

Injury Response Manual

Steps & First Aid





Purpose	
To provide immediate and effective first aid for abrasions and scrapes	
Condition or Situation	
The employee complains of an abrasions or scrape cut on the skin. Abrasions are typically less deep than cuts and are characterized by the removal of the superficial layers of skin. They may result in pain, redness, and sometimes bleeding, but they often heal well with proper first aid and wound care.	
Assessment – What yo	u may see
Opening in the skin with or without bleeding	
Subjective - What the	employee is saying
May complain of tenderness and soreness in the area of the injury.	
May have limited mob	ility if the injury is near a joint.
May or may not report	; pain.
Plan of Care	
Emergency situation:	Injury with exposed bone or tendon.
	Injury over a joint on the hand.
	Injury that continues to bleed longer than 20 minutes.
Initial Treatment:	 Stop the Bleeding: Minor cuts and scrapes usually stop bleeding on their own. If needed, apply gentle pressure with a clean bandage or cloth, and elevate the wound until bleeding stops. Ice can also be used to slow and help stop bleeding. Clean the Wound: Wash the area with mild soap and warm running water. Rinse the wound with running water for 5 - 10 minutes to reduce the risk of infection. Avoid using hydrogen peroxide or iodine, as they can be irritating. Remove any dirt or debris. Apply Antibiotic Cream: Apply a thin layer of antibiotic ointment to keep the surface moist and help prevent infection. Cover the Wound: Use an adhesive bandage, or a bandage with rolled gauze or paper tape to cover the wound, keeping it clean. If the injury is just a minor scrape or scratch, it can be left uncovered after the employee's shift. Change Bandage: Change the bandage at least once a day or when it becomes wet or dirty.
Supplemental Care:	 Tetanus Shot: If the wound is deep or dirty and the employee hasn't had a tetanus shot in the past five years, it's advisable to get one. Watch for Signs of Infection: Notify a supervisor if signs or symptoms of infection on the skin or near the wound appear, such as redness, increasing pain, yellow drainage, or swelling. Pain Management: Acetaminophen (Tylenol) can be used for pain, if needed. Avoid anti-inflammatory medications like ibuprofen (Advil) or naproxen sodium (Aleve), as they may exacerbate bleeding.
Follow-up:	If the injury isn't healing or becomes infected notify the company nurse or Dr. Rankin.
Important Notice:	If there's uncertainty or the condition doesn't improve, consult a medical professional for a thorough evaluation and appropriate treatment.





Purpose	
To provide immediate	and effective first aid treatment for ankle strain or sprain injuries.
Condition or Situation	
An individual complain	s of ankle pain and/or swelling with or without limited range of motion. Pain is
experienced when bea	ring weight on the affected ankle.
Assessment – What yo	bu may see
 Swelling that is 	visibly apparent
- Bluish-purple d	iscoloration
 Inability to walk unassisted or bear weight on the ankle 	
 Warmth and redness in the affected area 	
- Pain in the ank	e joint and surrounding muscle tissue
Subjective - What the	employee is saying
- Difficulty walki	ng
- Pain when atte	mpting to move the foot
- Significant pain	
Plan of Care	
Emergency situation:	If there is visible bone or obvious deformity, call emergency responders immediately.
	If it's not an emergency, follow the subsequent first aid treatments until the company
Initial Treatments	physician or occupational nearth nurse can be consulted.
initial freatment.	1. Rest. Minimize weight-bearing on the ankle for at least 46 hours after the
	 Ice: Apply an ice pack (not directly on the skin) to reduce pain and swelling
	2. Regin as soon as possible after the injury. Ice for up to 20 minutes at a time
	with at least one hour between applications. After the first 24 hours, apply ice
	for 20 minutes 3 to 4 times daily. Never apply ice directly to the skin: use a
	cloth barrier to prevent tissue damage
	3 Compression: Gently wrap the ankle and surrounding area with a compression
	or ACE bandage to provide support and limit swelling.
	4. Elevation: Keep the injured ankle elevated whenever possible, even when
	sitting or sleeping.
Supplemental Care:	Over-the-counter ibuprofen (Advil) or naproxen sodium (Aleve) can be taken if the
	individual has no allergies or contraindications.
Follow-up:	• Typically, pain and swelling improve within 48 hours after an ankle sprain.
	Gradually start putting weight on the injured foot, according to your comfort
	level. Progressively increase weight-bearing over time.
	If pain recurs, stop and rest.
	• For mild sprains, a return to normal activities might be possible within a few
	days. Severe sprains may require several weeks for recovery.
Important Note:	If there's uncertainty or the condition doesn't improve, consult a medical professional
	for a thorough evaluation and appropriate treatment.



