



Training Circular

Volume 16 Issue 03

Risk Management Issues

March 2016



March

Basic First Aid/PPE/Overexertion



CPR First Aid

Before starting CPR, check:

- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
- If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911 or the local emergency number.

Compressions: Restore blood circulation

- Put the person on his or her back on a firm surface.
- Kneel next to the person's neck and shoulders.

- Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.
- Use your upper body weight (not just your arms) as you push straight down on (compress) the chest at least 2 inches (approximately 5 centimeters). Push hard at a rate of about 100 compressions a minute.
- If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to checking the airway and rescue breathing.

Breathing: Breathe for the person

Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or cannot be opened.

With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.

Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise,

repeat the head-tilt, chin-lift maneuver and then give the second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle.

Resume chest compressions to restore circulation.

Continue CPR until there are signs of movement or emergency medical personnel take over.



Cuts, Scrapes and Puncture Wounds

Minor cuts and scrapes usually don't require a trip to the emergency room. These guidelines can help you care for such wounds:

Wash your hands. This helps avoid infection. Also put on disposable protective gloves if they're available.

Stop the bleeding. Minor cuts and scrapes usually stop bleeding on their own. If not, apply gentle pressure with a sterile bandage or clean cloth and elevate the wound.

Clean the wound. Use clear water to rinse the wound. Also clean around the wound with soap and a washcloth. Keep soap out of the wound, as it can cause irritation.

Apply an antibiotic. Apply a thin layer of an antibiotic cream or ointment (Neosporin, Polysporin) to help keep the surface moist. These products do not make the wound heal faster., but they can discourage infection and help the body's natural healing process. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.

Cover the wound. Bandages can help keep the wound clean and keep harmful bacteria out. If the injury is just a minor scrape, or scratch, leave it uncovered.

Change the dressing. Do this at least once a day or whenever the bandage becomes wet or dirty. If the injured person is allergic to the adhesive in tapes and bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, rolled gauze or a loosely applied elastic bandage. These supplies generally are available at pharmacies. After the wound has healed enough to make infection unlikely, you can leave it uncovered, as exposure to the air will speed healing.

Get stitches for deep wounds. A deep — all the way through the skin — gaping or jagged wound with exposed fat or muscle will need stitches. Adhesive strips or butterfly tape may hold a minor cut together, but if you can't easily close the wound, see your doctor as soon as possible. Proper closure within a few hours minimizes scarring and reduces the risk of infection.

Get a tetanus shot. If the injured person has not had a tetanus shot in the past five years

and the wound is deep or dirty, he or she may need a booster shot, as soon as possible.



Insect Bites and Stings

Most reactions to insect bites and stings are mild, causing little more than redness, itching, stinging or minor swelling. Rarely, insect bites and stings, such as from a bee, a wasp, a hornet, a fire ant or a scorpion, can result in severe reactions.

For mild reactions To take care of an insect bite or sting that causes a mild reaction:

- Move to a safe area to avoid more bites or stings.
- If needed, remove the stinger.
- Wash the area with soap and water.
- Apply a cool compress. Use a cloth dampened with cold water or filled with ice. This helps reduce pain and swelling. If the injury is on an arm or leg, elevate it.
- Apply a cream, gel or lotion to the injured area. Use products containing ingredients such as hydrocortisone, pramoxine or lidocaine to help control pain. Use creams such as calamine lotion or those containing colloidal oatmeal or baking soda to help soothe itchy skin.

When To Seek Emergency Care

Seek emergency care if the injured person experiences:

- Difficulty breathing
- Swelling of the lips, eyelids, or throat
- Dizziness, faintness, or confusion

- Rapid heartbeat
- Hives
- Nausea, cramps, or vomiting

Take these actions immediately while waiting for medical help:

1. Ask the person if he or she is carrying an epinephrine autoinjector (EpiPen, Auvi-Q, others) to treat an allergic attack.
2. If the person says he or she needs to use an autoinjector, ask whether you should help inject the medication. This is usually done by pressing the autoinjector against the person's thigh and holding it in place for several seconds.
3. Loosen tight clothing and cover the person with a blanket. Don't give him or her anything to drink.
4. Turn the person on a side to prevent choking if he or she is vomiting or bleeding from the mouth.
5. Begin CPR if the person shows no signs of circulation, such as breathing, coughing, or movement.



Personal Limitations/ Avoid Overexertion

Do not exceed your personal limitations, or an injury is probable

Joint manipulations are especially sensitive in that the largest joint can be disabled with as little as three to five pounds of pressure, if applied appropriately.



First Aid Kits

A well-stocked first-aid kit can help you respond effectively to common injuries and emergencies. Keep at least one first-aid kit in your home and one in your car. Store your kits someplace easy to get to and out of the reach of young children.

