

MEDICAL EMERGENCY

If a medical emergency arises, First Aid should be administered by someone qualified.

If outside emergency services are needed:

1. REPORT the situation, giving all relative information location, the problem, etc.
 - Notify the Paramedics - Call 911
 - Call Mall Management - 361.991.3755
2. REMAIN with the victim. Do not move the victim unless in immediate danger of further injury. Keep comfortable and warm.
3. DIRECT any onlookers away from the area near the ill/injured person. Clear the area of objects which might impede emergency personnel.
4. DESIGNATE a responsible person to go to the main entrance of the building and wait for the arrival of emergency medical personnel. When they arrive, tell them where the ill/injured person is and take them to that location.

CPR

CARDIOPULMONARY RESUSCITATION

IT CAN BE AS EASY AS A- B- C:



A - 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-lift** - open victims' airway by tilting their head back with one hand while lifting up their chin with your other hand.



B - BREATHING

- Position your cheek close to victims' nose and mouth, look toward victims' 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 victim's mouth (use microshield).
- If breaths won't go in, reposition head and try again to give breaths. If still blocked, perform abdominal thrusts (Heimlich maneuver)



C-CIRCULATION

- Check for carotid pulse by feeling for 5-10 seconds at side of victims' neck.
- If there is a pulse but victim is not breathing, give **Rescue breathing** at 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 victim's sternum. With your other hand directly on top of first hand, depress 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 ADVANCED LIFE SUPPORT
IS AVAILABLE.**

ELECTRIC SHOCK

First Aid for Electric Shock Victims

1. Don't touch them!
2. Unplug the appliance or turn off the power at the control panel.
3. If you can't turn off the power, use a piece of wood, like a broom handle, dry rope or dry clothing, to separate the victim from the power source.
4. Do not try to move a victim touching a high voltage wire. Call for emergency help.
5. Keep the victim lying down. Unconscious victims should be placed on their side to allow drainage of fluids. Do not move the victim if there is a suspicion of neck or spine injuries unless absolutely necessary.
6. If the victim is not breathing, apply mouth-to-mouth resuscitation. If the victim has no pulse, begin cardiopulmonary resuscitation (CPR). Then cover the victim with a blanket to maintain body heat, keep the victim's head low and get medical attention.

First Aid For Electrical Accidents

- Disconnect the appliances or turn off the power if a person is undergoing electric shock.
- Cover associated electric shock burns with a dry sterile dressing only.
- Never touch a person undergoing electric shock or you too could become a victim.

First Aid for Electrical Burn Victims

Electrical burns vary in severity depending upon:

1. How long the body is in contact with the electric current;
2. The strength of the current;
3. The type of current; and

4. The direction the current takes though the body. Often these burns are deep. There may be more than one area burned. One area may be where the current entered the body and another may be where it left. Electrical burn wounds may look minor on the outside, but could be severe on the inside.

If a person has received an electrical burn, check for shock and follow the steps outlined above.

If the person is conscious and there are no signs of shock (such as being cold, clammy, pale and having a rapid pulse), begin treating the burned area.

1. Do not apply grease or oil to the burn.
2. Cover the burn with a dry, sterile dressing, but do not cool the burn.
3. Keep the victim from getting chilled.
4. Seek medical attention as soon as possible.

HEART ATTACK

A heart attack victim whose heart is still beating has a much better chance of survival than a victim whose heart has stopped! Most heart attack victims who die succumb within 2 hours after having their heart attack. Many of these victims could be saved if bystanders recognize the symptoms of a heart attack and get the victim to a hospital quickly! Indeed, many victims of heart attacks think they are experiencing HEARTBURN or other minor discomfort when in fact their life is in jeopardy!

The most significant sign of a heart attack is chest pain. The victim may describe it as pressure, a feeling of tightness in the chest, aching, crushing, fullness or tightness, constricting or heavy pain. The pain may be located in the center of the chest although it is not uncommon for the pain to radiate to one or both shoulders or arms or to the neck, jaw or back.

In addition to pain, victims may experience sweating, nausea or shortness of breath. Many victims deny they may be having a heart attack. Others may have their condition worsened by fear of dying.

With all victims of heart attacks - and with all victims receiving first aid for any condition - it is important for the rescuer to constantly reassure the victim and keep them as calm and relaxed as possible.

The psychological value of reassurance is as important in first aid as any treatments!

