the person resting in a comfortable position.
5. For leg cramps, stretch the muscle by extending the leg and flexing the ankle. Massage and ice the muscle.
6. Seek medical attention for a person who has heart problems or is on a low-sodium diet, or if cramps do not subside within an hour.

Heatstroke or Heat Exhaustion

**Heat exhaustion will develop into heatstroke if the victim is not cooled and given water. When sweating stops, heatstroke is occurring – a life-threatening emergency.**

Heat Exhaustion

**Signs and symptoms:** heavy sweating, thirst, fatigue, heat cramps; later, headache, dizziness, nausea or vomiting; may develop into heatstroke.

1. Move the victim out of the heat to lie down in a cool place and loosen or remove outer clothing.
2. Cool the victim with a cool water spray or wet cloths on the forehead and body.
3. Give the victim a sports drink or water.
**Heatstroke**

*Immediate medical help is needed!*

**Signs and symptoms:** skin is flushed and very hot to the touch; sweating has usually stopped; fast breathing; headache, dizziness, confusion, irrational behavior; possible convulsions or unresponsiveness.

1. **Call 9-1-1.**
2. Move the victim to a cool place.
3. Remove outer clothing.
4. Immediately cool the victim with any means at hand, preferably by immersing the victim up to the neck in cold water (with the help of a second rescuer). Other methods include wrapping the victim in a wet sheet kept wet, sponging the victim with cold water, spraying the skin with water and fanning the area, or applying ice bags or cold packs beside the neck, armpits and groin.
5. Do not give the victim any beverage containing caffeine or alcohol. If the victim is nauseous, vomiting or has diminished mental status, do not give any liquids.
6. Monitor the victim’s breathing and be ready to give **CPR (p. 1)** if needed.

**Hip Injury**

1. **Call 9-1-1.**
2. If help may be delayed, immobilize the victim’s legs by padding and bandaging them together, unless this causes more pain.
3. Treat for **Shock (p. 38)**. Monitor the victim’s breathing and be ready to give **CPR (p. 1)** if needed.

**Hyperventilation**

*See Breathing Difficulty (p. 14).*
Hypothermia

Immediate medical help is needed!

Hypothermia can occur whenever and wherever the victim feels cold, including indoors. It can occur gradually or quickly, and can become life-threatening.

Signs and symptoms: uncontrollable shivering (may have stopped in severe cases); lethargy, confusion, drowsiness, irrational behavior; clumsy movements; pale or ashen, cool skin (even under clothing); slow breathing; changing levels of responsiveness.

1. Check responsiveness and breathing and Call 9-1-1. Except in mild cases, the victim needs immediate medical care.
2. Provide CPR (p. 1) if unresponsive and not breathing normally.
3. Quickly move the victim out of the cold. Remove any wet clothing.
4. Warm the victim with blankets or warm clothing.
5. Only if the victim is far from medical care, use active rewarming by putting the victim near a heat source and putting warm water in containers against the skin.
6. Do not rub or massage the victim’s skin. Be very gentle when handling the victim.
7. Give warm (not hot) drinks to an alert victim who can easily swallow, but do not give alcohol or caffeine.
8. Monitor breathing and be ready to give CPR (p. 1) if needed.

Impaled Object in Wound

1. Do not remove the object, which could cause more bleeding and injury. Control bleeding by applying direct pressure around the edges of the object.
2. Dress the wound around the object.
3. Stabilize the object in place with large dressings or folded cloths.
4. Support the object while bandaging the dressings in place.
5. Keep the victim still and seek medical attention.

