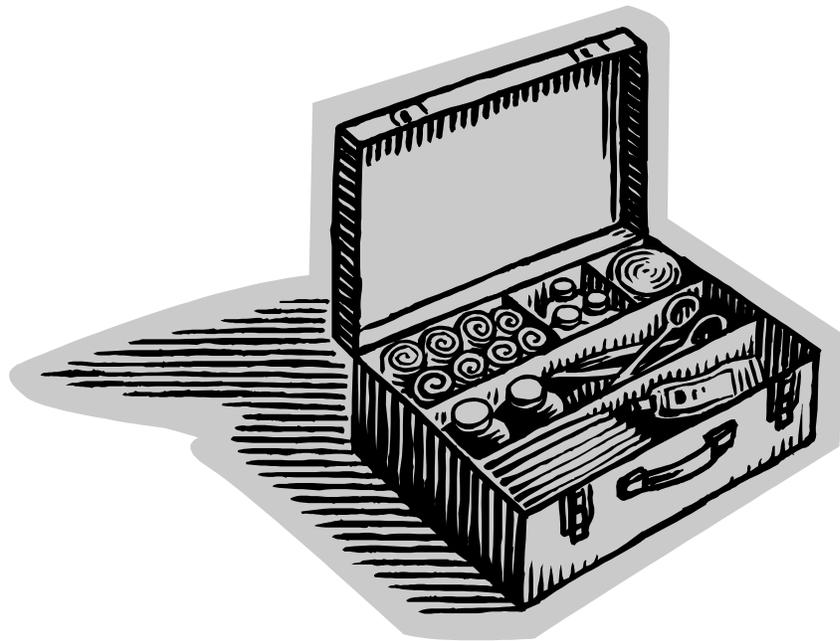


CCC Project Manual

FIRST AID



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Safety First!

Good Safety Habits

- Always wear safety goggles when operating any power tool, weedeating, using a lawnmower, or hammering (sometimes nails can fly up into your eye when hammering!).
- Unplug power tools when loading them, changing blades, or making adjustments.
- Never use power tools in the rain.
- Open windows and doors when painting inside for good ventilation.
- Wear LEATHER gloves when cutting and/or moving tin.
- Keep long hair in pony tails.
- Remove name tags when operating power tools.
- Be safe around of others when using tools, especially swing blades. Keep an eye on each other and ensure one another's safety.

Proper Use of Ladders

- Place ladder's feet firmly on ground. Make sure a ladder's foot pads are secure on the ground. Never shim a ladder.
- Have someone support the ladder when you are climbing up and down.
- Keep ladders away from electrical lines and pay close attention to overhead lines when moving an extended ladder into position.
- Walk the ladder up, hand over hand.
- To extend the ladder, brace your foot on the bottom rail, lift the ladder off the house, then extend (if the ladder has a rope, pull on it). Make sure both locks catch.
- The best position for the ladder is one-fourth the extended length away from the house.
- Make sure it rests firmly on the ground.
- Use both hands when you climb the ladder.
- Most ladders have a label telling you what at what angle to set them. Use this guide, making sure the ladder is not too steep or too shallow.
- The ladder should have both legs solidly on the ground. Sometimes you may need to wedge boards under one leg or do some digging if the ground is very uneven.
- The ladder should extend 2-3 feet above the gutters. It should not seesaw back and forth on one leg or the other.
- Never attempt to stretch when on a ladder. If you can't reach, move the ladder.
- Only ONE person on a ladder at a time!
- Never get on the top step of a ladder!

Animal Bites

If an animal bites you or your child, follow these guidelines:

- For minor wounds. If the bite barely breaks the skin and there is no danger of rabies, treat it as a minor wound. Wash the wound thoroughly with soap and water. Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.
- For deep wounds. If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding, apply pressure with a clean, dry cloth to stop the bleeding and see your doctor.
- For infection. If you notice signs of infection, such as swelling, redness, increased pain or oozing, see your doctor immediately.
- For suspected rabies. If you suspect the bite was caused by an animal that might carry rabies—including any wild or domestic animal of unknown immunization status—see your doctor immediately.

Domestic pets cause most animal bites. Dogs are more likely to bite than cats are. Cat bites, however, are more likely to cause infection. Bites from non-immunized domestic animals and wild animals carry the risk of rabies.

Blisters

Common causes of blisters include friction and burns. If the blister isn't too painful, do everything possible to keep it intact. Unbroken skin will provide a barrier to bacteria and decreases the risk of infection. Cover a small blister with a band-aid, and a larger one with a plastic-coated gauze pad that absorbs moisture but will allow the blister to breathe.

Don't puncture a blister unless it is painful and prevents you from walking or using one of your hands.

To relieve blister-related pain, drain the fluid while leaving the overlying skin intact.

Here's how:

- Wash your hands and the blister with soap and warm water.
- Swab the blister with iodine or rubbing alcohol.
- Sterilize a clean, sharp needle by wiping it with rubbing alcohol.
- Use the needle to puncture the blister. Aim for several spots near the blister's edge. Let the fluid drain, but leave the overlying skin in place.
- Apply an antibiotic ointment to the blister and cover with a bandage or gauze pad.
- After several days, use tweezers and scissors sterilized with rubbing alcohol to cut away all the dead skin. Apply more ointment and a bandage.

Call your doctor if you see signs of infection around the blister—pus, redness, increasing pain or warm skin.

To prevent a blister (from hammering, using yard tools, etc.) use gloves at all time. Be sure to cover the area that will be in constant contact.

Black Eye

The so-called black eye is caused by bleeding beneath the skin around the eye. Sometimes a black eye can indicate a more extensive injury, even a skull fracture! Most black-eye injuries aren't too serious; however, bleeding within the eye, called a hyphema, is serious and can reduce vision and damage the cornea.

To take care of a black eye:

- Using gentle pressure, apply a cold pack or a cloth filled with ice to the area around the eye. Take care not to press on the eye itself. Apply cold as soon as possible after the injury to reduce swelling, and continue using ice or cold packs for 24 to 48 hours.
- Be sure there is no blood in the white and colored parts of the eye.

