



Unit 7 Common Workplace Accidents and Injuries

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Play an active role in preventing numerous common incidents in the workplace
- ✓ Know how to react in the event of an accident or emergency at work
- ✓ Provide essential support should an individual in the workplace suffer an illness or injury

Unit 7

Common Workplace accidents and injuries

In everyday life, everyone experiences minor discomforts, aches, and pains. From a stomach ache to a headache, prevention and treatment can provide relief and comfort while also preventing minor issues from becoming major health problems. Whether you have an accidental injury, a chronic condition like asthma, or a symptom like a fever, the key to staying as healthy as possible is to understand and apply the appropriate measures for prevention, management, and treatment.

Fires

Because fire spreads quickly, your first priority should be to alert any people who may be in danger. If you're in a building, activate the nearest fire alarm, dial 999 for emergency assistance, and then exit.

If this causes you to miss your flight, make the call once you're out of the building. Keep everyone calm as a first responder. Encourage and assist residents in fleeing the area. Stop, look around, and think before entering an area where there has been a fire.

A small fire can quickly turn into a major blaze. For emergency assistance, dial 999 and wait for it to arrive.

The Elements of Fire

A fire needs three components to start and maintain it: ignition (a spark or flame); a source of fuel (gasoline, wood, or fabric); and oxygen (air). This "fire triangle" can be broken by removing one of these elements.

- Keep combustible materials out of the path of a fire, such as paper or cardboard, as they can fuel the flames.
- Cut off the oxygen supply to a fire by closing the door or smothering the flames with a fire blanket. The fire will suffocate and extinguish as a result of this.
- Turn off the ignition or turn off the gas supply in a car.

Leaving a Burning Building

Activate the first fire alarm you see if you see or suspect a fire in a building. Attempt to assist people out of the building without jeopardising your own safety. Close doors behind you to help prevent the fire from spreading. Use the fire exits and look for assembly points outside if you're in a public building. You should already be familiar with your workplace's evacuation procedures. If you're visiting a location you're unfamiliar with, however, pay attention to the signs for escape routes and follow any instructions given by the fire marshals.

Evacuating other people

Encourage people to exit the building quietly but quickly. If they must use the stairs, make certain they do not rush and risk falling.

Caution

When escaping from a fire:

- Do not return to a burning building to retrieve personal belongings.
- Avoid taking elevators.
- Do not return to a building unless a fire officer has given you permission.

Fire safety measures:

- If something is on fire, do not move it.
- Avoid suffocating flames with flammable materials.
- Do not fight a fire if it puts your life in jeopardy.
- If your clothes catch fire and you don't have access to help, you can put out the flames by stopping, dropping to the ground, and rolling.
- Never put water on an electrical fire; instead, remove the plug or turn off the power.
- Never use water to put out a grease fire; instead, use a fire blanket or a pot lid.

Clothing on Fire

Always follow this procedure: **Stop, Drop, and Roll.**

- Prevent the victim from panicking, fleeing, or going outside; any movement or breeze will fan the flames.
- Place the victim on the ground. Wrap him in a fire blanket or a heavy fabric like a coat, curtain, blanket (not nylon or an open weave type of any material—acrylic, wool, cotton, or other), or rug if possible.
- Wrap him in a fire blanket to suffocate the flames and roll him around on the ground until they go out.

Fumes and Smoke

Any fire in a confined space creates a hazardous atmosphere that is devoid of oxygen and may be contaminated with carbon monoxide and other toxic fumes. Never go into a smoke- or fume-filled building or open a fire door. Allow the emergency services to handle it.

- If you are trapped in a burning building, go to the front of the building to a room with a window and close the door. To minimise smoke, place a rug or similar heavy fabric across the bottom of the door to block gaps. Open the window and call for assistance.
- If you have to cross a smoke-filled room, stay low: the air is clearest at floor level.
- Climb out backwards feet first and lower yourself to the full length of your arms before dropping down if escaping through a high window.

Avoiding Smoke and Fumes

To keep smoke out, close the door to the room you're in and place a rug or blanket against it. Open the window and call for assistance. To avoid fumes in the room, keep it as low as possible.

Electrical Incidents

When a person is electrocuted, the electrical current passing through his body may cause him to become stunned, causing his breathing and heartbeat to stop. Electrical current can also cause burns on both the inside and outside of the body as it travels to "earth." Although an electrical burn may appear to be minor or not visible on the skin, the damage it causes can reach deep into the tissues.

Voltage, current type, and current path are all factors that influence the severity of the injury. Most outlets in a home or workplace in the UK operate at a voltage of 240-volts. Industrial outlets can have a voltage of up to 440 volts. Alternating current (AC) or direct current (DC) will be used, and the current path can be hand-to-hand, hand-to-foot, or foot-to-foot.

The majority of low-voltage and high-tension currents are AC, which causes tetany (muscle spasms) and the "locked-on" phenomenon (the casualty's grasp is "locked" onto the object, preventing him from letting go, allowing him to stay electrically charged ("live")). DC, on the other hand, usually results in a single large muscular contraction that throws the person away from the source. Be aware that the jolt may throw or cause the victim to fall, resulting in injuries such as spinal injuries and fractures.

