

**FIRST AID/CPR  
401**

**I. PURPOSE**

To establish First Aid/CPR guidelines for providing basic and immediate care to an injured or ill employee and to minimize further harm prior to receiving advanced medical care. Employees shall always activate 911 or Emergency Services whenever it appears that they may be necessary. EMS is much more qualified to handle emergency situations and shall be notified for emergencies.

**ADULT CPR / AED / STANDARD FIRST AID  
OVERVIEW**

**ASSESS**

**THE SCENE**

What happened?

How many people are injured? (multiple victims)

Is there anybody around who can help me?

**IS IT SAFE FOR ME TO APPROACH THE VICTIM?**

**THE VICTIM**

Conscious

Unconscious

**ALERT 911**

Give good information, let them hang up first.

**ATTEND**

Provide Care based on the conditions you find  
**BE SURE TO USE UNIVERSAL PRECAUTIONS  
TO PROTECT YOURSELF WHEN PROVIDING  
CARE!**

**CHECKING THE CONSCIOUS VICTIM**

Ask good questions

Do a head-to-toe exam

Care for shock

Continue to monitor vitals (911 or Not?)

# CHECKING THE UNCONSCIOUS VICTIM

## CHECK FOR RESPONSIVENESS

Tap and Shout  
Position the victim

## ESTABLISH AN AIRWAY

head tilt / chin lift to check for breathing

LOOK LISTEN AND FEEL FOR BREATHING – turn head down the chest,  
listen/feel

(IF NO BREATHING - GIVE TWO RESCUE BREATHES)

## **IF AIR DOES NOT GO IN – OBSTRUCTED AIRWAY**

Visual check inside the mouth

Reposition the head to ensure a clear airway

Give two more rescue breathes

If Air will still not go in:

Adult / Child - Provide 30 chest compressions (same positioning as CPR)

Foreign body check, finger sweep if necessary

Two rescue breathes

Continue this cycle (compressions, visual, breathes)  
until the airway is free

Infant = invert infant (head below chest) perform 5 back blows  
followed by 5 chest compressions

## **IF NO BREATHING- CPR**

BEGIN CPR, 30 CHEST COMPRESSIONS AND TWO BREATHES–

ADULT = 30 chest compressions (about 2” in depth) followed by 2 breathes

CHILD = 30 chest compressions (1 – 1 ½ “ in depth) followed by 2 breathes

INFANT = 30 chest compressions (1/2 – 1” in depth) followed by 2 breathes

## ARRIVAL OF AED - Automated External Defibrillator

OPEN CASE AND PREPARE CHEST FOR PAD PLACEMENT

STOP CPR AND APPLY PADS

FOLLOW VOICE COMMANDS ON AED

## STANDARD FIRST AID

### CONSCIOUS CHOKING

If the victim is coughing - encouraging them to continue coughing

If the victim cannot cough or is not transferring air– give abdominal thrust

ADULT / Child = abdominal thrust inward/upward (above naval well below breast bone)

Pregnancy / Obesity = Chest thrust inward/upward (under arms, center of breastbone)

INFANT = invert infant (head below chest) 5 back blows followed by 5 chest compressions

### SUDDEN ILLNESS

#### Cardiovascular

Recognize the early warning signals and ALERT 911

Early CPR

Early Defibrillation

Early Advanced Life Support

#### Stroke

Recognize the early warning signals and ALERT 911

Get the person to sit (or lie down) in a comfortable position

Continue to monitor vitals (ABC's)

## Seizures

Clear the area so that they don't hurt themselves, or you  
DO NOT restrain the muscle convulsions, DO NOT stick anything in the mouth  
Continue to monitor vitals (ABC's) when seizure is over

Diabetic Emergencies (insulin – sugar relationship) symptoms very similar  
Insulin Shock – give something with sugar in it (rapid recovery)  
Diabetic Coma – the victim needs there insulin

## Poisoning

Inhalation – remove to fresh air  
Absorption – flush with large amounts of water (minimum 15 minutes)  
Injection – apply some ice, try to keep below the level of the heart  
Ingestion – get whatever it was that they had taken, call 911, call poison control

## **BLEEDING AND WOUNDS** (DON'T FORGET UNIVERSAL PRECAUTIONS!)

### Internal

Recognize the signals  
Get the victim to sit in a semi-erect position  
ALERT 911

### External

Control the bleeding – direct pressure, elevation, pressure points, pressure bandage  
Prevent infection – pressure bandage  
Care for shock

## **BURNS** (Objectives: subside the pain; prevent infection; care for shock)

### Radiation

Remove the person from the source, cool the area

### Electrical

Wrap with a dry sterile dressing (DO NOT introduce water or

ice!)

Don't forget the exit wound

#### Chemical

Consult the MSDS  
Flush with large amounts of water (minimum of 15 minutes)  
Remove affected clothing, jewelry, etc.  
Irrigate an affected eye away from an un-affected eye

#### Thermal

Cool the burn area  
Wrap with a wet moist (water) dressing

### **INJURIES TO MUSCLES / BONES / JOINTS**

#### Sprain or Strain

Rest discontinue activity  
Ice immediately for up to first 72 hours or until you consult a physician  
Compress using an elastic or conforming wrap  
Elevate above heart level

#### Dislocation / Fracture

Splint only if the person must be moved to get further medical assistance  
Splint only if you can do so without causing further discomfort to the victim  
Splint an injury in the position you find it  
Immobilize the area, support the injured area (blankets, pillows, sticks etc.)  
    Injuries to joints – immobilize the bones above and below  
    Injuries to bones – immobilize the joints above and below  
Check for feeling warmth and color after splinting

### **HEAT RELATED EMERGENCIES**

(hydrate, hydrate, hydrate! – prepare your body!!)

Heat Exhaustion – cool, pale moist skin, dilated pupils  
Remove from heat to cool area

- Elevate legs
- Remove sweat soaked clothing
- Apply cool packs (ice packs) to major pathways
- May give some water

Heat Stroke – red, hot dry skin, constricted pupils (Life- threatening)

- Remove from heat to a cool area
- Immediately cool by applying fan and cool packs (major pathways)
- Remove any excess clothing

### **COLD RELATED EMERGENCIES**

Hypothermia – directly reflects the body system

- Remove from the cold environment
- Remove any wet or affected clothing, get in dry clothing
- Provide blankets, coats, insulation
- Put a hat on the patient

Frostbite – directly reflects the skin tissue

- Remove from the cold environment
- Remove any wet or affected clothing, get in dry clothing
- Re-warm the affected body part in warm water
- Do not rub the affected area
- Bandage with a sterile dressing and place padding between fingers and toes