Seek medical attention if you experience any vision problems (double vision, blurring), severe pain, or bleeding in the eye or from the nose.

Bruise : First aid

A bruise forms when a blow breaks small blood vessels near your skin's surface, allowing a small amount of blood to leak into the tissues under your skin. The trapped blood appears as a black-and-blue mark. Sometimes, there also are tiny red dots or red splotches.

If your skin isn't broken, you don't need a bandage. You can, however, enhance healing with these simple techniques:

- Elevate the injured area.
- Apply ice or a cold pack for 30 to 60 minutes at a time for a day or two after the injury.
- Consider acetaminophen (Tylenol, others) for pain relief.

See your doctor if:

- You have unusually large or painful bruises—particularly if your bruises seem to develop for no known reasons.
- You bruise easily and you're experiencing abnormal bleeding elsewhere, such as from your nose or gums, or you notice blood in your eyes, your stool or your urine.
- You have no history of bruising, but suddenly experience bruises.

These signs and symptoms may indicate a more serious problem, such as blood-clotting problems or a blood-related disease. Bruises accompanied by persistent pain or headache also may indicate a more serious underlying illness and require medical attention.

Burns

To distinguish a minor burn from a serious burn, the first step is to determine the degree and extent of damage to body tissues. The three classifications of first-degree, second-degree, and third-degree burns will help you determine emergency care:

First-degree burn

The least serious burns are those in which only the outer layer of skin is burned. The skin is usually red, with swelling and pain sometimes present. The out layer of skin hasn't been burned through. Treat a first-degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, groin, or buttocks, or a major joint.

Second-degree burn

When the first layer of skin has been burned through and the second layer of skin also is burned, the injury is termed a second-degree burn. Blisters develop and the skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling.

If the second-degree burn is no longer than 2 to 3 inches in diameter, treat it as a minor burn. If the burned area is larger or if the burn is on the hands, feet, face, groin or buttocks, or over a major joint, get medical help immediately.

For minor burns, including second-degree burns limited to an area no longer than 2 to 3 inches in diameter, take the following action:

- **Cool the burn.** Hold burned area under cold running water for at least 5 minutes, or until the pain subsides. If this is impractical, immerse the burn in cold water or cool it with cold compresses. Cooling the burn reduces swelling by conducting heat away from the skin. Don't put ice on the burn.
- **Cover the burn with a sterile gauze bandage.** Don't use fluffy cotton, which may irritate the skin. Wrap the gauze loosely to avoid putting pressure on burned skin. Bandaging keeps air off the burned skin, reduces pain, and protects blistered skin.
- **Take an over-the-counter pain reliever.**

Minor burns usually heal without further treatment. They may heal with pigment changes. Watch for signs of infection, such as increased pain, redness, fever, swelling or oozing. If infection develops, seek medical help. Avoid re-injuring or tanning if the burns are less than a year old—doing so may cause more extensive pigmentation changes. Use sunscreen on the area for at least a year.

CAUTION:

- **Don't use ice.** Putting ice directly on a burn can cause frostbite, further damaging your skin.
- **Don't break blisters.** Broken blisters are vulnerable to infection.

Third-degree burn

Most serious burns are painless and involve all layers of the skin. Fat, muscle and even bone may be affected. Areas may be charred black or appear dry and white.

For major burns, dial 911 or call for emergency medical assistance. Until an emergency unit arrives, do the following:

- **Don't remove burnt clothing.**
- **Don't immerse severe large burns in cold water**
- **Check for signs of circulation (breathing, coughing, or movement).**

Chemical Splash in Eye

If a chemical splashes into your eye, take these steps immediately:

- Flush your eye with water. Use clean, lukewarm tap water for at least 20 minutes, and use whichever of these approaches is quickest:
 - a. Get into the shower and aim a gentle stream of lukewarm water on the forehead over the affected eye. Or, aim stream on the bridge of nose If both eyes are affected.
 - b. Or, put your head down and turn it to the side. Then hold your affected eye open under a gently running faucet.
 - c. You may also lie down in the bathtub or lean back over a sink while you pour a gentle stream of water on the affected eye. Remember to flush for at least 20 minutes no matter which method you choose.
- **Wash your hands with soap and water.** Be sure to wash thoroughly so you make sure there is no chemical or soap is left on your hands. Your first goal is to get the chemical off your eye, then to remove the chemical from your hands.
- **Remove contact lenses.** If they didn't come out during the flush, make sure to remove them now .

Caution:

- Don't rub the eye—this may cause further damage.
- Don't put anything except water or saline rinse in the eye, and don't use eye drops unless emergency tells you to do so.

Seek emergency medical assistance

After following the above steps, call 911 and seek medical attention.

Chemical Burns

If chemical burns the skin, follow these steps:

1. Remove the cause of the burn by flushing the chemicals off the skin surface with cool, running water for 15 minutes or more. If the burning chemical is a powder-like substance, such as lime, brush it off the skin before flushing.
2. Remove clothing or jewelry that has been contaminated by the chemical.
3. Wrap the burned area loosely with a dry, sterile dressing or a clean cloth.

Minor chemical burns usually heal without further treatment.

Seek emergency medical assistance if:

- Victim has signs of shock
- Chemical burn penetrated through the first layer of skin, and the second-degree burn covers an area more than 2 to 3 inches in diameter.
- The chemical burn occurred on the eye, hands, feet, groin or buttocks, or over a major joint.

If you're unsure if a substance is toxic, call the poison control center at (800) 222-1222.

Chest Pains

The specific cause of chest pains is often difficult to interpret. Causes of chest pain can vary from minor problems, such as indigestion or stress, to serious medical emergencies, such as heart attack or pulmonary embolism.

As with other sudden, unexplained pains, chest pains may be a signal for you to get medical help. Use the following information to help you determine whether your pain is a medical emergency.

