



Section 32
Safety Health
and
Environmental
Manual

2023

First Aid

BRIESER CONSTRUCTION GENERAL CONTRACTORS		Developed:	5/30/2008
		Revised:	7/20/2015
CORPORATE SAFETY, HEALTH & ENVIRONMENTAL MANUAL		Revision:	02
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GENERAL

- Section 32 of the manual is intended to be used only by persons who are certified or accredited by such agencies as American red cross, US Bureau of Mines or the American heart association in regard to providing of first aid, CPR, and other emergency care described herein by documentary evidence.
- under no circumstances is a person to administer first aid or any other emergency care outlined in this section without proper training and/or certification. this portion of the manual is designed for use by those persons who are properly trained.
- Brieser Construction employees who are certified or accredited by such agencies as American Red Cross, American Heart Association or U.S. Bureau of Mine are not required nor designated by Brieser Construction to administer First Aid or CPR to any employee or person. If an employee does administer First Aid/CPR it would be considered “Good Samaritan” assistance and voluntarily performed.
- In the absence of medical assistance that is reasonably accessible in terms of time and distance to the worksite, a person who has a valid certificate in first aid may be available to render First Aid.
- All worksites shall be supplied with First Aid supplies and shall consist of appropriate items determined to be adequate for the environment in which they will be used.
- All injuries shall follow Section 4 of the Brieser Safety and Health Manual for procedures for getting injured persons to our medical facility.
- All worksites shall contain suitable facilities for quick drenching or flushing of eyes or body where the eyes or body of any person may be exposed to injurious corrosive materials. This area shall be documented on the Brieser TSTI form.

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- Every Brieser Construction Co. facility, truck and job site will be equipped with a first aid kit. The Facilities and Equipment Manager shall check contents of First Aid Kit before putting into service. The Job Foreman shall check each First Aid Kit weekly and ensure expended items are replaced. The size and the contents of the first aid kit will be determined by Brieser Construction Co. Other medical and first aid supplies will be ordered as necessary for the employees' safety. Personnel of Brieser Construction Co. do not dispense medication. The first aid kit will be in a weatherproof container with individual sealed packages for each type of item and equipped with the following items as a minimum:
 - Band aids - 3/4" and 1"
 - Gauze - 1" and 2"
 - Sterile pads - 3" x 3" or 4" x 4"
 - Eye wash
 - Antiseptic wipes or cleansing towelettes
 - Scissors
 - Adhesive tape - 1"
 - Gauze bandages - 1"
 - Bandage compress - 4"
 - Instant cold packs
 - Breathing barrier
 - Rubber gloves
 - Biohazard Bag
 - Large triangular bandages

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APPENDIX A

FIRST AID AND MEDICAL SERVICES

MEDICAL DIRECTIVES AND EMERGENCY CARE OF OCCUPATIONAL AND NON-OCCUPATIONAL INJURIES AND ILLNESSES

These general procedures apply to the following emergency needs:

- Control bleeding
- Restore breathing and maintain open airway
- Prevent infection and further injury
- Do not move the injured employee if a neck or back injury is suspected. Only move them if an imminent danger (fire, explosion, etc.) can cause further harm.

EMERGENCY FIRST AID PROCEDURES

ABDOMINAL INJURIES. ACUTE

Trauma to the external abdominal wall may result in injury to underlying organs, even with little evidence of damage. Until seen by a physician, obviously severe or suspected internal abdominal injuries should be cared for as follows:

External Abdominal Injury

- Rapidly check vital signs (pulse, respiration, pupils, and blood pressure); monitor if equipment is available
- Keep employee flat and quiet
- Control bleeding and cover wound
- If internal organs are exposed, cover with sterile bandage to avoid contamination
- DO NOT REMOVE penetrating object
- Give nothing by mouth
- Treat for shock and avoid unnecessary handling
- Arrange for emergency transportation

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Internal Abdominal Injury

- Keep employee flat and quiet
- Give nothing by mouth
- Treat for shock and avoid unnecessary handling
- Arrange for emergency transportation
- Monitor pulse and respiration

ABRASIONS (see wounds)

