

#3 In A Series

CRASH COURSE

Simple tips that could help save lives.



Count on Shell

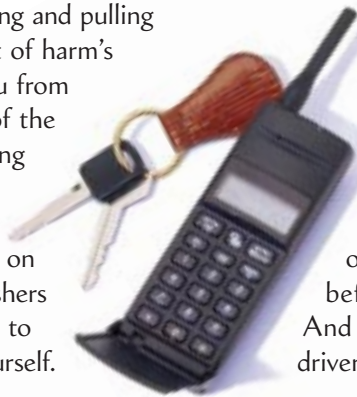
Each year, thousands of drivers and passengers die in the few minutes *after* an auto collision. Many of them could be saved if the first people on the scene—people like yourself—knew how to respond quickly and correctly.

Q. I've just seen a bad collision. What can I do to help?

A. *First and foremost, don't make things worse.* Pass *well beyond* the wreck before signaling and pulling off of the road, out of harm's way. This keeps you from blocking the view of the collision to oncoming traffic, and it gives emergency crews room to work. Turn on your emergency flashers and raise your hood to call attention to yourself.

Then carefully approach the wreck, avoiding dangerous situations like wires, fires or hazardous materials.

Next, turn off the ignitions of all vehicles to reduce the risk of fire. This simple step could keep a bad collision from becoming much worse. Remember, check for spilled gasoline or downed power lines before getting too close. And don't move an injured driver to get to his keys.





Move well beyond the wreck, and park out of harm's way. Use your flashers, raise your hood or trunk, and watch for traffic, fire and wires.

Now call for help if possible.

Be sure to stay on the line until the emergency dispatcher hangs up. If you're needed to administer first aid, assign the call to someone else and be specific: "You in the red jacket — call 9-1-1!" Consider carrying a cellular phone in your car. Many

Reduce the risk of fire by turning off a wrecked car's ignition. Just don't move a driver to get to the keys.



of today's models have emergency numbers programmed into them.

Check for injuries. Are victims awake and responsive? If so, encourage them not to move. If they don't respond, verify that they are breathing. Then attend to those with severe bleeding (wear latex gloves if possible). And remember:

**NEVER MOVE A VICTIM
UNLESS THERE IS
AN IMMEDIATE,
LIFE-THREATENING
DANGER SUCH AS FIRE,
LEAKING FUEL
OR RISING WATER.**

Q. Should I always stop?

A. Whatever the situation, your intervention might help save a life.

Wouldn't you want to be helped if you were the one trapped or injured? Also, if you were involved in the collision, you *must* stop. All states impose severe penalties on drivers who don't stop in such cases. Remember, you can be "involved" in a collision without actually hitting anything. If you contribute to a crash in any way, you're obligated to stop.

If the fear of making a mistake keeps you from stopping, be aware that most states have "Good Samaritan" laws to protect individuals from liability if they stop and, in good faith, administer first aid. The

If emergency crews are racing to a crash ahead of you, pull over to let them safely pass. And don't assume the first ambulance or police car you see will be the only one.

Watch for other emergency vehicles following closely behind the first.

The last thing you want to do is pull out and cause another collision.

1. Is the victim awake and responsive? Are you sure breathing has stopped?



2. If the victim is not breathing, gently straighten her head into the normal, "eyes front" position.



3. Lower the victim's jaw.



scope of protection varies, so check your state's laws.

Q. What's my first step in treating the injured?

A. Before beginning any first aid, check to see if any victims are awake and responsive. This may help you assess the level of care each victim needs. A conscious victim's responses will often help you evaluate the extent of his injuries. "What hurts?" may reveal broken bones, bleeding or internal injuries. "Can you wiggle your fingers or toes?" could help you assess potential spinal damage. And no response at all might mean a victim isn't breathing.

Q. I don't think she's breathing! Now what?

A. First, **make sure breathing has stopped.** Is the victim completely nonresponsive? Is her chest rising and falling? Can you feel breathing? Hear it?

If the victim is not breathing, open her airway. Gently move the

head into its normal, “eyes front” position and lower the jaw.

Listen for gurgling or gagging.

Both are signs of a blocked airway. If you hear either after opening the mouth, gently clear it of any obstructions.

If the victim is still not breathing, begin artificial respiration. Pinch the victim’s nose shut. Open your mouth wide, take a deep breath, and put your mouth tightly over the victim’s (you may wish to carry a pocket mask or mouth barrier for such emergencies).

Blow a full breath, then watch for the victim’s chest to rise and fall. If she doesn’t start breathing on her own, blow one full breath every five seconds. Do this for at least one

minute. Be sure to breathe yourself — you don’t want to hyperventilate!

Q. How do I control severe bleeding?

A. Press firmly against any wounds with some sort of bandage, preferably a thick pad of clean cloth. This

will absorb the blood and allow it to clot. (If possible, place a barrier — several layers of cloth, vinyl gloves, a plastic bag — between you and the victim’s blood.) If blood soaks through the dressing, *don’t remove it*. That could open the wound further and make

bleeding worse. Instead, add more layers of cloth and apply pressure even more firmly. If possible, get someone else at the scene to help you tie the bandage in place.



