

FIRST AID BASICS FROM CDC AND STOP THE BLEED

When help is delayed, the first steps are simple: call 911 and press firmly on heavy bleeding, clean and cover small wounds, cool a person with heat stroke, get a person with hypothermia warm and out of wet clothes, and get to fresh air if you suspect carbon monoxide.

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After a storm, a long outage, or while sheltering from fallout, help can take longer to arrive. CDC notes that the risk of injury during and after a disaster is high, and that prompt first aid can help small wounds heal and prevent infection. This page covers what CDC explains step by step, plus bleeding control from Stop the Bleed, which the Department of Homeland Security describes as a national awareness campaign and whose course the American College of Surgeons teaches. It is not a substitute for training: Ready.gov calls first aid a skill and suggests a class through the American Red Cross, local government groups, or places like the YMCA. The American Heart Association also teaches CPR.

■ WARNING

Call 911 for any serious injury or illness. The steps below are for what to do until help arrives, or when you cannot reach it.

CONTROLLING SEVERE BLEEDING

Use this when someone is bleeding heavily from an injury and help has not arrived. DHS says a person who is bleeding can die from blood loss within five minutes, and that bystanders will always be first on the scene.

Steps from the American College of Surgeons Stop the Bleed course, which teaches them as the ABCs: Alert 911, find the Bleeding, Compress.

1. Check that it is safe. The course says your safety is your first priority: help only when it is safe to do so, and if the situation becomes unsafe, stop, move to safety, and take the injured person with you if you can. Wear gloves if you can.
2. Call 911. Know your location, and follow the instructions the 911 operator gives you.

3. Find where the blood is coming from. Look for bleeding that is continuous, large in volume, or pooling. There may be more than one wound, and clothing can hide life-threatening bleeding. DHS says to expose the wound by tearing clothing away.
4. Press firmly and directly on the wound. Use just enough gauze or cloth to cover the injury, and focus on where the bleeding is. DHS says to use gauze, clean cloth, an elbow, hand, or knee, whatever it takes to slow or stop the bleeding. If pressure stops the bleeding, keep pressing until help arrives.
5. If the wound is deep, pack it. The course says pressing on the surface does not work for large wounds: pack gauze tightly into the wound until it stops the bleeding, then hold pressure until help arrives.
6. If an arm or leg wound will not stop bleeding, use a tourniquet. DHS says that if pressure does not stop the bleeding and the dressing becomes soaked with blood, you will need to apply one. Follow the tourniquet steps below.
7. Stay with the person and wait for help to arrive.

Applying a tourniquet. Steps from the DHS tourniquet poster, for a tourniquet with a buckle, strap, and windlass rod:

1. Place the tourniquet 2 to 3 inches from the wound, between the wound and the heart. It can go over clothing.
2. Do not put it over a joint, such as an elbow, knee, wrist, or ankle. DHS says joints prevent the pressure needed to stop an arterial bleed.
3. Clip the buckle and pull the end strap firmly. Tighten it as much as you can.
4. Twist the windlass rod in one direction to increase the pressure until the bleeding stops.
5. Lock the rod with the windlass clip so it does not unwind. If there is a strap, use it to secure the rod too.
6. Note the time the tourniquet went on. DHS says leaving a tourniquet on too long can damage tissue, and the time helps caregivers know which patients to treat first.

The course adds that you can put a tourniquet on yourself, that tourniquets hurt, that a second tourniquet may be needed, and that you should not remove one once it is on. In all but very young children, the same tourniquet used for adults can be used. For an infant or very small child, direct pressure works in virtually all cases, and deep wounds can be packed the same way as in adults.

Check: you can say the ABCs (Alert 911, find the Bleeding, Compress) without looking, and you have found a Stop the Bleed class near you.

■ WARNING

Do not remove a tourniquet once it is on (American College of Surgeons). If you get blood on you, clean any part of your body it touched, and tell a health care provider so you can follow their direction.