AMPUTATIONS

- In case of partial or complete amputation, make every effort to preserve the severed part. Place in a plastic bag and put that bag into another bag of cold water. Keep part cool and not in direct contact with cold.
- Control bleeding
- Prevent shock
- Support with splint if necessary
- Arrange for medical care and transportation

ASPHYXIATION

- Do not endanger rescuer's life
- Remove from exposure
- Move to fresh air as quickly as possible
- Restore breathing with CPR or oxygen, if available
- Arrange for emergency transportation

BACK INJURIES OR COMPLAINTS

Back injuries or complaints may or may not be occupational in origin. Good accident information is very important.

- Apply cold packs, if available
- Refer to job site clinic
- Notify the Safety Department in case of back injury for possible referral to specialist

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BITE WOUNDS

Animal Bites

- Wash thoroughly with soap and water as soon as possible for a minimum of ten minutes
- Determine tetanus immunization status (required every ten years)
- Explain the need for animal to be kept under observation

Insect Bites

- If history indicates or if there is evidence of generalized allergic reaction, arrange for immediate medical care.
- If there is no indication of allergic reaction:
 - Remove stinger if in wound by scraping area with a plastic card
 - Wash thoroughly with soap and water
 - Apply cold packs
 - If necessary, arrange for medical care

BLISTERS FRICTION

1. Clean area with antiseptic soap and water
2. Apply a dry dressing
3. Do not open routinely
4. Seek cause and attempt to correct
5. Arrange for follow-up care

BRUISES (see Contusions)

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BURNS

Burns experienced in the construction industry can be classified as: thermal, chemical, electrical, and ultraviolet ray.

Thermal Burns

Minor

- Immerse in cold water or apply ice packs immediately, until the burning sensation does not reoccur on exposure to air. Do not place ice directly on skin
- Wash gently with soap and water
- Arrange for follow-up care
- If blisters appear as the result of a minor burn, send the employee to the clinic

Major

- Cover burned area with sterile or clean material so that the entire burned area and immediate surrounding skin area is enclosed
- **DO NOT REMOVE** clothing which adheres to burned tissue
- Moisten the burned area. **DO NOT APPLY COLD PACKS.** Too much cold will cause the person to go into shock.
- Treat for shock; monitor pulse and respiration
- Arrange for emergency transportation quickly

Chemical Burns

Acid and alkali burns can be very deceptive and often result in third degree burns due to continuing action of the chemical long after exposure. Concrete burns are chemical burns. Chemical burns may be very deep and tend to heal slowly.

- Immediate and continuous irrigation with large quantities of water is the first and most important emergency treatment for both MINOR and MAJOR chemical burns
- For MAJOR chemical burns of the skin, after large amounts of water for irrigation has been used, cover with sterile dressing
- Treat for shock
- Arrange for transportation to emergency facility
- An SDS for chemical involved must accompany person

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Electrical Burns

Electrical burns may follow contact with an energized wire or electric apparatus or may result from lightning. Electrical burns vary tremendously on type; some are shallow, whereas others are localized and deep. It is impossible to determine from the appearance of the burn just how serious it is.

- First aid treatment is usually of secondary importance
- Arrange for immediate transport to medical facility
- Initiate CPR and monitor pulse and respiration
- Treat the burned area as a thermal burn

Ultraviolet Ray Burns (Welding)

- Arrange for transportation to emergency facility

CARDIAC (HEART) EMERGENCIES

Emergencies which could be caused by cardiac disorders present a wide range of signs and symptoms. Many of these simulate other conditions. Signs and symptoms of possible cardiac disorders may range from mild to severe and may appear gradually or suddenly.

