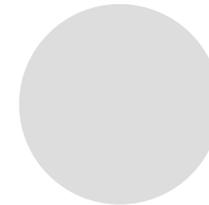


Safety and Injury Prevention

Did you know the number one cause of death for people ages 15-24 is automobile accidents? There are many reasons for why this is so:

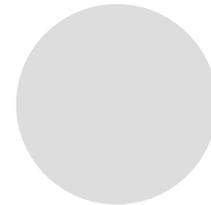
1. Inexperienced with driving
2. Driving too fast
3. Not paying attention to the road
4. Inexperience with alcohol and/or drugs and then driving under the influence
5. Not heeding to precautions necessary for certain driving conditions
6. Not wearing seatbelts

Automobile Safety



Many people of all ages fail to realize the seriousness of getting behind the wheel. Have you ever thought how two thin yellow lines painted on the road are the only things keeping you and another car from colliding? Have you ever thought about just how thin the metal is that separates you and another car during a collision? Have you ever thought about what actually happens when a person not wearing their seatbelt hits the front windshield? The list goes on and the frightening realities of being on the road (whether as a driver or a passenger), are continually overlooked.

What other hazards can you think of?



For Muscles & Bone Injuries Use The "RICE" Method:

- **REST:** Completely immobilize the injured area
- **ICE:** reduces inflammation and pain. Apply ice (cold packs) on the injured area immediately. The cold will help constrict blood vessels, reducing swelling, and deaden nerve endings, all of which will serve to reduce pain.
- **COMPRESSION:** Snugly bandage the area. This will minimize internal bleeding. An elastic bandage can be used in conjunction with the ice pack. Always leave the fingers and toes exposed so that you can check circulation status (if they are turning blue...it's too tight!).
- **ELEVATION:** Raise injured area above the heart. This will also help reduce internal bleeding and swelling.

Injuries (Muscle, Bones, Burns and Bleeding)

Immobilizing Injuries to Extremities:

Splinting is a method of immobilizing an injured part and should ONLY be used if you must move or transport the person to seek medical attention and if it does not cause more pain. There are many methods of splinting including:

Soft Splints: Soft materials such as a folded blanket, towel, pillow, or triangular bandage can be used to immobilize an injured area.

Rigid Splints: Boards, folded magazines or newspaper, or metal strips that do not have sharp edges can be used to immobilize a body part.

Anatomical Splints: The person's body is the splint. For example, you can splint a leg to a leg, arm to the chest, finger to a finger, etc.

Steps to splinting an injured extremity:

- Do not move the extremity's position and support it where it is to keep it from further damage.
- Dress any open wounds without moving the splint.
- Check functions below the injury for warmth, color & feeling.
- Splint above and below the injured area *Be sure to use padding if a rigid splint is being used!
- Secure the splint (with some type of bandage).
- Check below the injury to check for tightness, get the victim's help.
- If possible, elevate the splinted area.

Upper Extremity Injuries (shoulders to the fingers)

Shoulder Injuries	Arm Injuries	Elbow Injuries	Forearm, Wrist, Hand Injuries
Fractured collarbone and/or scapula, dislocated shoulder and/or clavicle Care: Splint the injured area with a soft splint	Fractures Care: splint the arm with a cravat	Sprains, fractures, dislocations Care: create a sling-like splint across the chest	Fractures, splints Care: splint the injured area

Lower Extremity Injuries (pelvis to the toes)

Thigh & Lower Leg Injuries	Knee Injuries	Ankle & Foot Injuries
Fractures, dislocations Care: either splint and/or dress the wound	Fractures, sprains, dislocations Care: dress any external wounds, support a bent knee with a soft pillow and ice, make an adequate splint or leave the knee in its bent position	Twisting, fractures, dislocations Care: dress any external wounds, splint the injured area

Burns

Burns are classified by degree of damage to the skin and underlying tissue. Any burns involving the airway are life-threatening. Some signs of possible burns include wheezing and/or coughing as the patient breathes particles of soot in the saliva, sooty or smoky smell on breath, and visible burns of the mucous membranes in the mouth and/or nose. Let's take a look at those classifications below on the next slide.