To control severe bleeding, apply constant pressure to the wound with a bandage or a thick, clean cloth. If possible, wear latex gloves.

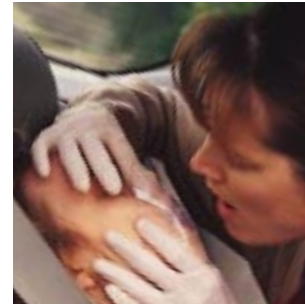
4. Gently clear her mouth of liquid or debris.



5. Check for breathing once again.



6. If the victim still isn't breathing, begin artificial respiration.



If the bleeding still won't stop, make sure you're pressing on the right spot. It's *not* a good idea to use your belt as a tourniquet. That might completely cut off the flow of blood, and could potentially lead to the loss of the limb.

Q. All this blood and breathing. Should I be worried about AIDS?

A. It's a common question, with a comforting answer. According to the American Medical Association, it is "extremely unlikely" that you will contract AIDS from a bleeding collision victim, or from mouth-to-mouth contact during artificial respiration. The HIV virus, which causes AIDS, is transmitted through sexual contact, infected blood, infected needles or childbirth, and not through casual contact. Still, for added peace of mind, you may want to keep several pairs of latex gloves in your first aid kit (freezer bags are a good substitute).

If an apparently uninjured shock victim is nauseated or vomiting, have her lie on her side and slightly elevate her head.

Q. If I *have* to move someone, how should I do it?

A. Remember, you should only move a crash victim when there is an immediate danger such as fire or rising water. If you *must* move a victim, gently align his neck and spine. *Then, if you are alone,* carefully drag him backward by the clothes or armpits. Do not pull a victim sideways, as this will only aggravate spinal damage.

If you have help available, have one person support the head from underneath, keeping it in line with the spine. The others can then lift the body from the sides, evenly supporting it from underneath.

Q. I think she's in shock. Now what?

A. Shock occurs when a victim's circulatory system doesn't provide enough blood to his body and brain. *A person doesn't have to appear injured to suffer from shock — in fact, shock victims often walk, talk and at first seem merely "shaken up."*



Shock can kill, so know how to recognize it. Telltale signs include pale, moist, clammy skin; dilated pupils; a weak and rapid pulse; shivering; thirst; nausea and vomiting; shallow breathing;



weakness; a vacant expression and a detached attitude.

If you suspect an apparently uninjured victim is in shock, have her lie down and raise her feet slightly. It's generally best to place blankets and coats under her and around her to conserve heat. If the victim is nauseated, have her lie on her side. Then begin any additional first aid, *talking* to the victim as you work. A little kindness and understanding go a long way toward treating shock.

Q. Can you describe a good first aid kit?

A. Let's start with the requisite items: bandages, adhesive tape, scissors, blankets, latex gloves, a mouth barrier, flashlights, flares and reflectors. Gauze pads, gauze rolls, safety pins and alcohol swabs

are excellent additions.

Finally, keep *change for a pay phone* handy, even if you carry a cell phone.

Q. How can I help myself if I'm in a wreck?

A. *If it's a minor collision with no injuries*, you can best help yourself by staying calm and moving out of traffic. The key here is safety first, insurance later. Keep a pad and pencil handy, and use them, along with insurance forms, to exchange information once you've cleared the scene.

If you're in a major collision, you'll have to be the judge of whether

or not you're injured and how quickly traffic is moving around you. Often, your best bet is to wait for help from a safe place—which just might be your car. If you're uninjured and traffic permits, you may want to begin first aid on those around you. But don't put yourself at *more* risk doing so. You'll be no help to anyone if you lapse into shock or get struck by a passing motorist.

Q. What other first aid training can I take?

A. Cardiopulmonary resuscitation, or CPR, is a combination of artificial respiration and chest compression used when a victim's heart has stopped. *It should only be performed by someone professionally trained in the procedure.* CPR is taught at most first aid courses, and is invaluable for drivers and parents.

Q. Is this all I need to know?

A. It's a good start, but no. It would be impossible, in this guide, to cover

all the information you need to cope with highway emergencies. For more detailed training, you should register for some basic first aid courses, including a CPR course. It will cost you a little time and money, but the information you gain will be invaluable. Until then, please reread this collection of tips, and make it available to others.

*This has been written in cooperation with the National Safety Council and the American Trauma Society. It contains general recommendations that we believe will be helpful in many emergencies. Since every emergency is different, the individual driver must decide what to do in any particular case. For further information about first aid, contact the National Safety Council at www.nsc.org and the American Trauma Society at www.amtrauma.org or 1-800-556-7890. For additional copies of *Crash Course*, contact Shell on the Internet at www.countonshell.com or call 1-800-376-0200.*

*For assistance during **nonmedical** roadside emergencies, you can get help from the Shell Motorist Club, which covers all licensed drivers in your family for one price. For information, call 1-800-355-7263.*



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