Caution

- If the victim is in contact with an electrical current, do not touch him or her.
- Do not break the electrical contact with anything metallic.
- Wait until the power is turned off before approaching high-voltage wires.
- Do not move an electrically injured person unless he or she is in immediate danger and no longer in contact with the electricity.
- Start CPR with chest compressions if it is safe to touch the casualty and he is unconscious and not breathing.

High-Voltage Current

A high-voltage current, such as that found in power lines and overhead cables, is usually fatal right away. Anyone who survives will suffer severe burns from the electricity, which can reach temperatures of up to 9,000°F (5,000°C). In addition, the shock causes a muscular spasm, propelling the victim a short distance and causing additional injuries.

High-voltage electricity can jump up to 20 yards ("arc") (18 m). Before approaching the casualty, the power must be turned off and isolated. A victim who has been subjected to this type of shock is likely to be knocked out. Assess the casualty once you've been officially told it's safe to approach, and if he's not breathing, start CPR with chest compressions.

Low-Voltage Current

Domestic current, as used in homes and workplaces, has the potential to cause serious injury or death. Faulty switches, frayed cords, and defective appliances are the most common causes of incidents. Because young children are naturally curious, they may put their fingers or other objects into electrical wall sockets. Water is also a very efficient conductor of electricity, which adds to the dangers. When handling an otherwise safe electrical appliance with wet hands or while standing on a wet floor, the risk of electric shock is greatly increased.

Breaking Contact with the Electricity

Look before you touch before you start any treatment. If the casualty is still in contact with the electrical source, he will be “live” and you risk electrocution.

To break the contact between the casualty and the electrical supply, turn off the power source. If possible, turn off the power at the circuit box. Otherwise, if there is one, turn off the electricity at the wall switch.

After you've turned off the power, move the source away from you and the casualty. Perform a primary survey and treat any conditions discovered after ensuring that the power has been turned off and that contact between the casualty and the electricity has been broken. For immediate assistance, dial 999.

Electrical Injury

When a person comes into contact with an electrical energy source by accident, an electric shock occurs, which can result in injuries ranging from minor burns to severe damage or death. An electric shock victim may have severe burns that are visible to the naked eye or have little to no external evidence of injury. A cardiac arrest can be caused by an electrical shock. A brief low-voltage shock that causes no symptoms or skin burns does not require medical attention, but all high-voltage shocks or shocks that cause burns should be taken to an emergency room right away. Electric-cord burns to the mouth should be treated by a doctor as soon as possible. For all critical injuries, dial 999 and follow the on-screen instructions.

Electrical Burns and Their Treatment

When current passes through a person's body, it causes electrical burns. There will usually be only small area burns at both the entry and exit points, but be aware that there will almost certainly be an internal track of damage between the entry and exit points. At both points, there may be swelling and charring. Immediately dial 999.

The person could be in shock, unconscious, or even having a heart attack. In an unconscious person, check for breathing and a pulse, and begin CPR if necessary. Pour cold water over the burns until help arrives if the person is conscious, but never pour water near a live electrical source. Never approach someone who has a suspected electrical burn unless you are certain that the electrical source has been disconnected and the current has been turned off.

Lightning

Lightning is a natural discharge of electricity from the atmosphere that leaves a trail of intense light and heat. Lightning tries to make contact with the ground by striking the nearest tall

feature in the landscape and, on rare occasions, by striking anyone nearby. The short duration of a lightning strike, on the other hand, usually prevents serious thermal injury. However, it has the potential to set clothing on fire, knock the victim down, or stop their heart and breathing (cardiac arrest). CPR (cardiopulmonary resuscitation) must be started as soon as possible. Always clear everyone out of the area where a lightning strike occurred, as lightning can strike again in the same spot.

Burns (Thermal, Chemical, and Other)

A burn injury is one of the most common and painful injuries. Extreme heat (both wet and dry), chemicals, electricity, radiation, and even extreme cold can cause burns. Skin, eyes, lungs, and other internal organs can all be affected. A burn's severity is classified into one of three categories based on the depth of the burn and the extent of the damage.

1. **First-degree burns** (also known as superficial burns) affect only the epidermis, or outermost layer of skin. First-degree burns usually heal very well if treated quickly and blisters do not develop. Sunburns are one of the most common types of first-degree burns.
2. **Second-degree burns** (also known as partial thickness burns) are more serious because they affect a deeper layer of skin and are more easily infected. Second-degree burns are the most painful because more tissue is damaged while nerve endings remain intact. Unless the burns are larger than two to three inches in diameter or occur on the hands, face, buttocks, penis, or vaginal area, these burns heal quickly and do not require medical attention.
3. **Third-degree burns** (also known as full-thickness burns) are the most severe types of burns, affecting all layers of the skin. The skin may appear white, black, or leathery in third-degree burns, and there may be little pain, though the areas surrounding the burn may be extremely painful. Medical attention is required for all third-degree burns. For emergency rescue and transportation, dial 999, or take the person to the nearest emergency room.
4. Unless the skin is broken, never apply adhesive dressings, lotions, ointments, or creams to a first or second degree burn that you are treating at home. Wash with antibacterial soap and tepid water any broken blisters, then apply antibiotic ointment and re-bandage.

