

FIRST AID

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1. GENERAL

1.01 This section outlines briefly the more important First Aid procedures that should be followed in caring for the usual types of injuries encountered by telephone employees. It may be used as a guide in reviewing First Aid principles when the textbook is not available.

1.02 The principal changes from Issue 2 of this section were made in order that the section would conform to the latest procedures recommended in the American Red Cross First Aid Textbook which is standard for Bell System First Aid instruction. Since this is a general revision, arrows normally used to indicate changes have been omitted.

1.03 First Aid has proved to be of great benefit to employees in reduction of accidents both on and off the job. In order to follow the directions in this practice:

(a) Know your First Aid.

(b) Remember that you are not a doctor and, therefore, can not always determine the extent of an injury. Be sure to take all necessary precautions prescribed in this practice and in the Red Cross First Aid Textbook.

2. DEFINITION OF FIRST AID

2.01 First Aid is the immediate, temporary care given by a trained person in case of accident or sudden illness before the services of a physician can be secured.

3. PURPOSES OF FIRST AID TRAINING

3.01 To prevent accidents. Experience shows that people trained in First Aid are more alert to accident possibilities.

3.02 To equip individuals with sufficient knowledge to determine the nature and possible extent of injury.

3.03 To train the First Aider to do the proper thing at the proper time. Likewise, knowing what not to do is equally important.

3.04 To provide proper transportation.

4. GENERAL DIRECTIONS

4.01 The First Aider should tactfully assume charge of the situation.

4.02 Keep the injured person lying down.

4.03 Circumstances surrounding the accident may give a clue to the nature and severity of injuries.

4.04 Look for serious bleeding, stoppage of breathing and poisons. These must be cared for immediately.

4.05 Then look for wounds, burns, fractures, dislocations, signs of internal injuries, etc. Question the victim for location of probable injuries. Try to locate all the injuries.

- 4.06 Treat for shock.
- 4.07 If the injured person is unconscious or semiconscious following an accident of violence, suspect a head injury.
- 4.08 Call for a doctor or ambulance. See Part 5.
- 4.09 Keep cool and do not be hurried into moving the injured person.
- 4.10 Never give an unconscious person water or other liquids.
- 4.11 Keep onlookers away from the injured.
- 4.12 Make the victim comfortable and cheer him in any way possible.
- 4.13 Avoid letting the victim see his own injury.
- 4.14 Improvise from material at hand if First Aid supplies are not available.
- 4.15 Notify victim's supervisor of any accidents.
- 4.16 Obtain identity of victims if unknown.

#### 5. OBTAINING A DOCTOR'S SERVICES

- 5.01 Call a doctor if necessary. Consult your list of physicians and hospitals if available.
- 5.02 Generally, someone should accompany the injured person to the doctor or hospital preferably a supervisor.
- 5.03 In all cases in calling a doctor or ambulance, be prepared to give the following information:
  - (a) Location of injured person.
  - (b) Nature, cause and probable extent of injury.
  - (c) What First Aid is being given.
  - (d) What First Aid supplies are available.

#### 6. WOUNDS - GENERAL

- 6.01 A wound is a break in the skin or in the mucous membrane lining one of the body cavities.

6.02 Wounds are subject to two dangers, serious bleeding and infection. Remember, no matter how small the wound may be, it is always large enough for germs to enter. The only safe thing to do is to take proper care of each wound, regardless of how small it is, as soon as it occurs.

#### 7. WOUNDS - WHEN BLEEDING IS NOT SEVERE

##### 7.01 First Aid:

- (a) Do not touch the wound with the hand, mouth, clothing or any unclean material. Do not breathe on the wound.
- (b) Wash the wound with clean soap and water where practicable. Dry, apply iodine to the wound, and then to the skin around the wound for a distance of from one-half to one inch, unless there is free bleeding. Allow iodine to dry.
- (c) Apply clean material and bandage snugly in place.

#### 8. WOUNDS - WITH SEVERE BLEEDING

##### 8.01 First Aid:

- (a) Apply direct pressure on or into the wound.
- (b) Elevate bleeding part if this is possible.
- (c) Apply digital pressure at pressure points. (Figs. 1 to 7.)
- (d) Tourniquet: (Figs. 8 and 9.)
  - (1) A tourniquet should be used only for severe life threatening bleeding which can not be controlled by other means.
  - (2) A tourniquet should be made of flat material at least two inches wide.
  - (3) Place the tourniquet close to the wound between the wound and the heart but not at the wound edge. There should be unbroken skin between the tourniquet and the wound.
  - (4) Don't tighten more than is necessary to stop bleeding.
  - (5) Don't release tourniquet once it is applied, no matter how long it has been in place.
  - (6) Don't give stimulants.
  - (7) Always attach a visible notation to the victim, giving the location of the tourniquet and the hour of application.
  - (8) Apply dressing and treat for shock.
  - (9) Call doctor.

