

FREE

*Johnson & Johnson*  
INC.

# FIRST AID GUIDE

# Emergency Telephone Numbers

Ambulance \_\_\_\_\_

Police \_\_\_\_\_

Fire \_\_\_\_\_

Poison Control \_\_\_\_\_

Hospital \_\_\_\_\_

Family Physician \_\_\_\_\_

Pediatrician \_\_\_\_\_

Pharmacy \_\_\_\_\_

Neighbour/Relative \_\_\_\_\_

Taxi \_\_\_\_\_

Other \_\_\_\_\_

*Johnson & Johnson*  
INC.

© Johnson & Johnson 1984



This Guide has been researched and developed with the generous assistance of the Canadian Red Cross Society

# Home Emergency First Aid Guide

## Personal Information:

Name	Blood Type	Medication Allergies (e.g. penicillin)

## Contents:

Emergency Procedures	2
Choking	4
Rescue Breathing	10
Bites and Stings	11
Cuts and Bleeding	12
Shock	14
Poisoning	16
Burns	18
Home Pharmacy Check List	20

# Emergency Procedures

## First things first

**1. Don't panic:  
Assess the  
situation**

1. Hurry slowly. Determine cause of accident (if possible).
2. Check breathing.
3. Check for bleeding.
4. Check for shock.
5. Check for broken bones.
6. Locate medical tags if any.

**2. Before calling  
doctor (or ambu-  
lance/emergen-  
cy department)  
note the  
following if  
possible:**

1. Casualty's name and age.
2. If wearing allergy or medic alert tags.
3. Check for symptoms:
  - if conscious — location and duration of pain.
  - check for diarrhea or vomiting.
  - note colour and condition of skin (e.g., pale and moist, flushed and dry).
4. If possible, determine what treatments, if any, have already been administered.

**3. How to report an emergency properly:**

1. Don't panic. Call in calm, clear voice.
2. State name, address and telephone number. Mention cross street if available and useful.
3. Report information gathered in steps above.
4. Briefly describe accident, or events and treatment already given.
5. **Do not hang up** until told to do so by emergency personnel receiving the information.
6. Repeat information if necessary.



# Choking (Adults)

## Partial Airway Obstruction:

### Signs:

(Good Air Exchange)

- Able to inhale some air.
- Coughs forcefully.

### Treatment:

- Encourage casualty to cough.
- Do not stop casualty's attempts to free own airway.

## Complete Airway Obstruction:

### Signs:

(Poor Air Exchange)

- Weak cough.
- High-pitched, crowing-like noise.
- Unable to breathe or speak.
- Clutches at throat, begins turning blue.
- Increasing weakness.

## Conscious Casualty:

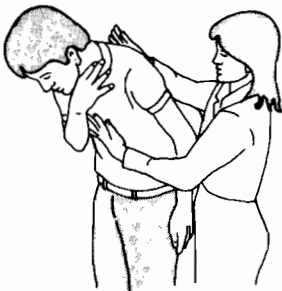
### Treatment:

- Ask "CAN YOU SPEAK?".
- Maintain eye contact.
- Reassure casualty that you can help.

### First Steps:

- Call for help.
- Use described treatments as follows.

- A) Back Blows:**
- Support person with one arm around chest.
  - Give 4 sharp blows with open hand on upper back between shoulder blades.



- B) Chest Thrust:**
- Go behind person, place arms around chest.
  - Find "landmark" point by tracing fingers along the edge of the ribs to the place where ribs meet the breast bone.
  - Form a fist with one hand, place it thumb-side in, about 1-1½" ABOVE the landmark point.
  - Cover fist with your other hand for support.
  - Give 4 firm thrusts, in a STRAIGHT BACKWARD PULL.
  - Repeat A and B in rapid succession until successful or casualty becomes unconscious.



### C) Abdominal Thrust:

## Alternate Treatment:

- Landmark as per chest thrust.
- Go behind person, place arms around waist.
- Form a fist with one hand, place it thumb-side in, BELOW the ribs and just above the navel.
- Support the fist with your other hand.
- Give 4 quick firm thrusts, using an INWARD AND UPWARD PULL.
- Repeat until successful or casualty becomes unconscious.