Signs and symptoms which may indicate cardiac disorders:

- Pain originating in the chest or behind the breastbone (sternum) and radiating down the left arm, up the neck, or to the back. This pain is steady and is frequently described by the individual as "pressing," "squeezing," or "choking."
- Indigestion
- Cyanosis (blue color of the skin) around lip area
- Difficulty in breathing, often aggravated by lying down flat
- Very rapid heartbeat or complaint of chest pains
- Weak, rapid, or irregular pulse
- Weakness, faintness, or shock symptoms

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Severe Cardiac Emergencies Requiring Immediate Action

- Cardiac arrest (heart attack)
- Serious respiratory distress
- Sudden severe and/or persistent chest pain
- Shock and coma of possible cardiac origin

Preparation for Handling Cardiac Emergencies at the Job Site

- Care of the employee with known cardiac disorders which could produce an emergency at work:
 - With the employee's permission, confer with his/her physician about care in an emergency and obtain specific written orders in anticipation of a problem.
 - Talk to the employee about procedures in case he/she becomes ill at work.
 - Offer assistance to the employee and his/her physician in carrying out the physician's recommendations while at work.

Care of Cardiac Emergencies

- Cardiac arrest
 - Maintain an open airway
 - Arrange for transportation to emergency services by ambulance
 - Administer CPR (if trained)
 - Loosen constrictive clothing
 - Comfort and reassure
- **Angina**-When the heart needs more oxygen than it is getting, the lack of oxygen lasts for more than a few seconds. The result is a dull, constricting, or crushing chest pain called angina pectoris.
 - Have the person cease all movement
 - Place the employee in a semi-reclining or sitting position, or the position which allows the person the easiest breathing
 - Make sure the airway is open
 - Loosen constricting clothing
 - If the pain persists longer than ten minutes, transport to medical facilities immediately

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CHEST INJURIES

Blow and compression injuries to the chest wall can result in conditions such as rib fractures, punctured lungs, bruised lungs, or a bruised heart.

- Anyone who has suffered a blow to the chest wall should be seen by a physician as soon as possible.
- Handle the employee with special care to prevent further injury.
- Treat for shock.
- Cover open or sucking chest wounds immediately and make as airtight as possible with dressings.
- Arrange for transportation to emergency facilities immediately.

CONTUSIONS (BRUISES)

Minor Contusions

- Immediately apply cold compresses or cold packs for 20 minutes. Advise employee to apply periodically during the first 48 hours or until the swelling is relieved.
- If soreness persists or there is suspicion of internal bleeding, have the employee visit the clinic or medical facility.

Major Contusions

- Apply cold packs or compresses immediately
- Arrange to have employee seen by a physician

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CONVULSIVE DISORDERS (EPILEPTIC SEIZURES)

- Stay as calm as possible. If the employee is conscious, reassure him/her.
- Stay with the employee until the seizure has passed.
- Help him/her lie down so that they will not fall and injure themselves.
- Never try to force something between the person's teeth. Doing so may result in injury to both you and the employee.
- Remove or loosen any tight clothing.
- Turn the employee on his/her side with head extended and face turned slightly downward so that secretions and vomit can drain quickly out of the mouth.
- Maintain an open airway.
- Place a folded jacket or other object underneath the employee's head.
- Don't attempt to restrain the employee unless he/she is in immediate danger.
- Do not move the employee unless something dangerous is nearby.
- If possible, keep people away so that he/she does not become a spectacle.
- Reassure and reorient the person following the seizure.
- If the person lapses into a second seizure without regaining consciousness from the first one, arrange for immediate transport and consider it a medical emergency.

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DIABETIC EMERGENCIES

Insulin Reaction or Shock

The onset of insulin shock is sudden; it may occur within minutes. This indicates there is too much insulin in the body.

Symptoms of insulin shock are headache, dizziness, hunger, irritability, trembling, blurring of vision, and nervousness.

Emergency care includes:

- The employee desperately needs sugar before brain damage and death occur.
- Place sugar on the employee's tongue if unconscious. This should arouse him or her. Use only the amount of sugar the tongue can absorb.
- Do not force liquid into an unconscious person's mouth.
- Sugar in any form (candy or raw sugar) can be given to a conscious employee.
- Arrange for transportation to the emergency facility immediately.

Diabetic Coma

The onset of a diabetic coma is gradual over a period of days. The diabetic has eaten too much that contains or produces sugar or has not taken his/her insulin.

Early symptoms include indigestion, extreme weakness, dry flushed skin, sweet or fruity odor on breath, and drowsiness to unconsciousness.