8.02 Pressure Points and Tourniquet: (Figs. 1 to 9.)

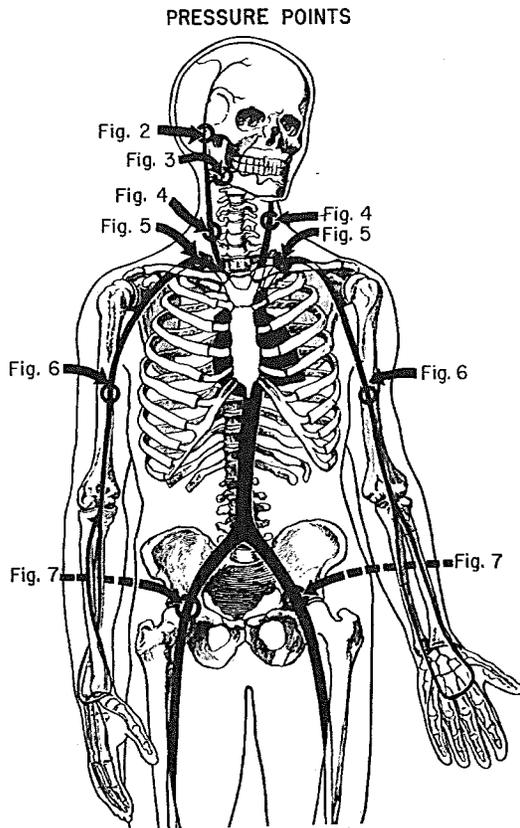


Fig. 1

For bleeding from arteries in the face below the level of the eye, apply pressure as shown in Fig. 3 along the jaw bone.



Fig. 3

For bleeding from arteries in the throat, place the ends of the fingers against side of the windpipe (not over it) and carry the thumb on around the back of the neck. Now apply pressure between the ends of the fingers and the thumb pressing the cut blood vessel against the spinal column.



Fig. 4



For bleeding from arteries in the temple region, the scalp and the forehead, apply pressure just in front of the ear.

Fig. 2

For bleeding from arteries in the arm, the armpit or shoulder, apply pressure in the hollow behind the inner third of the collar bone down against the first rib.



Fig. 5

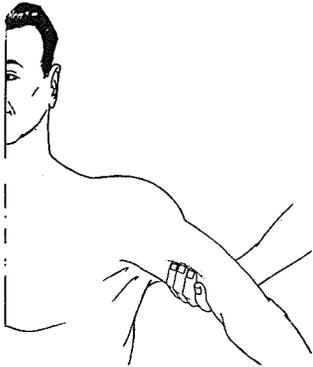


Fig. 6

For bleeding from arteries in the arm, forearm and hand, grasp the arm about halfway between the shoulder and elbow, fingers well up on the inside of the arm and thumb to the outside. Apply pressure from the fingers to the thumb thus pressing the artery against the bone in the arm.

For bleeding from arteries in the thigh, leg, or foot, apply pressure upward at midgroin with the heel of the hand. This presses the artery against the pelvis bone.

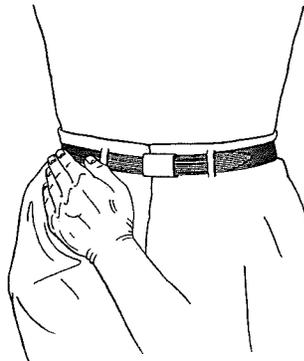


Fig. 7

Wrap the material twice around the limb if at all possible and tie a half knot. Place a stout stick or similar article, on the half knot and tie a square knot over it. Twist the stick rapidly to tighten the tourniquet thereby pressing on the artery and stopping the flow of blood as illustrated in Figs. 8 and 9.

