

Job Name: _____ Job Site Location: _____

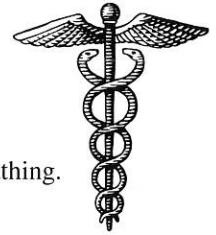
Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Topic 88: First Aid for Shock

Introduction: The victim of severe trauma is almost always at risk of going into shock. Shock can occur due to failure of one or more of the components of the cardiovascular system – blood volume (fluid), the vessels (container), or the heart (pump). Hypovolemic shock is due to the loss of blood volume, distributive shock is due to abnormalities of the blood vessels, and cardiogenic shock is due to failure of the heart. Shock results in failure of the cardiovascular systems ability to deliver necessary oxygen to cell tissue which causes cell damage or cell death. If enough cells die, then the related organ dies, and the victim will die. Following are guidelines for first aid treatment of shock:

Assess the Situation:

- *Determine the cause* of the injury and eliminate any hazards that may affect you or the victim.
- *Put on any* personal protective equipment that may be necessary for the situation, such as latex gloves for protection from blood born pathogens.
- *If the victim* is not in danger, do not move them.
- *Treat life threatening situations first* such as severe bleeding, cardiac arrest, or if the victim has stopped breathing.
- *Do not become a victim* yourself. Leave rescue to trained personnel.



Call for Help:

- *If you are alone*, treat any life threatening injuries first, then get help.
- *If you are not alone* send someone for help immediately.

Test for Shock: A good test to determine if the victim is in, or is going into shock is to pinch the thumbnail and observe how quickly the thumbnail turns from white to pink. Typically, if you pinch and then release the thumbnail, it will change from white to pink rapidly. If the victim's thumbnail does not turn pink quickly, this indicates that the circulation is poor and the victim may be in shock or going into shock. Symptoms of shock may also include:

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|--|---|---|
| <ul style="list-style-type: none"> ■ <i>Pale or blue skin and lips</i> ■ <i>Thirst</i> ■ <i>Cool, moist skin or profuse sweating</i> ■ <i>Nausea or vomiting</i> |  | <ul style="list-style-type: none"> ■ <i>Dull, sunken eyes</i> ■ <i>Rapid breathing and pulse</i> ■ <i>Enlarged pupils</i> ■ <i>Altered consciousness or unconsciousness</i> |
|--|---|---|

First aid treatment for shock - To prevent serious complications and death, time is of the essence.

- **Bleeding** – If the victim is bleeding, control loss of blood by use of direct pressure, and elevation.
- **Breathing** – Check the victim's breathing. It may be rapid and shallow, indicating a need for additional oxygen. If victim is unconscious, check the airway for obstructions to breathing. Clear obstructions if present and provide artificial respiration. If available provide additional oxygen to the victim.
- **Positioning** – Victims in shock should be positioned flat on their back (supine). It is no longer recommended that victim's legs be elevated, as this may further impair their breathing.
- **Temperature** – Maintaining the victim's body temperature within normal range is important. Cover the victim or provide additional warmth if necessary to ensure the victim stays warm.



Conclusion: If the victim of shock is conscious, and emergency medical services has been contacted, it is important to remain with the victim to monitor and reassure them until emergency medical assistance arrives. Victims of shock must receive professional medical treatment as soon as possible. Do not exceed your level of first aid training.



Work Site Review

Work-Site Hazards and Safety Suggestions: _____

Personnel Safety Violations: _____

Employee Signatures:

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness.)

Cherry Hill Glass Foreman/Supervisor's Signature: _____

These guidelines do not supercede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulations.