

FIRST AID
ALPHABETICAL LIST OF INJURIES
AND
DIRECTIONS FOR CARE

Note: This section lists all injuries covered by the First Aid Practices in alphabetical order and includes treatment of those not specifically covered in a separate section. Where a separate section covers the First Aid procedure, the practice reference is noted.

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1. ALPHABETICAL LIST OF INJURIES AND DIRECTIONS FOR CARE

1.01 Abdominal Wounds

- (1) A wound of this type is always serious. Keep injured person lying quietly on his back. Keep him warm. Do not give stimulants.
- (2) Do not thrust iodine applicator into the wound. Treat as open wound.
- (3) If intestines are exposed or protruding, cover with a clean cloth and keep moist. Elevate the knees.

1.02 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.

(1) Send for a doctor at once.

(2) Lay victim on back and raise head and shoulders slightly.

(3) Do not move or otherwise disturb him unnecessarily. Keep him warm.

(4) Apply ice or cold water to the head.

1.03 Artificial Respiration - See G10.207.4-S.

1.04 Asphyxia (or suffocation) may come from drowning, electric shock, gas poisoning, drugs, being buried, and choking. Apply artificial respiration as covered in G10.207.1-S.

1.05 Back or Neck Injuries - See G10.207.6-S.
See Transportation, G10.207.1-S.

1.06 Bites - See G10.207.7-S.

1.07 Bleeding - See G10.207.3-S.

1.08 Blisters -

(1) NEVER OPEN ANY BLISTERS.

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

(3) Apply a dressing held in place by a light bandage.

1.09 Bruises or Contusions.

(1) Usually no special care is required.

(2) Apply cloths wrung out in very cold water and elevate the injured member to reduce swelling and relieve pain.

1.10 Burns or Scalds - See G10.207.6-S.

1.11 Compound Fractures - See Fractures G10.207.6-S.

1.12 Cuts - See wounds and their care G10.207.3-S.

1.13 Dislocations - See G10.207.6-S.

1.14 Drowning - See Artificial Respiration G10.207.4-S.

1.15 Electric Shock - See Artificial Respiration G10.207.4-S.

1.16 Fainting -

- (1) Fainting is a mild case of shock.
- (2) Often a person feels faint and can prevent fainting by lowering his head as though to tie his shoe.
- (3) If further care is necessary give same care as for shock as as covered in G10.207.5-S.

1.17 Fits - Epileptic.

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

1.18 Foreign Bodies (in eyes splinters in body).

(a) In eye:

- (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 a sterile compress.
- (3) Never rub the eye, or attempt to remove the foreign body with a match, toothpick, knife blade, pencil or similar object.
- (4) Creosote in eye. See Bell System Practices, Section G10.208.

(b) Splinters, etc., in Body.

- (1) If the foreign body is very near the surface, it can be picked out. Sterilize the skin with iodine. Sterilize a knife point, needle or tweezers by passing through a flame. Do not touch the point. Use this to remove the splinter, then make it bleed, if possible, by gently squeezing surrounding tissues, thus washing it from the inside out.
- (2) After bleeding has stopped, apply iodine down into the wound. Follow this with a suitably applied compress.
- (3) If the foreign body is buried deeply, or if the wound is of considerable size, always consult a doctor. Simply apply a proper dressing and then take the victim to a physician.

1.19 Fractures - Simple, compound, skull, neck, and back fractures are covered in G10.207.6-S.

1.20 Frost Bite.

(a) CAUTIONS -

- (1) Rubbing after freezing has taken place is not the proper treatment. Rubbing with snow is particularly bad. The frozen tissues are bruised and gangrene is likely to result.
- (2) Do not expose to heat. Exposure to a hot stove, fire or hot radiator may cause severe pain or permanent injury.

(b) CARE

- (1) Until the victim can be brought indoors, the frozen part should be covered with woolen cloth or clothing, and the victim himself should be made warm with extra clothing or blankets if possible. As soon as possible he should be brought into a warm room. He should be given a warm drink.
- (2) The frozen part should be handled with great care in order to avoid injury to it. If it is still cold and numb it should be rewarmed as rapidly as possible by immersing it momentarily in lukewarm but not hot water or by gently wrapping it in warm blankets. Hot water bottles or heat lamps should not be applied, nor should the frostbitten part be placed near a hot stove. Excessive heat may increase the damage. Once the frostbitten part is rewarmed the patient should simply be encouraged to exercise injured toes or fingers. Blisters should not be disturbed.

1.21 Gas Poisoning - See G10.207.4-S and G10.207.7-S.

1.22 Heat Exhaustion.

(a) PREVENTION

Preventative measures can and should be employed sufficiently early to ward off the symptoms of heat or sun prostration. When it is known that working conditions will be conducive to such effects, the employee, particularly the Supervisor or Foreman, should be constantly on watch to detect signs of abnormal fatigue or inefficiency.

Note: The primary causes of heat exhaustion and sunstroke are loss of salt and abnormal depletion in body fluid due to excessive sweating as the result of exposure to heat or the direct rays of the sun. The following precautionary measures, if followed, will minimize the serious effects of heat by raising the salt and fluid balance in the body.

- (1) Drink an abundance of cool water at frequent intervals during the day.
- (2) Increase the intake of salt. One to two teaspoonfuls of salt daily in addition to the usual amount taken in meals is recommended. As an alternative, salt tablets are very satisfactory in that they can be taken during the day with drinking water. Five to ten tablets a day, in addition to the salt taken in meals, is the average requirement. The number may be varied to meet individual requirements, depending largely upon the degree of heat, amount of exposure and physical activity. They can be used without fear of harmful results.