### NOTE:

- These methods are interchangeable.
- Abdominal thrusts may be difficult to use on an obese casualty.
- Abdominal thrusts MAY BE DANGEROUS TO A PREGNANT WOMAN.
- Locate landmark point with care and place fist correctly to avoid injury such as breaking breast bone or lacerating internal organs.

## Unconscious Casualty:

### Sign:

### Treatment:

### First Steps:

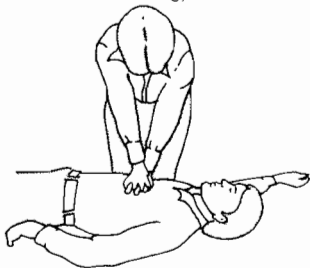
- Casualty collapses and becomes unresponsive.
- Open airway.
- Attempt to ventilate (see Rescue Breathing Section).
- Call for help.
- If unable to ventilate, use techniques A or B as follows.



- A) Back Blows:**
- Roll casualty towards you using your thighs for support.
  - Give 4 forceful and quick blows between shoulder blades.



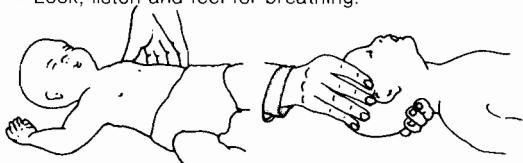
- B) Chest Thrust:**
- Roll casualty on back and kneel beside casualty.
  - Place palm of one hand, 1 to 1½" ABOVE tip of breast bone.
  - Place other hand overtop, interlocking fingers as shown.
  - Give 4 quick, sharp downward thrusts, depressing breast bone only 1½ to 2".
  - Check casualty's mouth with hooked finger for discharged object.
  - Again attempt to ventilate.
  - If unable to still ventilate, repeat steps A and B in sequence until successful.
  - If object discharged, test for breathing (see Rescue Breathing).



# Choking (Infants)

## Signs:

- Establish unresponsiveness. Shake, tap and shout at infant for response.
- Call for help. Place the casualty in a horizontal position.
- Open the airway by tilting the head carefully back.
- Look, listen and feel for breathing.



## Treatments:

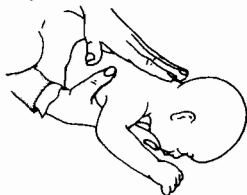
### A) Attempt to Ventilate:

- Cover both mouth and nose of infant with your mouth.
- Use very small puffs of air.
- Watch infant's chest rise to regulate amount of air.
- If unable to ventilate, reposition head and repeat.
- If unsuccessful, go to steps B or C.

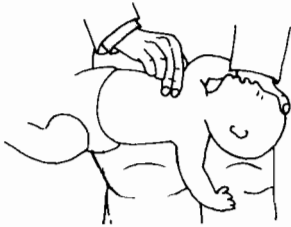


### B) Back Blows:

- Support infant by straddling infant over your arm, making sure the head is lower than the trunk.
- Deliver 4 back blows rapidly between the shoulder blades.
- Go to C - Chest Thrusts.



- C) Chest Thrusts:**
- Turn infant onto back.
  - Support infant between two hands.
  - Press your fingers as shown down against infant's mid-sternum.
  - Repeat B and C in rapid succession until successful.
  - If casualty is unconscious, follow B and C with tongue/jaw-lift.



**D) Tongue/  
Jaw-Lift:**

- Place thumb in infant's mouth over tongue.
- Lift tongue and jaw forward, with finger wrapped around the lower jaw.
- Remove foreign body if visible.
- Avoid blind finger-sweeps since foreign material can be pushed back.
- Attempt to ventilate (A).
- If unsuccessful, repeat B, C and D.
- If unsuccessful, give 4 small breaths and begin rescue breathing.