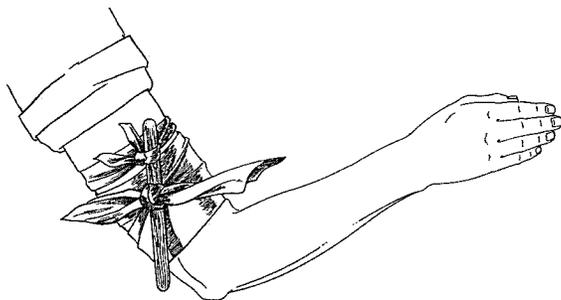


Fig. 8

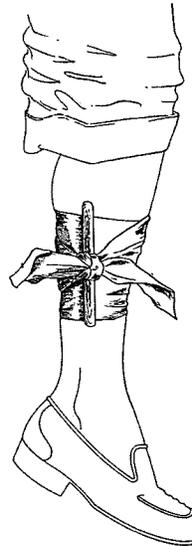


Fig. 9

Remember a tourniquet should not be released, no matter how long it has been in place, except by a physician. Make a notation and attach it to the victim, giving location and time applied.

## 9. WOUNDS - INTERNAL BLEEDING

9.01 Most likely to come from the stomach, lungs, or bowels.

### 9.02 First Aid:

- (a) Keep victim lying on his back. Turn the head to one side.
- (b) Keep him quiet and do not move him unless absolutely necessary.
- (c) Keep him from becoming chilled.
- (d) Do not give stimulants.
- (e) Call a doctor.
- (f) In bleeding from the lungs it may be desirable to elevate the head and chest.

## 10. ARTIFICIAL RESPIRATION

10.01 Electric shock, gas asphyxiation and drowning are some of the cases that can result in the stoppage of breathing. Rescue the victim without unnecessary danger to your own life and then begin artificial respiration. (Figs. 10 to 14.)

- (a) Start at once and do not give up. There are many cases on record wherein a person apparently dead has been revived after several hours of continuous artificial respiration.

### Variation in Methods of Giving Artificial Respiration.

(b) Children under the age of four and for pole top resuscitation, use the modified back pressure - arm lift method. If the subject can not be placed in a prone position, then use the modified Silvester method. However, we can not teach specific methods for all possible combinations of injuries. Students should learn the principles. Any trained First Aider should know how to ventilate the lungs in some way even under unusual conditions. Any information pertaining to these methods may be obtained by contacting your First Aid instructor.

#### 10.02 Additional Related Directions:

- (a) Start at once.
- (b) Place victim in position to drain fluid from nose and mouth.
- (c) Head should be extended, not flexed forward. Don't let lower jaw sag.
- (d) Check to see that the tongue and foreign bodies are not obstructing the air passages.
- (e) Place blankets or other suitable material over and under the victim.
- (f) A smooth rhythm is desirable. Split second timing is not important.
- (g) Treat for shock.
- (h) If breathing starts, keep victim lying down, give fluids such as hot black coffee or hot tea.
- (i) An inhalator operated by a trained person may be used, if available.

#### 10.03 Back Pressure - Arm Lift Method

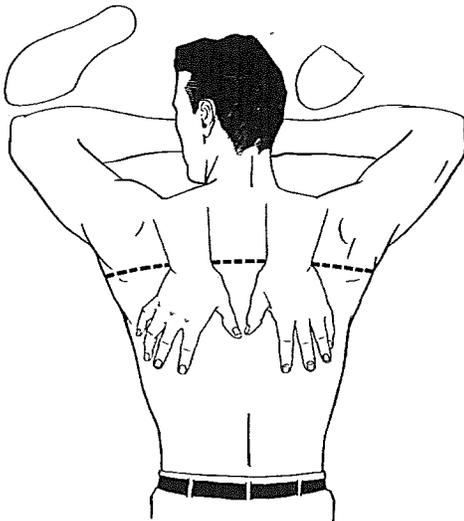


Fig. 10

### Position of the Subject

- (a) Place the subject in the face down, prone position with the chest resting on a blanket or similar padding of about one inch thickness. Bend his elbows and place the hands one upon the other. Turn his face to one side, placing the cheek upon his hands. Articles such as pencils, cigarettes, tie clasps, etc, should be removed from the shirt.



Fig. 11

### Position of the Operator

- (b) Kneel on either the right or left knee at the head of the subject facing him. Place the knee at the side of the subject's head close to the forearm. Place the opposite foot near the elbow. If it is more comfortable, kneel on both knees, one on either side of the subject's head. Place your hands upon the flat of the subject's back in such a way that the heels lie just below a line running between the armpits. With the tips of the thumbs just touching, spread the fingers downward and outward.



Fig. 12

Compression Phase

(c) Rock forward until the arms are approximately vertical and allow the weight of the upper part of your body to exert slow, steady, even pressure downward upon the hands. This forces air out of the lungs. Your elbows should be kept straight and the pressure exerted almost directly downward on the back.