When to Seek Assistance

If you are unsure about the severity of a burn, call 999 or go to an emergency room. A doctor should be consulted for any burns on children.

Severe Burns: First Aid

Anyone who has been burned and is experiencing dizziness or confusion, weakness, fever or chills, or shivering should seek medical help right away. Always call 999 first for serious burns, and then follow the steps below, remembering to stay safe, assess the situation, and use universal precautions if possible:

1. If you are able, extinguish the source of the burn with water or by wrapping the injured person in a heavy towel, coat, or blanket and rolling them on the ground.

Make sure the injured person is not in contact with any smouldering materials, but don't remove any burned clothing.

2. As described in Chapter 2, check for ABCs, clear the airway if necessary, and begin CPR.
3. Use running water to cool the burned area as directed for minor burns, being careful not to overcool the injured person.
4. If transporting the person yourself, cover the burned area with a dry, sterile bandage or a clean, non-fibrous cloth such as a sheet, rather than a blanket or towel, as fibres may stick to injured tissues. Don't use any creams, lotions, or ointments, and don't pop any blisters.

Second-degree burns with a diameter of two inches or more, as well as all third-degree burns, require immediate medical attention.

Treating Minor Burns

Minor burns, also known as first-degree burns, and small second-degree burns can be treated effectively at home using the steps below:

- Remove the chemical source as well as any clothing or jewellery that has come into contact with the chemical. To stop the burn from damaging surrounding tissue and reduce pain, cool it under running water, immerse it in cold water, or cover it with cold packs for about fifteen to twenty minutes. Cold packs should always be covered, and ice should never be applied directly to the skin.
- Apply lotion or moisturiser to a first-degree burn after it has completely cooled to soothe and prevent dryness. If necessary, cover the burn with a loosely wrapped sterile gauze bandage to relieve pain by keeping pressure and air off the burn. Leave the burn uncovered if you can without causing irritation to the area because minor burns heal faster and more completely when they are not covered.
- As needed, take over-the-counter pain relievers such as aspirin (adults only), ibuprofen, naproxen, and acetaminophen. You can snip a tiny hole in any very tender, fluid-filled blisters with small scissors that have been sterilised in alcohol. Wash these and any other broken blisters with antibacterial soap and warm water, then apply antibiotic ointment and rebandage.

For about a year after minor burns have healed, keep the area moisturised with skin lotion and protect it from the sun with clothing or a UV-proof sunscreen. Scarred areas may require long-term sun protection. Minor burns can heal in as little as a week or as long as a month, and most will not scar if treated properly.

Airway Burns

Burns to the lungs are always dangerous. As soon as possible, dial 999 and inform the operator that you suspect an airway burn. If the person has burns to the head, neck, face, or torso, or has been on fire or in a confined-space fire, there is a risk of an airway burn (where gases and air can become superheated). The airway can quickly swell in these situations, obstructing the flow of oxygen into the body. Airway burning manifests itself in a variety of ways, including:

- Soot in the area of the nose and mouth

- Swelling of the mouth and tongue, as well as actual burning
- Nose hairs that have been burned
- A very hoarse voice
- Difficulties breathing

If a conscious person shows signs of airway damage, give small sips of cool water to reduce swelling and loosen clothing around the neck to improve breathing. Maintain the person's calm until assistance arrives.

Treating Chemical Burns

Chemical burns are always dangerous and can even be fatal. Always keep in mind that personal safety is paramount in all first-aid situations. After you've decided on safety precautions, you'll need to:

- If necessary, remove the person from the scene, taking care not to be exposed to any toxic fumes or liquids.
- Ventilate the area and close any open chemical containers.
- Immediately dial 999 and the Poison Control Center.

Chemical burns are usually much slower to develop than heat-related burns, but the first-aid treatment is the same. Blisters, peeling, swelling, and/or discoloration of the burn site are usually the first symptoms, followed by intense stinging pain.

- Remove any items of clothing from the person that may have become contaminated.
- Remove any dry chemicals from the body and immediately begin saturating the burn with cold water for at least twenty minutes, or until help arrives.
- If you have disposable rubber gloves, put them on to avoid becoming contaminated, and try not to let the contaminated water pool up on or around the person or yourself.

Chemical Eye Burns

Chemical eye burns can cause permanent or severe damage to the eye. Wear gloves and try to avoid splashing more chemical on the person or yourself, as you would with other chemical burns. Avoid touching the eye or attempting to remove a contact lens that appears to be stuck in the eye (or allowing the injured person to do so). To treat a chemical eye burn, follow these steps:

1. Start washing your eyes and keep doing so for at least ten minutes. In the workplace, go to the emergency eyewash or shower station and use sterile isotonic saline solution, or use cold tap water if none is available. To wash out your eye, immediately get into the shower with your clothes on at home.
2. Keep your eyes as wide open as possible while rinsing them with running water or an eye solution.
3. If you've been burned by alkali or hydrofluoric acid, keep washing until help arrives or you're taken to an emergency room.