These steps do not replace hands-on practice. The American College of Surgeons Stop the Bleed course has instructors check your technique as you practice pressure, packing, and tourniquets. Its FAQ says most courses last no longer than 90 minutes and usually have no charge, and that an online lecture is available but the skills portion is in person. DHS also suggests asking your local public health department, hospitals, emergency medical services, or fire and police departments about training.

CLEANING AND COVERING A WOUND

Use this for cuts and scrapes when you cannot get to a clinic right away, especially after a flood or storm.

Steps from CDC:

1. Wash your hands thoroughly with soap and clean water, if possible. If you have no soap and water, CDC says to use an alcohol-based hand sanitizer with at least 60% alcohol.
2. Put on disposable gloves if you have them, and avoid touching the wound with your fingers.
3. Remove jewelry and clothing that is in the way of the injured part.
4. Press directly on a bleeding wound to control the bleeding.
5. When the bleeding has stopped, look for dirt and foreign objects in the wound.
6. Gently flood the wound with bottled water or clean running water. CDC says saline solution is preferred if you have it.
7. Gently clean around the wound with soap and clean water.
8. Pat it dry and put on an adhesive bandage or a dry, clean cloth.
9. Look at the wound again every 24 hours.

CDC also says to leave unclean wounds, bites, and punctures open, because wounds that are not cleaned correctly can trap bacteria. Cover clean, open wounds with a waterproof bandage, and keep any open wound out of floodwater.

Check: the wound is clean, covered, and you have set a time to look at it again tomorrow.

■ WARNING

Get medical care as soon as possible if something (soil, wood, metal) is stuck in the wound, the wound is from an animal bite or a puncture by a dirty object, or it shows infection: more pain and soreness, swelling, redness, draining, or fever. Signs of sepsis also need care right away: confusion, shortness of breath, high heart rate, fever or shivering, extreme pain, or clammy, sweaty skin. For a puncture wound or a wound contaminated with feces, soil, or saliva, CDC says a health care professional should decide whether you need a tetanus booster (CDC).

HELPING AFTER AN ELECTRIC SHOCK

Use this when someone has touched a live wire or wet electrical equipment, a common hazard after storms and floods.

Steps from CDC:

1. Look first. Do not touch the person: they may still be in contact with the electrical source, and the current can pass through you.
2. Call 911, or have someone else call.
3. Turn off the source of electricity if you can. If you cannot, move the source away from you and the person with something that does not conduct electricity, made of cardboard, plastic, or wood.
4. Once the person is free of the source, check their breathing and pulse. If either has stopped or seems dangerously slow or shallow, begin CPR right away.
5. If the person is faint or pale or shows other signs of shock, lay them down with the head slightly lower than the trunk and the legs raised.
6. Do not touch burns, break blisters, or remove burned clothing.
7. Make sure the person is taken to a doctor. CDC says electrical shock may cause burns inside the body.

Check: you can name three non-conducting materials in your home you could use to push a wire away (cardboard, plastic, wood).

■ WARNING

Never turn power on or off, or use an electric tool or appliance, while standing in water (CDC).

TREATING HEAT EXHAUSTION AND HEAT STROKE

Use this in a heat wave without air conditioning, when someone is overheated. Heat stroke is a medical emergency; heat exhaustion can come first.

Heat stroke. CDC lists the signs as a high body temperature (103°F or higher); hot, red, dry, or damp skin; a fast, strong pulse; headache; dizziness; nausea; confusion; and passing out. What to do:

1. Call 911 right away.
2. Move the person to a cooler place.
3. Lower their temperature with cool cloths or a cool bath.
4. Do not give the person anything to drink.

Heat exhaustion. CDC lists heavy sweating; cold, pale, clammy skin; a fast, weak pulse; nausea or vomiting; muscle cramps; tiredness or weakness; dizziness; headache; and fainting. What to do:

1. Move to a cool place.
2. Loosen clothes.
3. Put cool, wet cloths on the body or take a cool bath.
4. Sip water.
5. Get medical help right away if the person is throwing up, the symptoms get worse, or they last longer than 1 hour.