Heart Attack

A heart attack occurs when an artery that supplies oxygen to your heart muscle becomes blocked. A heart attack generally causes chest pains for longer than 15 minutes. But a heart attack can also be silent and produce no signs or symptoms.

Many people who suffer a heart attack have warning symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain that's triggered by exertion and relieved by rest.

You may be having a heart attack if you're experiencing any or all of the following:

- Uncomfortable pressure, fullness, or squeezing pain in the center of his or her chest lasting more than a few minutes.
- Pain spreading to the shoulders, neck, or arms.
- Lightheadedness, fainting, sweating, nausea or shortness of breath.

If you or someone else may be having a heart attack:

- Dial 911 or call for emergency medical assistance
- Take nitroglycerin, if prescribed.
- Begin CPR.

Choking

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain.

If choking occurs, perform the Heimlich maneuver. Call 911.

To perform the Heimlich maneuver on someone else:

- Stand behind the person. Wrap your arms around the waist. Tip the person forward slightly.
- Mark 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.
- Repeat until the blockage is dislodged.

Corneal Abrasion (Scratch)

The most common types of eye injury involve the cornea—the clear, protective “window” at the front of the eye. Contact with dust, dirt, sand, wood shavings, metal particles or even an edge of a piece a paper can scratch or cut the cornea. Usually the scratch is superficial, and this is called a corneal abrasion. Some corneal abrasions become infected and result in a corneal ulcer, which is a serious problem.

Everyday activities can lead to corneal abrasions. Because the cornea is extremely sensitive, abrasions can be painful. If your cornea is scratched, you might feel like you have sand in your eye. Tears, blurred vision, increased sensitivity or redness around the eye can suggest a corneal abrasion.

In case of injury, seek prompt medical attention. Other immediate steps you can take for a corneal abrasion are to:

- **Use clean water or saline solution to rinse the eye.** Use an eyecup or small clean glass positioned with it's rim resting on the bone at the base of your eye socket.
- **Blink several times.** This movement may remove small particles of dust or sand.
- **Pull the upper eyelid over the lower eyelid.** The lashes of the lower eyelid can brush a foreign object from the undersurface of the upper eyelid.

Take caution to avoid certain actions that may aggravate the injury:

- Don't try to remove an object that's imbedded in the eyeball.
- Don't rub your eye after an injury.

Cuts and Scrapes

Minor cuts and scrapes usually don't require a trip to the emergency room. Yet proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

- **Stop the bleeding.** Apply pressure until the cut/scrape stops bleeding—this can take up to 20 or 30 minutes.
- **Clean the wound.** Rinse the wound with clear water. Soap can sometimes irritate the wound. If you need to pull something out of the wound first, like a splinter, make sure you clean the tweezers with alcohol before to prevent a staph infection.
- **Apply an antibiotic.** After cleaning, apply a thin layer of Neosporin, etc to the wound.
- **Cover the wound.** Bandages can keep the wound clean and keep harmful bacteria out.
- **Change the dressing.** Change the dressing daily or whenever it becomes wet or dirty.
- **Get stitches for deep wounds.** A wound that cuts deeply through the skin or a gaping or jagged-edged and has fat or muscle protruding usually requires stitches.
- **Watch for signs of infection.** See your doctor if the wound isn't healing or you notice any redness, drainage, warmth or swelling.
- **Get a tetanus shot.** If your wound is deep or dirty, and it has been more than five years since your last shot, you may want to consider getting another.

Dislocation

A dislocation is an injury in which the ends of your bones are forced from their normal positions. The cause is usually trauma, such as a blow or fall, but dislocation can be caused by underlying disease such as rheumatoid arthritis.

Dislocations are common injuries in contact sports, and in sports that may involve falls. Dislocations may occur in major joints such as your shoulder, hip, knee, elbow or ankle or in smaller joints such as your finger, thumb or tow. The injury will temporarily deform and immobilize your joint and may result in sudden and severe pain. A dislocation requires prompt medical attention to return your bones to their proper positions.

If you believe you have dislocated a joint:

1. **Don't delay medical care.** Get medical help immediately.
2. **Don't move the joint.** Until you receive help, splint the affected joint into its fixed position. Don't try to move a dislocated joint or force it back into place. This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels.
3. **Put ice on the injured joint.** This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint.

Electrical burns: First aid

An electrical burn may appear minor or not show on the skin at all, but the damage can extend deep into the tissues beneath youth skin. If a strong electrical current passes through your body, internal damage, such as a heart rhythm disturbance or cardiac-arrest, can occur. Sometimes the jolt associated with the electrical burn can cause you to be thrown or to fall, resulting in fractures or other associated injuries.

Dial 911 or call for emergency medical assistance if the person who has been burned is in pain, is confused, or is experiencing changes in his or her breathing, heartbeat or consciousness,

While helping someone with an electrical burn and waiting for medical help, follow these steps:

1. **Look first. Don't touch.** The person may be in contact with the electrical source. Touching the person may pass the current through you.
2. **Turn off the source of electricity if possible.** If not, move the source away from both you and the injured person using a non-conducting object made of cardboard, plastic or wood.
3. **Check for signs of circulation** (breathing, coughing or movement). If absent, begin CPR immediately.
4. **Prevent shock.** Lay the person down with the head slightly lower than the trunk and the legs elevated.
5. **Cover the affected areas.** If the person is breathing, cover any burned areas with a sterile gauze bandage, if available, or a clean cloth. Don't use a blanket or towel. Loose fibers can stick to the burns.

Electrical Shock: First aid

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

Call 911 if any of these signs or symptoms occur:

- Cardiac arrest
- Heart rhythm problems
- Respiratory failure
- Muscle pain and contractions
- Seizures
- Numbness and tingling
- Unconsciousness

While waiting for medical help, follow these steps:

- **Look first, don't touch.** The person may still be in contact with the electrical source. Touching the person may pass the current through you.
- **Turn off the source of electricity if possible.** If not, move the source away from you and the affected person, using a non-conducting object made of cardboard, plastic, or wood.
- **Check for signs of circulation.** If absent, begin CPR.
- **Prevent shock.** Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

CAUTION:

- Don't touch the person with your bare hands if he or she is still in contact with the electrical current.
- Don't get near high-voltage wires until the power is turned off. Stay at least 20 feet away—much further if wires are jumping and sparking.
- Don't move a person with an electrical injury unless the person is in immediate danger.