Find out what kind of chemical you were exposed to by looking at the product label or calling the NHS helpline. The NHS can also advise you on whether or not you should seek medical help right away. If you experience any pain, tearing, redness, irritation, or vision loss, or if you have any doubts, go to an emergency room right away.

Sunburn

Sunburn hurts, can be disabling, and increases your risk of skin cancer, despite the fact that sun poisoning is rarely fatal. Sunburn is a type of skin burn caused by ultraviolet (UV) radiation that causes inflammation and premature ageing of the skin, as well as wrinkles. Even with limited sun exposure, any recent exposure or previous sunburn increase your risk, despite the fact that normal limited UV exposure produces beneficial vitamin D in the skin.

First Aid for Sunburn

Sunburn can be avoided by staying out of the sun, covering exposed skin, avoiding tanning beds, and using a high-SPF sunscreen (Sun Protection Factor). The time it takes to produce a skin reaction on protected and unprotected skin is measured in SPF. In theory, SPF 30 allows you to be exposed thirty times longer than you would without sunscreen. However, this is rarely the case in practice, as there is a limit to how much sun exposure can be tolerated without causing damage, even if sunscreen is used on a regular basis, and people rarely use it properly.

To treat sunburn, take the following steps:

- If you're in pain, take over-the-counter pain relievers.
- For mild sunburn, apply a cool compress made from equal parts milk and water.
- Use aloe-based lotions or juices from an aloe plant to moisturise.
- To avoid sensitivity reactions, take cool (not ice-cold) baths and avoid bath salts, oils, and perfumes.
- If you use topical anaesthetic medications, don't scrub, shave, or use lotions on your skin because you may become sensitised and allergic to the medication.
- Drink plenty of water and stay out of the sun while you're healing.

If you have severe blisters, are dehydrated, or are experiencing heat stress, see your doctor.

Head Trauma and Head Injuries

Thousands of people die each year as a result of slipping, tripping, or falling, and millions more are injured. Broken bones are common when people fall, but sometimes falls result in a more serious injury known as a head trauma or head injury. In fact, slipping, tripping, or falling and sustaining a head injury is one of the most common causes of disability and death in both children and adults.

Head injuries include lacerations and skull fractures, as well as injuries to the brain and underlying tissues and blood vessels in the head, which can range from mild to severe. A head injury can also be referred to as a brain injury or traumatic brain injury, depending on the severity of the head trauma (TBI). Concussions are head injuries that can result in a temporary loss of awareness or alertness that lasts for a few minutes or hours. Contusions are brain

bruises that cause bleeding and swelling inside the brain in the area where the head was struck.

A skull fracture is a break in the bone of the skull. A whiplash type injury occurs when the brain jolts backward, striking the skull on one side and rebounding to strike the other side in head injuries caused by falling or a direct blow to the head, such as shaking a child, causing bruising and damage to the brain, tissue, and blood vessels. Internal bruising, bleeding, or swelling of the brain can result from this jarring, as well as tearing of the lining, tissues, and blood vessels.

Head Injury Signs and Symptoms

Mild concussions do not necessitate medical attention.

A mild head injury can cause the following symptoms:

- A raised, swollen area on the scalp, ranging from a bump or bruise to small, shallow cuts
- Headache

The following are signs and symptoms of a moderate-to-severe head injury:

- Confusion
- Consciousness loss
- Vision that is hazy
- Extensive headache
- Vomiting
- Speech that is slurred
- Difficulty or inability to walk
- Dizziness
- Weakness on one side or in one body part
- Excessive sweating and pale skin
- Seizures
- Ear or nose drainage of blood or clear fluid
- Inequalities among pupils
- A foreign object penetrating the head or skull, deep cuts or lacerations in the scalp, an open wound in the head, or a deep cut or laceration in the scalp

There may also be changes in behaviour, such as irritability and a loss of short-term memory, such as being unable to recall the incident or events that preceded it.

First Aid for Head Injury

If you notice any signs of a moderate-to-severe head injury, dial 999 right away. Minor head injuries can be treated and cared for safely at home, but you should always call your doctor or seek medical attention if you have any concerns about the severity of the injury. Use ice packs immediately to reduce swelling if there is bleeding under the scalp or bruises outside the skull known as "goose eggs." Goose eggs are common and usually disappear on their own. Apply ice to the skin with a cloth or towel, or use a bag of frozen vegetables wrapped in cloth or store-bought chemical ice packs for twenty to thirty minutes at a time for the first twenty-four hours.