**Jellyfish Sting**

1. Wash the sting area with vinegar (4% to 6% acetic acid) as soon as possible, for at least 30 seconds or longer, to inactivate the venom. Remove any remaining tentacles.
2. If vinegar is unavailable, use a mix of baking soda and water.
3. To reduce pain, immerse the area in water as hot as can be tolerated (113 degrees F or 45 degrees C) for at least 20 minutes or as long as pain is felt. If pain returns on removal from the hot water, immerse the area again.
4. If hot water is unavailable, use a dry hot pack preferably, or a dry cold pack to reduce pain.
5. Do not use meat tenderizer, a fresh water wash, commercial aerosol products or a pressure bandage.
6. **Call 9-1-1** if:
   - The victim is very young or very old
   - A sting near the mouth is causing swelling
   - The sting involves a large area of the body, the face, or genitals
   - The victim experiences serious signs and symptoms such as difficulty breathing or swallowing or chest pain
   - The sting is from a box jellyfish (rare in the United States)
Mouth Injuries
1. Have the victim sit with the head tilted forward to let blood drain.
2. For a wound penetrating the lip: Put a rolled dressing between the lip and gum. Hold a second dressing against the outside lip.
3. For a bleeding tongue: Put a dressing on the wound and apply pressure.
4. Do not repeatedly rinse the mouth (this may prevent clotting).
5. Do not let the victim swallow blood (this may cause vomiting).
6. When the bleeding stops, tell the victim to not drink anything warm for several hours.
7. Seek medical attention if the bleeding is severe or does not stop.

Muscle Cramp
1. Have the victim stop the activity.
2. Gently stretch out the muscle if possible.
3. Massage the muscle after active cramping stops, then ice the muscle.
4. Have the victim drink plenty of fluids.

Muscle Strain
Signs and symptoms: dull or sharp pain when muscle is used, stiffness of the area, weakness or inability to use the muscle normally.
1. Apply the RICE acronym: rest the muscle, apply ice or a cold pack, wrap with an elastic bandage and elevate the extremity unless it is injured. For more detail on icing, see Sprain (p. 41).
2. Keep the cold pack on the area for 20 minutes (or 10 minutes if it produces discomfort), then remove it for at least 30 minutes.
3. Seek medical attention if the pain is severe or persists, or if there is a significant or prolonged (3 days or more) impairment of function.
Neck Injury

See Spinal Injury (p. 40).

Nosebleed or Injury

1. Have the victim sit and tilt his or her head slightly forward with the mouth open. Do not let the victim lie down. Carefully remove any object you see protruding from the nose, but do not probe inside the nose.

2. Have the victim pinch the nostrils together just below the bridge of the nose for 10 minutes. Ask the victim to breathe through the mouth and to not speak, swallow, cough or sniff.

3. If the victim is gasping or choking on blood in the throat, Call 9-1-1.

4. Place a cold compress on the bridge of the nose.

5. After 10 minutes, release the pressure slowly. Pinch the nostrils again for 10 minutes if bleeding continues.

6. Seek medical attention if:
   - Bleeding continues after 2 attempts to control it.
   - You suspect the nose is broken.
   - A foreign object is in the nose.

7. Have the victim rest for a few hours and avoid rubbing or blowing the nose.

Open Abdominal Injury

See Abdominal Injury – Open (p. 7).

Overdose

See Alcohol Overdose (p. 9), Drug Overdose (p. 22).
Pelvic Injury

See Hip Injury (p. 29).

Poison Ivy, Oak, Sumac

1. Wash the area thoroughly with soap and water as soon as possible after contact.
2. For severe reactions or swelling on the face or genitals, seek medical attention.
3. Treat itching with colloid oatmeal baths; a paste made of baking soda and water, calamine lotion or topical hydrocortisone cream; and an oral antihistamine (e.g., Benadryl).
4. Do not burn these poisonous plants to get rid of them, as the smoke also spreads the poisonous resin.
5. To prevent further spread, wash the victim’s hands, clothing and shoes (and pets) that came in contact with the plants.

Poisoning – Inhaled

Immediate medical help is needed!

Signs and symptoms of carbon monoxide or other inhaled poison: headache, dizziness, lightheadedness, confusion, weakness; nausea, vomiting, chest pain, convulsions; changing levels of responsiveness.