Fainting

Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss is usually brief.

Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known.

If you feel faint:

- Lie down or sit down.
- If you sit down, place your head between your knees.

If someone else faints:

- Position the person on his or her back. Make sure legs are elevated.
- Check the person's airways to be sure it's clear. Watch for vomiting.
- Check for signs of circulation. If absent, start CPR and call 911.
- Help restore blood flow. Restore blood flow by lifting raising the person's legs above the level of the head.

If the person was injured in a fall associated with a faint, treat any bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

Foreign Object in Ear

A foreign object in the ear can cause pain and hearing loss.

If an object becomes lodged in your ear, follow these steps:

- Don't probe the ear with a tool. Don't attempt to remove the foreign object by probing with a cotton swab, matchstick or any other tool. To do so is to risk pushing the object farther into the ear and damaging the fragile structures of the middle ear.
- Remove the object if possible. If the object is clearly visible, is pliable and can be grasped easily with tweezers, remove it.
- Try using gravity. Tilt the head to the affected side. Don't strike the person's head, but shake it gently in the direction of the ground to try to dislodge the object.
- Try using oil for an insect. If the foreign object is an insect, tilt the person's head so that the ear with the offending insect is upward. Try to float the insect out by pouring mineral oil, olive oil, or baby oil into the ear. The oil should be warm but not hot. As you pour the oil, you can ease the entry of the oil by straightening the ear canal. Pull the ear lobe gently backward and upward for an adult, backward and downward for a child. The insect should suffocate and may float out in the oil bath.
- Don't use oil to remove any other object than an insect. Do not use the method if there is any suspicion of a perforation in the eardrum—pain, bleeding or discharge from the ear.

If these methods fail or the person continues to experience pain in the ear, reduced hearing or a sensation of something lodged in the ear, seek medical attention.

Foreign Object in the Eye

If you get a foreign object in the eye, try to flush it out with clean water or saline solution. Use an eyecup or small, clean glass positioned with its rim resting on the bone at the base of your eye socket.

To help someone else:

1. Wash your hands.
2. Seat the person in a well-lighted area.
3. Gently examine the eye to find the object. Pull the lower lid down and ask the person to look up. Then hold the upper lid while the person looks down.
4. If the object is floating in the tear film on the surface of the eye, try flushing it out. If you're able to remove the object, flush the eye with a saline solution or lukewarm water.

CAUTION:

- Don't try to remove an object that's imbedded in the eyeball.
- Don't rub the eye.
- Don't try to remove a large object that makes closing the eye difficult.

Call for help when :

- You can't remove the object.
- The object is imbedded in the eyeball.
- The person with the object in the eye is experiencing abnormal vision.
- Pain, redness or the sensation of a foreign body in the eye persists after the object is removed.

Foreign Object in the Skin

Use tweezers to remove slivers of wood or fiberglass, small pieces of glass or other foreign objects projecting from your skin. Clean the area well with soap and water.

If the object is completely imbedded in your skin:

1. Clean the area well with soap and water.
2. Sterilize a needle by holding it in a flame for a few seconds or soaking it in rubbing alcohol.
3. Use the needle to break the skin over the object and gently lift the tip of the object out.
4. Use tweezers to remove the object. A magnifying glass may help you see the object better.
5. Wash and pat-dry the area. Follow by applying antibiotic ointment.
6. If the particle doesn't come out easily or is close to your eye, seek medical attention.

Foreign Object in the Nose

If a foreign object becomes lodged in your nose:

- Don't probe the object with a cotton swab or other tool
- Don't try to inhale the object by forcefully breathing in. Instead, breath through your moth until the object is removed.
- Blow your nose gently to try to free the object, but don't blow hard or repeatedly. If only one nostril is affected, close the opposite nostril by applying gentle pressure and then blow out gently through the affected nostril.
- If the object is visible and you can easily grasp it with tweezers, gently remove it. Don't try to remove an object that isn't visible or easily grasped.
- Call for emergency medical assistance or go to your local ER if these methods fail.

Foreign Object if Swallowed

If you swallow a foreign object, it will usually pass through your digestive system uneventfully. But some objects can lodge in your esophagus, the tube that connects your throat and stomach. If an object is stuck in your esophagus, you may need to remove it, especially if it is:

- A pointed object, which should be removed as quickly as possible to avoid further injury to the esophageal lining
- A tiny watch- or calculator-type batter, which can rapidly cause local tissue injury and should be removed from the esophagus without delay

If a swallowed object blocks the airway:

- Use the Heimlich maneuver to try to remove the object if the person is having trouble breathing.
- Call for emergency medical assistance or go to your local emergency room.

Foreign Object Inhaled

If you or someone you know inhales a foreign object, see your doctor. If the inhaled object causes choking:

- Use the Heimlich maneuver to remove the object
- Dial 911 or your local emergency number.

Head Pain

Most headaches are minor, and you can treat them with a pain reliever. Some head pain, however, signals a dangerous or serious medical problem. Don't ignore unexplained head pain or head pain that steadily worsens. Get medical attention right away if your head pain:

- Strikes suddenly and severely
- Accompanies a fever, stiff neck, rash, mental confusion, seizures, changes in vision, dizziness, weakness, loss of balance, numbness or difficulty speaking
- Is severe and follows a recent sore throat or respiratory infection
- Begins or worsens after a head injury, fall or bump
- Is a new pain, and you're older than age 50
- Is excruciating and affects just one, reddened eye
- Worsens over the course of a day, or persists for several days

Fractures (broken bones)

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of a major trauma or injury, call 911. Also, call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin CPR if there's no respiration or heart-beat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed
- The bones has pierced the skin
- The extremity of the injured arm or leg, such as toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.
- You suspect a bone is broken in the hip, pelvis or upper leg.