To provide immediate and effective first aid for back strain

Condition or Situation

Complaint of back pain with limited ability or pain when moving.

Assessment – What you may see

Visible signs of pain, including grimacing, limited mobility, and a stiff gait.

Subjective - What the employee is saying

May complain of feeling a pop in the back.

Unable to stand or bend without pain.

Reports that pain worsens with movement.

May mention muscle cramping and spasms.

Experiencing decreased range of motion, such as difficulty walking, bending forward or sideways, and standing straight.

Plan of Care	
Emergency situation:	Inability to feel or move extremities.
Initial Treatment:	Rest: Encourage the individual to rest and avoid strenuous activities for the first 24 to 48 hours after the injury. Ice Packs: Apply ice packs (not directly on the skin) to the affected area for 15-20 minutes every 1-2 hours during the initial 24 to 48 hours to reduce swelling and alleviate pain.
Supplemental Care:	Over-the-Counter (OTC) Pain Relievers: If the individual does not have allergies or conditions that prevent their use, OTC pain relievers such as ibuprofen (Advil) or naproxen sodium (Aleve) may be taken as directed for pain management.
Follow-up:	 After the first 24 to 48 hours, the individual should gradually return to normal activities, as tolerated. Extended rest and lack of movement can prolong symptoms and delay recovery. Gradual Activity Increase: Encourage the individual to slowly work their way back to their normal level of activity. Periodic Rest and Stretching: Recommend taking breaks to rest and gently stretch the back throughout the day. For less severe strains and sprains, a return to normal activities may be possible after a few days. More severe cases may require several weeks for recovery.
Important Notice:	If there is uncertainty or if the condition does not improve, it is essential to consult a medical professional for a thorough evaluation and appropriate treatment.



Purpose	
To provide immediate	and effective first aid for burns
Condition or Situation	
The employee complain	ns of coming into contact with a hot surface or being splashed with a chemical,
resulting in burns. Burn	ns are tissue damage caused by heat or chemicals.
Assessment – What yo	u may see
Redness on the skin's s	urface.
Blistering.	
Swolling	area.
In cases of flame burns	charred areas of skin may be visible
Subjective - What the	employee is saving
May complain of tende	rness in the area of the injury.
May have limited mobi	lity if the injury is severe.
May or may not report	pain.
Plan of Care	
Emergency situation:	 Any burn that occurs on the face, neck, chest, or genital area.
	 Burns resulting from inhalation of smoke.
	Electrical burns.
	 Major chemical burns, especially those caused by corrosive chemicals.
Initial Treatment:	Wash Your Hands: Begin by thoroughly washing your hands to prevent
	infection.
	 Cool the Burn: Flush the injury with cool water for about 10 minutes to cool the burned area and allowinte nain
	the burned area and alleviate pain.
	 Remove Jeweiry: Take on any jeweiry in the area of the burn. Do Not Pupture Plistors: Avoid runturing blistors, as they protect against
	• Do Not Rupture Bisters: Avoid rupturing bisters, as they protect against infection.
	 Apply Burn Gel or Ointment: Apply a burn gel or ointment to relieve pain and
	keep the surface moist, preventing drying out and infection.
	• Cover the Burn: Use gauze or a clean, loose bandage to cover the burn. Wrap
	it loosely to avoid putting pressure on the burned area. Bandaging helps keep
	the wound clean, reduces pain, and protects the damaged skin.
Supplemental Care:	 Watch for Signs of Infection: Notify a supervisor if signs or symptoms of
	infection on the skin or near the wound appear, such as redness, increasing
	pain, yellow drainage, fever, or swelling.
	Pain Management: Acetaminophen (Tylenol) can be used for pain, if needed.
	Avoid anti-inflammatory medications like ibuprofen (Advil) or naproxen
Follow up:	Sourin (Aleve).
Important Notice	If there's uncertainty or the condition doesn't improve, consult a medical professional
	for a thorough evaluation and appropriate treatment.



To provide immediate and effective first aid for contusions and bruises

Condition or Situation

The employee complains of an impact with an object, resulting in a bruise or contusion. These injuries occur when small blood vessels are damaged by trauma, causing skin discoloration without breaking the skin. Bruises and contusions can affect the skin, muscle, and bone.