SAFETY & FIRST AID

1st Degree
Burn

2nd Degree
Burn

3rd Degree
Burn

1st Degree Burns

- Sunburn is the most common first degree burn
- May be caused by flames or hot liquids or sun
- Skin surface is dry, red and painful; no blisters or swelling occur
- Usually heals in 2 to 5 days, with no scarring.
- Peeling of outer layer of skin usually occurs.

*Example(s) of critical life-threatening burns: 1st Degree burns over more than 75% of the body

SAFETY & FIRST AID

1st Degree
Burn

2nd Degree
Burn

3rd Degree
Burn

2nd Degree Burns

- May be caused by more severe contact with hot liquids or solids, flames, chemicals, or the sun.
- Skin appears moist and blotchy; color can range from white to cherry red.
- The burned area is blistered and extremely painful
- Healing of minor second degree burns usually requires 5 to 21 days.

*Example(s) of critical life-threatening burns: 2nd Degree burns covering more than 30% of an adult and 20% or more in a child.

SAFETY & FIRST AID

1st Degree
Burn

2nd Degree
Burn

3rd Degree
Burn

3rd Degree Burns

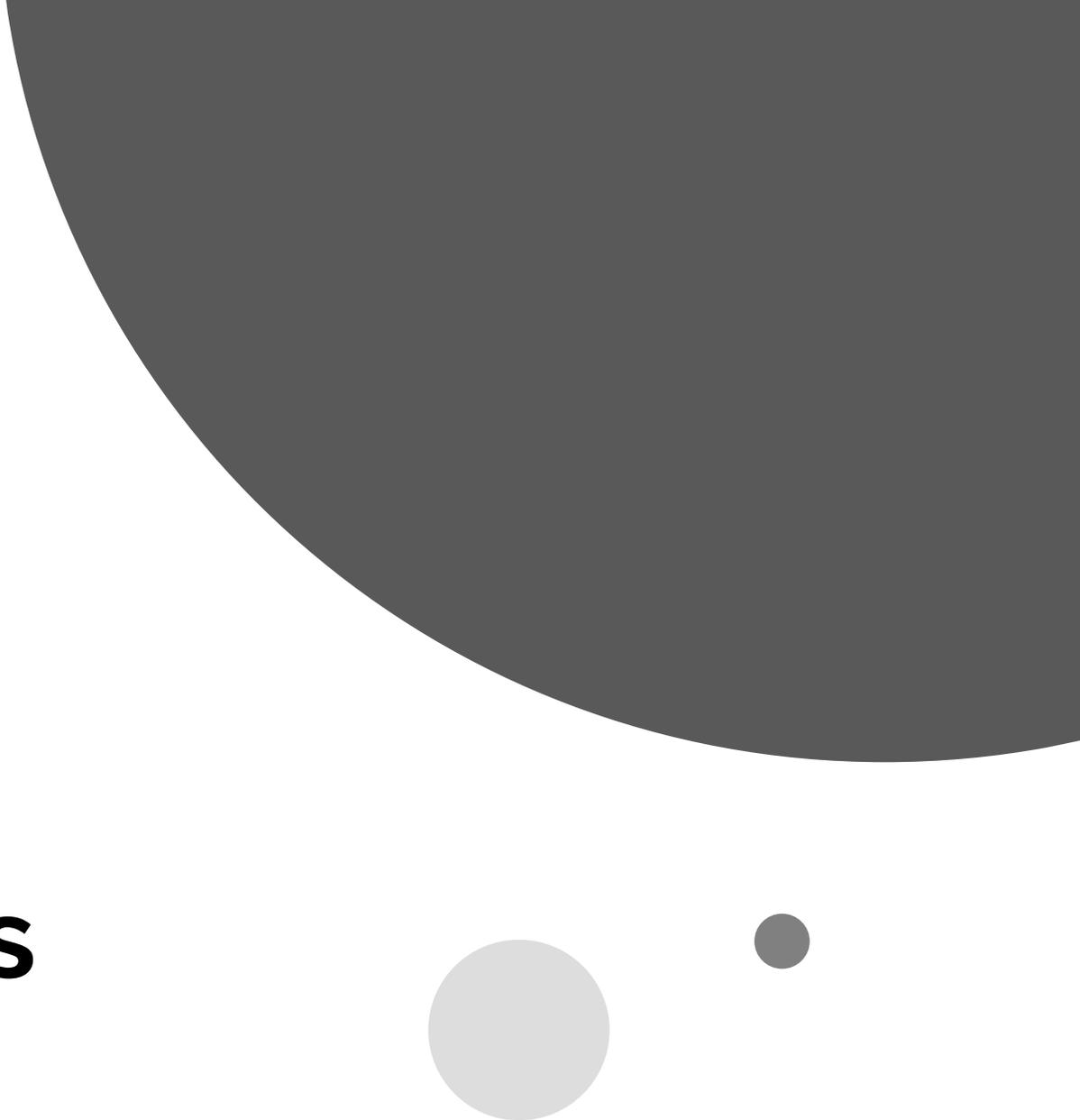
- May be caused by hot liquids, solids, flames, chemicals, or electricity.
- Skin is dry and leathery; can appear to be a waxy white color, very dark and charred.
- Patient may feel very little pain because nerve endings have been destroyed.
- Skin loses its elasticity.
- Small burns can take weeks to heal; large burns may require skin grafts and take years to heal.
- Permanent scarring is common.