Fig. 13

Position for Expansion Phase

(d) Release the pressure, avoiding a final thrust, and commence to rock slowly backward. Place your hands upon the subject's arms just above his elbows.



Fig. 14

Expansion Phase

(e) Draw his arms upward and toward you. Apply just enough lift to feel resistance and tension at the subject's shoulders. Do

not bend your elbows, and as you rock backward the subject's arms will be drawn toward you. Then lower the arms to the ground. This completes the full cycle. The arm lift expands the chest by pulling on the chest muscles, arching the back, and relieving the weight on the chest.

(f) The cycle should be repeated 12 times per minute at a steady, uniform rate. The compression and expansion phases should occupy about equal time; the release periods being of minimum duration.

11. POISONS - TAKEN BY MOUTH

11.01 Symptoms: These vary considerably with the drug taken. There may be no early symptoms. Pain in the stomach, nausea, vomiting and cramps frequently occur. If an acid or alkali has been taken, the mouth and tongue may be burned or stained. Headache powders and sleep-producing drugs, of course, cause drowsiness or sleep, or even unconsciousness.

11.02 First Aid:

- (a) Call a doctor at once.
- (b) Induce vomiting by giving four to seven glassfuls of fluids - water, salt water, soapsuds, milk or baking soda in water.
- (c) Repeat diluting and washing out until liquid is as clear as when swallowed. Keep victim warm.

11.03 Exceptions:

- (a) Acids: Do not induce vomiting. Neutralize with weak alkali (baking soda in water, or milk of magnesia); then give milk, olive oil, or egg white.
- (b) Alkalies: Do not induce vomiting. Neutralize with weak acid (vinegar, lemon juice) then give milk, olive oil, or egg white.

Note: Give water at once if preferred neutralizer is not available.

11.04 Antidote: When the stomach is well washed out, one may give the antidote, if at hand. Poison containers list prescribed antidote.

11.05 If breathing stops apply artificial respiration. (Figs. 10 to 14.)

12. SHOCK (DUE TO PHYSICAL INJURY)

12.01 Definition: A depressed state of all body functions due to failure of circulation. Causes low resistance, possibly death.

12.02 Factors which make shock worse - Pain, rough handling, improper transportation, continued bleeding, excessive cold or heat, stoppage of breathing, sight of blood.

12.03 Prevention: The prevention of shock is primarily the same as First Aid care.

12.04 Symptoms:

- (a) Skin: Pale, cool, moist - perspiration on forehead, lips, palms.
- (b) Pulse: Weak, sometimes rapid.
- (c) Breathing: May be irregular, labored.
- (d) General: Weakness, thirst, nausea, indifference, restlessness.

12.05 First Aid:

- (a) Position: Keep victim lying down and keep him from becoming chilled.
- (b) Fluids: Give warm tea, coffee or broths.  
Note: Stimulants in any other form have no value in shock.
- (c) Remember - Never give fluids to an unconscious person.

13. BURNS - HEAT AND CHEMICAL13.01 Causes:

- (a) Dry heat, flame, hot metal, hot liquid, steam, electricity, sunburn, and chemicals.

13.02 Types:

- (a) Skin reddened.
- (b) Skin blistered.
- (c) Deeper tissue destroyed.

13.03 Dangers: Shock, infection, permanent damage, death.

13.04 First Aid:

- (a) Minor burns - apply dry dressing or petrolatum, plain or carbolated.

(b) Small deep burns - cover with dry dressing.

(c) Deep extensive burns.

(1) Treat for shock.

(2) Cover with thick, dry, clean material, such as a sheet, and take victim to doctor.

(3) If delayed in obtaining medical care - apply warm pack of baking soda or epsom salts.

(4) Chemical burns - wash with lots of water. Then dress as above. If in eye, flush and then apply mineral oil and loose dressing. Take victim to doctor.

(5) Do not open blisters caused by burns.

14. FRACTURES

14.01 Definition: A break in a bone.

(a) Simple: Bone broken, but no wound from skin to fracture.

(b) Compound: Bone broken, wound from skin to fracture.

14.02 Symptoms: Pain, tenderness, decreased movement, swelling, deformity, discoloration, bleeding.

14.03 First Aid:

(a) Proper handling of fractures will prevent further injury and relieve pain.

(b) For all fractures:

(1) Keep broken ends quiet.

(2) Keep joints on each side quiet.

(3) Treat for shock.

(4) When in doubt, handle as fracture.