(b) SYMPTOMS

Similar to those of shock. See G10.207.5-S

(c) CARE

- (1) Similar to those of shock. See G10.207.5-S
- (2) Call a physician if symptoms of exhaustion do not readily pass.
- (3) Give salt water to drink (1/2 teaspoonful salt to 1/3 glass of water).
- (4) In cases of heat cramps, apply heat to the abdomen in addition to the above first aid.

1.23 Hernia (Rupture).

- (1) Place victim on his back with the hips elevated and both knees bent (keep on back if moved).
- (2) If the hernia does not go back into place, lay the victim on his belly and bring the knees up under the chest so that the buttocks are high. After trying the knee-chest maneuver, lay the victim on his back again and apply cold compresses to the hernia area, regardless of whether it slipped into place or not.
- (3) Send for a doctor.

1.24 Infection.

- (1) When a wound occurs it should have proper care at the earliest possible moment.
- (2) The symptoms of infection are heat, pain, redness, tenderness, swelling, pus, and swollen glands.
- (3) Always consult a physician at once.

1.25 Neck Wounds.

- (1) These are most frequently made by knives, razors, and glass. The large artery, vein, or both may be cut, in which case apply hand pressure both above and below the cut as illustrated in G10.207.3-S and continue to hold until a physician 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.

1.26 Nose Bleed.

- (a) May be spontaneous without injury or as a result of an injury.

(b) CARE -

(1) Usually no special care is necessary, but if the bleeding continues it may be stopped by the following methods.

(a) Having the victim sit up with head thrown slightly back, breathing through the mouth. Loosen collar and anything tight around neck.

(b) Apply cold, wet compresses over the nose. Pressing the nostrils together firmly for 4 or 5 minutes often stops the bleeding and gives opportunity for a clot to form.

(c) Avoid blowing the nose for a few hours.

(2) If these measures do not stop the bleeding, a physician is needed at once.

1.27 Poisoning.

(a) Gas - See G10.207.4-S and G10.207.7-S

(b) Ivy - See G10.207.7-S

(c) Monoxide - See G10.207.4-S and G10.207.7-S

(d) Oak - See G10.207.7-S

(e) Sumac - See G10.207.7-S

(f) Internal - See G10.207.7-S

(g) External - See G10.207.7-S

1.28 Pressure Points - See G10.207.3-S.

1.29 Puncture Wounds - See G10.207.3-S.

1.30 Rupture (Hernia) - See Part 1.23.

1.31 Scalds - See G10.207.6-S.

1.32 Shock - See G10.207.5-S.

1.33 Splinters - See Foreign Bodies, Part 1.18.

1.34 Sprains.

(a) A sprain may be described as a stretching or tearing of the ligaments around a joint.

(b) SYMPTOMS -

Pain, swelling, lack of use, discoloration.

(c) CARE -

(1) Elevate the injured member. Apply cold applications.

(2) Bandage firmly if a wrist or ankle. Immobilize if transportation is required.

(3) In severe cases call a doctor.

1.35 Strains

(a) A strain is an injury to a tendon or muscle.

(b) SYMPTOMS -

Pain, stiffness, very painful in movement.

(c) CARE -

(1) Rest and apply heat, rubbing may help.

(2) In severe cases call a doctor.

1.36 Suffocation - Apply artificial respiration. See G10.207.4-S.

1.37 Sunburn - See G10.207.6-S.

1.38 Sunstroke.

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

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

(3) Remove clothing and apply cold applications, especially to the head and spine.

- (4) If possible, place him in a very cool bath.
- (5) DO NOT administer stimulants.
- (6) Send for a doctor at once.

Note: See Paragraph 1.22 for preventative measures for sunstroke.

- 1.39 Tick Bites - Wounds made by ticks should be treated with iodine as soon as tick has been removed. If unusual symptoms develop, the victim should report to a doctor.
- 1.40 Transportation - See G10.207.1-S.
- 1.41 Unconsciousness - Determine if possible whether unconsciousness is due to any of the following and treat accordingly.
 - (a) Apoplexy.
 - (b) Alcoholism.
 - (c) Electric shock, drowning or gas poisoning
 - (d) Epilepsy.
 - (e) Fainting.
 - (f) Fractured skull or concussion.
 - (g) Heat exhaustion.
 - (h) Shock.
 - (i) Sunstroke.
 - (j) Hemorrhage.
 - (k) Drugs.
 - (l) Freezing.

Unconscious persons may be given satisfactory care by classifying them in one of the three following groups on the basis of easily determined symptoms:

(1) RED UNCONSCIOUSNESS:

- (a) Chief Symptoms - red or flushed face and a strong pulse.
- (b) Treatment - Put in lying position, head slightly raised, keep quiet. Apply cold applications to head. Loosen any tight clothing around neck.
- (c) Give no stimulants - and have just enough heat to keep the victim warm.
- (d) Transport very carefully in lying position.

(2) WHITE UNCONSCIOUSNESS:

- (a) Chief Symptoms - pale face, weak pulse.
- (b) Treatment - Keep quiet in lying position, head level or low. Apply external heat. Transport very carefully in lying position.

(3) BLUE UNCONSCIOUSNESS:

- (a) This includes the cases requiring artificial respiration. See G10.207.4-S.
- (b) Call a doctor in every case.
- (c) There is no use trying to arouse an unconscious person by shaking or shouting to him.

1.42 Wounds - See G10.207.3-S.