Take these immediately while waiting for medical help:

- **Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a dean cloth or a clean piece of clothing.
- **Immobilize the injured area.** Don't try to realign the bone, but if you've been trained in how to splint and professional help isn't readily available, apply a splint to the area.
- **Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive.** Don't apply ice directly to the skin—wrap the ice in a towel, piece of cloth or other material.
- **Treat for shock.** If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk, and if possible, elevate the legs.

Heart Attack

A heart attack occurs when an artery supplying your heart with blood and oxygen becomes blocked. This loss of blood flow injures your heart muscles. A heart attack generally causes chest pain for more than 15 minutes, but it can also be “silent” and have no symptoms at all.

Many people who suffer a heart attack have warning symptoms for hours, days, or weeks in advance. The earlier predictor of an attack may be recurrent chest pain that's triggered by exertion and relieved by rest.

Someone having a heart attack may experience an or all of the following:

- Uncomfortable pressure, fullness or squeezing pain in the center of the chest.
- Prolonged pain in the upper abdomen
- Discomfort or pain spreading beyond the chest to the shoulders, neck, jaw, teeth, one or both arms
- Shortness of breath
- Lightheadedness, dizziness, fainting
- Sweating
- Nausea

If you or someone else may be having a heart attack, call 911 immediately!

Head Trauma

Most head trauma involves injuries that are minor and don't require hospitalization. However, dial 911 or contact medical assistance if any of the following are apparent:

- Severe head or facial bleeding
- Change in the level of consciousness for more than a few seconds
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Repeated vomiting
- Slurred speech

If severe head trauma occurs:

- **Keep the person still.** Until medical help arrives, keep the person who sustained the injury lying down and quiet in a darkened room, with the head and shoulders slightly elevated. Don't move the person unless necessary and avoid moving the person's neck.
- **Stop any bleeding.** Apply firm pressure to the wound with sterile gauze or a clean cloth. But don't apply direct pressure to the wound if you suspect a skull fracture.
- **Watch for changes in breathing and alertness.** If the person shows no signs of circulation (breathing, coughing or movement), begin CPR.

Heat Cramps

Heat cramps are painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. Inadequate fluid intake often contributes to heat cramps. The spasms may be more intense and more prolonged than typical nighttime leg cramps. Muscle most often affected include those in your calves, arms, abdomen and back, although heat cramps may involve any muscle group involved in the exercise.

If you suspect heat cramps:

- Rest briefly and cool down
- Drink clear juice or an electrolyte-containing sports drink
- Practice gentle, range-of-motion stretching and gentle massage of the affected muscle group
- If your cramps don't go away in 1 hour, call your doctor

Heat Exhaustion

Signs and symptoms of heat exhaustion often begin suddenly, sometimes after excessive exercise, heavy perspiration and inadequate fluid intake. Signs and symptoms resemble those of shock and may include:

- Feeling faint
- Nausea
- Ashen appearance
- Rapid, weak heartbeat
- Low blood pressure
- Cool, moist skin
- Low-grade fever

If you suspect heat exhaustion:

- Get the person out of the sun and into a shady or air-conditioned location.
- Lay the person down and elevate the legs and feet slightly.
- Loosen or remove the person's clothing.
- Have the person drink cool water, not iced, or a sports drink containing electrolytes
- Cool the person by spraying or sponging him or her with cool water and fanning.
- Monitor the person carefully. Heat exhaustion can quickly become heatstroke. If fever greater than 102 F, fainting, confusion or seizures occur, dial 911 or call for emergency medical assistance.

Heatstroke

Heatstroke is similar to heat cramps and heat exhaustion. It's one of the heat-related problems that often result in heavy work in hot environments, usually accompanied by inadequate fluid intake. Older adults, people who are obese and people born with impaired ability to sweat are at high risk of heatstroke. Other risk factors include dehydration, alcohol use, cardiovascular disease and certain medications.

What makes heatstroke much more severe and potentially life-threatening is that the body's normal mechanisms for dealing with heat stress, such as sweating and temperature control, are lost. The main sign of heatstroke is markedly elevated body temperature—generally greater than 104 F—with changes in mental status ranging from personality changes to confusion and coma. Skin may be hot and dry, although in heatstroke caused by exertion, the skin is usually moist.

Other signs and symptoms may include:

- Rapid heartbeat
- Rapid and shallow breathing
- Elevated or lowered blood pressure
- Cessation of sweating
- Irritability, confusion or unconsciousness
- Fainting, which may be the first sign in older adults

If you suspect heatstroke:

- Move the person out of the sun into a shady or air-conditioned space.
- Dial 911 or call for emergency medical assistance

- Cool the person by covering him or her with damp or by spraying with cool water. Direct air onto the person with a fan or newspaper.

Human Bites

Human bites can be as dangerous as or even more dangerous than animal bites because of the types of bacteria and viruses contained in the human mouth.

If you sustain a human bite that breaks the skin:

- Stop the bleeding by applying pressure
- Wash the wound thoroughly with soap and water
- Apply an antibiotic cream to prevent infection
- Apply a clean bandage. If the bite is bleeding, apply pressure directly on the wound using a sterile bandage or clean cloth until the bleeding stops.
- Seek emergency medical care

Insect Bites

Signs and symptoms of an insect bite result from the injection of venom or other substances into your skin. The venom triggers an allergic reaction. The severity of your reaction depends on your sensitivity to the insect venom or substance.

Most reactions to insect bites are mild, causing little more than an annoying itching or stinging sensation and mild swelling that disappear within a day or so. A delayed reaction may cause fever, hives, painful joints and swollen glands. You might experience both the immediate and the delayed reactions from the same insect bite or sting. Only a small percentage of people develop severe reactions (anaphylaxis) to insect venom. Signs and symptoms of a severe reaction include facial swelling, difficulty breathing and shock.