(5) Do not move before immobilizing. Use splints, arm sling, newspapers, magazines, etc.

(6) Provide transportation if needed.

(7) Call doctor.

(c) Additional measures for compound fracture:

(1) Control bleeding.

(2) Apply clean dressing to wound.

14.04 Fracture of Skull and Concussion

14.05 Definition: A concussion is an injury to the brain caused by a blow to the head and may or may not involve a skull fracture. Whether or not the skull is fractured is not important compared to the possible injury to the brain. The primary treatment for both is the same.

14.06 Symptoms:

- (a) Evidence of blow such as scalp wound.
- (b) Headache following injury.
- (c) Entire or partial unconsciousness for short or long time.
- (d) Bleeding from nose, mouth or ear.
- (e) Eye pupils unequal in size.

14.07 First Aid:

- (a) Keep victim lying down and quiet.
- (b) Raise head and shoulders slightly unless victim is pale.
- (c) Apply cold applications to head.
- (d) Do not give stimulants.
- (e) Give proper care to other injuries.
- (f) Treat any scalp wounds as previously described, except do not place a knot or much pressure over the wound itself. However, if the victim is bleeding seriously, a small amount of even pressure must be made with the compress and bandage.
- (g) Call a doctor.

14.08 Fracture of Neck and Spine:

- (a) Do not move victim except when absolutely necessary, and then only on a rigid support such as a shutter, board, ladder or door.
- (b) If a broken back is suspected, handle the victim as if he has a fracture of these parts.
- (c) See First Aid Textbook for detailed instruction.

15.02 A doctor should reduce all dislocations except in certain emergencies. A First Aider may attempt to reduce a dislocation of the jaw, fingers and the first joint of the thumb. Don't attempt any reduction if there is an open wound near the joint.

15.03 First Aid:

- (a) Apply cold compress and keep victim as comfortable as possible.
- (b) Immobilize dislocation if transportation is required.

16. TRANSPORTATION

16.01 The importance of proper transportation for a seriously injured person can not be overstressed.

16.02 Do not be hurried into moving an injured person as rough handling may result in more serious injury and even death.

16.03 A proper method of transportation should be adapted to the injury.

16.04 Methods of Transportation:

- (a) Two-man carry.
  - (1) Hands: The bearers kneel on one knee near the hips of injured person, raise him to a sitting position. Each then passes one arm around victim's back, just under the armpit and the other arm under the thighs. Then grasp the wrist and shoulder. (Fig. 15.) Both rise slowly and if the injured person is able, he places arms around the necks of bearers. (Fig. 16.)
  - (2) Chair: When used as a litter this method of seating the victim may be used. (Figs. 15, 16, 17.)
  - (3) Extremities: This carry is used chiefly in fainting and similar conditions when injuries are not serious. (Fig. 18.)

TRANSPORTATION  
TWO-MAN CARRY

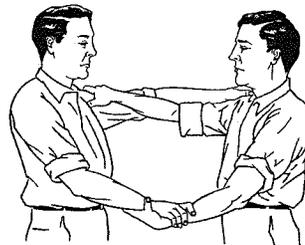


Fig. 15

15. DISLOCATIONS

15.01 When a bone gets out of place at a joint it is called a dislocation.

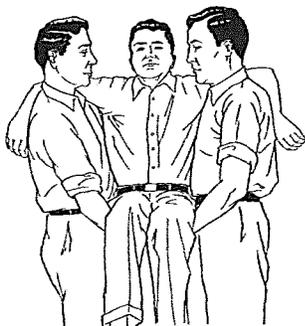


Fig. 16



Fig. 17

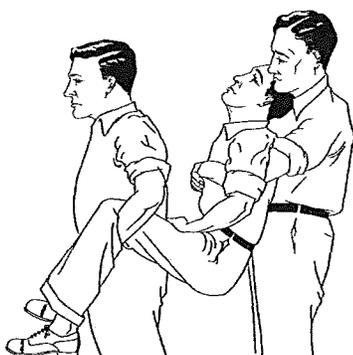


Fig. 18

## (b) Three-man carry.

(1) The bearers kneel on the knee nearest the victim's feet, place their hands under the body and raise the victim to their knees. The victim is then rolled against the chest of the bearers and at a given signal the bearers rise to their feet. (Fig. 19.)

TRANSPORTATION  
THREE-MAN CARRY

Fig. 19

## (c) Stretchers.

(1) Improvised. (Fig. 20.) Stretcher improvised. Use two poles, blankets, strong sheets, rugs, coats, etc.