Check: you can tell the two apart. Hot skin and confusion point to heat stroke and a 911 call; heavy sweating with cold, clammy skin points to heat exhaustion.

For keeping a household cool without power, see how to stay cool without power.

WARMING SOMEONE WITH HYPOTHERMIA

Use this when someone has been out in the cold, or got wet and chilled. CDC says hypothermia can happen even above 40°F if a person is chilled from rain, sweat, or cold water.

Signs in adults are shivering, exhaustion, confusion, fumbling hands, memory loss, slurred speech, and drowsiness. Babies may have bright red, cold skin and very low energy. CDC calls hypothermia a medical emergency: take the person's temperature, and if it is below 95°F, get medical attention immediately.

If you cannot get medical help right away, CDC's steps are:

1. Get the person into a warm room or shelter.
2. Remove any wet clothing.

3. Warm the center of the body first (chest, neck, head, and groin), using an electric blanket if you have one, or skin-to-skin contact under loose, dry layers of blankets, clothing, towels, or sheets.
4. Give warm drinks if the person is awake. Do not give alcohol, and do not try to give drinks to an unconscious person.
5. Once body temperature has risen, keep the person dry and wrap the body, including the head and neck, in a warm blanket.
6. Get medical attention as soon as possible.

Check: the person is dry, wrapped, and shivering less, and you have recorded their temperature.

■ **WARNING**

A person with severe hypothermia may be unconscious and may not seem to have a pulse or be breathing. CDC says to handle them gently, get emergency help immediately, and perform CPR even if the person appears dead, continuing until they respond or medical aid arrives and warming them while you do it (CDC).

CARING FOR FROSTBITE

Use this when skin on the nose, ears, cheeks, chin, fingers, or toes has been exposed to extreme cold. CDC says redness or pain may be the first sign. Other signs are a white or grayish-yellow skin area, skin that feels unusually firm or waxy, and numbness. Because the area is numb, the person may not know until someone else points it out.

First check for hypothermia, which CDC says is more serious and needs emergency care. If the person has frostbite but no signs of hypothermia, and medical care is not available right away:

1. Get the person into a warm room as soon as possible.
2. Unless it is absolutely necessary, do not let them walk on frostbitten feet or toes. This increases the damage.
3. Do not rub the area with snow or massage it at all.
4. Put the affected area in warm, not hot, water. It should feel comfortable to the touch on unaffected skin.
5. If you have no warm water, use body heat. For example, warm frostbitten fingers in an armpit.
6. Do not use a heating pad, heat lamp, stove, fireplace, or radiator for warming. Numb skin burns easily.

Check: a health care provider should still look at frostbite, CDC says. These steps do not replace that.

SPOTTING CARBON MONOXIDE POISONING

Use this whenever a generator, grill, camp stove, or other fuel-burning equipment is running during an outage and someone feels sick.

CDC lists the most common symptoms as headache, dizziness, weakness, upset stomach, vomiting, chest pain, and confusion, often described as “flu-like.” People who are asleep, drunk, or under the influence of other substances can die from CO before they have symptoms.

If you suspect CO poisoning, CDC says:

1. Move to outside air.
2. Call 911 or your local Poison Control Center at 1-800-222-1222, or consult a health care professional right away.

Check: you have a battery-operated or battery backup CO detector near every sleeping area, and you check its batteries when you change your clocks each spring and fall (CDC).

■ WARNING

Never use a generator inside your home or garage, even with doors and windows open, and never burn charcoal or use a portable gas camp stove indoors (CDC). See generator safety for placement and alarms.

RESPONDING TO CARDIAC ARREST

Use this when someone suddenly collapses. CDC says a person may be in cardiac arrest if they collapse suddenly and lose consciousness, are not breathing or are gasping for air, do not respond to shouting or shaking, and do not have a pulse.

