

KEEP A FIRST AID KIT CHECKLIST

In order to administer effective first aid, it is important to maintain adequate supplies in each first aid kit. First aid kits can be purchased commercially already stocked with the necessary supplies, or one can be made by including the following items:

- Adhesive bandages: available in a large range of sizes for minor cuts, abrasions and puncture wounds
- Rolled gauze: these allow freedom of movement and are recommended for securing the dressing and/or pads. These are especially good for hard-to-bandage wounds.
- Nonstick Sterile Pads: these are soft, super-absorbent pads that provide a good environment for wound healing. These are recommended for bleeding and draining wounds, burns, infections.
- First Aid Tapes: Various types of tapes should be included in each kit. These include adhesive, which is waterproof and extra strong for times when rigid strapping is needed; clear, which stretches with the body's movement, good for visible wounds; cloth, recommended for most first aid taping needs, including taping heavy dressings (less irritating than adhesive); and paper, which is recommended for sensitive skin and is used for light and frequently changed dressings.
- Items that also can be included in each kit are tweezers, first aid cream, thermometer, an analgesic or equivalent, and an ice pack.
- Butterfly closures: these hold wound edges firmly together.
- Scissors
- Needle and Tread
- Tissues
- Paper Cups
- Plastic Bags
- Pocket Knife
- Safety Pins
- Splinting Material
- First Aid Book



Important Emergency Information

Cardiopulmonary Resuscitation

CPR has three basic parts that are distinguished by these easy-to-remember letters: **ABC**.

A is for airway. Place victim flat on his/her back on a hard surface. Shake victim at the shoulders and shout, "Are you okay?" If no response, call emergency medical system – 911. Then Head-tilt/Chin – open victim's airway by tilting head back with one hand while lifting up their chin with your other hand.

B is for breathing. Position your cheek close to the victim's nose and mouth, look toward the victim's chest and look, listen, and feel for breathing (5-10 seconds). If not breathing, pinch victim's nose closed and give 2 full breaths into the victim's mouth (use microshield). If breathes won't go in, reposition head and try again to give breaths. If still blocked, perform abdominal thrust (Heimlich maneuver).

C is for circulation. Check for carotid pulse by feeling for 5-10 seconds at the side of victim's neck. If there is a pulse but the victim is not breathing, give rescue breathing at a rate of 1 breath every 5 seconds or 12 breaths per minute. If there is no pulse, begin chest compressions as follows: Place heel of one hand on lower part of the victim's sternum, then, with your other hand directly on top of first hand, depressing sternum 1.5 to 2 inches. Perform 15 compressions to every 2 breaths. (Rate: 80-100 per minute.) Check for return of pulse every minute. CONTINUE UNINTERRUPTED UNTIL ADVANCE LIFE SUPPORT IS AVAILABLE.

Emergency Burn Care

First Aid Steps

- Run cool water on the area for several minutes. This will cool the burn and prevent or reduce swelling
- Remove loose clothing on burned area. But if clothing is stuck to the burn do not try to remove it.
- Cover the burn with a clean, dry bandage or cloth.
- Never put creams or ointments on a burn.
- If the burn is large or serious, lay the victim down and use a cover to help keep him or her warm until help arrives. Use comforting words and try to keep the victim calm.
- Call for emergency help. Be prepared with details such as how the accident occurred, how large the burn is, where it is located and how serious it is.
- Evaluate the degree and severity of the burn.

Degrees of burn are:

First Degree – Skin is red or pink; it is dry and has no blisters. The area is tender and sore.

Second Degree – Skin has blisters, some of which may ooze fluid. The skin has splotchy patches of white to pink to red. The area is very painful.

Third Degree – Skin is leathery and dry and is white, brown or charred. There is little or no pain at first.

Severity of burn:

Size of burn – If the burn area is larger than a silver dollar, see a doctor. In young children, even a smaller burn can be serious.

Location of burn – Hands, feet, face, or genitalia are critical areas. A doctor should treat even small burns in these areas.

Age of injured – For infants, young children and the elderly, even small burns can be fatal.

Health of injured – Physical and mental impairments and conditions such as diabetes, etc. can complicate the injury.

Source of burn – Smoke inhalation, toxic fumes, electricity or chemicals all complicate a burn and require medical attention.

CONTROL BLEEDING WITH PRESSURE

Bleeding is the most visible result of an injury. Each of us has between five and six quarts of blood in our body. Most people can lose a small amount of blood with no problem, but if a quart or more is quickly lost, it could lead to shock and/or death. One of the best ways to treat bleeding is to place a clean cloth on the wound and apply pressure with the palm of your hand until the bleeding stops. You should also elevate the wound above the victim's heart, if possible, to slow down the bleeding at the wound site. Once the bleeding stops, do not try to remove the cloth that is against the open wound as it could disturb the blood clotting and restart the bleeding. If the bleeding is very serious, apply pressure to the nearest major pressure point, located either on the inside of the upper arm between the shoulder and elbow, or in the groin area where the leg joins the body. Direct pressure is better than a pressure point or a tourniquet because direct pressure stops blood circulation only at the wound. Only use the pressure points if elevation and direct pressure haven't controlled the bleeding. Never use a tourniquet (a device, such as a bandage twisted tight with a stick, to control the flow of blood) except in response to an extreme emergency, such as a severed arm or leg. Tourniquets can damage nerves and blood vessels and can cause the victim to lose an arm or leg.

