此手册應常置於 急救箱內

意大教指 東京 高用於 例須呈報工場 - 石礦場 - 一種築地盤



香港勞工處 職業健康科

救 指 南

適用於:例須呈報工場 貨物及貨箱經營 ,石礦場

建築地盤)

簡

介

之醫生或護士之治療 本文作用祇是作為 項受傷時之迅速急救處理

,並不能代替曾受訓練

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微 損 傷

乾 觸及傷口。 紅腫或疼痛時應要請教醫生 ,然後用消毒或防腐膠紗布遮蓋傷口 應要立刻料理一切傷 如無消毒葯水可用 口。用消毒劑潔淨傷口周圍的皮膚,但要小心勿 ,可以在水喉下洗滌傷口;讓它在空氣 ø 同時要警告傷者,若其傷口發生 中吹

嚴重 受傷

須立刻召請醫生或救護車。

流血

當等候醫生或救護車抵步時,可用下列方法止血

(1)

指導傷者躺下。

(2)在可能範圍內,將受傷部份擧高,例如足部流血,傷者應躺下由別 人將他的足部盡量擊高。

(3)可用一塊潔淨之手帕或毛巾包紮傷口。 加壓力,但施壓的時間不可多於十五分鐘。若無足夠之消毒紗布 處。若傷口有異物,用消毒紗布遮蓋,選擇供血動脈的適當部位施 檢驗傷口,若傷口沒有異物,用消毒紗布遮蓋傷口,並用手緊壓該

起。致於手部或肩部受傷,可在手臂和胸部之間加放一勢,然後將手臂靠 被固定不致受影響。腳部受傷,可將該腳與另一隻健全的腳用绷帶紮在 若懷疑是關節受傷或骨骼折斷,勿意圖將傷者移動,除非受傷部份已

於胸部用绷帶包紮

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切勿給食物或飲料予傷者。

休克

白色,他的呼吸急速,同時他亦會呼叫口喝 在出汗, 如果 一方面又會感到寒冷;他顯得焦慮不安,他的皮膚轉為青色或灰 個人重傷,他可能會身受休克。通常 個受休克的病者

方面

 (\pm)

的衣領及皮帶。在等候醫生或救護車到步之時,須將他的傷處施行急救。 切勿給他飲食,務求使他溫暖與舒服,並勸令他安心。 應該使一個受休克的病者平躺着,將他的頭部靠低並使轉側。鬆開 他

しない 時一郎 日子

處理昏迷之病者

他俯身臥下,將其頭部枕於他的雙手臂之上。 當一個人被發現不論因何事而昏迷時,他應該被安置側身躺下;或使

讓他的舌頭倒後以致防碍他的呼吸。 必須鬆開他的衣領和皮帶。若有假牙亦須將它除下。切切注意,不可

切勿意圖將飲料給予一個昏迷病者喝,更切不可企圖使他坐起來。

眼睛受傷

化學物品入眼

冲洗十分鐘,然後送傷者去醫生處治療。 桶清潔的冷水冲洗眼睛,或須將眼蓋撐開使水流入眼內,如是者最少要 應立刻用多量潔淨的冷水冲洗眼睛,傷者可把面部置於水喉下或浸入

(四)

外物入眼 應用紗布將眼睛輕輕蓋着;送傷者去接受治療。

眼睛受到重警

應盡快送傷者去接受治療

若是小部份輕傷,可用一 塊消毒紗布遮蓋傷處

到併發性的休克之苦。 蕎傷口, 傷部份用消毒紗布遮蓋。如果火傷範圍一分大,可用清潔的手帕或毛巾遮 若是嚴重火傷,應送傷者到醫院去接受治療。在可能範圍內應該將火 切忌用棉花 。火傷多數會引起極端痛苦,而且大部份傷者亦會受 如果感到難以斷定傷勢輕微抑或嚴重,最好還是送

傷者去接受治療

被化學物品灼傷

之衣服。用消毒紗布輕輕覆蓋傷處然後送傷者去接受治療。 應盡快將傷處置於水喉下冲洗或浸人清水內。除掉或剪掉染有化學物

如果你未接受過人工呼吸之訓練,亦可照下列方法做。

替傷者進行人工呼吸並須繼續施行直至有醫生到來。

木或報紙將傷者從電流處推開。隔開電流後,若傷者停止呼吸,必須開始

(六)