# Rescue Breathing

A person not breathing needs help **RIGHT AWAY**. A breathing emergency takes precedence over all others. Move person **ONLY** if location is life-threatening (e.g. person sprawled on highway or poisonous vapours in area).

First make sure casualty is not merely asleep or dazed by shaking and shouting "Are you OK?" Yell for help while you remain at casualty's side.

**Caution:** If neck or back injury, lift jaw forward **without** tilting head. Do not shake someone when you suspect a back or neck injury.

## 1. Kneel at casualty's head

If there is no suspected neck or back injury, open air passage by lifting the neck with one hand and tilting head back with other. Put your ear and cheek next to casualty's nose and mouth. Watch chest for movement while you listen and feel for air moving. Opening the air passage like this is sometimes enough to start a person breathing again.



## 2. Maintain an open air passage as in No. 1

Pinch nostrils. Seal casualty's open mouth with your own. Give four quick, full breaths. After four breaths, turn your head to watch for chest falling, listen and feel for escaping air.

## 3. Begin regular breathing cycle

One full breath every five seconds. Maintain an open air passage throughout. After each breath, watch chest; listen and feel for escaping air.

For a **small child**, cover both nose and mouth with your mouth. Use **gentle** puffs of air every three seconds.

## 4. Continue rescue breathing

- until casualty starts breathing on his own.
- until you are relieved by someone.

Stop rescue breathing only if professional help takes over, or if you are physically exhausted.

# Animal Bites and Insect Stings

**Animal Bites:** **All animal bites** are to be taken seriously. Only a physician can properly assess danger of tetanus or rabies. Both these conditions, though relatively rare, can be fatal. Many animals can transmit rabies — dogs, cats, skunks, foxes, horses, cows, sheep, bats, etc. A complete description of animal, including exact location, should be given to police who may want to capture it.

**Treatment:** **When bitten by an animal:**

- control bleeding (p.12) some bleeding is beneficial as it helps cleans the wound.
- wash with mild soap and water.
- flush with cool, running water but carefully so you don't cause bleeding to begin again.
- cover with a sterile pad or clean cloth.
- go to your local hospital emergency department.

**Insect Stings:** **Insect stings** can be very serious if a generalized ALLERGIC REACTION develops. Be on look-out for severe swelling, itching eyes or lips, difficult breathing, nausea or abdominal cramps. ANY of these is a reason to go immediately to a hospital emergency unit.

**Treatment:** In the absence of allergic reaction:

- remove stinger (if present) by scraping lightly back and forth. DO NOT squeeze or use tweezers.
- be extra vigilant for allergic reaction after stinger is removed as some stingers release venom upon removal.
- apply an ice pack or cold compress right away.
- a soothing lotion such as calamine can be applied to reduce itching.

## Supplies needed

sterile pads, ice pack, cold compress,  
calamine lotion

# Cuts and Bleeding

## External Bleeding

Severe bleeding is life-threatening. It should be controlled as quickly as possible.

### Control:

- first apply firm pressure to wounded area (pressure is applied **around** wounded area if foreign body or bone protruding).
- use a sterile cloth or your bare hand if nothing else is available.



- have casualty lie down.
- keep casualty calm to decrease loss of blood.
- raise bleeding limb above level of heart, if practical.
- be sure to maintain constant pressure.
- if bleeding continues, don't remove dressing but apply a second tighter dressing over first. **DO NOT USE TOURNIQUET.**
- watch for signs of shock (see p. 14).

- if wound is very deep or bleeding continues, person should be transported to hospital immediately.

### 1. Cleanse:

- wash minor, dirty cuts with mild soap and water, using **sterile pads**.
- pat dry gently without rubbing.

### 2. Treat:

- consult doctor if wound becomes infected (skin reddened, swollen, hot and painful to touch).

### 3. Cover:

- apply **sterile dressing** over wound to prevent infection and absorb fluid.

#### 4. Tape:

- tape dressing on all 4 sides.
- change dressing and tape daily.



