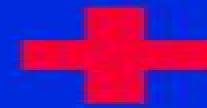


EMERGENCY FIRST AID CHART



This First Aid Chart is not intended to take the place of qualified help in the event of an emergency. In any emergency, always seek medical advice and assistance where you think it is needed. It is also recommended that you take a certified CPR and first aid course.

ANIMAL BITE

Flush any unbroken skin with water until there is no visible blood and wash for at least five minutes. Cover with a clean, dry cloth and seek medical advice. Immediately seek care at a hospital or physician's office.

BLACK EYE

Use ice as possible following the injury. Wrap a cloth in ice cubes and wrap it in a cloth and hold it to the eye for at least 10 minutes. A "black eye" is usually a bruise around the eye that will easily pain and swelling and gradually fade in time. If the bruise does not fade or if there is a change in vision, seek a physician.

CUTS

MINOR — Wash wound area with soap and water, then wash, cover with a sterile gauze bandage.

MAJOR — If blood appears to be gushing or spurting, follow these instructions and call for help. Take a clean cloth or towel and press firmly on the cut for 10 minutes. Do not remove pressure to see if it's working. If you suspect more pressure is needed, cover the cut with a bandage. If bleeding hasn't stopped, try pressing harder for five more minutes and seek medical help.

BURNS

MINOR — Immediately cool the burn area by pouring a cooler cool running water on a soft, filled cloth. Cover the burn with sterile tissue or use the person's clothing. If the skin is dry, begin to gently cool the area. Do not apply lotions or creams. If the burn is on the face, cover it with a bigger cloth; your hand is off in this case, call the doctor or emergency medical.

SEVERE — Have victim lie down and cover him or her with blankets, clothing, or a coat. Call for emergency help.

CHEMICAL — Quickly flush area with water for five minutes, cover with gauze and call for emergency help.

CHOKING

If the person is choking and unable to talk or breathe, get help immediately. If you are alone, call for help. If you are alone, a fist pump with either hand. Place fist between the base of the thumb and the middle finger. Pull the pump into the stomach with a quick upward thrust. Repeat up to five times. If choking continues, seek medical help. If the victim becomes unconscious, lay him or her down, roll on side, pull the tongue and give several and with power breaths. Stop, check any visible obstructions. Perform mouth-to-mouth resuscitation and CPR.

CONVULSION/SEIZURE

Gently prevent person from hitting him or herself on nearby objects. Loosen clothing, after perking medicines. Have person lie down. Help keep the airway open. Turn head to the side in case of vomiting to prevent choking and drowning. If the person is unconscious, administer mouth-to-mouth resuscitation and CPR. After seizure, allow person to rest. Seek medical assistance.

ELECTRIC SHOCK

Turn off electricity if possible. If not possible, pull victim from the electrical contact with a dry cloth, wooden pole or stick. Do not touch victim until contact with electric current is broken. Administer CPR. Call for emergency help.

EYE INJURIES

CHEMICALS — Have person rinse eyes with an eyewash or water. If liquid eye with water for at least 15 minutes. Cover eye with clean cloth and seek professional help.

FOREIGN PARTICLES — Do not rub the eye, that may cause deeper injury. Try to locate the object, if in an eye, or remove it with a clean cloth. If the object is in the eye, do not touch it. If it is on the liquid surface, you can try to remove it. Hold the lower lid open, look eye and roll using the edge of a clean cloth. Remove the particle with a clean cloth. If you suspect the eye is an object, pull the upper lid down and cover the lower lid and let it slide back up. Then may dislodge the particle. If pain and tearing persist, seek medical help.

FAINTING

Lay patient on his or her back and raise their legs above the heart. Check airway for the patient is in a clear. Loosen tight clothing and apply cold cloths to the face. If fainting lasts more than a minute or three, lay patient down and seek medical help.

FALLS

Stop any bleeding and cover wounds with clean, disinfected, white, non-porous cloth. If you suspect broken bones, do not move patient unless absolutely necessary (such as in case of fire). Call for emergency help.

FISHHOOKS

Fishhook injuries carry a high risk of infection, so if you suspect a fishhook, do not remove it from medical help. Grasp the hook further through the tissue until it goes through the skin. Don't pull it out; the hook will cause further injury. Using two fingers, cut off the hook, and then pull the hook back through the skin. Clean and bandage the wound and seek medical attention as soon as possible.

FRACTURES/BREAKS

Stop any bleeding and cover wound with clean dressing. If it is a simple fracture, set it in a splint (wood, corrugated cardboard, rolled-up blanket, pillow, etc.) supported with cloths or supports. Do not move patient if break or neck injury is suspected. Keep patient warm and seek for shock (see next column). Call for emergency help.

FROSTBITE

SIGNS AND SYMPTOMS: The skin of hands, feet, face or other areas first becomes red, then turns gray or white. Nerve末梢 (peripheral) nerve damage, that will only continue the chilling of the tissue and cause further damage. A gradual warming, by immersing the area in warm (not hot) water, warm bath, or use of slight heat. This will help to restore normal blood flow and prevent gangrene and continue pain reliefs of the skin. Keep frostbitten toes or fingers separate with cloths, dry clothes. Insupulations are necessary for children whose body temperatures drop below 93°F and for adults with heart disease. Don't sit in front of an oven or fire to warm the frostbitten areas; increased exposure to the heat could burn the tissue. Don't massage the damaged areas or move them. Do not boil, rub, or give alcohol. Call a physician. Contact your physician or emergency services immediately.