1. Immediately move the victim into fresh air.
2. Call 9-1-1 even if the victim starts to recover.
3. Monitor the victim’s breathing and be ready to give CPR (p. 1) if needed.
4. Put an unresponsive breathing victim in the Recovery Position (p. 5).
5. Loosen tight clothing around the neck or chest.
Poisoning – Swallowed

Immediate medical help is needed!

**Signs and symptoms:** nausea and vomiting, abdominal pain or cramps; drowsiness, dizziness, disorientation; changing levels of responsiveness.

1. Determine what was swallowed, when and how much.
2. For a responsive victim, call the Poison Control Center (800-222-1222) immediately and follow its instructions.
3. For a victim with signs of a life-threatening condition and for any unresponsive victim, **Call 9-1-1**.
4. Put an unresponsive breathing victim in the **Recovery Position (p. 5)**. Be prepared for vomiting. Monitor the victim’s breathing and be ready to give **CPR (p. 1)** if needed.
5. Do not give the victim any substance to eat or drink unless instructed by the Poison Control Center. Do not follow first aid instructions present on some household product labels; follow the Poison Control Center’s instructions.
6. If a responsive victim’s mouth or lips are burned by a corrosive chemical, rinse the mouth with cold water (but do not allow the victim to swallow).

**Pregnancy Problems**

**Vaginal Bleeding**

1. **Call 9-1-1** for heavy bleeding.
2. Help the woman into a comfortable position and give her a towel or sanitary napkins to absorb the blood, but do not try to pack the vagina.
3. Save the blood and any expelled material to give to arriving medical personnel.
4. Take steps to minimize **Shock (p. 38)**.
Pregnancy Problems – cont’d

Other Problems

Have the pregnant woman see a health care provider immediately for any of the following signs and symptoms:

- Abdominal pain
- Persistent or severe headache
- Sudden leaking of water from the vagina
- Persistent vomiting
- Chills and fever
- Convulsions
- Difficulty breathing

Puncture Wound

1. Irrigate the wound with large amounts of warm or room-temperature water with or without soap to remove foreign matter.
2. Gently press on wound edges to promote bleeding.
3. Dry the area. Do not put any medication inside or over the puncture wound.
4. Cover the wound with a sterile dressing and bandage.
5. Seek medical attention.

Respiratory Distress

See Breathing Difficulty (p. 14).

Scalp Wound

See Head and Face Injuries (p. 25).
Scorpion Sting

**Signs and symptoms:** severe, burning pain; later, numbness, tingling; possible nausea, vomiting; hyperactivity in a child; possible signs of **Shock (p. 38);** breathing difficulty.

1. **Call 9-1-1** if the victim has a problem breathing or if symptoms are severe.

2. Monitor the victim’s breathing and be ready to give **CPR (p. 1)** if needed.

3. Carefully wash the sting area.

4. Put ice or a cold pack on the area for up to 20 minutes (with a cloth or paper towel between the cold pack and the skin). Keep the victim still.

5. Seek urgent medical attention unless the symptoms are very mild.

Seizure

1. Do not try to stop the person’s movements or restrain the person. Do not place any objects in the person’s mouth.

2. Prevent injury during a seizure by moving away dangerous objects and putting soft padding such as a jacket under the person’s head. Remove eyeglasses.

3. Loosen tight clothing around the neck to ease breathing.

4. After the seizure, ensure the victim’s airway remains open with the **Recovery Position (p. 5)** or head tilt if needed. Gently turn the person onto one side if vomiting occurs.

5. **Call 9-1-1** if the seizure lasts more than 5 minutes; if the person is not known to have epilepsy; if the person recovers very slowly, has trouble breathing or has another seizure; if the person is pregnant; is wearing a medical ID bracelet; or if the person is injured.
**Shock**

*Immediate medical help is needed!*

**Signs and symptoms:** anxiety, confusion, agitation or restlessness; dizziness, lightheadedness; cool, clammy or sweating skin, pale, bluish or ashen in color; rapid, shallow breathing; thirst, nausea, vomiting; changing levels of responsiveness.