Burns

Certain areas of the body are more critically damaged by burns than others. Burns on the face or neck should be seen by a physician immediately because of the possible respiratory involvement or damage to the eyes. Other particular areas include the hands, feet, and external genitalia. Patients with burns in these areas should receive professional medical care immediately.

- Remove patient from source of burns.
- Eliminate the cause of burns, wash away chemicals, immerse scalds or grease wounds in cold water. Pour water on burned areas.
- Remove clothing or items such as jewelry to prevent later removal problems in the event of swelling. Never place grease or fat on the burn as it will have to be painfully removed later. Do not try to remove clothing embedded in the burn tissue. Cover burns with a dry, sterile, non-stick burn sheet.

Treatment for Burns



Any severe, uncontrolled bleeding (external or internal) can rapidly lead to life-threatening shock, so it is vital to administer care ASAP.

There are 3 types of external bleeding: Capillary, Venous, Arterial

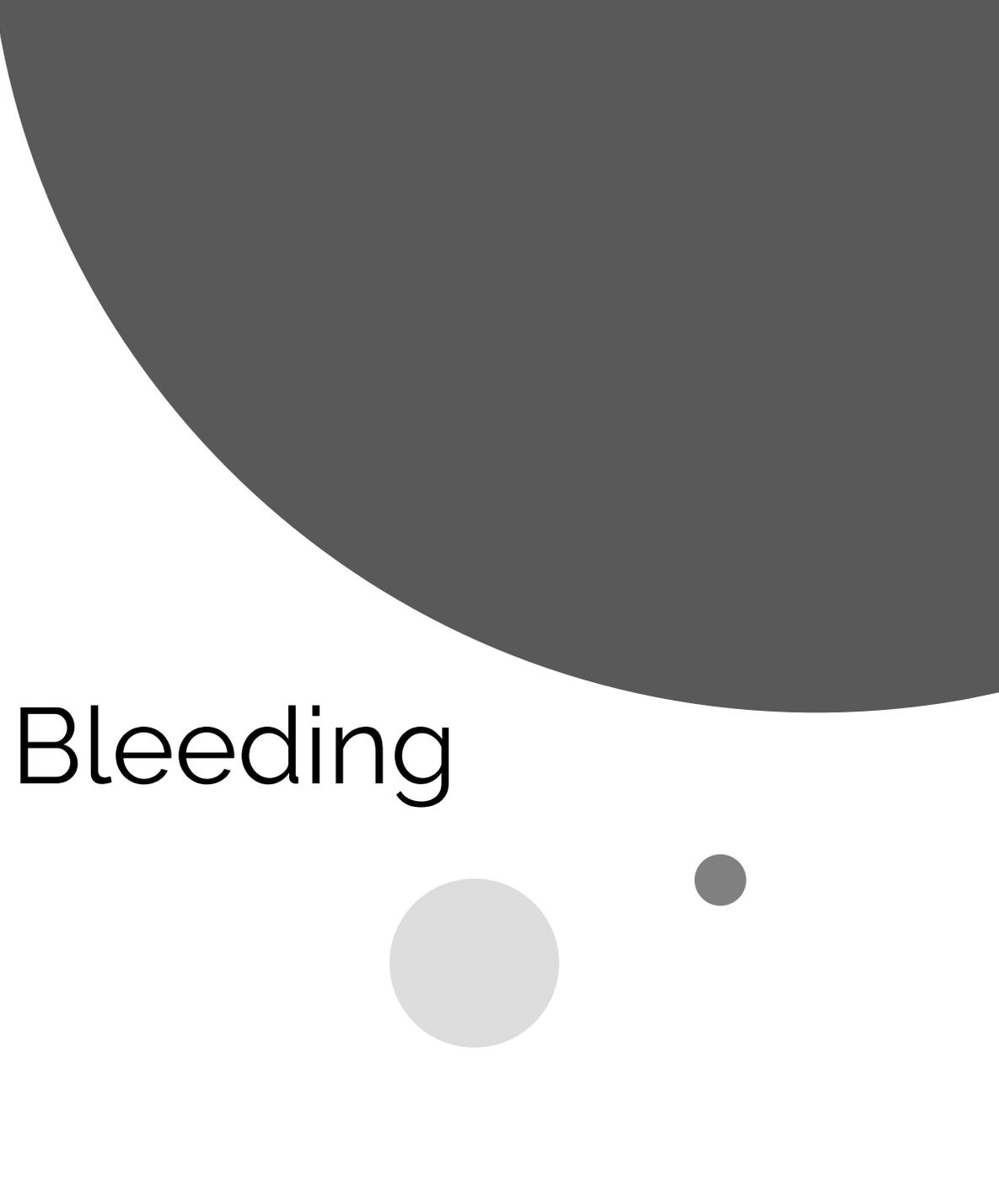
Some Types of Open Wounds

- Clean abrasion wounds with running water or sterile gauze. Never remove an impaled object from a puncture wound. Stabilize in place and seek medical assistance. Apply direct pressure to stop the flow of blood from a wound created by an incision. If after 15 minutes you've been unable to slow the bleeding, call EMS (911).