You can buy first-aid kits at many drug-stores or assemble your own. You may want to tailor your kit based on your activities and needs. A basic first-aid kit includes:

Basic Supplies

- Adhesive tape
- Elastic wrap bandages
- Bandage strips and "butterfly" bandages in assorted sizes
- Nonstick sterile bandages and roller gauze in assorted sizes

- Eye shield or pad
- Triangular bandage
- Aluminum finger split
- Instant cold packs
- Cotton balls and cotton-tipped swabs
- Disposable nonlatex examination gloves, several pairs
- Duct tape
- Petroleum jelly or other lubricant
- Plastic bags, assorted sizes
- Safety pins in assorted sizes
- Scissors and tweezers
- Soap or hand sanitizer
- Antibiotic ointment
- Antiseptic solution and towelettes
- Eyewash solution
- Thermometer
- Breathing barrier
- Syringe, medicine cup or spoon
- First-aid manual

Personal Protective Equipment (PPE)

Hazards exist in every workplace in many different forms: sharp edges, falling objects, flying sparks, chemicals, noise and a myriad of other potentially dangerous situations.

To ensure the greatest possible protection for employees in the workplace, the cooperative efforts of both employers and employees will help in establishing and maintaining a safe and healthful work environment.

In general, employees should:

- Properly wear PPE,

- Attend training sessions on PPE,
- Care for, clean and maintain PPE, and
- Inform a supervisor of the need to repair or replace PPE.

Eye Protection

- **Safety spectacles.** These protective eyeglasses have safety frames constructed of metal or plastic and impact-resistant lenses. Side shields are available on some models.
- **Goggles.** These are tight-fitting eye protection that completely cover the eyes, eye sockets and the facial area immediately surrounding the eyes and provide protection from impact, dust and splashes. Some goggles will fit over corrective lenses.
- **Welding shields.** Constructed of vulcanized fiber or fiberglass and fitted with a filtered lens, welding shields protect eyes from burns caused by infrared or intense radiant light; they also protect both the eyes and face from flying sparks, metal spatter and slag chips produced during welding, brazing, soldering, and cutting operations. OSHA requires filter lenses to have a shade number appropriate to protect against the specific hazards of the work being performed in order to protect against harmful light radiation.

- **Face shields.** These transparent sheets of plastic extend from the eyebrows to below the chin and across the entire width of the employee's head. Some are polarized for glare protection. Face shields protect against nuisance dusts and potential splashes or sprays of hazardous liquids but will not provide adequate protection against impact hazards. Face shields used in combination with goggles or safety spectacles will provide additional protection against impact hazards.



Head Protection

- **Class A hard hats** provide impact and penetration resistance along with limited voltage protection (up to 2,200 volts).
- **Class B hard hats** provide the highest level of protection against electrical hazards, with high-voltage shock and burn protection (up to 20,000 volts). They also provide protection from impact and penetration hazards by flying/falling objects.
- **Class C hard hats** provide light-weight comfort and impact protection but offer no protection from electrical hazards.

It is essential to check the type of hard hat employees are using to ensure that

the equipment provides appropriate protection. Each hat should bear a label inside the shell that lists the manufacturer, the ANSI designation and the class of the hat.

Hearing Protection

- **Single-use earplugs** are made of waxed cotton, foam, silicone rubber or fiberglass wool. They are self-forming and, when properly inserted, they work as well as most molded earplugs.
- **Pre-formed or molded earplugs** must be individually fitted by a professional and can be disposable or reusable. Reusable plugs should be cleaned after each use.
- **Earmuffs** require a perfect seal around the ear. Glasses, facial hair, long hair or facial movements such as chewing may reduce the protective value of earmuffs.



References :

- Mayo Clinic
⇒ <http://www.mayoclinic.org/first-aid>
- TDCJ Correctional Training and Staff Development
- OSHA
⇒ <https://www.osha.gov/>
- Personal Protective Equipment Policy
⇒ RM-42

Training Circular

TDCJ Risk Management Department

Volume 16 Issue 03

Paul Morales

Director, Administrative Review and Risk Management Division

Carol Monroe

Deputy Director, Administrative Review and Risk Management

Thomas Warren

Manager II

Risk Management

The Training Circular, a publication of the Texas Department of Criminal Justice Risk Management Department, is published monthly in an effort to promote and enhance risk management awareness on issues relating to TDCJ employees. Design and layout of the Training Circular is performed by Thomas Warren, Risk Management. Comments, suggestions and safety related items are welcome.

Send suggestions to:

Thomas Warren

Risk Management Department

1060 Hwy 190 East

Huntsville Texas 77340

Or,

thomas.warren@tdcj.texas.gov

All items received become property of the Risk Management Department unless otherwise agreed and are subject to be rewritten for length and clarity. Permission is hereby granted to reprint articles, provided source is cited.