在觸及傷者之前,應立即切斷電流。若此法不可行,應試圖以橡膠

此方法亦可用於所有停止呼吸的傷者,並一定要繼續施行這方法直至

使傷者仰臥,鬆開他緊身之衣服。

有醫生到來。

(1)

(2)把一件捲起之外衣或同樣大小的物件置於傷者兩肩膊之下

(3)以 你須深深地呼吸一口氣然後用口貼着傷者的口,向他的肺部吹 隻手拉高傷者的下顎,同時以另一隻手的姆指和手指執着他的

(4)須繼續不斷地施行此種人工呼吸,並須大約每分鐘吹十二次。

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因吸入煤氣或薰煙而致中毒

亦須常常提防煤氣爆炸等危險事件的發生。 注意自己方面的安全,如使用防毒呼吸工具等以免自己被困。在此情形下 應將中毒者移往空曠地方使他遠離煤氣或薰煙的地方。救傷者

如果傷者的呼吸已停止,必須向他施行人工呼吸。不論傷者是否嚴

,均須召救護車或醫生到場治理。

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1. 定要

附錄—

在**例須呈報工場**內之每一急教箱 所必須貯備之用品之比例表

所需用品	仮用人教		
	少過 10人	10 全 49 人	50 人 及以上
此手册之副本	1	1	ì
網碼無藥之消毒鈔布	6	12	24
中碼無藥之消毒鈔布	3	6	12
各人小尺碼不同之熱對紗布	12	24	36
· 角绷帶 51"×36"×36" (1300毫米×900毫米×900毫米)	2	4	8
含有藥物之膠布 1"×5碼 (25毫米×4500毫米)	ı	ı	2
药棉, 安士(30克)包裝	3	6	12
壓 力 細 費	I	ı	I
安全扣針	足 夠 份 暈		

附錄二

在**石礦場**內之每一急救箱 所必須貯備之用品之比例表

蘇器用品	僱用人數		
"牙被刀」而	本超過 50 人	超過 50 人	
此手册之副本	 	1	
細碼無藥之消費紗布	12	24	
中碼無藥之消毒紗布	6	12	
各人小尺碼不同之黏性鈔布	24	36	
三角绷帶 \$1"×36"×36" (1300 毫米× <u>900</u> 毫米×900 毫米)	4	8	
含有藥物之膠布 1"×5碼 (25毫米×4500毫米)	2	2	
	6	12	
■ 力 網 帶	I	1	
洗服杯	- I	1	
安全扣針	足 衡	份量	

附錄三

在**貨物及貨籍經營**內之每一急救箱 所必須貯備之用品之比例表

1			
所需用品	優用人數		
	少過 10人	10 年 49 人	.50 人 及以上
此下册之副本	i	1	1
細碼無樂之消毒紗布	6	12	24
中碼無藥之消秽鈔布	3	6	12
各大小尺碼不同之黏性紗布	12	24	36
二角網帶 51"×36"×36" (1300毫米×900毫米×900毫米)	2	4	8
含有藥物之膠布 t"×5碼 (25毫米×4500毫米)	-	ı	2
葯棉+一安土(30克)包裝	3	6	12
胚 力 網 帶	ı	1	1
安全扣到	足	鉤 份 」	ist

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附錄四

在每一**建築地盤**内之每一個急救箱所必須貯備 之用品比例表(註:每50人需加設一個急救箱)

所需品	數量
此手冊之副本	1
細碼無藥之消毒紗布	12
中碼無藥之消毒紗布	6
大碼無藥之消毒紗布	6
防水之各大小尺碼不同之黏性紗布	24
三角翻帶,此種翻帶須未經漂染之 白洋布製成,其最長之一邊不得 少過1300毫米,而其他每邊則 不得少過900毫米	4
氧化鉾膠布(每卷最少4.5米長25 毫米關)	1
30 克裝有吸水性能之藥棉	6
壓力網帶(止血束帶)	1
安全扣針	6
洗眼杯	足量

HINTS ON FIRST AID

INTRODUCTION

These notes are intended as a guide to the immediate first aid treatment of injuries and not as a substitute for medical treatment administered by a doctor or nurse.