Emergency care includes:

- Immediate transportation to an emergency facility
- Maintain an open airway
- Monitor pulse and breathing
- Keep the employee lying flat
- If vomiting occurs, turn head to the side

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ELECTRIC SHOCK

Do not touch the employee until he/she has first been removed from contact with the electric current. Shut off the current, if possible, or use a dry stick, rope, or piece of lumber to free the employee from the source of electrocution.

Emergency care includes:

- Start CPR immediately if there is no pulse and/or no breathing
- A person sustaining electrical shock may become hysterical and start to run around and behave erratically
- Force the person to lie down and keep quiet
- Cover the person with blankets or clothes to help maintain body temperature
- Treat the burns and treat for shock
- Request emergency service immediately

EYE EMERGENCIES

Skill, precision, and extreme caution are essential for eye injuries. Many eye injuries, infections, and irritations which appear minor may prove serious if not properly cared for.

Foreign Body in the Eye

Foreign objects, such as particles of dirt, sand, drywall dust, sawdust, or fine pieces of metal are frequently blown or driven into the eye.

Emergency care includes:

- Flush the eye with sterile eye-wash solution, if available. If not available, use clean water as a substitute.
- Flush the eye a second time if not successful the first attempt.
- If flushing the eye is not successful, transport to emergency medical facilities.
- **Do not attempt to remove a foreign object with the corner of a piece of gauze or other material.**

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Impaled Object in the Eye

Objects embedded or impaled in the eye should be removed only by a physician.

Emergency care includes:

- Tell the person that both eyes must be bandaged to protect the injured eye.
- Encircle the eye with a gauze dressing or other suitable material.
- Call the paramedics as soon as possible.
- Position a Styrofoam cup or equivalent container over the embedded object. The object should not touch the top or sides of the cup.
- Hold the cup and dressing in place with a bandage that covers both eyes.
- Never leave the employee alone, as he/she may panic with both eyes covered.
- Keep the person as quiet as possible.
- Treat for shock.

Burns to the Eye (Chemical)

The following immediate care is essential:

- Irrigate the eye with large amounts of water at the scene of the accident (for at least 15 minutes).
- Have someone else call the paramedics while you are flushing the eye.
- Immediately remove the person's clothing, shoes, socks, and any jewelry or apparel that might have become contaminated with the chemical. Take care not to contaminate your own skin, eyes, or clothing.
- After the contaminated items are removed, continue to flush the burned area for another 30 minutes or until the paramedics arrive.
- An MSDS for related chemical must accompany individual to the hospital.

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FAINTING

The care for fainting is:

- The employee should lie down with the head lower than the feet or sit with the head between the knees.
- If the person is unconscious for more than two minutes, he/she should be transported to a medical facility as soon as possible.
- Provide as much fresh air as possible.
- Assist breathing (ventilation) if necessary.
- Maintain an open airway.
- Treat for shock.

FRACTURES AND DISLOCATIONS

Symptoms of a fracture or dislocation are:

- Pain or tenderness in the area affected
- Deformity or irregularity in the region of the injury
- Loss of function of the affected area
- Moderate or severe swelling
- Discoloration
- Employee's information

Emergency care for a suspected fracture or dislocation includes:

- Quiet the employee as much as possible by lying or sitting him/her down.
- Control the bleeding first.
- Carefully splint the fracture or dislocation in its same position if the paramedics cannot attend to the employee before transporting to the medical facility.
- Treat for shock.
- Arrange for transportation to a medical facility.
- Elevate and apply ice packs to injured part when possible.

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FROSTBITE

Emergency procedures for frostbite consist of the following:

- If the tissue is still frozen, keep the tissue frozen until you can begin care. Never initiate thawing procedures if there is any danger of refreezing.
- It is a mistake to thaw frostbitten tissue gradually. Thaw the tissue in water at 105 - 110 degrees Fahrenheit.
- NEVER attempt to rewarm the area by rubbing or massaging.
- Continue the rewarming process until the affected area turns deep red or bluish; the rewarming to this point may take up to 30 minutes.
- Call for emergency medical aid during the rewarming process.
- Bandage thawed areas gently with sterile dressing if medical help is not near. Place cotton or gauze pads between affected toes or fingers. Leave blisters unopened.
- Keep the employee warm
- Treat for shock.