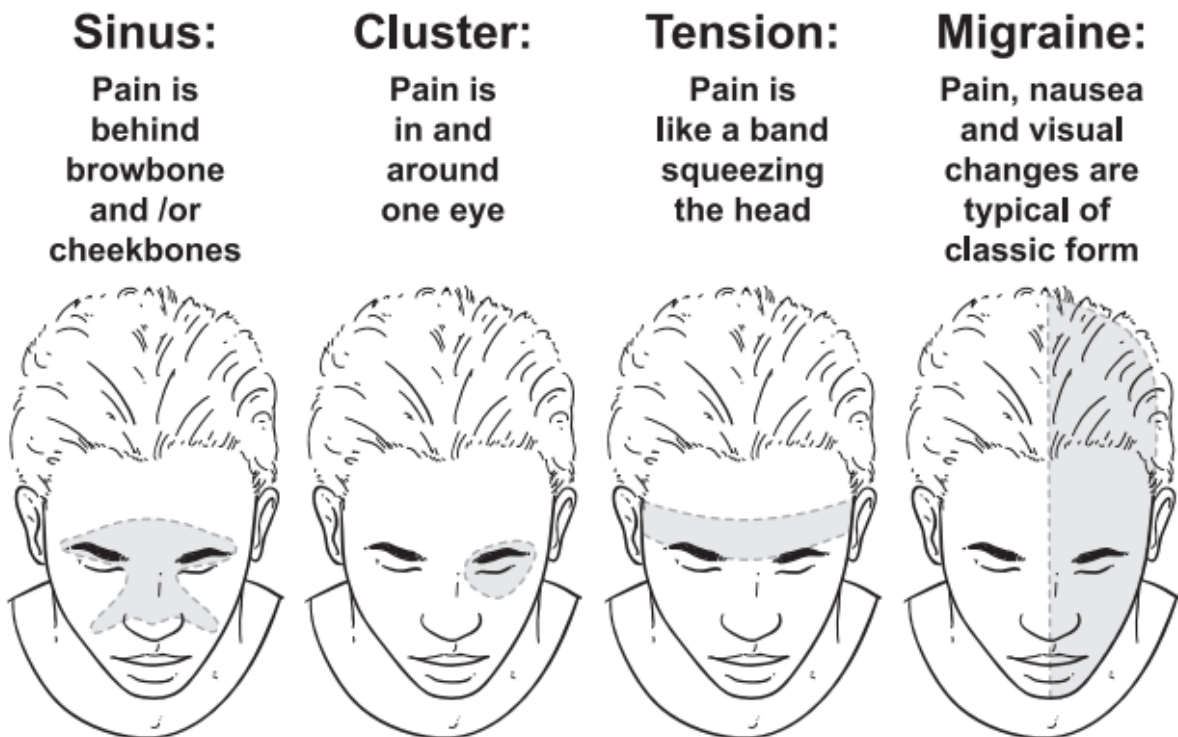
Minor injuries are usually sustained from heights less than the person's height and occur on a soft surface such as carpeting, with no loss of consciousness. Apply ice to reduce swelling and keep a close eye on the patient. Prescribe bed rest with the head elevated and give fluids and a mild pain reliever like acetaminophen as needed. Any superficial cuts should be treated appropriately.

Any deep cuts should be examined by a doctor for foreign matter and hidden injuries. The cuts will also be cleaned and stitched, stapled, or glued closed, and a tetanus shot will be administered if the injured person has not had one in the previous five to ten years.

Headache and Head Pain

Tension headaches are the most common type of headache, and they are caused by tight and rigid muscles in your shoulders, neck, scalp, and jaw, which are most commonly caused by stress, depression, or anxiety. If you work too much, skip meals, or drink too much alcohol while not getting enough sleep, you may develop tension headaches. Migraines, cluster headaches, and sinus headaches are also common, but no matter what type of headache you have, it's important to know what lifestyle changes, relaxation techniques, and pain relievers you can use to alleviate it.

Headaches can be caused by a variety of factors, but severe headaches are uncommon and can indicate a serious condition. Any sudden severe headaches, a headache after a blow to the head, a headache and a stiff neck, fever, loss of consciousness, confusion, a sudden worsening in your usual pattern of headaches, or pain in the eye or ear should be reported to your doctor.



Types of headaches: sinus, cluster, tension, and migraine

Evaluating a Headache

In order for your doctor to determine the cause of your headache, you must provide a "headache history" by describing your headache symptoms and characteristics as completely as possible. Please provide the following information to your doctor:

- When did the headaches begin?
- The frequency with which they occur
- If you suffer from one or more types of headaches
- The frequency with which you get headaches
- Any triggers you're aware of, such as situations, foods, or medications
- Headaches run in the family
- Symptoms that occur in the absence of a headache
- If your ability to function is hampered by headaches
- If physical activity is causing or exacerbating your headache
- Any other symptoms related to the headache

Also, describe where the pain is located and how it feels (stabbing, pounding, throbbing), the severity of the pain on a scale of 1 (mild) to 10 (severe, causing crying), how long the headaches last, if they come on suddenly without warning or with other symptoms, the time of day they usually occur, and if you have vision changes, blind spots, or bright lights before the headache.

Include any other symptoms or warning signs, such as weakness, nausea, sensitivity to light or noise, changes in appetite, changes in attitude or behaviour, and if you've ever been treated for headaches, as well as any medications you're taking now. Women are more likely to suffer from migraines, and those who suffer from them may require prescription medication. Migraine symptoms include pain on only one side of the head, nausea, vomiting, sensitivity to light or sound, and pain that worsens with normal activity. Migraines can last anywhere from four to 72 hours.

Cluster headaches affect only about 1% of adults and are marked by sudden, sharp, or severe pain on only one side of the head, as well as teary eyes and nasal congestion. Cluster headaches usually appear over a period of two to twelve weeks, with one or more headaches per day. Each cluster headache typically lasts 45 to 90 minutes, causing restlessness, pacing, and rocking.