Assessment – What you may see

- Significant Impact: If the injury is due to a significant impact, you may observe:
 - o Swelling.
 - o Immediate bluish to dark purple discoloration from blood leaking into the tissues.
 - Tenderness to the injured area.
- Minor Impact: If the impact was minor, you may see nothing at all or light discoloration of the area.

Subjective - What the employee is saying

- May complain of tenderness and soreness in the area of impact.
- Depending on the location of the injury, movement of the injured area may be slow and controlled.

Plan of Care	
Emergency situation:	If the impact was significantly heavy and affected the chest, torso, or head, and the employee is taking aspirin or blood thinners such as Xarelto, Plavix, or Eliquis, the employee needs evaluation by a medical doctor (MD).
Initial Treatment:	 Bruises and contusions are not emergency situations but take time to resolve. Apply a Cold Compress: Immediately after the injury, wrap a towel around a cold pack or a bag of ice (not directly on the skin) and place it on the injury. This can help minimize bruising and swelling by slowing blood flow to the injured spot. Apply cold to the bruise for 15–20 minutes, 3–4 times a day for a day or two after the bruise first appears. Elevate the Bruised Area: To reduce swelling and bruising, raise the bruised area above the level of your heart. Rest and prop the bruised area up on pillows if possible. After 2 Days, Use Warmth: A heating pad wrapped in a towel can help some bruises heal and may alleviate soreness. Avoid NSAIDs: Do not take ibuprofen (Advil) or naproxen sodium (Aleve) as they may worsen bruising.
Supplemental Care:	 Pain Management: Acetaminophen can be used for pain, if needed. Avoid anti- inflammatory medications, as they may exacerbate bruising. Wrap the Bruise: If there is swelling, loosely wrap it with an elastic bandage to provide support.
Follow-up:	Employees taking medications that cause bleeding may need follow up by MD.
Important Notice:	If there's uncertainty or the condition doesn't improve, consult a medical professional for a thorough evaluation and appropriate treatment.



To provide immediate and effective first aid for eye injuries

Condition or Situation

The employee may complain of having something in their eye or being splashed in the eye with a liquid.

Assessment – What you may see

- Foreign Body in the Eye: Redness of the eye, watering, inability to open the eye, visible foreign body.
- Splash to the Eye: Redness of the eye, watering, blistering of the skin surrounding the eye, swelling of the eye area.

Subjective - What the employee is saying

- Foreign Body: Complains of pain, feeling like something is in the eye, blurred vision, and discomfort in the eye.
- Splash to the Eye: Complains of burning, discomfort, blurred vision, inability to see, and inability to open the eye.

Plan of Care	
Emergency situation:	 Any eye injury with swelling around the eye. Splash with a corrosive chemical. Foreign body that is not removed with flushing. Enucleation (removal of the eye)
Initial Treatment:	 Wash Your Hands: Begin by thoroughly washing your hands to prevent infection. Flush the Eye for 10-15 Minutes: Foreign Body: If a foreign body is present, flushing should remove it if it is not embedded into the cornea. Chemical Splash: If there's a chemical splash, flush the chemical from the eye. Apply Ice Pack: Applying an ice pack (not directly on the skin) can help alleviate discomfort. Notify the Nurse or Doctor Rankin: In the case of a chemical splash to the eye, notify the nurse or Doctor Rankin immediately.
Supplemental Care:	 Follow-up with Urgent Care: Seek urgent care if necessary for foreign body removal and non-corrosive chemical splashes. Watch for Signs of Infection: Notify the supervisor if signs or symptoms of infection on the skin or near the eye appear, such as redness, increasing pain, yellow drainage, fever, or swelling. Pain Management: Acetaminophen (Tylenol) or anti-inflammatory medications like ibuprofen (Advil) or naproxen sodium (Aleve) may be used for pain relief.
Follow-up:	If the injury isn't healing or becomes infected notify the company nurse or Dr. Rankin.
Important Notice:	If there's uncertainty or the condition doesn't improve, consult a medical professional for a thorough evaluation and appropriate treatment.



To provide immediate and effective first aid for knee injuries

Condition or Situation

The employee states they felt a pop, twisted their knee, or stepped the wrong way, resulting in pain.

Assessment – What you may see

Visible signs of pain, including grimacing.

Limited mobility, inability to walk, or put weight on the affected leg.

Swelling, redness, and warmth immediately following trauma to the knee.

Subjective - What the employee is saying

Unable to bend the knee without pain.

Pain that worsens with movement.

May mention muscle cramping and spasms surrounding the knee.

Experiencing decreased range of motion and difficulty walking or bending the knee.