HEAD INJURIES

If unconsciousness occurs, even momentarily, consider the person to have suffered a possible head injury. Always suspect and assess for a spinal injury in a head-injured person.

Emergency care for head injuries:

- The priority is to establish and maintain an adequate airway, because lack of oxygen to the brain is the most frequent cause of death in a head injury.
- You may have to ventilate the injured person if he/she is not breathing.
- The second priority is to control any bleeding from the scalp or forehead lacerations.
- Call for medical assistance.
- DO NOT ATTEMPT TO STOP BLEEDING AND CEREBROSPINAL FLUID DRAINING FROM THE NOSE OR EARS WHEN A HEAD INJURY HAS OCCURRED - doing so may cause increased pressure on the brain.
- Control bleeding by direct pressure with a sterile cloth to the wound. If evidence indicates a skull fracture, apply pressure only at the edges of the fracture.
- Keep the person in a flat position on their back.
- Treat for shock.
- Avoid overheating the injured person. Strip away some of the clothes if it is a warm day and allow fresh air to cool the person.

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HEAT EMERGENCIES

Heat Exhaustion

The symptoms are:

- Moist, clammy skin
- Weak, dizzy, or faint
- Headache
- No appetite or nausea

Emergency care for heat exhaustion is:

- Move the person to a cool place, but make sure they do not become chilled.
- Lightly apply cold, wet compresses to the skin and face of the person.
- Lie the person down; monitor pulse and breathing.
- Remove as much of the employee's clothing as possible and help make them as comfortable as possible.
- Administer water at the rate of 1/2 glassful every 15 minutes for an hour.
- If the person vomits, stop giving fluids immediately and transport to the medical facility.
- Transport the employee to the medical facility for observation and assistance.

Heat Stroke

Heat stroke is an emergency, and it is a life-threatening situation.

The symptoms of heat stroke are:

- Dry, hot skin
- Red or flushed skin color
- Very high body temperature
- Coma or near coma

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Emergency care for heat stroke includes:

- Establish an airway.
- Request medical help immediately.
- Remove the person from direct sunlight and undress the individual.
- Wet his/her body thoroughly with cold water and fan him/her briskly. Move him/her to an air-conditioned office immediately.
- Use a garden hose to keep him/her wet.
- Where immersion is not feasible, ice massage is the best alternative. Take the ice from the water container on the job site and place in a plastic bag.
- Rub the person all over with the ice bag.
- Place cold packs under the person's arms, around the neck, around the ankles, and behind the knees.
- Never give the person anything to drink.

NOSEBLEED

Treatment for a nosebleed includes:

- Keep the person quiet and in a sitting position, leaning forward.
- Apply pressure by pinching the nostrils for five minutes.
- Apply cold packs to the nose and face
- If bleeding is controlled, continue to pinch for 10 minutes; if bleeding continues, transport to medical clinic.
- Instruct the person to avoid blowing the nose for several hours, as this could dislodge the clot.

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SHOCK

Shock is a serious condition that causes death. You SHOULD anticipate shock before it develops and assume that every patient is in shock until proven otherwise. It does not hurt the person if you treat him/her for shock and they may not enter that condition.

The three chief dangers associated with shock are:

- Early loss of consciousness that mainly involves the nervous system which may be fatal.
- Progressive loss of blood from the active circulation, which may lead to a failing heart output and insufficient oxygen to cells that are vital for survival.
- Sustained lower blood pressure, which may lead to liver and kidney failure.