Bites from bees, wasps, hornets, yellow jackets, and fire ants are typically the most troublesome. Bites from mosquitoes, ticks, biting flies and some spiders can also cause reaction, but these are generally milder.

For mild reactions:

- Move to a safe area to avoid more stings.
- Scrape or brush off the stinger with a straight-edged object, such as a credit card or the back of a knife. Wash the affected area with soap and water. Don't try to pull out the stinger; doing so may release more venom.
- To reduce pain and swelling, apply a cold pack or cloth filled with ice.
- Apply 0.5 or 1 percent hydrocortisone cream, calamine lotion or a baking soda paste—with a ratio of 3 teaspoons baking soda to 1 teaspoon water—to the bite or sting several times a day until your symptoms subside.
- Take an antihistamine like Benadryl.

Allergic reactions may include mild nausea and intestinal cramps, diarrhea or swelling larger than 2 inches in diameter at the site. See your doctor promptly if you experience any of these signs and symptoms.

For severe reactions:

Severe reactions may progress rapidly. Dial 911 or medical assistance if the following occur:

- Difficulty breathing

First Aid

- Swelling of your lips or throat
- Faintness
- Dizziness
- Confusion
- Rapid heartbeat
- Hives
- Nausea, cramps and vomiting

Take these actions immediately while waiting with an affected person for medical help:

1. Check for special medications that the person might be carrying to treat an allergic attack, such as an auto-injector of epinephrine.
2. After administering epinephrine, have the person take an antihistamine pill if he or she is able to do so without choking.
3. Have the person lie still on his or her back with feet higher than the head.
4. Loosen tight clothing and cover the person with a blanket. Don't give anything to drink.
5. If there's vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
6. If there are no signs of circulation, begin CPR.

Nosebleeds

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both.

To take care of a nosebleed:

- Sit upright. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding.
- Pinch your nose. Use your thumb and index finger and breath through your mouth. Continue the pinch for five to ten minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.
- To prevent re-bleeding after bleeding as stopped, don't pick or blow your nose and don't bend down until several hours after the bleeding episode. Keep your head high than the level of your heart.
- If re-bleeding occurs, sniff in forcefully to clear your nose of blood clots, spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, Dristan, others). Pinch your nose again in the technique described above and call your doctor.

Seek medical care immediately if:

- The bleeding last for more than 20 minutes
- The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose.

Poison Ivy /Oak/Sumac

Signs and Symptoms

- An itchy or burning rash appears within 2 to 3 days as small red bumps that usually blister. Blisters can be different sizes and may ooze clear fluid.
- The bumps and blisters may look like straight lines or streaks on the child's skin.
- The rash may begin to look crusty as it heals.

What to do

1. Wash skin and scrub under fingernails immediately with soap and water.
2. For itching, use calamine lotion (avoid using on face, especially near the eyes, or on the genitals) or on an oral antihistamine.
3. Cut fingernails short and keep yourself from breaking the skin from scratching.
4. Place cool compresses as needed.
5. Wash all clothing that has recently been worn.

First Aid

Call the doctor or seek medical attention if:

- The rash covers a large portion of the body, or is on the genitals or the face
- The rash is getting worse despite home treatment
- The skin looks infected (increasing redness, warmth, pain, swelling, or pus)

Seek emergency medical care if:

- There is a known severe allergy to poison ivy/oak/sumac
- Develops swelling around the nose or mouth
- Complaints of chest lightness or difficulty breathing
- Sounds hoarse or is having trouble speaking
- Develops redness or swelling widespread over the body
- Becomes dizzy or lightheaded
- Was given a dose of inject-able epinephrine



Poison oak



Poison sumac



Poison ivy

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Puncture Wounds

A puncture wound doesn't usually cause excessive bleeding. Often the wound seems to close almost instantly. But these features don't mean treatment isn't necessary.

A puncture wound—such as results from stepping on a nail or being stuck with a tack—can be dangerous because of the risk of infection. The object that caused the wound may carry spores of tetanus or other bacteria, especially if the object had been exposed to soil. Puncture wounds resulting from human or animal bites, including those of domestic dogs and cats, may be especially prone to infection. Puncture wounds on the foot are also more vulnerable to infection.

If the bite was deep enough to draw blood and the bleeding persists, seek medical attention. Otherwise, follow these steps.

1. **Stop the bleeding.** Minor cuts and scrapes usually stop the bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. If bleeding persists - if the blood spurts or continues to flow after several minutes of pressure—seek emergency assistance.
2. **Clean the wound.** Rinse the wound with clear water. A tweezers cleaned with alcohol may be used to remove small, superficial particles. If larger debris still remains more deeply embedded in the wound, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, clean with soap and a clean washcloth.
3. **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment to help keep the surface moist. These products can help fight infection.
4. **Cover the wound.** Exposure to air speeds healing, but bandages can help keep the wound clean and keep harmful bacteria out.
5. **Change the dressing regularly.** Do so at least daily or whenever it becomes wet or dirty.
6. **Watch for infection.** See your doctor if the wound doesn't heal or if you notice any redness, drainage, warmth or swelling.

Seizures

1. First aid for seizures involves responding in ways that can keep the person safe until the seizure stops by itself. Here are a few things you can do to help someone who is having a generalized tonic-clonic (grand mal) seizure:
 - Keep calm and reassure other people who may be nearby.
 - Prevent injury by clearing the area around the person of anything hard or sharp.
 - Ease the person to the floor and put something soft and flat, like a folded jacket, under his head.
 - Remove eyeglasses and loosen ties or anything around the neck that may make breathing difficult.
 - Time the seizure with your watch. If the seizure continues for longer than five minutes without signs of slowing down or if a person has trouble breathing afterwards, appears to be injured, in pain, or recovery is unusual in some way, call 911.
 - Do not hold the person down or try to stop his movements.