Plan of Care

Emergency situation:	Obvious deformity.
	Visible bone.
	Lack of pulse below the injured knee.
Initial Treatment:	 Elevate the Injured Knee: Begin by elevating the injured knee to reduce
	swelling and pain.
	 Rest and Ice Packs: Rest and apply ice packs (not directly on the skin) to the
	knee for the first 24 to 48 hours after the injury.
	• Compression Bandage: Firmly bandage the knee using a compression bandage.
	Extend the bandage down the lower leg for additional support and
	stabilization. Avoid putting excess weight on the injured knee.
Supplemental Care:	Over-the-Counter (OTC) Pain Relievers: If the employee does not have allergies or
	conditions that prevent their use, OTC pain relievers such as ibuprofen (Advil) or
	naproxen sodium (Aleve) may be taken as directed for pain management.
Follow-up:	• After the first 24 to 48 hours, the employee should be able to return to normal
	activities as tolerated. Extended rest and lack of movement can prolong
	symptoms and delay recovery.
	 Manage Residual Pain: Some pain may still be present; manage it as needed.
	• Rest and Elevation: Take time to rest and elevate the knee throughout the day.
	 For less severe strains and sprains, a return to normal activities may be
	possible after a few days. More severe cases may require several weeks for
	recovery.
Important Notice:	If there's uncertainty or the condition doesn't improve, consult a medical professional
	for a thorough evaluation and appropriate treatment.



Purpose	
To provide immediate	and effective first aid for laceration
Condition or Situation	
The employee has a cu	t or opening in the skin resulting from contact with a sharp or dull edge that may
penetrate several layer	rs deep into the tissues.
Assessment – What yo	u may see
An opening in the skin	and deeper tissues, with or without bleeding.
Subjective - What the	employee is saying
May complain of tende	erness and soreness in the injured area.
May experience limited	d mobility if the injury is near a joint.
May or may not report	pain.
Plan of Care	
Emergency situation:	 Injury with exposed bone or tendon.
	 Injury over a joint on the hand.
	 Injury that continues to bleed longer than 20 minutes.
	Presence of debris in the wound that cannot be removed.
Initial Treatment:	 Wash Your Hands: Start by thoroughly washing your hands to prevent infection.
	• Stop the Bleeding: Apply gentle pressure with a clean bandage or cloth, and
	elevate the wound if necessary to control bleeding. Ice can be applied to slow
	and help stop bleeding.
	• Clean the Wound: Wash the area with mild soap and warm running water.
	Rinse the wound with running water for 5 - 10 minutes to reduce the risk of
	infection. Avoid using hydrogen peroxide or iodine, as they can be irritating.
	Remove any dirt or debris.
	 Close the Wound: Use butterfly bandages or steri-strips to gently pull the edges of the wound together and apply the closures.
	• Apply Antibiotic Cream: A thin layer of antibiotic ointment can be applied to
	keep the surface moist and help prevent infection.
	• Cover the Wound: Use an adhesive bandage or a bandage with rolled gauze or
	paper tape to cover the wound, keeping it clean. If the injury is just a minor
	scrape or scratch, it can be left uncovered after the employee's shift.
	 Change Bandage: Change the bandage at least once a day or when it becomes
	wet or dirty.
Supplemental Care:	• Tetanus Shot: If the wound is deep or dirty and the employee hasn't had a
	tetanus shot in the past five years, it's advisable to get one.
	Watch for Signs of Infection: Notify a supervisor if any signs or symptoms of
	infection on the skin or near the wound appear, such as redness, increasing
	pain, yellow drainage, or swelling.
	 Pain ivianagement: Acetaminophen (Tylenoi) can be used for pain, if needed. Avoid anti-inflammatory modications like ibunratory (Advil) or paproven
	sodium (Alovo), as they may exacerbate blooding
Follow-up:	If the injury isn't healing or becomes infected, notify the company purse or Dr. Bankin
	If the injury continues to bleed or will not stay closed with the butterfly bandages or
	steri-string the employee may need sutures or stanles to keen the wound closed
Important Notice:	If there's uncertainty or the condition doesn't improve consult a medical professional
	for a thorough evaluation and appropriate treatment.