Steps from CDC:

1. Call 911 immediately.
2. Send someone to get an automated external defibrillator (AED), or get one yourself when it is safe.
CDC says most AEDs are appropriate for adults and children over 8 years old.
3. Begin CPR.
4. Keep giving CPR until medical professionals take over or the person begins breathing on their own.

CDC's pages tell you to give CPR but do not teach how, so learn it in a hands-on class. CDC says that CPR performed in the first few minutes of cardiac arrest can double or triple a person's chance of

survival. The American Red Cross and the American Heart Association both offer CPR and AED courses.

Check: you can list the four signs of cardiac arrest without looking, and you have taken or booked a CPR class.

STOCKING A FIRST AID KIT

Use this before an emergency, so the kit is ready with your other supplies. Ready.gov lists a first aid kit in its basic disaster supplies kit.

1. Gather the items on the list Ready.gov gives for a family of four (from the American Red Cross):
 - A first aid guide
 - Two 5 x 9 inch absorbent compress dressings
 - 25 adhesive bandages in assorted sizes
 - A 10 yard x 1 inch roll of adhesive cloth tape
 - Five antibiotic ointment packets
 - Five antiseptic wipe packets
 - Two packets of 81 milligram aspirin
 - An emergency blanket
 - A breathing barrier with a one-way valve
 - An instant cold compress
 - Two pairs of large nonlatex gloves
 - Two hydrocortisone ointment packets
 - One 3 inch gauze roller bandage and one 4 inch wide roller bandage
 - Five 3 x 3 inch and five 4 x 4 inch sterile gauze pads
 - A thermometer (non-mercury, non-glass)
 - Two triangular bandages
 - Tweezers
2. Add what your household needs. Ready.gov gives examples: antihistamines or an epinephrine injector for severe allergies; a juice box, glucose tablets and gels, and an emergency glucagon kit for diabetes.
3. Ask your doctor or pharmacist what else to keep on hand, including naloxone.
4. Add prescription medicines and non-prescription ones such as pain relievers, anti-diarrhea medicine, antacids, or laxatives (Ready.gov).
5. Store the items in airtight plastic bags, and keep the kit where everyone in the household knows to find it.
6. Replace expired items, and rethink your needs every year.

Check: every item on the list is in the kit and in date, and everyone in the house knows where it is. For medicines that need refrigeration, see medical needs in an outage.

PRACTICE LIST

SKILLS

- ☐ Controlling severe bleeding (and a Stop the Bleed class found)
- ☐ Cleaning and covering a wound
- ☐ Helping after an electric shock
- ☐ Treating heat exhaustion and heat stroke
- ☐ Warming someone with hypothermia
- ☐ Caring for frostbite
- ☐ Spotting carbon monoxide poisoning
- ☐ Responding to cardiac arrest (and a CPR class booked)
- ☐ Stocking a first aid kit

TRACK

Survival skills

SHEET

9 of 13

REVIEWED

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COMPILED FROM THESE SOURCES

1. DHS, Stop the Bleed
2. DHS, Stop the Bleed: Applying a Tourniquet (poster)
3. American College of Surgeons, Stop the Bleed Course v. 2.0 (lay public presentation)
4. American College of Surgeons, Stop the Bleed: Get Trained
5. American College of Surgeons, Stop the Bleed FAQ
6. CDC, Emergency Wound Care After a Natural Disaster
7. CDC, Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters (2025)
8. CDC, Heat-Related Illnesses: What to Look For, What to Do

- 9.** CDC, Preventing Hypothermia
- 10.** CDC, Preventing Frostbite
- 11.** CDC, Carbon Monoxide (CO) Poisoning Basics
- 12.** CDC, About Cardiac Arrest
- 13.** CDC, About Sudden Cardiac Arrest in Children and Youth
- 14.** CDC, Practical Skills (Prepare Your Health)
- 15.** Ready.gov, Home Safety
- 16.** Ready.gov, Build a Kit

Every safety claim on this sheet links to its primary source.