Nose Bleeds

- A nosebleed can be scary to get or see, but try to stay calm. Most nosebleeds look much worse than they really are. Almost all nosebleeds can be treated at home. If you get a nosebleed, sit down and lean slightly forward (see figure to the right). Keeping your head above your heart will make your nose bleed less. Lean forward so the blood will drain out of your nose instead of down the back of your throat. If you lean back, you may swallow the blood. This can cause nausea, vomiting and diarrhea.
- Use your thumb and index finger to squeeze together the soft portion of your nose (see figure to the left). This area is located between the end of your nose and the hard, bony ridge that forms the bridge of your nose. Keep holding your nose until the bleeding stops. Don't let go for at least 5 minutes. If it's still bleeding, hold it again for 10 minutes straight and seek medical assistance.
- You can also place a cold compress or an ice pack across the bridge of your nose to prevent swelling.

Bleeding



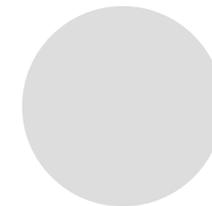
Heat Emergencies

- Heat exhaustion is very common in warm weather. If left untreated, it will progress to heat stroke. Heat stroke is life-threatening. If the victim is not treated immediately, severe brain damage or death may occur. It's critical to know the difference between heat exhaustion and heat stroke.
- The progression of heat related emergencies is as follows: heat cramps, heat exhaustion, heat stroke.