Rebound headaches can occur after long-term use of any medication, and anyone who takes medication on a regular basis is at risk. Rebound headaches can only be treated by reducing or stopping the medication that is causing them. Headaches that occur after a specific activity, such as exercise, sex, or coughing, can last anywhere from five minutes to 48 hours. High blood pressure can cause this type of headache.

First Aid for Headaches

When migraines strike as a result of increased light and sound sensitivity, try to rest in a dark, quiet room and apply hot or cold compresses to your head or neck. Massage and very small amounts of caffeine can sometimes help. The majority of headaches are minor and can be

relieved with over-the-counter pain relievers. Call your doctor if you have unexplained headaches or headaches that are getting worse. If you have a headache that comes on suddenly and is severe, dial 999.

- Fever
- Neck stiffness
- Rash
- Vision alterations
- Dizziness
- Confusion in the mind
- Seizures
- Weakness
- Loss of equilibrium
- Numbness
- Difficulty in communicating

Seek medical help if you have a headache that:

- Begins or worsens as a result of a head injury, a fall, or a bump
- Is a new type of pain and you are age fifty or older
- Is unbearable
- Affects just one reddened eye
- Becomes worse throughout the day
- Lasts for a few days

Tension headaches can be relieved by taking a cool shower and lowering body temperature. Caffeine works to constrict blood vessels and may be used to prevent and treat headaches because blood vessels expand during headaches. Caffeine should not be consumed on a regular basis because it can cause rebound headaches. The following are some strategies for preventing and managing headaches:

- Keep a headache diary to help you figure out what's causing your headaches, such as foods or environmental factors.
- Limit your exposure to triggers such as beer, wine, pickled foods, MSG, chocolate, smoked meats and cheeses, loud noises, and bright light.
- Eat a balanced diet that is low in fat and high in complex carbohydrates.
- Drink a cup of fluid for every twenty pounds of body weight per day to stay hydrated.
- To avoid low blood sugar, eat small, frequent meals.
- Do gentle exercises like yoga, tai chi, or swimming on a regular basis.
- Get seven to nine hours of sleep each night by sticking to a regular sleeping schedule.

Pain in the Abdomen

Burning, cramping, stabbing, throbbing, spasms, and sharp pain in the area below the ribs, above the pelvic bone, and around the flanks on each side are all common symptoms of abdominal pain. The stomach, large and small intestines, appendix, colon, liver, gallbladder,

and pancreas can all cause pain in this area, but abdominal pain is more commonly associated with organs within the abdomen, such as the stomach, large and small intestines, appendix, colon, liver, gallbladder, and pancreas. Referred pain refers to pain that originates in the abdomen but is actually coming from the lower lungs, kidneys, uterus, or ovaries.

Inflammation, stretching, or swelling of an organ, or a loss of blood supply to an organ, all cause abdominal pain. Irritable bowel syndrome, for example, can cause abdominal pain without any of these causes (IBS). The cause of IBS is unknown, but it could be due to abnormal intestinal muscle contractions (spasm) or abnormally sensitive nerves within the intestines that cause pain. Some abdominal pain is considered an emergency, such as appendicitis, while others, such as diverticulitis or colitis, are more chronic but serious conditions. Abdominal pain can be serious and life-threatening, so it's important to have it checked out by a doctor.

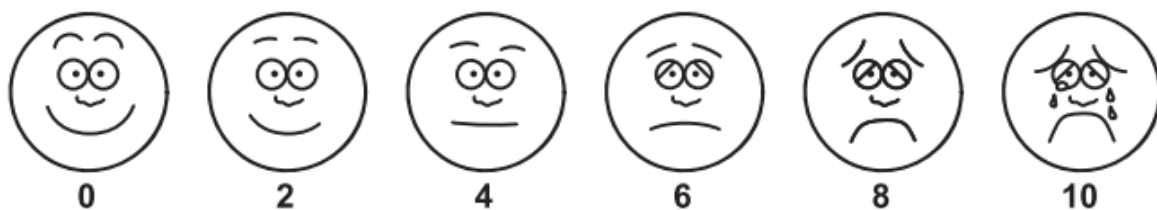
In order to accurately describe the pain and symptoms to your doctor, make a list of the following symptoms in children:

- The length of time you've been in pain, especially if it's been more than twenty-four hours.
- The location of the pain and any pain that isn't in the centre of your abdomen.
- The appearance of the child, which includes pale skin, sweating, sleepiness, and listlessness.
- Nausea and vomiting that lasts longer than 24 hours, or vomit that appears red in colour
- Diarrhea that lasts more than 72 hours or any blood in the stool
- Fever
- Groin ache (may indicate blood supply being cut off from a testicle twisting on itself)
- Urinary issues
- Any rash that is accompanied by abdominal pain

Continue to monitor your symptoms or those of your child after speaking with or being examined by your doctor, and report any changes or lack of improvement. Also keep in mind that, depending on a child's age, he or she may be hesitant to report symptoms.