Note: Bearers should get in proper position before lifting. Lift with the arms and legs to avoid back strains. Improvised material should be tested for strength.

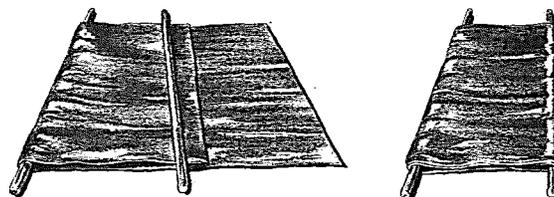


Fig. 20

17. ITEMS NOT COVERED ELSEWHERE IN THIS SECTION  
(LISTED ALPHABETICALLY)17.01 Abdominal Wounds

(a) A wound of this type is always serious. Keep injured person lying quietly on his back. Treat wound and keep warm. Do not give fluids.

(b) If intestines are exposed or protruding, cover with a clean cloth and keep moist. Elevate the knees.

17.02 Apoplexy: (Frequently called a "stroke.")

Apoplexy occurs suddenly, generally accompanied by paralysis. Face is red, or ashen grey, pupils of eyes are frequently unequal in size, breathing is loud and snoring. Pulse is

slow but strong. Mouth may be drawn to one side. Victim is usually unconscious:

- (a) Send for a doctor at once.
- (b) Lay victim on back and raise head and shoulders slightly.
- (c) Apply cold packs to the head.
- (d) Do not move or otherwise disturb him unnecessarily. Keep him warm.

17.03 Bites:

(a) Animal bites, especially those of dogs and cats:

(1) Special Dangers: The saliva of dogs and particularly cats are likely to contain germs that may cause infection. The wound made is usually a puncture wound, but may be a laceration.

(b) First Aid:

- (1) Wash wound to remove saliva. Dry with clean gauze; apply iodine, and when dry dress as any other wound.
- (2) Always consult a doctor as soon as possible.

(c) Snake Bites: (Poisonous)

(1) Prevention: Most snake bites can be prevented when working in snake infested regions by wearing high-topped boots or heavy leggings, and by being extremely careful about putting the hands in places where they might be bitten.

(2) Symptoms: The strike of the pit-vipers, which include rattlesnakes, copperheads and cotton-mouth moccasins often leaves two small puncture wounds.

(3) Pain is severe. Swelling occurs rapidly.

(d) First Aid: Start treatment at once. Have the victim lie down and keep quiet. Tie a constricting bandage around the limb just above the bite:

(1) Sterilize a knife or razor blade with a match flame, iodine, or alcohol. Make a cross-cut incision 1/2 inch by 1/2 inch at each fang mark, or connecting the two fang punctures, avoiding large veins and arteries in superficial locations, such as

the wrist. Apply suction for at least 15 minutes of each hour to all cuts. Suction may be applied by mouth. Treat for shock. Always obtain a physician's services as soon as possible. See textbook for further details on First Aid.

(e) Snake Bites: (Nonpoisonous) Often leave a horseshoe-shaped row of tooth marks or series of scratches. Treat as any other wound.

(f) Insect Bites or Stings:

(1) Many insect bites or stings cause irritation, swelling and inflammation, and may be quite painful and poisonous. Infection frequently occurs from scratching.

(2) First Aid: Remove the "sting" if still present. A paste made of baking soda or a compress moistened with ammonia water gives relief in stings and bites. Calamine solution may also be used.

17.04 Blisters:

(a) First Aid:

(1) Wash thoroughly with soap and warm water. Dry and apply a small amount of iodine to edge of blister, puncture at this point with a sterilized needle and press out the water or blood as the case may be.

(2) Then apply a dressing held in place with a light bandage.

(3) If blister has already burst, treat as open wound.

(4) Never open blisters that have been caused by burns.

(5) Consult a doctor if blister is very extensive, or if there is evidence of infection.

17.05 Bruises or Contusions:

(a) Usually no special care is required. Apply cold packs, use ice when available, and elevate the injured member to reduce swelling and relieve pain.

17.06 Cold - Prolonged Exposure:

(a) Symptoms:

(1) Numb and difficulty in movement of body.

(2) Drowsiness and may become unconscious.

(3) Breathing may stop.

(b) First Aid:

- (1) Place in warm room. Rewarm victim as quickly as possible in lukewarm bath or warm blankets.
- (2) Give warm drinks.
- (3) Give artificial respiration if breathing stops.