HEAD INJURY/CONCUSSION

Loss of memory of simple consciousness, no headache, slight dizziness, nausea, vomiting or confusion. These usually require no ice pack to the head and rest. Otherwise for any severe symptoms such as unusual dizziness, unequal pupils, persistent vomiting, confusion and black out consciousness. If one or more of these conditions are present, immediately seek medical care.

INSECT BITES AND STINGS

BEE OR WASP STING — Try to remove stinger by gently scraping with a clean blade. Cleanse with soap and water and apply ice or compress to reduce swelling. If person has allergic reactions (swelling within 30 minutes), hives, itching, or other, breathing, vomiting or a history of allergic reactions, follow directions on their sting kit, if available. Call for emergency help.

TICK BITE — Cover the insect's body with a heavy and wet band and allow to remain for about 20 minutes. Carefully remove with tweezers. Do not move the insect or all parts of the insect. Soak area with soap and water.

ITCHY BITES — Use hydrocortisone cream, calamine lotion or rubbing alcohol.

NOSEBLEED

Have person sit down and lean forward. Pinch nose and have person breathe through the mouth. On pack bleeding nostril with gauze and pinch. If bleeding persists, call a doctor.

Poisoning

Don't touch what you don't know. Call poison control. Tell others what substance and how much was swallowed. Take the bottle or package to the poison center. Directions on the container may not fit your case. Always follow the instructions given by the poison control center. Do not give the patient fluids or cause the patient to vomit unless on instructions. Call for emergency help.

SHOCK

Have person lie down, loosen clothing and cover to prevent loss of body heat. Be cautious not to overheat. Check pulse rate and seek professional help.

SPATTERS

Remove splatters from splatters easily, but a physician should remove deeply embedded splatters. If the length of the splatter is visible under the skin, use a sterilized needle to slice the skin over the splatter until you cut the splatter with the needle. Clean the wound.

SPRAINS & STRAINS

Elevate the injured joint in a comfortable position. Apply an ice bag or a cold compress over the sprain to reduce pain and swelling. Allow no more than eight minutes to the skin over the splint until you can't feel the splint with the fingers. Clean the wound.

UNCONSCIOUSNESS

When person cannot be awakened, lay on a flat position and make sure the victim's airway is clear. Check pulse rate. If no pulse or felt, begin administering CPR. Keep the person comfortable and warm. Never give an unconscious person food or liquid. If vomiting occurs, turn head to the side to prevent choking on inhaled vomit. Call for medical help.

Medical First Aid Guide

International Maritime Organization
Staff

Medical First Aid Guide:

Medical First Aid Guide for Use in Accidents Involving Dangerous Goods ,1985 [Medical First Aid Guide for Use in Accidents Involving Dangerous Goods](#) Intergovernmental Maritime Consultative Organization,1973 IMO pub First aid guide to toxicology for use in cases of poisoning and other occupational accidents resulting from the carriage or handling of dangerous goods covers basic instructions applicable to the sea transport industry Illustrations [Medical First Aid Guide for Use in Accidents Involving Dangerous Goods \(MFAG\)](#) International Maritime Organization, [International Medical Guide for Ships](#) World Health Organization,1988 **Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG)** International Maritime Organization Staff,1991-01-01 **Medical First Aid Guide for Use in Accidents Involving Dangerous Goods** Inter-Governmental Maritime Consultative Organization (Geneva),1973

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International Maritime Organization,1998 **Revision of the "medical First Aid Guide for Use in Accidents Involving Dangerous Goods" (MFAG)** Intergovernmental Maritime Consultative Organization,Intergovernmental Maritime Consultative Organization. Subcommittee on the Carriage of Dangerous Goods,1981 **The Maritime Labour Convention 2006: International Labour Law Redefined** Jennifer Lavelle,2013-12-13 With the Maritime Labour Convention now in force as of August 2013 the shipping industry is faced with a new international convention that has comprehensive implications across all sectors This vital text provides timely analysis and thought provoking essays regarding the Convention's application and enforcement in practice Hailed as the Seafarer's Bill of Rights and the fourth pillar of the international

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The

Medical Library Association Encyclopedic Guide to Searching and Finding Health Information on the Web: Health and wellness P. F. Anderson, Nancy J. Allee, 2004 Annotation Searching for health information may be the most important type of search a librarian performs in a day Instead of starting a health care search with a blank computer screen or simply accessing ordinary information available most anywhere on the Web start with help from the prestigious Medical Library Association Each entry will show you how an experienced health sciences librarian would approach the question You can begin a truly valuable search knowing Special searching issues What to ask Where to start Supplementary search strategies Topic profile Recommended search terms and important sites Hotline phone numbers FAQs Publications on the Internet Professional organizations Patient support organizations and discussion groups Best One Stop Shops Finally there's one ready reference source written by librarians to help their colleagues that covers every important aspect of the question you or your user want to answer

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