



FOLLOWING IS A NEW "TOOL BOX TALK" TOPIC.

DO YOU HAVE QUESTIONS OR SUGGESTIONS?

LET US KNOW.





# First-Aid (Do's and Don'ts)

*No matter where you may have received some first-aid training, it will remain with you for the rest of your life. Of course, you'll forget some of the bits and pieces, but the really important stuff sticks with you.*

**Some of us had first-aid training** when we were in the Boy Scouts. Some of us may have had it in high school, or college, or the military. Or maybe we had a first-aid course at our church, or maybe even your company has sent you to one or more first-aid training programs. **Did you know that OSHA requires** that there be a “first-aid giver” on each and every jobsite. And, in addition, these same jobsites must also have a first-aid kit. If you have had a first-aid training program recently, you'll remember that this six or eight-hour training course covered a lot of material. Some of the more important topics were CPR (Cardio Pulmonary Resuscitation), bandaging, stopping of bleeding, treating for shock, prevention of spinal injury by keeping the victim stationary, treating for insect bites/stings, recognizing heat exhaustion and heat stroke, knowing symptoms of hypothermia and frostbite, snakebite treatment, proper handling of first/second/third degree burns, and making a phone call for rescue vehicles (9-1-1). **In your prior first-aid training**, the instructor spent considerable time discussing Bloodborne Pathogens, which is the spreading of various diseases through the transmission of bodily fluids. You'll remember from this same training that you were urged to wear latex gloves when administering first-aid to a bleeding victim. If you're required to administer CPR, you'll also need to use a face shield, dispose of used bandages and other items exposed to bodily fluids using an airtight container (zip-loc sandwich bag, etc.). **Where will you use your first-aid knowledge?** On the jobsite, at home, or the shopping center, or on picnics, or wherever a human being is injured and needs some type of first-aid. Your first-aid knowledge and technique is invaluable. **For those who have attended** a first-aid training seminar in the past three or four years, you probably remember that the instructor stressed that there were as many “don'ts” as there were “do's.” **In our anxiety** to render proper and prompt first-aid treatment to an injured co-worker, we sometimes do more harm than good. How can this happen?

**A good first-aid instructor** covers these important guidelines:

## **DON'TS**

- Don't move the victim unless absolutely necessary
- Always suspect “spinal injury” (and don't move the victim)
- Don't set fractures and breaks (simply immobilize the victim)
- Don't apply a tourniquet (use “direct” pressure to stop bleeding)
- Don't remove items imbedded in the eye (cover with a dixie cup)
- Don't use burn ointments
- Don't hesitate to call 9-1-1

## **DO'S**

- Reassure victim that help is on the way
- For major injuries call 9-1-1 immediately
- Check victim's status regularly
- Use direct pressure to stop bleeding
- Check to see if victim's airways are clear
- If no pulse or respiration, start CPR
- To prevent transmission of disease, use latex gloves
- Keep victims in shock warm (use blanket, etc.)
- Assume spinal injury when blunt force trauma is present
- Raise head if bleeding in upper torso area
- Raise feet if bleeding in lower torso areas
- Flush all burns and chemical injuries with clean water
- Have MSDS sheets on the jobsite for 9-1-1 responders
- Call the Poison Control Center for chemical ingestion

Your first-aid knowledge and technique is invaluable. If you haven't had this type of training, ask your supervisor if your company can provide it for you. It will be invaluable training.