Heat Exhaustion

- Heat exhaustion is a condition caused by too much water loss through sweating on a hot day. Signs of heat exhaustion are as follows:

Heat and Cold Emergencies



A graphic of a clipboard with a blue border and a grey clip at the top. The text is centered on the white background of the clipboard.

 *signs of*
HEAT EXHAUSTION

- Moist, clammy, and pale skin
- Normal or subnormal temperature
- Weak, dizzy, or faint
- No appetite, nausea
 - Headache

The best way to treat heat exhaustion is to stop exercising, go inside (cool area), loosen clothing, and drink some water or sports drink (rich in electrolytes). If symptoms do not improve, call for help.

Heat Stroke

- Heat stroke is an injury that happens when the body cannot control its temperature. A person with heat stroke can't sweat (how our bodies cool us down). Signs of a heat stroke are as follows:
- Someone suffering from heatstroke should be taken to the hospital immediately (or call EMS). Heatstroke can be life-threatening. Do not offer or force fluids by mouth for victims with heat stroke. Loosen clothes, remove heat source, and cool the body with wet clothes until help arrives or you reach help.



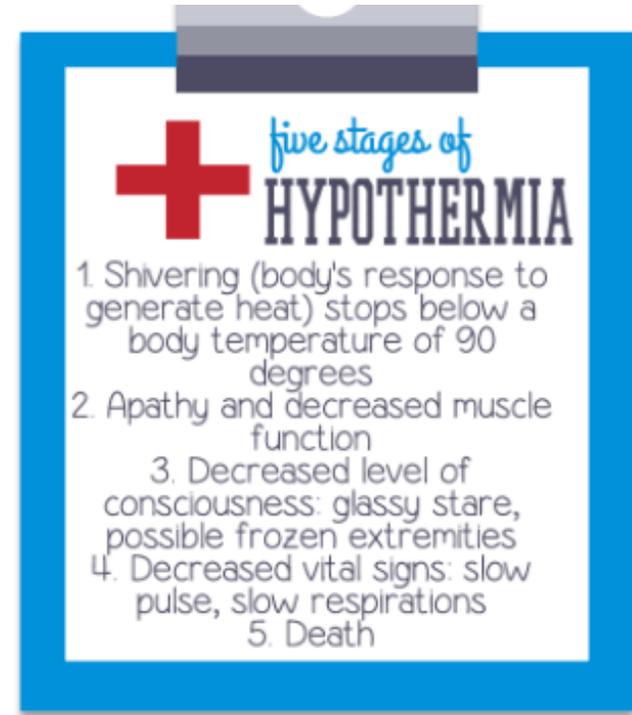
Cold Emergencies

- Cold emergencies do not just occur exclusively in arctic regions. Being exposed to the elements, such as cold weather and/or frigid water for a long period of time, can develop into hypothermia and/or frostbite.

Hypothermia

- Hypothermia is defined as a serious condition in which the body temperature falls below normal.

Victim's should be kept warm (remove wet clothes and wrap the victim in dry blankets). Call the EMS (911).





Frostbite

- Frostbite is defined as damage to skin and other tissues caused by extreme cold.
- Frostbite usually affects fingers, toes, ears, and/or nose. Frostbitten skin is pale, stiff, and numb. If someone is suffering from frostbite, call EMS (911) immediately. While you wait for the EMS to arrive, put the affected area in lukewarm water.

Shock

Shock is ultimately responsible for killing everyone. Every death is a result of some type of shock. Shock progresses as time passes. Once it has begun you cannot stop shock; however, you may minimize the damage with proper treatment. Never wait for the symptoms of shock to develop; by the time they are obvious it may be too late. Treat any illness or injury immediately if you believe that shock may occur!

Signs and Symptoms of Shock

- shallow, irregular, labored, rapid, or gasping breathing
- dull, ashen or chalk-like-skin- As time passes, the skin will appear bluish
- cold, clammy skin
- profuse sweating
- general weakness
- weak, rapid pulse
- nausea and vomiting
- closed or partially-closed eyelids
- lusterless eyes, dilated pupils
- extreme thirst
- anxiety
- dizziness or confused mental status