MINOR WOUNDS AND SCRATCHES

All wounds should receive immediate attention. Clean the skin around the wound with the antiseptic solution provided, taking care not to touch the wound. If antiseptic is not available, the wound can be washed under the tap and allowed to dry in the air. Cover the wound with a sterilized or adhesive dressing and warn the patient that, if the wound swells or becomes painful or red, he should seek the advice of a doctor.

SERIOUS INJURIES

Send for a doctor or ambulance at once.

Bleeding

While you are waiting for the doctor or ambulance stop the bleeding in the following manner:

- (1) Instruct the patient to lie down.
- (2) Lift up the injured part if possible, e.g. if there is bleeding from a leg, the patient should lie down and his leg be held as high as possible.

(3) Inspect the wound. If you are satisfied that there is no foreign body, cover the wound with a sterilized dressing and apply firm pressure with the hand. If there is foreign body, cover the wound with sterilized dressing and apply pressure over selected points of the blood supply artery for not longer than 15 minutes. If there is not enough sterilized dressing, a clean handkerchief or towel can be used.

Fractures

If you suspect that a joint is injured or a bone broken, do not attempt to move the casualty until the affected part has been immobilized. An injured leg can be bandaged to the other good leg or an injured arm or shoulder can, after placing padding between the arm and the chest, be bandaged to the chest.

Never give food or drinks to the injured person.

Shock

If a person has been seriously injured, he may be suffering from shock. A shocked patient often complains of cold even though he may be sweating. Usually he looks worried, his skin is pale or grey in colour, he breathes rapidly and may complain of thirst.

A shocked patient should be laid down on his back with his head low and to one side, his collar and belt loosened and his injuries treated whilst awaiting the doctor or ambulance. You should not give him food or drinks but should reassure him and keep him comfortable and warm.

Care of the Unconscious Casualty

When a person is found unconscious, from whatever cause, he should be laid down either on his side or on his face with his head on one side and resting on his forearms.

His collar and belt must be loosened and any dentures removed. Make sure that his tongue has not fallen back and is not obstructing his breathing.

Do not attempt to give any drink to an unconscious person and never try and sit him up.

EYE INJURIES

Chemicals in the Eye

The open eye should be washed immediately with lots of clean cold water. The patient can put his face under the tap or into a pail of clean water so that water runs into the eye; it may be necessary to hold the cyclids apart. Washing should continue for at least 10 minutes and the patient then be referred for medical treatment.

Foreign Objects in the Eye

The eye should be loosely covered with a dressing and the patient referred for medical treatment.

A Heavy Blow on the Eye

The casualty should be referred for treatment as soon as possible.

BURNS

If the burn is very small it may be covered with a small sterilized dressing.

In the case of large burns the patient should be referred to a hospital for medical treatment. If possible the burned area should be loosely covered by a sterilized dressing but, if the area is very large, the burned area may be covered with clean handkerchieves or towels; do not use cotton wool. Most burns are extremely painful and, in the majority of cases, shock accompanies this injury. In cases where it is difficult to decide whether a burn is minor or serious, the patient should always be referred for medical treatment.

Chemical Burns

The affected part should be put under a running tap or immersed in clean water as soon as possible. Affected clothing should be removed, if necessary by cutting them off. The patient should be referred for medical treatment, the affected area being loosely covered with a sterile dressing.

ELECTRIC SHOCK

The electric current should be turned off before touching the casualty. If this is impossible attempts should be made to knock him free using articles made of rubber, wood or newspaper. Once free, if he has stopped breathing, artificial respiration must be started and continued until a doctor arrives.

If you have not been trained to give artificial respiration you may use the following method.

This system can also be used in all circumstances where a casualty is found not to be breathing and must be continued until the arrival of a doctor.

- Lie the patient on his back and loosen all his tight clothing.
- Put a rolled up jacket or object of similar size underneath his shoulders.
- (3) Lift up his chin with one hand whilst with the other hold his nose between finger and thumb. Then take a deep breath, put your mouth over his mouth and blow into his lungs.
- (4) Repeat this breathing approximately 12 times a minute.

POISONING BY GASES OR FUMES

The affected person should be removed from further exposure to the gas or furné and taken out into the open air. The rescuer must take all precautions, by the use of safety lines or breathing equipment for example, to ensure that he himself is not overcome. The danger of explosions in such circumstances must always be borne in mind.

Artificial respiration must be given to the patient if he is not breathing and an ambulance or doctor should be sent for in all cases.