First Aid for Abdominal Pain

Abdominal pain can indicate a serious illness and cause excruciating pain. It's possible that you'll need to describe your pain to your doctor. A simple way to think about this is that 0 means no pain and 10 means so much pain that you're crying and your face is distorted in a grimace.



Wong-Baker FACES Pain Rating Scale

Sharp or dull, burning or pressure-like, jabbing and fleeting, steady and unrelenting, or cramp-like, describe the pain. Fever, chills, sweats, rectal bleeding, loss of appetite, diarrhoea, weight loss, constipation, nausea, or lack of energy should all be noted. Minor abdominal pain can be relieved by:

- Rest
- Using a heating pad or soaking in a hot tub
- Over-the-counter antacids and pain relievers (but avoid aspirin or ibuprofen, as these drugs can make some types of stomach pain and conditions worse)
- As required, plenty of fluids and a good diet

Consult your doctor if you have persistent pain, fever, vomiting, vaginal bleeding, loss of consciousness, chest pain, or other serious symptoms.

Vomiting and Nausea

Everyone gets nausea and vomiting now and then, which usually passes quickly and can be treated at home with medicine to reduce nausea and fluid replacement to prevent dehydration. Rehydrating with fluids also helps to correct any electrolyte imbalances, which may help to stop vomiting.

First Aid for Nausea and Vomiting

To treat nausea and vomiting, take the following steps:

- Start with small sips of clear liquids (clear soup, broth, juice, herbal tea) and gradually increase to four to eight ounces at a time, or one ounce or less for children.
- Limit your intake of milk and other dairy products, as they can aggravate nausea and vomiting.
- Once you've tolerated clear liquids, start eating soft, plain foods like oatmeal and yoghurt.
- Oral rehydration solutions such as Pedialyte and Rehydrate should be given to children.
- Avoid cola, tea, fruit juice, and sports drinks because they lack adequate fluid and electrolyte replacement.
- Stay away from plain water, which lacks electrolytes and can dilute electrolytes in a dehydrated body, resulting in an imbalance that can lead to seizures.

If you can't keep liquids down, you should seek medical help so that you can be rehydrated with an IV.

Asthma Attack

Asthma is a chronic inflammatory disease that affects the lungs' breathing passages (bronchioles). As a result of the inflammation, an asthmatic's airways become extremely sensitive to a variety of "triggers," and when they are triggered, the passages swell and fill with mucus. This causes the muscles within the breathing passages to contract or spasm

(bronchospasm), narrowing the airway passages even more and making it difficult to exhale air from the lungs. Wheezing, difficulty breathing, pain or tightness in the chest, anxiety, coughing, choking sensation, sweating, increased pulse, and recurrent, spasmodic coughing that is often worse at night are all symptoms of an asthma attack.

If you have asthma, you must learn to live with it and be aware of the risk of attacks if you are exposed to something that triggers an attack. Asthma | The Everything First Aid Book can't be cured, but it can be managed, especially if it's detected early and treated promptly.

Always see your doctor on a regular basis and follow his or her treatment recommendations. Any changes or worsening of your symptoms, as well as any medication side effects, should be reported. The goal of treatment is to prevent and control symptoms and asthma attacks, especially those severe enough to necessitate a trip to the emergency room or hospitalisation.

It's possible that you'll have an asthma attack at any time. Here are some signs that your symptoms are getting worse that you should be aware of:

- Sweating
- Excessive breathing that makes it difficult to speak
- Breathing out with your abdominal muscles, and the skin around your ribs is denting.
- Lips and fingernails are bluish in colour.
- When breathing in, the nostrils begin to widen.
- Wheezing, laboured breathing, or coughing, even after rescue medications have been administered

First Aid for Asthma

Anyone who suffers from asthma must be constantly aware of what triggers her symptoms, how to avoid those triggers, and how to manage symptoms. To help control asthma attacks, take the following steps:

- Recognize your triggers and learn how to avoid them.
- Stop smoking cigarettes and other tobacco products.
- Avoid using nonprescription inhalers because they are very short-acting medications that are unlikely to prevent an asthma attack and may have unwanted side effects.
- Consult your doctor before using any nonprescription remedies, herbs, or dietary supplements, even if they are considered completely "natural," because some may cause side effects or interfere with your medications.
- Don't take more asthma medication than your doctor prescribes, as this can be dangerous.

Take two puffs of your prescribed rescue medication (inhaled beta-agonist) during an asthma attack, waiting one minute between puffs (or as recommended by your doctor), and call your doctor if you don't get relief quickly. If you're on oral or inhaled steroids and your treatments aren't lasting four hours, you should contact your doctor. These are only suggestions; always follow your doctor's instructions to the letter.

Call 999 immediately if you have an asthma attack with severe shortness of breath; do not drive yourself.

Carpal-Tunnel Syndrome

The introduction and widespread use of computers in the workplace has aided in the spread of repetitive stress injuries, most commonly known as carpal-tunnel syndrome. Carpal-tunnel syndrome is a painful, progressive condition caused by the compression of a nerve in the wrist as a result of repetitive motion, improper wrist positioning, and repeated stressors such as continuous vibrations from a jackhammer or even a sewing machine.