FIRST AID FOR A HEART ATTACK:

- Recognize the signs & symptoms of a heart attack
- Comfort & reassure the victim
- Have the victim stop whatever they were doing and sit or lie in a comfortable position
- Summon emergency medical help quickly
- If the victim become unconscious, be prepared to perform CPR

BLEEDING

Bleeding: First Aid

- For slight bleeding, pressure applied by a sterile gauze bandage held firmly or bandaged over the wound usually stops the flow of blood.
- For more severe bleeding, it may be necessary to locate the vein or artery above the bleeding point and press it against the bone behind it.
- When pressure is properly applied, external bleeding should cease.
- With internal bleeding it is important to recognize the general signs (which apply to both external and internal bleeding):
 - pallor;
 - cold, clammy skin;
 - a weak, rapid pulse; and
 - fast, shallow breathing.
 - the victim may also feel faint or even pass out.
- Internal bleeding is extremely dangerous, and medical assistance should be sought immediately.
- Do not give a person suspected of internal bleeding any food or drink.
- If the victim has been stabbed and the implement is still in the wound, do not remove it.
- If the victim has an open wound in the chest, cover it to prevent air entering the chest.
- If there is bleeding from the leg or uterus, lay the person down with legs raised.
- Keep the victim warm and comfortable but do not overheat.

The sudden loss of large quantities of blood may result in the condition of shock, in which the skin becomes cold and clammy and the blood pressure drops severely. Watch the victim's pulse and breathing. If the victim has stopped breathing, give artificial respiration. Bleeding from an artery can be recognized by the rhythmic pumping of the blood from the wound and its bright scarlet color. Bleeding from a vein is recognizable by the fact that the blood is much darker and flows more smoothly.



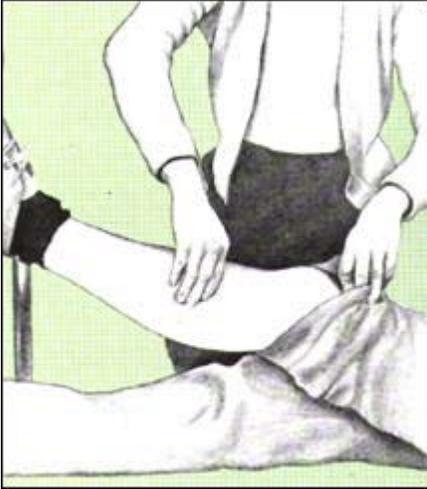
1. If the victim is bleeding from a vein, locate the bleeding point. Apply continuous pressure for at least ten minutes so that the blood has time to clot. If a clean dressing is available, use this to help stop the bleeding.



2. Continue to apply pressure over the dressing until the bleeding stops. Raise the injured part if possible while continuing to apply pressure. Lay the victim down with the legs raised.



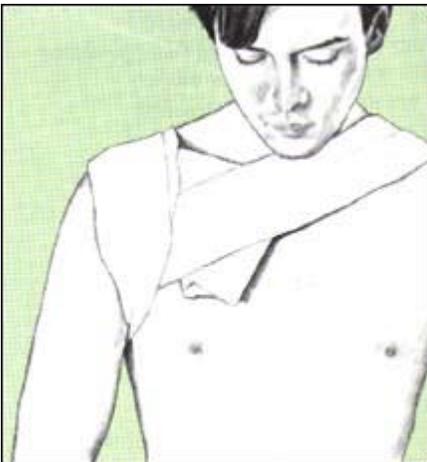
3. Wash the wound and remove any foreign body that comes out easily. If the victim has been stabbed, do not remove the implement. Apply a clean dressing and a firm bandage. Do not bandage too tightly. Keep the injured part raised and summon medical help as soon as possible.



4. If the victim is bleeding from a varicose vein, raise the affected leg as high as possible. Apply pressure to the bleeding point. When the bleeding stops, cover the area with a clean dressing, bandage the whole leg, and summon medical help.



5. If the victim is bleeding from a deep wound, cover the wound with a clean dressing, such as a handkerchief. Apply firm pressure for at least ten minutes, or until the bleeding has stopped.



6. When the bleeding has stopped, apply a firm bandage to keep the dressing in place. Do not remove the dressing or the bandage as this may reopen the wound. Summon medical help as soon as possible.

BURNS

CHARACTERISTICS AND TREATMENT

1. Never put butter or greasy ointments on a burn. They seal heat into the wound and may cause infection.
2. Always seek attention if:
 - a. Victim is a child or elderly person
 - b. Burn covers more than one body part
 - c. Burn is located on any sensitive area of the body (hands, face, feet, etc.)
 - d. Burn is third degree
 - e. Burn is caused by chemicals

FIRST DEGREE BURNS

First degree burns damage the outer layer of skin.

