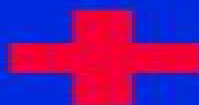


EMERGENCY FIRST AID CHART



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 when you think it is needed. It is also recommended that you take a certified CPR and first aid course.

ANIMAL BITE

Flush the wound area with water and then wash with soap and water for at least five minutes. Cover with a clean dressing or cloth. Immediately seek care at a hospital or physician's office.

BLACK EYE

As soon as possible following the injury, dip a cloth in ice water and hold over the area for at least 30 minutes. A "black eye" is essentially a bruise around the eye that will cause pain and swelling and gradually fade in time. If the bruise does not fade or if there is a change in vision, consult a physician.

CUTS

MINOR — Wash wound area with soap and water, not alcohol, 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 hard on the cut for 10 minutes. Do not remove pressure to see if it's working. If possible, raise the cut above the level of the chest. After 10 minutes, if the bleeding has stopped, cover the cut with a bandage. If the bleeding hasn't stopped, try pressing harder for five more minutes and seek medical help.

BURNS

MINOR — Immediately cool the burn area by putting it under cool running water or in a cold bath with cool water for at least five minutes or until the pain subsides. Never apply butter, grease or ointments. Do not open blisters or remove dead skin. Cover the burn with a clean bandage, apply a clean dressing. If the burn is on the face, cover an area bigger than your hand or if it blisters, call the doctor or emergency number.

SEVERE — Have victim lie down and cover him or her. Never remove clothing or clean the burns. 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 behind the person and wrap your arms around the waist. Make a fist, grasp fist with other hand. Place fist against the stomach just above the navel. Push with the lower tip of the fist. Repeat. Pull the person's head forward. If choking continues, seek medical help. If the victim becomes unconscious, lay him or her down, roll on side, pull the tongue and jaw forward and with your index finger, dislodge any visible matter. Perform mouth-to-mouth resuscitation and/or CPR.

CONVULSION/SEIZURE

Gently prevent person from hurting him or herself on nearby objects. Loosen clothing after jerking subsides. Have person lie down. Help keep the airway open. Turn head to the side in case of vomiting to prevent choking on inhaled vomit. If breathing stops, administer mouth-to-mouth resuscitation or CPR. After seizure, allow patient to rest. Seek medical attention.

ELECTRIC SHOCK

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

EYE INJURIES

CHEMICALS — Have person turn head so injured side is down. Flush eye with water for at least 15 minutes. Cover eye with clean cloth and seek professional help.

FOREIGN PARTICLE — Do not rub the eye, that may cause deeper injury. Try to locate the object; if it is in the pupil, or seems embedded in the white of the eye, go immediately to the emergency room. If the object is floating on the liquid surface, you can try to remove it. Hold the lower lid open, look up, and using the edge of a clean cloth, brush the matter quickly off the eye's surface. If you can't see an object, pull the upper lid down and over the lower lid and let it slide back up. This may dislodge the particle. If pain and tearing persist, seek medical help.

FAINING

Lay patient on his or her back and raise both legs above the head. Check airway to the chest. If in clear. Loosen tight clothing and apply cold cloths to the face. If fainting lasts more than minute or two, keep patient covered and seek medical help.

FALLS

Stop any bleeding and cover wounds with clean dressing. Keep victim comfortably warm to prevent shock. If you suspect broken bones, do not move person 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 can reach a physician, do so. If you are far from medical help, push the hook farther through the tissue until it goes through the skin. Don't pull it out; the barb will cause further injury. Using wire cutters, cut off the barb, 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 cloth or rope ties. Do not move patient if back or neck injury is suspected. Keep person warm and treat 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. Never rub frostbitten area with snow, that will only continue the chilling of the tissue and cause further damage. A gradual warming, by immersing the area in water that is slightly warmer than body is safe for slight frostbite. Elevate the affected area, cover with dry and warm garments and consider pain relievers if there is slight pain. Keep frostbitten toes or fingers separate with clean, dry cloths. Revascularization is necessary for children whose body temperatures drop below 90°F and for adults who have severe frostbite. Don't sit in front of an oven or fire to warm the frostbitten area, unequal exposure to the heat could burn the tissue. Don't massage the damaged area or rub with snow. Do not break blisters or give alcoholic drinks. Contact your physician or emergency room immediately.

HEAD INJURY/CONCUSSION

Usual symptoms of simple concussion include headache, slight dizziness, upset stomach or vomiting. These usually require an ice pack to the head and rest. Observe for any severe symptoms such as unusual drowsiness, unequal pupils, persistent vomiting, confusion and lack of coordination. 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 knife blade. Cleanse with soap and water and apply an ice compress to reduce swelling. If person has an allergic reaction (will happen within 30 minutes), hives, itching, all over, wheezing, 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 oil or lighter fluid and allow to smother for about 20 minutes. Carefully remove with tweezers, being sure to remove all parts of the insect. Scrub 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, moisten with gauze and pinch. If bleeding persists, call a doctor.

POISONING

Don't force to vomit immediately. Call poison control. Tell them what substance and how much was swallowed. Take the bottle or package to the phone when you call. Do not use the container again or be up to date. Always follow the instructions given by the poison control center. Do not give the person fluids or cause to vomit if unconscious or in convulsions. 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.

SPLINTERS

Remove splinter most splinters easily, but a physician should remove deeply embedded splinters. If the length of the splinter is visible under the skin, use a sterilized needle to lift the skin over the splinter and pull out the splinter with the tweezers. Clean the wound.

SPRAINS & STRAINS

Elevate the injured joint to a comfortable position. Apply an ice bag or a cold compress over the sprain to stop pain and swelling. Advise to move but not rule out fracture. Person should not bear weight on a sprain. Sprains that continue to swell should be examined by a physician.

UNCONSCIOUSNESS

When person cannot be aroused, lay in a flat position and make sure the victim's airway is clear. Check pulse rate. If no pulse is 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.

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For other health information, call "My Nurse" toll free at 1-877-242-8899.
Provided by Iowa Methodist Medical Center and Iowa Lutheran Hospital — Des Moines, Iowa

Medical First Aid Guide

**International Maritime Organization
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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 **Medical care** International Maritime Organization, 2001 First published IMO 1990 **Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG) (revised 1982)**, 1984 **Accident Prevention on Board Ship at Sea and in Port** International Labour Office, 1996 An ILO code of practice **Medical First Aid Guide for Use in Accidents Involving Dangerous Goods**, 1973 **Medical First Aid Guide for Use in Accidents Involving Dangerous Goods** Organización Consultiva Marítima Intergubernamental, 1973 **Medical First Aid Guide for Use in Accidents Involving Dangerous Goods MFAG 1994** International Maritime Organization Staff, 1994 **Handbook of Nigerian Labour Relations** Dafe Ootobo, 2025-09-24 We attempt here to bring together a practical blend of essential theorising in the broad area of industrial relations or labour relations or employment relations depending on one's preference with practical issues and challenges facing trade unions public and private employers regulatory agencies and concerned interests in the Nigerian economy The Handbook is also a quick access resource pool of basic facts essential official policies basic national laws on and all international labour conventions relevant to Nigerian tripartite labour relations Employers and their associations labour organisations regulatory agencies relevant local and international experts and academics consultants researchers and students among others should find this book useful Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG): Chemicals Supplement to the International Medical Guide for Ships (IMGS). 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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