1. Check for responsiveness, normal breathing, and severe bleeding or injuries.
2. **Call 9-1-1** and be ready to give CPR (p. 1) if needed.
3. Care first for life-threatening conditions such as severe bleeding.
4. Position a responsive victim on his or her back using a blanket or coat as a pad. If there is no evidence of trauma, raise the legs such that the feet are 6-12 inches above the ground. Put a breathing unresponsive victim (if no suspected spinal injury) in the **Recovery Position (p. 5)**.
5. Loosen any tight clothing.
6. Be alert for the possibility of vomiting; turn the victim’s head to drain the mouth.
7. Try to maintain the victim’s normal body temperature. If necessary, maintain the victim’s body heat with a blanket or coat over the victim.
8. Do not let a shock victim eat, drink or smoke.
9. Stay with the victim and offer reassurance and comfort.

**Shoulder Injury**

*See Broken Bones and Dislocations (p. 15).*

**Skull Injury**

*See Head and Face Injuries (p. 25).*
**Snake Bite**

1. Have the victim lie down and stay calm. (Do not move the victim unless absolutely necessary.) Keep the bite area immobile and below the level of the heart.

2. **Call 9-1-1.**

3. Wash the bite wound with large amounts of warm or room-temperature water with or without soap.

4. Wrap the extremity with a snug but not tight elastic bandage. Wrap away from the body toward the end of the limb. The pressure is sufficient if the bandage is snug but a finger can be slipped under it.

5. Do not put a tourniquet on the victim. Do not cut the wound open to try to drain the venom out or try to suck out the venom. Do not put ice on the bite.

6. Remove jewelry or tight clothing before swelling begins.

7. Do not try to catch the snake, but note its appearance and describe it to the health care provider.

8. Monitor the victim’s breathing and be ready to give CPR (p. 1) if needed.

**Spider Bite**

1. If the victim has difficulty breathing, **Call 9-1-1** and be ready to give CPR (p. 1) if needed. **Call 9-1-1** immediately for a brown recluse spider bite. Go to the emergency department for any other bite.

2. Keep the bite area below the level of the heart.

3. Wash the area with soap and water.

4. Put ice or a cold pack on the bite area (with a cloth or paper towel between the cold pack and the skin).

5. Try to safely identify the spider for the health care provider.
Spinal Injury

Suspect a spinal injury in an injured victim who has these risk factors:

- Victim is 65 or older
- Child older than 2 with trauma to the head or neck
- Motor vehicle or bicycle crash involving driver, passenger or pedestrian
- Falls from more than the person’s standing height
- Victim feels tingling in hands or feet, pain in back or neck, or muscle weakness or lack of feeling in torso or arms
- Victim is intoxicated or not alert
- Any painful injury, particularly to the head, neck or back

1. Ask a responsive victim what happened. If he or she has any of the risk factors, explain the need to hold the head still to prevent spinal movement. With an unresponsive victim, check for risk factors for suspected spinal injury.

2. Hold the victim’s head and neck with both hands in the position found to prevent movement of the neck and spine.

3. Monitor the victim’s breathing and be ready to give CPR (p. 1) if needed.

4. Have someone Call 9-1-1.

5. Reassure a conscious victim and tell him or her not to move.

6. Continue to stabilize head/spine and monitor the victim’s breathing until help arrives.

Splinting

See Broken Bones and Dislocations (p. 15).
Sprain

**Signs and symptoms:** signs of pain, swollen joint, bruising of joint area, inability to use joint.

Use the RICE acronym for fractures, sprains and dislocations:

1. **R – Rest** the injured area. Support and do not move the injured area.
2. **I – Ice.** Place a plastic bag or damp cloth with an ice-water mix on the injured area to reduce swelling and pain; put a barrier such as a cloth between the plastic bag and the skin. A cold pack also can be used. Apply the cold for 20 minutes (or 10 minutes if it produces discomfort), then remove it for 30 minutes; reapply for 20 (or 10) minutes, then remove again for 30 minutes.
3. **C – Compress** an injured extremity with an elastic roller bandage.
4. **E – Elevate** an injured extremity. A sling may be used for arm injuries; Arm Sling and Binder (p. 16).