CHARACTERISTICS:

1. Redness
2. Mild pain
3. Swelling

TREATMENT:

1. Immediately submerge the affected part in cold water.
2. Hold it under cold running water, or place cold, wet cloths on it until the pain decreases.
3. Cover with a clean, dry gauze dressing for protection.

SECOND DEGREE BURNS

Second degree burns go through to the second layer of skin.

CHARACTERISTICS:

1. Blisters
2. Rough, red skin
3. Swelling
4. Extreme pain

TREATMENT:

1. Immerse in cold water or have cold, wet cloths applied to it immediately.
2. Gently blot area dry. Do not rub. Rubbing may break the blister, opening it to infection.
3. Cover wound with dry, sterile bandage.
4. If burn is located on arm or leg, keep limb elevated as much as possible.

Second degree burns should heal within a few weeks.

THIRD DEGREE BURNS

Third degree burns are less painful than second degree burns because the nerve cells in the affected tissue are actually destroyed, but the damage is greater. The burn goes through to the third layer of skin.

CHARACTERISTICS:

1. Whitish or charred appearance

TREATMENT:

1. Do not remove any clothing near or at the site of the burn
2. Do not apply cold water or medication to the burn.
3. Place clean, dry cloths (i.e. strips of a clean sheet) over the damaged area.
4. If burns are on arms or legs, keep the limbs elevated above the level of the heart.
5. If victim has burns on face, check frequently to make sure he is not having difficulty breathing.

6. Get victim to a hospital at once.

Chemical Burns

1. Remove clothing on or near the burn area. Never pull clothing over the head with a chemical burn. You may need to cut the clothing.
2. Wash the area thoroughly with low-pressure water for at least 20 minutes.
3. Apply a clean dressing to the area.
4. Get medical attention as soon as possible.

CUTS AND ABRASIONS

The Proper Treatment

Cuts:

1. Cleanse area thoroughly with soap and warm water, carefully washing away any dirt.
2. Apply direct pressure to wound until bleeding stops.
3. Put sterile bandage on wound.
4. If cut is deep, get to a doctor as quickly as possible.

Abrasions (scratches):

1. Wash thoroughly with soap and warm water.
2. If it bleeds or oozes, bandage it to protect it from infection.

Signs of an Infected Wound:

1. Swelling
2. Redness
3. Pain
4. May cause fever
5. Presence of pus

DISLOCATIONS

What to look for:

The most common dislocations occur in the shoulder, elbow, finger, or thumb.

Look for these signs:

1. Swelling
2. Deformed look
3. Pain and tenderness
4. Possible discoloration of the affected area

If a dislocation is suspected:

1. Apply a splint to the joint to keep it from moving.
2. Try to keep joint elevated to slow blood flow to the area
3. A doctor should be contacted to have the bone set back into its socket.

FRACTURES

Fracture

A fracture does not pierce through the skin. If it is not cared for properly, it could become a compound fracture.

If a fracture is suspected:

1. Check for swelling around the affected area.
2. There may be discoloration of the skin.
3. If the victim complains of tenderness and pain in the area or says that he/she felt or heard a bone snap, see a doctor immediately.

A Compound Fracture

A compound fracture pierces through the skin. Serious bleeding may occur with this kind of wound. Do not apply pressure to a compound fracture to stop the bleeding.

What to do for a compound fracture:

1. Cover the injured part with a sterile pad.
2. Apply a splint to keep the bone from causing further injury to the surrounding tissues.
3. Wait for medical help.
4. Avoid moving the victim, but keep the person warm, comfortable, and reassured.

APPLYING SPLINTS

TAKING A SUPPORTIVE ACTION

A splint can be corrugated cardboard, folded newspapers, boards, straight sticks, or a rolled-up blanket. A splint helps protect the injury until help arrives. The splint should be long enough to extend beyond the joints on both sides of the fracture.

How to apply the splint

Use strips of cloth, handkerchiefs, ties, or belts to hold the splint in place. Be sure not to secure the splint so tightly that it causes poor circulation below the wound.

FOR ARM FRACTURES:

1. Apply a splint.
2. Use a large, triangular bandage to make a sling to prevent the arm from moving.
3. Once a splint has been applied to a fracture, carefully elevate the wounded area to slow blood flow to the wound.
4. For a compound fracture, control bleeding by holding a clean cloth on the wound before applying a splint.
5. Pressure should be avoided to prevent the bone from splintering and causing more damage to surrounding tissues.