Carpal-Tunnel Syndrome: First Aid

The following measures can be used to avoid carpal-tunnel syndrome:

- By lightly tapping keys, you can reduce your force and relax your grip.
- Using a large pen with a soft, oversized grip and ink that flows freely
- Using a properly tensioned keyboard and mouse
- Keep keyboards at or just below elbow height, with the wrist in a relaxed middle position, not bent up or down.
- Taking frequent rest periods
- Doing carpal-tunnel exercises before and after work shifts, as well as during breaks
- If possible, switch tasks.
- Improving your posture
- Maintaining a comfortable temperature in your hands

If you have symptoms of carpal-tunnel syndrome, such as tingling or numbness in your fingers or hands, pain or weakness in your wrists, arms, or hands, or loss of feeling in some fingers, you should wear splints at work and while sleeping. The natural tendency is to keep the wrists flexed while sleeping; wearing splints at night will prevent this. Wrist splints can be found in most pharmacies and retail stores. Anyone experiencing moderate to severe symptoms should see a doctor.

You can try the following carpal-tunnel exercises:

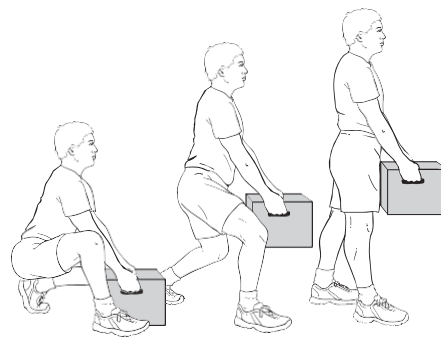
1. Raise and extend both arms straight out from a standing position. As if to say "stop," flex your entire hand at the wrist. Hold for five seconds in this position.
2. Straighten your wrists and relax your fingers, ensuring that your arms, wrists, hands, and fingers are all level and pointing forward.
3. Keep your hands level while making a fist; clench it tightly and hold it for five seconds.
4. Flex your wrists down and hold for five seconds with your fists clenched.
5. Straighten your wrists and relax your fingers, ensuring that your arms, wrists, hands, and fingers are all level and pointing forward (as in position 2).
6. Repeat all of the steps ten times, followed by standing with your arms relaxed by your sides.

Back Injuries

Back injuries are one of the most common and expensive work-related illnesses in the UK. Every day, lower-back pain causes many days of missed work, an increase in workers' compensation claims, monetary business losses, and undue suffering. Many back injuries can be avoided by following good back health practises such as using ergonomically correct chairs and equipment, maintaining good posture, and engaging in regular exercise and conditioning. In addition, to protect your spine and avoid back strain and injuries, you should always practise good body mechanics and use proper lifting techniques (see below).

Proper lifting technique includes the following:

1. To avoid putting too much strain on your back muscles, always stand close to the weight or load. Try to predict which way the load will move after being lifted so you can position your feet to accommodate this movement without twisting your body.
2. To have a wider, more stable base from which to lift, place one foot firmly alongside the load to be lifted and the other just behind the object with your heels flat.
3. Squat down by bending your knees. Hold the load with your back straight and lift the object with your leg muscles.
4. Make sure you have a firm grip on the load from below. Instead of just using your fingers, use your entire hand. To help lift the weight, keep your arms straight and use your shoulder muscles.
5. Stand and lift, gradually straightening your legs from a squatting to a standing position. Lifting and lowering a load too quickly can cause jerking.
6. Carry the load as close to your body as possible, as close to your own centre of balance as possible, while maintaining a straight back.
7. Only your entire frame, not just your trunk, should be used to turn. Twisting shifts the load away from your centre of balance, putting strain on muscles that aren't designed for lifting.
8. Reverse the lifting operation to lower the load. Bend your knees to a squat position with your back straight, place the load down, remove your hands from the object, and stand up using the same method as when lifting a load, with your legs and back straight.
9. Whether there are two or more people lifting and carrying a load, only one person should give the team directions. The load must be evenly distributed and well balanced.
10. When you need to raise a load to shoulder height or higher, first raise it to about waist height, then rest one end on a ledge; if necessary, adjust your hand position and push the load straight up. When lowering objects, reverse the process.
11. When lifting, keep your chin up because your back will be straighter and your ability to lift while avoiding back injury will be greatly enhanced.



Proper lifting technique

First Aid for Back Pain

Stop any activity or exercise that makes your pain worse, and follow these steps for the first few days:

- Take an over-the-counter pain reliever.
- For the first twenty-four to forty-eight hours, apply a covered cold pack to the area for five to ten minutes every hour.
- If the pain persists after two days, apply a heating pad to the affected area.
- Avoid lying down; stay active while protecting your back from strain and jarring movements.
- Seek medical help if you're in a lot of pain or it's been four to six weeks since you've had it. Back pain usually goes away after about a month.

Further Reading:

- ✓ First aid at work Paperback – October 1, 2013 by Health and Safety Executive
- ✓ Creating a Zero-Incident Culture: Getting employees to work safely when management is not around by Mr Keith Bardney | Oct 5, 2017
- ✓ Essays on Safety, Health, and Environment Kindle Edition by Fred Fanning