**Supplies needed:**  
soap and water, sterile dressings, sterile pads, first aid tapes.



## Internal Bleeding

### Signs:

- bleeding from nose or mouth
- pain in affected area
- skin pale, cold and moist\*
- rapid, shallow breathing\*
- restlessness, anxiety\*
- possible thirst\*
- nausea and vomiting\*
- dizziness, then unconsciousness\*

\*These are also signs of shock.

### Treatment:

- watch for above signs of shock and treat accordingly (see p. 14).
- lay casualty flat.
- DO NOT raise feet if internal bleeding suspected.
- if breathing stops, use Rescue Breathing technique (p. 10).
- do not give anything by mouth, since this may cause vomiting (you may wet lips).
- arrange transport to nearest emergency department immediately.

# Shock

Shock is the body's response to serious accident, injury or sudden illness. Be on guard for shock due to infection, heart attack, burns, bleeding, poisoning and extreme pain. Shock can also occur in seemingly minor situations. Provide care for shock when appropriate and get medical help as soon as possible.

## Shock is life-threatening.

### Signs:

- rapid, shallow breathing
- skin pale, cold and moist
- shivering and shaking
- restlessness and anxiety
- nausea and vomiting
- thirst
- dizziness, then unconsciousness

### Treatment:

1. Check breathing (if necessary, give Rescue Breathing, see p. 10).
2. Stop any bleeding (p. 12).
3. Have casualty lie down and raise feet if no internal bleeding suspected.

### When in doubt, keep casualty lying flat

### EXCEPTIONS:

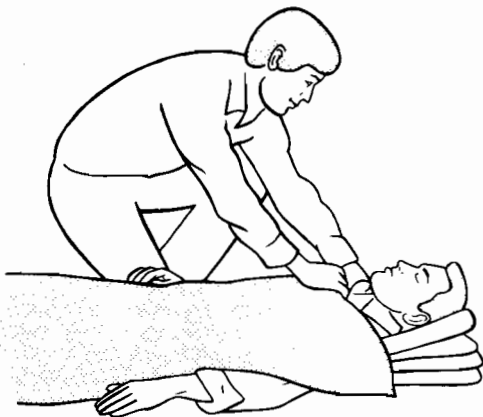
- a) Do not move people with head or chest injuries.
- b) Heart attack: breathing may improve in a more upright sitting position.
- c) Do not raise feet if bleeding internally (p. 13).



4. Loosen tight clothing.
5. Maintain **normal** body temperature with blankets or a coat (Caution: do not **overheat**).
6. Do not give food or fluids, as the person may vomit.
7. Ideally, one person should go for help while another stays and reassures casualty. Never leave a casualty alone unless absolutely necessary (to call for help).
8. Arrange for transport to hospital as soon as possible.

#### **Supplies needed**

blankets or coats, sterile dressing or clean cloths to control any bleeding.



# Poisoning

## Symptoms:

### Some common signs and symptoms of poisoning are:

- abdominal pain, nausea and/or vomiting
- difficulty or changes in breathing
- coughing up blood
- blurred vision, dizziness, drowsiness
- unconsciousness.



**DANGER**



**WARNING**



**CAUTION**

## Treatment:

### If you suspect someone has been poisoned:

- Check around person for clues (e.g. empty pill bottle, etc.) and remember to take these with you when you go to hospital.
- Smell the casualty's breath and vicinity for suspicious odours.
- Look around lips and mouth for burns.
- If casualty is UNCONSCIOUS, call for help (Rescue Ambulance Unit).
- DO NOT give anything to drink.
- STAY with casualty until help arrives.
- If breathing stops, give Rescue Breathing until help arrives.
- If you smell gas, open windows and doors and move the casualty to fresh air.

### For CONSCIOUS casualty:

- If container of poison is there, have it in your hand when you phone POISON CONTROL CENTER.
- Induce vomiting only if told to by POISON CONTROL CENTER or emergency department physician.

- Give water or milk only if told by POISON CONTROL CENTER.
- Give Syrup of Ipecac only if told by POISON CONTROL CENTER.
- If casualty vomits and you do not know what the poison is, take a sample of vomitus with you to hospital.