17.07 Fainting:

- (a) Fainting is a mild case of shock.
- (b) Often a person feels faint and can prevent fainting by lowering the head as though to tie the shoe. If further care is necessary treat for shock.

17.08 Fits: (Epileptic)

- (a) An attack of epilepsy is generally preceded by a loud cry, and the victim generally falls. This is followed by unconsciousness accompanied by convulsive jerking movements of the muscles.

(b) First Aid:

- (1) Prevent victim from harming himself by placing pillow, coat or blanket under his head.
- (2) Place folded compress, clean handkerchief, piece of wood or pleated bandage between his teeth to prevent him from biting his tongue.
- (3) Do not restrain convulsive movements, nor give stimulant.

17.09 Foreign Bodies in the Eye:

- (a) Do not rub the eye or attempt to remove a foreign body with a match, a toothpick or any instrument.

(b) First Aid:

- (1) Grasp the eyelashes of the upper lid and pull the upper lid down over the lower lid, then release it.
- (2) Try to remove body with corner of clean handkerchief. If after one or two attempts the foreign body is not dislodged, or if it has become imbedded in the eye, consult a doctor. Meanwhile close the eye and cover with clean material and bandage loosely.

17.10 Frost Bite:(a) Symptoms:

- (1) Condition may not be evident to victim.
- (2) Feeling of intense coldness and numbness.
- (3) Dead white appearance of affected area.

(b) First Aid:

- (1) If out of doors cover the frozen part with woolen material.
- (2) Make victim warm and remove to warm room as soon as possible.
- (3) If frozen part is still cold or numb, rewarm by immersing momentarily in lukewarm water or by wrapping in blankets. Do not rub or expose to extreme heat.
- (4) If the fingers and toes are frostbitten and have been rewarmed, encourage exercise.
- (5) Do not disturb blisters.

17.11 Heat Exhaustion:(a) First Aid:

- (1) Symptoms and care are similar to those for shock.
- (2) Give salt water to drink (a teaspoonful to a glass of water).
- (3) Call a physician if symptoms of exhaustion do not readily pass.

17.12 Hernia (Rupture)(a) First Aid:

- (1) Place victim on his back with both knees bent. (Keep on back if moved.)
- (2) If hernia does not go back into place lay victim on his belly and bring knees up under the chest.
- (3) Apply cold packs to hernia.
- (4) Send for a doctor.

17.13 Infection:

(a) Symptoms: Pain, swelling, redness, heat, pus, red streaks, tenderness and swollen lymph glands.

(b) First Aid:

- (1) Apply hot solutions (three tablespoonfuls of salt or six of epsom salts per quart of boiled water).
- (2) Keep victim at rest. Keep affected part quiet. Get medical care as soon as possible.

17.14 Neck Wounds: These are most frequently made by knives, razors, and windshield glass. The large artery, vein, or both may be cut:

(a) First Aid:

- (1) Apply hand pressure both above and below the cut (Fig. 4) and continue to hold until a doctor directs that pressure be released. One need not worry about getting the hand in the wound in such severe cases.
- (2) A compress of the cleanest material immediately available used under the fingers may be a great help, as the blood makes the neck very slippery to hold.

17.15 Nose Bleed: May be spontaneous without injury or as a result of an injury. Usually no special care is necessary, but if the bleeding continues it may be stopped by the following methods:

(a) First Aid:

- (1) Have the victim sit up with head thrown slightly back, breathing through the mouth. Loosen collar and anything tight around the neck.
- (2) Apply cold packs over the nose.
- (3) Pressing the nostrils together firmly for 4 or 5 minutes often stops the bleeding and gives opportunity for a clot to form.
- (4) Avoid blowing the nose for a few hours. If these measures do not stop the bleeding, a physician is needed at once.

17.16 Poison Plants:

(a) Ivy, oak, and sumac. (Figs. 21, 22, 23.)

(b) Symptoms: After contact with these plants, the skin becomes red and swollen and itches violently. Soon small blisters begin to form, which may unite into large blisters. Frequently these become infected.

(c) First Aid:

- (1) Wash exposed areas of skin with hot water and strong laundry soap. Repeat four or five times. Do not scrub with a brush or rough materials.
- (2) If a rash develops, apply to the affected part a paste made by heating strong laundry soap and a little water to about the consistency of lard. This paste should be applied about one-quarter of an inch thick over the entire area involved, allowed to dry and left on overnight.
- (3) Calamine lotion or Epsom Salts solution may also be used. (See Red Cross Textbook for further details.)
- (4) If these measures are not effective see a doctor.