The most common symptoms of shock are:

- Restlessness and anxiety will usually precede any other signs
- Pale skin
- Thirst and dryness of the mouth
- Fainting
- Shallow, labored breathing
- Shaking and trembling of arms and legs (weakness)
- Rapid pulse

Management of shock includes:

- Establish an airway. Breathing and pulse should be constantly monitored.
- Stop bleeding if present. Use gentle, direct pressure with sterile gauze if available.
- Elevate the lower extremities and maintain a head-lowered position, except when other wounds or possible back injury do not allow.
- Immobilize fractures; this lessens damage to soft tissues and prevents further blood loss.
- Avoid any rough or excessive handling.
- Call for medical assistance.
- Keep the injured employee's temperature as normal as possible. Put blankets or jackets underneath and over him/her if cool. Prevent loss of heat, but do not add more heat.
- Monitor the injured person's state of consciousness.
- Do not feed the person or give him/her a drink. Give nothing by mouth.

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This Portion of the Manual Should Only be Used by Properly Trained and Certified Persons.

SPLINTERS AND SLIVERS

- Cleanse area with soap and water.
- Inspect carefully to evaluate the depth embedded and size of object.
- Remove with tweezers if not embedded too deeply and can be easily grasped.
- Clean with antiseptic and then bandage.
- If embedded too deeply, seek medical assistance.

WOUNDS (LACERATIONS)

The chief duties of the person rendering first aid in caring for an open wound are to stop the bleeding and to prevent germs from entering the wound. In caring for wounds, always give consideration to the employee's immunization status against tetanus, especially when he/she has stepped on a nail.

Emergency care for open wounds includes:

- Where there is severe bleeding, always control it by direct pressure.
- If a limb is involved, elevation of the arm or leg will help control bleeding. Pressure points at arm and groin may be used to control bleeding also.
- Shock usually follows wounds, especially if much blood is lost.
- If loose, foreign particles are around the wound, wipe them away with clean material.
- Always wipe away from the wound, not towards it.
- Do not attempt to remove a foreign object embedded in the wound, since it may aid the physician in determining the extent of the injury. Serious bleeding and other damage may occur if the object is removed. Stabilize the object with a bulky dressing.
- Let the physician cleanse the wound.
- Immobilize the injured part and keep the patient quiet.
- Place a bandage or compress over the wound and tape or tie in place.
- The dressing or bandage should be applied firmly and snugly but should not be so tight as to affect the blood supply to the injured part.
- Preserve all avulsed (amputated) parts.
- Calm and reassure the patient.
- Transport to a medical facility.
- Tourniquets are to be used only when a major amputation occurs.

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DO NOT ATTEMPT TO ADMINISTER CPR IF YOU HAVE NOT BEEN TRAINED.

CPR REVIEW

- ESTABLISH UNRESPONSIVENESS
 - Try to arouse the person by tapping him/her on the shoulder and loudly asking, "Are you okay? Are you okay?"
- CALL FOR HELP
 - Send someone to call for an ambulance and tell them to return.
- POSITION THE VICTIM ON A HARD, FLAT SURFACE, LYING ON THEIR BACK
- ESTABLISH AN AIRWAY
 - Open the airway (head tilt-chin lift method)
- BREATHING
 - Look
 - Listen
 - Feel
 - If breathless, administer two full ventilations
- CIRCULATION
 - Establish a pulse
 - Feel the carotid pulse for 10 seconds
 - Uncover the person's chest
 - Locate the xiphoid process on the sternum
 - Run your fingers along the person's rib cage to the notch where the ribs meet the breastbone in the center of the lower chest
 - Place one finger on that notch and put your other finger on the lower end of the sternum
 - Place the heel of your other hand above the two fingers
 - Place your second hand on top of your first, bringing your shoulders directly over the person's sternum
 - Pull your fingers up from the chest by interlacing them

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CIRCULATION continued

- Keeping your arms straight and your elbows locked, apply firm, heavy pressure so that you depress the sternum about 1 1/2 - 2 inches.
- After each compression, completely relax the pressure so that the sternum returns to its normal position, but don't move your hands off the person's chest
- Deliver compressions at the rate of 80-100 per minute.
- Use the count "one and two and... fifteen and"
- Administer two full ventilations
- Complete four cycles of 15 chest compressions and two ventilations
- Check for return of a pulse at the carotid artery
- If no pulse is found, ventilate twice and continue the cycle of 15 chest compressions and two ventilations until medical help arrives