**Bandaging a Sprain**

An elastic bandage is used to support a joint and prevent swelling. At the wrist or ankle, a figure-eight wrap is used.

1. Anchor the starting end of the bandage. For the wrist, turn the bandage diagonally across the wrist and back around the hand (forming a figure eight).
2. Continue overlapping the figure-eight turns by about ¾ of the previous turn.
3. Fasten the end of the bandage using clips or safety pins.

**Sting**

*See Bee or Wasp Sting (p. 11), Jellyfish Sting (p. 31) or Scorpion Sting (p. 37).*
Strain
See Muscle Strain (p. 32).

Stroke
Immediate medical help is needed!

Most common signs and symptoms: numbness; sudden weakness or numbness of face, arm or leg, especially on one side of the body; drooling, facial droop, slurred speech and gait problems.

Some stroke victims may have: sudden, severe headache; vomiting; loss of consciousness.

1. Call 9-1-1.
2. Monitor the victim’s breathing and be ready to give CPR (p. 1) if needed.
3. Have the victim lie on his or her back with head and shoulders slightly raised.
4. Loosen constricting clothing.
5. If necessary, turn the victim’s head to the side to allow drool or vomit to drain.
6. Keep the victim warm and quiet until help arrives.
7. Put a breathing, unresponsive victim in the Recovery Position (p. 5).

Sucking Chest Wound

Sudden Illness
Signs and symptoms: feeling ill, dizzy, confused or weak; skin color changes (flushed, pale or ashen); sweating, nausea, vomiting.

1. Call 9-1-1 for any unexplained sudden illness.
2. Help the victim rest.
3. Prevent the victim from becoming chilled or overheated.
4. Reassure the victim.
5. Do not give the victim anything to eat or drink.
6. Watch for changes and be prepared to give CPR (p. 1) if needed.

See also Abdominal Pain (p. 8), Allergic Reaction (p. 9), Asthma (p. 11), Diabetic Emergencies (p. 20), Fainting (p. 24), Heart Attack (p. 27), Pregnancy Problems (p. 35), Seizure (p. 37), Stroke (p. 42).

**Tick Bite**

1. Remove the tick by grasping it close to the skin with tweezers and pulling very gently to “tent” the skin until the tick lets go. Avoid pulling hard or jerking. Keep the tick for later identification.

2. Wash the area with soap and water.

3. Apply antiseptic such as rubbing alcohol and antibiotic cream.

4. Seek medical attention if a rash appears around the site or if the victim later experiences fever, chills, joint pain or other flu-like symptoms.

**Tooth Knocked Out**

See also Mouth Injuries (p. 32).

1. Have the victim sit with his or her head tilted forward to let blood drain.

2. Rinse the wound with saline solution or tap water.

3. Control bleeding by having the victim bite down for 20 to 30 minutes on a gauze pad or cotton ball placed over the tooth socket.

4. Save the tooth. Pick it up by the crown and place it in a container of milk (or clean water if no milk is available). Do not clean or scrub the tooth. Have the victim see a dentist immediately.
Unconsciousness
See Recovery Position (p. 5).

Wasp Sting
See Bee or Wasp Sting (p. 11).

Wound Care
1. Wash your hands and put on gloves if available.
2. Gently wash shallow wounds and abrasions with large amounts of warm or room-temperature water with or without soap to remove dirt.
3. Irrigate a deeper wound under large amounts of running water to remove foreign matter.
4. Do not use alcohol, hydrogen peroxide or iodine on wound.
5. Pat area dry.
6. Apply antibiotic ointment only to an abrasion or superficial wound and only if the victim is not allergic to the antibiotic.
7. Cover the wound with a sterile dressing and bandage.
8. Seek medical attention for these wounds:
   - If the victim's tetanus vaccination is out of date
   - The wound may be infected
   - A deep or puncture wound
   - An impaled object
   - A wound may require stitches (cuts on the face or hands when the edges do not close together, gaping wounds and cuts longer than 1 inch)