Carolina Cross Connection Project Manual

- Contrary to popular belief, it is not true that a person having a seizure can swallow his tongue. **Do not** put anything in the person's mouth. Efforts to hold the tongue down can injure the teeth or jaw.
 - Turn the person gently onto one side. This will help keep the airway clear.
 - Don't attempt artificial respiration except in the unlikely event that a person does not start breathing again after the seizure has stopped.
 - Stay with the person until the seizure ends naturally and he is fully awake.
 - Have someone call your camp director right away.
 - Do not offer the person water or food until fully alert
 - Be friendly and reassuring as consciousness returns.
2. Here are a few things you can do to help someone who is having a seizure that appears as blank staring, loss of awareness, and/or involuntary blinking, chewing, or other facial movements.
- Stay calm and speak reassuringly.
 - Guide him away from dangers.
 - Block access to hazards, but don't restrain the person.
 - If he is agitated, stay a distance away, but close enough to protect him until full awareness has returned.
3. Consider a seizure an emergency and call 911 if any of the following occurs:
- The seizure lasts longer than five minutes without signs of slowing down or if a person has trouble breathing afterwards, appears to be in pain or recovery is unusual in some way.
 - The person has another seizure soon after the first one.
 - The person cannot be awakened after the seizure activity has stopped.
 - The person became injured during the seizure.
 - The person becomes aggressive.
 - The seizure occurs in water.
 - The person has a health condition like diabetes or heart disease or is pregnant.

Severe Bleeding

If possible, before you try to stop severe bleeding, wash your hands to avoid infection and put on synthetic gloves. Don't reposition displaced organs. If the wound is abdominal and organs have been displaced, don't try to push them back into place. Cover the wound with a dressing.

For other cases of severe bleeding, follow these steps:

1. Have the injured person lie down. If possible, position the person's head slightly lower than the trunk or elevate the legs. This position reduces the risk of fainting by increasing blood flow to the brain. If possible, elevate the site of bleeding.
2. While wearing gloves, remove any obvious dirt or debris from the wound. Don't remove any large or more deeply embedded objects. Don't probe the wound or attempt to clean it at this point. Your principal concern is to stop the bleeding.
3. Apply pressure directly on the wound. Use a sterile bandage, clean cloth or even a piece of clothing. If nothing else is available, use your hand.
4. Maintain pressure until the bleeding stops. Hold continuous pressure for at least 20 minutes without looking to see if the bleeding stopped. You can maintain pressure by binding the wound tightly with a bandage and adhesive tape.
5. Don't remove the gauze or bandage. If the bleeding continues and seeps through the gauze or other material you are holding on the wound, don't remove it. Instead, add more absorbent material on top of it.
6. Squeeze a main artery if necessary. If the bleeding doesn't stop with direct pressure, apply pressure to the artery delivering blood to the area of the wound. Pressure points of the arm are just above the elbow and just below the armpit. Pressure points of the leg are just behind the knee and in the groin. Squeeze the main artery in these areas against the bone. Keep your fingers flat. With your hand, continue to exert pressure on the wound itself.
7. Immobilize the injured body part once bleeding has stopped. Leave the bandages in place and get to the emergency room as soon as possible.

If you suspect internal bleeding, seek emergency help. Signs of internal bleeding may include:

- Bleeding from body cavities (such as the ears, nose, rectum or vagina)
- Vomiting or coughing up blood
- Bruising on neck, chest, abdomen or side (between ribs and hip)
- Wounds that have penetrated the skin, chest or abdomen
- Abdominal tenderness, possibly accompanied by rigidity or spasm of abdominal muscles
- Fractures
- Shock, indicated by weakness, anxiety, thirst or skin that's cool to the touch

Snakebites

Most snakes aren't poisonous. Some exceptions include the rattlesnake, coral snake, water moccasin and copperhead.

Most poisonous snakes have slit-like eyes. Their heads are triangular, with a depression, or pit, midway between the eyes and nostrils.

Other characteristics are unique to certain poisonous snakes:

- Rattlesnakes make a rattling sounds by shaking the rings at the end of their tail
- Water moccasins have a white, cottony lining in their mouth.
- Coral snakes have red, yellow and black rings along the length of their body.

To reduce your risk of snakebite, avoid picking up or playing with any snake. Most snakes avoid people if possible and bite only when threatened or surprised.

If you've experienced a snakebite:

- Remain calm.
- Don't try to capture the snake.
- Immobilize the bitten arm or leg and try to stay as quiet as possible.
- Remove jewelry, because swelling tends to progress rapidly.
- Apply a loose splint to reduce movement of the affected area, but make sure it is loose enough that it won't restrict blood flow.
- Don't use a tourniquet or apply ice.
- Don't cut the wound or attempt to remove the venom.
- Seek medical attention as soon as possible, especially if the bitten area changes color, begins to swell, or is painful.

Shock

Shock may result from trauma, heatstroke, allergic reactions, severe infection, poisoning or other causes. Various signs and symptoms appear in person experiencing shock:

- The skin is cool and clammy, may appear pale or gray
- The pulse is weak and rapid
- The eyes lack luster and may seem to stare
- The person may be conscious or unconscious

If you suspect shock, even if the person seems normal after injury:

1. Dial 911
2. Keep the person still, lying down on their back—keeping their feet higher than their head.
3. Check for signs of circulation. If absent, begin CPR.
4. Keep person warm and comfortable.
5. If person vomits or bleeds from mouth, turn them on their side to prevent choking.
6. Seek treatment for injuries such as bleeding or broken bones.

Spider Bites

Only a few spiders are dangerous to humans. Two that are present in the United States and more common in the Southern states are the black widow and brown recluse. Both prefer warm climates and dark, dry places where flies are plentiful. They often live in dry, littered, undisturbed areas, such as closets, woodpiles, and under sinks.