Purpose	
To provide immediate and effective first aid for puncture injuries	
Condition or Situation	
The employee states the	ney have sustained a puncture injury, such as stepping on a sharp object like a nail or
being punctured by a v	vire or piece of metal.
Assessment – What yo	bu may see
A very small opening ir	the skin at the site of injury.
Possible bleeding, redr	ness around the entry point, and tenderness, depending on the depth of the puncture.
Subjective - What the	employee is saying
May complain of tenderness and soreness in the injured area.	
May have limited mobi	ility if the injury is near a joint.
May or may not report	pain.
May describe the sense	ation as feeling like having a splinter.
Plan of Care	
Emergency situation:	Most puncture wounds are not urgent or emergent. However, immediate medical
	assessment is required if the puncture wound is in a joint, if bleeding cannot be
	stopped, or if visible debris cannot be removed.
Initial Treatment:	 Wash Your Hands: Begin by thoroughly washing your hands to prevent
	infection.
	 Stop the Bleeding: Apply gentle pressure with a clean bandage or cloth, and
	elevate the wound if necessary to control bleeding. Ice can be applied to slow
	and stop bleeding.
	• Clean the Wound: Wash the area with mild soap and warm running water.
	Rinse the wound with running water for 5 - 10 minutes to reduce the risk of
	infection. Avoid using hydrogen peroxide or iodine, as they can be irritating.
	Apply Antibiotic Cream: Apply a thin layer of antibiotic ointment for the first
	48 hours.
	• Cover the Wound: Use an adhesive bandage, or a bandage with rolled gauze or
	paper tape to cover the wound. Keeping it covered helps maintain cleanliness.
	Minor scrapes or scratches can be left uncovered after the employee's shift.
	Change Bandage and Cleanse: Replace the bandage and cleanse the injury at
	least once a day or when it becomes wet or dirty.
Supplemental Care:	• Tetanus Shot: If the wound is deep or dirty and the employee hasn't had a
	tetanus shot in the past five years, it's advisable to get one.
	• Watch for Signs of Infection: Notify a supervisor if any signs or symptoms of
	infection on the skin or near the wound appear, such as redness, increasing
	pain, yellow drainage, or swelling.
	• Pain Management: Acetaminophen (Tylenol) can be used for pain, if needed.
	Avoid anti-inflammatory medications like ibuprofen (Advil) or naproxen
	sodium (Aleve), as they may exacerbate bleeding.
Follow Up:	If the injury doesn't heal or becomes infected, inform the company nurse or Dr.
	Rankin.
Important Notice:	If there's uncertainty or the condition doesn't improve, consult a medical professional
	for a thorough evaluation and appropriate treatment.



Purpose

To provide immediate and effective first aid for shoulder injuries.

Condition or Situation

Complaint of pain and discomfort in the shoulder, inability to lift the arm.

Assessment – What you may see

Pain, swelling, and weakness in the arm.

Inability to move the arm.

Visible signs of pain, such as grimacing, and splinting or favoring of the injured arm.

Rarely, a clicking or popping sound when attempting to move the shoulder.

Subjective - What the employee is saying

May report feeling a pop in the shoulder.

Unable to move the arm.

Complains of pain worsening with movement.

May mention muscle cramping and spasms in surrounding tissues.

Experiencing decreased range of motion, such as difficulty raising the arm and decreased grip strength in the hands.

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Plan of Care	
Emergency situation:	Visible deformity.
	Inability to feel a pulse below the site of injury.
	Inability to move the arm.
Initial Treatment:	Rest the Arm: Encourage the individual to rest the injured arm and avoid overhead
	reaching and lifting anything over 3-5 pounds for the first 24 to 48 hours after the
	injury.
	Ice Packs: Apply ice packs (not directly on the skin) to the affected area for 15-20
	minutes every 1-2 hours during the initial 24 to 48 hours to reduce swelling and
	alleviate pain.
Supplemental Care:	Over-the-Counter (OTC) Pain Relievers: If the individual does not have allergies or
	conditions that prevent their use, OTC pain relievers such as ibuprofen (Advil) or
	naproxen sodium (Aleve) may be taken as directed for pain management.
Follow-up:	After the first 24 to 48 hours, the individual should regain some mobility with little
	pain. They can gradually return to moderate activities as tolerated and then slowly
	work their way back to normal activity.
	Gradual Activity Increase: Encourage them to slowly work their way back to their
	normal level of activity.
	Rest and Limit Heavy Lifting: Recommend taking time to rest and limiting heavy lifting
	immediately following the injury.
	For less severe strains and sprains, a return to normal activities may be possible after
	a few days. More severe cases may require several weeks for recovery.
Important Notice:	If there is uncertainty or if the condition doesn't improve, it is essential to consult a
	medical professional for a thorough evaluation and appropriate treatment.