

FIRST AID

NOTES CONCERNING THIS ADDENDUM

This addendum is being issued to include additional information on First Aid procedures used in this Area.

See Addendum should be marked in the main Section to indicate the following:

- Paragraph 5.02 (c)(3) - NOTE Added
- Paragraph 7.06 - Added
- Paragraph 13.15 (b) - Supplemented
- Paragraph 13.15 (d)(2) - Replaced - (Fig. 15, 16, & 17 to be retained)
- Paragraph 13.15 (d)(3) - Added

5. BITES AND STINGS

5.02 (c)(3) NOTE: When snake bite kit is available the instructions inside the cover should be followed.

7. ARTIFICIAL RESPIRATION

7.06 POLE TOP RESUSCITATION - The conditions surrounding the victim and the exposure of the rescuer to danger would have a marked relationship as to what method should be used and how soon it could be started. Whenever conditions and safety of the rescuer will permit, the following basic fundamental principles should be applied.

(a) GET THE FIRST BREATH OF AIR INTO THE VICTIM QUICKLY. This should be accomplished by simple compression of the chest by any means possible. The importance of early ventilation of the lungs is shown by the following:

<u>% Chance for Survival</u>	<u>Minutes after Suspension of Breathing</u>
98%	1 Min.
90%	2 Min.
55%	3 Min.
30%	4 Min.
15%	5 Min.

(b) If practicable move the victim to a more desirable position described in the next paragraph; however, this should be done without interrupting the exchange of air in the lungs.

(c) The rescuer, after checking the conditions and assuring himself that artificial respiration can be safely administered, lets the victim hang from his safety strap, along side the pole. He should then take a position from which he can secure his safety strap around the pole and between the legs of the victim, then proceed upwards until the victim is straddling the strap. By moving the safety strap as high as possible on the pole, much of the victim's weight is carried by the rescuer's strap as he places his weight against it.



(d) COMPRESSION PHASE - Pressure can best be applied by rescuer locking his fingers over the lower abdomen, lifting up and back as he rocks back in his safety belt. This expels the air from the lungs as the rib cage is compressed and the intestines are forced up against the diaphragm. After firm resistance is met release pressure by rocking forward.

NOTE: Sometimes electric shock produces a muscle block which can be broken by additional finger pressure up against the diaphragm.



(e) EXPANSION PHASE - Immediately after the completion of the compression phase, raise the arms beneath the victim's so the rescuer's elbows hook beneath the victim's arm pits. The rescuer again rocks back in his safety belt lifting the victim's shoulders up and back, simulating the American Red Cross Arm-Lift Technique.



(f) The compression and expansion phases described, should take approximately two and one-half seconds each.

13. COMMON EMERGENCIES - Plant Poisoning

13.15 (b) Prevention

(1) When exposure to poison oak is expected it is advisable for employees to immunize themselves by taking Oral Immunizing Extract Broemmel as outlined in subparagraph (4).

(2) Employees who are known to be susceptible to oak or ivy poisoning should not be assigned to work in known infested areas unless they have been immunized against the infection by the doctor or as covered below in subparagraph (4).

(3) Instructions for use of B-Y's Medicated Ointment - Before entering poison oak areas, rub in thoroughly to all exposed parts. Continue rubbing until greasiness or stickiness disappears. Repeat application after washing or bathing.

(4) Immunizing Extracts and Injections - The use of immunizing extracts and/or immunizing injections administered by physicians should be continued in lieu or in addition to the use of ointment by those employees who have found the treatment to be helpful.

Use of Immunizing Mixture - This extract may be ordered in the usual manner, as a first aid supply and is listed as MIXTURE, IMMUNIZING, EXTRACT, POISON OAK. The following precautions and instructions should be observed with its use:

It should be taken only by persons known to be susceptible to the poisoning.

No more than the contents of one bottle should be taken each season and it should be taken in doses only as directed on the bottle.

For best results the mixture should preferably be taken up to one month in advance of exposure, but it may safely be used, and generally proves helpful if taken after known exposure or after infection has started. When used for treatment after the infection has started it should not replace the use of calomine lotion or other approved first aid measures.

In cases where the infection has become serious and wide spread, or when it involves the eyes,

medical care should always be secured in addition to the use of the mixture and other approved first aid measures.

Preventive measures outlined in the foregoing should not be discontinued after taking the mixture.

13.15 (d) FirstAid(Figures 15, 16, & 17 to be retained)

(2) Apply BY's medicated ointment on liberally as instructed under "Prevention". Repeat as often as necessary and continue treatment until rash disappears.

NOTE: The use of calomine solution or other preparations for first aid treatment should be discontinued by employees using BY's medicated ointment.

(3) Calomine lotion may be used by those employees who feel it a more effective remedy.

Instructions for use of Calomine Lotion - The lotion should not be rubbed into the skin, but should be painted or daubed over the areas involved by means of a small wad of cotton, cloth, or sponge, or it may be spread on with the fingers. Repeated applications of the lotion should be made at intervals necessary to keep the parts covered until the rash heals or disappears. Calomine lotion, and BY's Ointment may be ordered in the usual manner as a first aid supply and are listed in Section G of Catalogue of Supplies. In severe cases, and cases affecting the eyes, a physician should be consulted.