POISON PLANTS



IVY

Grows as a climbing plant and is found on fences, poles, and trees. Also, grows as a crawling plant and a low shrub. Leaves are green in spring and summer but turn brown in fall. All of the plant, including the roots, is poisonous. The berries, when present, are white.

Fig. 21

Closely related to the ivy plant, similar in appearance and habits of growth, but with the edges of the leaves more deeply notched. It is not a tree and is in no way related to the oak family.



OAK

Fig. 22



SUMAC

A shrub or small tree which may grow 20 feet high. Distinguished from the nonpoisonous sumac by its loose, drooping clusters of berries, which are always white. Leaves are orange colored in spring, green in summer and orange or russet in the fall.

Fig. 23

17.17 Splinters:(a) First Aid:

- (1) If the splinter is near the surface, it may be picked out. Apply iodine to skin and remove the splinter with a knife point, needle or tweezers that has been sterilized. Induce bleeding.
- (2) Apply iodine to the wound, allow it to dry and cover with clean compress.
- (3) If the foreign body is buried deeply, or if the wound is of considerable size, apply iodine and a proper dressing and always see a doctor.

17.18 Sprains: A sprain may be described as a stretching or tearing of the ligaments around a joint:(a) Symptoms: Pain, swelling, lack of use, discoloration.(b) First Aid:

- (1) Elevate the injured member and apply cold applications.
- (2) If ankle is sprained apply bandage over shoe. Immobilize if transported.
- (3) In severe cases see a doctor.

17.19 Strains: A strain is an injury to a tendon or muscle:(a) Symptoms: Pain and stiffness.(b) First Aid: Rest and apply heat. Rubbing may help and in severe cases call a doctor.17.20 Sunstroke:(a) Symptoms:

- (1) Sunstroke usually begins with a sharp pain in the head and dizziness followed almost immediately by unconsciousness.
- (2) Skin is dry and very hot, face flushed, breathing difficult.
- (3) Temperature is very high. Pulse is rapid and full.

(b) First Aid:

- (1) Move victim to a cool place. Lay on back with head and shoulders somewhat elevated.

(2) Remove clothing and apply cold applications, especially to the head and spine. If possible, place him in a cool bath (cool slowly).

(3) Do not administer stimulants. Send for a doctor at once.

17.21 Tick Bites: Examine clothing and body for ticks several times a day.(a) First Aid:

- (1) If ticks are present, grasp with tweezers, remove and apply iodine to wound.
- (2) If the hands come in contact with ticks, wash thoroughly with soap and water.
- (3) If any unusual symptoms develop see a doctor.

17.22 Unconsciousness: There is no use trying to arouse an unconscious person by shaking or shouting to him. Try to determine by surrounding conditions the cause of the unconsciousness. However, unconscious persons may be given satisfactory care by classifying them in one of the three following groups on the basis of easily determined symptoms. Call a doctor in every case. Do not attempt to give fluids:(a) Red Unconsciousness: Red or flushed face and a strong pulse.(1) First Aid:

- (a) Place in lying position with head slightly raised.
- (b) Apply cold applications to head.
- (c) Loosen any tight clothing.
- (d) Do not give stimulants - maintain body heat.
- (e) Transport carefully in lying position.

(b) White Unconsciousness: Pale face, weak pulse.(1) First Aid:

- (a) Place in lying position with head level or low.
- (b) Maintain body heat.
- (c) Transport carefully in lying position.

(c) Blue Unconsciousness: If breathing has stopped due to a condition that can be helped by artificial respiration, start procedure promptly.

18. BELL SYSTEM FIRST AID KITS

18.01 Maintenance: The Bell System First Aid Kits contain standard materials with which First Aid work is to be done on the job. It is, therefore, necessary to become familiar with their contents, to know where each article should be found and to learn the best method to use it. The list of contents inside each kit shows the proper location of each article. When it is realized that these materials are required for emergencies, it can be understood why it is very necessary that a complete supply be kept in the kit at all times and each article located where it can be found without delay or

confusion. A used article should be replaced as soon as possible so that a supply will be available for the next emergency.

18.02 General Precautions: The information which has been given in regard to the precautions to be observed in rendering First Aid should be understood thoroughly when using the First Aid Kits. For example, it is extremely important to understand the causes of infection in wounds and how infection can be guarded against.

18.03 Use of Contents: Most of the articles included in the First Aid Kits are placed in individual packages. These packages have illustrated instructions on them which explain briefly the uses and methods of handling the articles contained therein.