MOVE THE INJURED PERSON ONLY WHEN ABSOLUTELY NECESSARY

Never move an injured person unless there is a fire or when explosives are involved. The major concern with moving an injured person is making the injury worse, which is especially true with spinal cord injuries. If you must move an injured person, try to drag him or her by the clothing around the neck or shoulder area. If possible, drag the person onto a blanket or large cloth and then drag the blanket.

RESPOND APPROPRIATELY TO THE FORM OF POISONING

The first thing to do is get the victim away from the poison. Then use provide treatment appropriate to the form of the poisoning. If the poison is in solid form, such as pills, remove it from the victim's mouth using a clean cloth wrapped around your finger. Don't try this with infants because it could force the poison further down their throat. If the poison is a gas, you may need a respirator to protect yourself. After checking the area first for your safety, remove the victim from the area and take to fresh air. If the poison is corrosive to the skin, remove the clothing from the affected area and flush with water for 30 minutes. Take the poison container or label with you when you call for medical help because you will need to be able to answer questions about the poison. Try to stay calm and follow the instructions you are given. If the poison is in contact with the eyes, flush the victim's eyes for a minimum of 15 minutes with clean water.

TREAT PHYSICAL SHOCK QUICKLY

Shock can threaten the life of the victim of an injury if it is not treated quickly. Even if the injury doesn't directly cause death, the victim can go into shock and die. Shock occurs when the body's important functions are threatened by not getting enough blood or when the major organs and tissues don't receive enough oxygen. Some of the symptoms of shock are a pale or bluish skin color that is cold to the touch, vomiting, dull and sunken eyes, and unusual thirst. Shock requires medical treatment to be reversed, so all you can do is prevent it from getting worse. You can maintain an open airway for breathing, control any obvious bleeding and elevate the legs about 12 inches unless an injury makes it impossible. You can also prevent the loss of body heat by covering the victim (over and under) with blankets. Don't give the victim anything to eat or drink because this may cause vomiting. Generally, keep the victim lying flat on the back.

A victim who is unconscious or bleeding from the mouth should lie on one side so breathing is easier. Stay with the victim until medical help arrives.

PERFORM THE HEIMLICH MANEUVER ON CHOKING VICTIMS

Ask the victim to cough, speak, or breathe. If the victim can do none of these things, stand behind the victim and locate the bottom rib with your hand. Move your hand across the abdomen to the area above the navel then make a fist and place your thumb side on the stomach. Place your other hand over your fist and press into the victim's stomach with a quick upward thrust until the food is dislodged.

USE COOL TREATMENT FOR HEAT EXHAUSTION OR STROKE

Heat exhaustion and heat stroke are two different things, although they are commonly confused as the same condition. Heat exhaustion can occur anywhere there is poor air circulation, such as around an open furnace or heavy machinery, or even if the person is poorly adjusted to very warm temperatures. The body reacts by increasing the heart rate and strengthening blood circulation. Simple heat exhaustion can occur due to loss of body fluids and salts. The symptoms are usually excessive fatigue, dizziness and disorientation, normal skin temperature but a damp and clammy feeling. To treat heat exhaustion, move to the victim to a cool spot and encourage drinking of cool water and rest.

Heat stroke is much more serious and occurs when the body's sweat glands have shut down. Some symptoms of heat stroke are mental confusion, collapse, unconsciousness, and fever with dry, mottled skin. A heat stroke victim will die quickly, so don't wait for medical help to arrive--assist immediately. The first thing you can do is move the victim to a cool place out of the sun and begin pouring cool water over the victim. Fan the victim to provide good air circulation until medical help arrives.

Your Emotional Recovery

- Rest often and eat well.
- Keep a manageable schedule. Make a list and do jobs one at a time.
- Discuss your concerns with others and seek help. Contact the Red Cross for information on emotional support available in your area.

When Trying to Understand Disaster Events, Remember:

- No one who sees a disaster is untouched by it.
- It is normal to feel anxious about your and your family's safety.
- Profound sadness, grief and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities will help you heal.
- Accepting help from community programs and resources is healthy.
- We each have different needs and ways of coping.
- It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions.

Signs That Adults Need Stress Management Assistance

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty maintaining balance
- Easily frustrated
- Increased use of drugs/alcohol
- Limited attention span
- Poor work performance
- Headaches/stomach problems
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Reluctance to leave home
- Depression, sadness
- Feelings of hopelessness

- Mood swings
- Crying easily
- Overwhelming guilt and self doubt
- Fear of crowds

Ways to Ease the Stress

- Talk with someone about your feelings, even though it may be difficult. Emotions like anger, sorrow or frustration are normal.
- Don't hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue.
- Take steps to promote your own physical and emotional healing by staying active in your daily life patterns or by adjusting them. This healthy outlook will help you and your family. Consider healthy eating, rest, exercise, relaxation, meditation, etc.
- Maintain a normal household and daily routine, limit demanding responsibilities for yourself and your family.
- Spend time with family and friends.
- Participate in memorials, rituals, and use of symbols as a way to express feelings.
- Use existing support groups of family, friends and the church.
- Establish a family emergency plan. Feeling that there is something that you can do can be very comforting.

Helping Kids Cope

Kids may respond to a disaster by demonstrating increased anxiety or emotional and behavioral problems. Some younger kids may return to earlier behavior patterns, such as bed-wetting and separation anxiety. Older kids may react to physical and emotional disruptions with aggression or withdrawal. Even kids who have only indirect contact with the disaster may have unresolved feelings.

In most cases, such responses are temporary. As time passes, symptoms usually ease. However, high winds, sirens, or other reminders of the emotions associated with the disaster may cause anxiety to return.