Black Widow Spider



The female black widow gives the more serious bite, but a black widow spider bite is barely lethal. You can identify the spider by the red hourglass marking on its belly. The bite feels like a pinprick. You may not even know you've been bitten. At first you may notice only slight swelling and faint red marks. Within a few hours, though, intense pain and stiffness begin. Other signs and symptoms of a black widow spider bite include:

- Chills
- Fever
- Nausea
- Severe abdominal pain

Brown Recluse Spider



You can identify this spider by the violin-shaped marking on its top. The bite produces a mild stinging, followed by a local redness and intense pain within eight hours. A fluid-filled blister forms at the site and then sloughs off to leave a deep, enlarging ulcer. Reactions from a brown recluse spider bite vary from a mild fever and rash to nausea and listlessness. On rare occasions death results, more often in children.

If bitten by a spider

Clean the site of the spider bite well with soap and water. Apply a cool compress over the spider bite location. Aspirin or acetaminophen may be used to relieve minor signs and symptoms in adults. Treatment in a medical facility may be necessary for those with severe signs and symptoms.

If bitten by a brown recluse or black widow spider

- **If possible, make a positive identification.** If the spider bite is on an arm or leg, tie a snug bandage above the bite to help slow or halt venom's spread. Ensure the bandage is not so tight to cut off circulation.
- **Use a cold cloth at the spider bite location.** Apply a cloth dampened with cold water or filled with ice.
- **Seek immediate medical attention.** Treatment for the bite of a black widow may require an anti-venom medication. Doctors may treat brown recluse bites with corticosteroids.

Spinal Injury

If you suspect a back or neck (spinal) injury, do not move the affected person. Permanent paralysis and other serious complications can result. Assume a person has a spinal injury if:

- There's evidence of a head injury with an ongoing change in the person's level of consciousness.
- The person complains of severe pain in his or her neck or back.
- The person won't move his or her neck.
- An injury has exerted substantial force on the back or head.
- The person complains of weakness, numbness or paralysis or lacks control of his or her limbs, bladder or bowel.
- The neck or back is twisted or positioned oddly.

If you suspect someone has a spinal injury:

- Dial 911 or call for emergency medical assistance.
- The goal of first aid for a spinal injury is to keep the person in much of the same position as they were found. Keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent movement.
- If the person shows no signs of circulation, begin CPR. However, do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward.
- If you absolutely must roll the person because he or she is vomiting, choking on blood or in danger of further injury, use at least two people. Work together to keep the person's head, neck and back aligned while rolling the person onto one side.

Sprain

Your ligaments are tough, elastic-like bands that attach to your bones and hold your joints in place. A sprain is an injury to a ligament caused by excessive stretching. The ligament can have tears in it, or it can be completely torn apart.

Sprains occur most often in your ankles, knees or the arches of your feet. Sprained ligaments swell rapidly and are painful. Generally the greater the pain, the more severe the injury. For most minor sprains, you can probably treat the injury yourself.

Follow the instructions for P.R.I.C.E.

1. **Protect** the injured limb from further injury by not using the joint. You can do this using anything from splints to crutches.
2. **Rest** the injured limb. But don't avoid all activity. Even with an ankle sprain, you can usually still exercise other muscles to prevent de-conditioning.
3. **Ice** the area. Using a cold pack, a slush bath or a compression sleeve filled with cold water will limit swelling after an injury. Try to apply ice as soon as possible after the injury. If you use ice, be careful not to use it for too long, as this could cause tissue damage.
4. **Compress** the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic or neoprene are best.
5. **Elevate** the injured limb whenever possible to help prevent or limit swelling.

Call for emergency medical assistance if:

- You heard a popping sound when your joint was injured, or you can't use the joint. This may mean the ligament was completely torn apart. On the way to the doctor, apply a cold pack.
- You have a fever, and the area is red and hot. You may have an infection.
- You have a severe sprain. Inadequate or delayed treatment may cause long-term joint instability or chronic pain.

Stroke

A stroke occurs when there's bleeding into your brain, or normal blood flow to your brain is blocked. Within minutes of being deprived of essential nutrients, brain cells start dying—a process that may continue over the next several hours.

This is a true emergency. Seek immediate medical assistance. The sooner treatment is given, the more likely damage can be minimized. Every moment counts.

Remember: the longer a stroke goes untreated, the greater the damage and potential disability. Success of treatment may depend on how soon you receive care.

If you notice a sudden onset of one or more of the signs or symptoms listed below, call 911.

- Sudden weakness or numbness in your face, arm or leg on one side of your body
- Sudden dimness, blurring or loss of vision, particularly in one eye
- Loss of speech or trouble talking or understanding speech
- Sudden, severe headache—a bolt out of the blue—with now apparent cause
- Unexplained dizziness, unsteadiness or a sudden fall, especially if accompanied by any of the other symptoms

Sunburn

Signs and symptoms of sunburn usually appear within a few hours of exposure, bringing pain, redness, swelling and occasional blistering. Because exposure often affects a large area of your skin, sunburn can cause headache, fever and fatigue.

If you have sunburn:

- Take a cool bath or shower.
- Apply an aloe vera lotion several times a day.
- Leave blisters intact to speed healing and avoid infection.
- If needed, take an over-the-counter pain reliever.

If your sunburn begins to blister or if you experience immediate complications, such as rash, itching or fever, see your doctor.

Tick Bites

Some ticks transmit bacteria that cause illnesses such as Lyme disease or Rocky Mountain spotted fever. Your risk of contracting one of these diseases depends on what part of the U.S. you live in, how much time you spend in wooded areas and how well you protect yourself.

If you receive a tick bite:

1. Remove the tick promptly and carefully. Use tweezers to grasp the tick near the head or mouth and pull gently to remove the whole tick without crushing it.
2. If possible, seal the tick in jar and keep it for a week or two. Your doctor may want to see the tick if an illness occurs.
3. Use soap and water to wash your hands and the area around and tick bite after handling the tick.
4. Call your doctor if you aren't able to completely remove the tick.

See your doctor if you develop:

- A rash
- A fever
- Muscle aches
- Joint pain and inflammation
- Swollen lymph nodes
- Flu-like symptoms

Call 911 if you develop:

- A severe headache
- Difficulty breathing
- Paralysis
- Chest pain or hear palpitations