If you are **unable** to get professional advice quickly and the person is conscious give water or milk if you **know** the poison is **not** a medicine or drug. Otherwise give nothing and arrange transport to hospital as quickly as possible.

NOTE: CHILDREN under five years of age are most frequent victims of poisoning. The most common products involved are medicines, cleaning products, chemicals. Keep all safely OUT OF REACH in a locked cupboard. Some common house plants are poisonous; your POISON CONTROL CENTER can advise you on these.

#### **Supplies needed**

Water or milk, Syrup of Ipecac  
(to be used for a conscious casualty only on  
advice of POISON CONTROL CENTER)

# Burns

## General:

Any burn can be serious. ALWAYS seek medical attention when:

- more than 10% of body is burned
- there are third degree burns (see below)
- casualty is under 14 years or over 65 years of age.

Remove person from source quickly and shower chemical burn casualty with clothes on.

**Caution:** Rescuer should take care to avoid electrical source or chemical agents when treating casualty.

## First degree burns

are evidenced by reddened areas of skin only. Treat these burns by immediately immersing in cool water until pain stops.



## Second degree burns

are evidenced by reddened skin and blisters.

- Remove or cut away loose clothing.
- Immerse right away in cool water. If this is not possible, cover with several layers of cool, wet dressings.
- If the burn is extensive (more than 10% of the body) or symptoms of shock develop (p. 14), seek medical attention right away and apply care for shock.
- DO NOT break blisters as they are a natural defense against infection. If blisters break, treat as for wounds (p. 12).

### Third degree burns

are evidenced by destroyed skin, charred or blackened areas. These burns ALWAYS require prompt medical care.

- Apply cool CLEAN water to cool the burned area.
- Cut away loose clothing.
- DO NOT try to remove clothing or anything else stuck to skin.
- DO NOT apply any ointment.
- If available, cover loosely with a clean, lint-free cloth.
- Arrange transport immediately to the nearest hospital emergency department.

### Electrical and chemical burns



**DANGER**



**WARNING**



**CAUTION**

If burn is caused by a chemical agent:

- flush whole area with cold running water for at least ten (10) minutes).
- change clothes completely (some of the chemical may remain on clothing).

#### **Supplies needed**

scissors, cool water, non-stick dressings or pads, lint-free cloth

# Home Pharmacy Check List

- Adhesive strip bandages
- Adhesive tapes
- Cotton balls
- Cotton swabs
- Eye cup
- Oral thermometer
- Penlight
- Rectal thermometer
- Safety pins
- Scissors
- Sterile bandages (assorted sizes)
- Sterile pads (assorted sizes)
- Sterile needles for splinters
- Syrup of Ipecac

# Home Wound Care Products

*Johnson & Johnson*  
I N C

- JOHNSON & JOHNSON STERI-PAD\* Sterile Pads
- JOHNSON & JOHNSON EASY-RELEASE\* Non-Stick Pads
- JOHNSON & JOHNSON KLING\* Flexible Bandage
- JOHNSON & JOHNSON\* Regular Bandage
- JOHNSON & JOHNSON\* Absorbent Gauze
- JOHNSON & JOHNSON RED CHAIN\* Absorbent
- JOHNSON & JOHNSON\* RAYON Tape
- JOHNSON & JOHNSON\* CLEAR Tape
- JOHNSON & JOHNSON\* Waterproof Tape
- JOHNSON & JOHNSON\* AIR-VENTED\* Tape
- BAND-AID Brand Adhesive Bandages

\*Trademark of JOHNSON & JOHNSON

**NOTE:** This Home First Aid Guide is designed to be just that: a guide. For a more in-depth approach to the subject, a FIRST AID COURSE is highly recommended.



Keep this booklet handy in your  
medicine chest, kitchen, car or summer residence.  
Be prepared for emergencies.

with

**Johnson & Johnson**  
INC.

MONTREAL, TORONTO & VANCOUVER - CANADA

**Home Wound Care Products**