

# First Aid In The Kitchen

By  
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## Introduction

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As an added bonus, there is now a sister volume, freely available to visitors of [The Cool Cook](#), on 'Hygiene In The Kitchen'. Don't miss it.

Best wishes  
Michael Sheridan

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### **First Aid In The Kitchen**

It's a sobering thought that the majority of accidents not involving an automobile occur in the home, where you would expect to be at your safest. And of those, most happen in the kitchen.

They tend to fall into the following categories:

- ◆ Cuts
- ◆ Burns and Scalds
- ◆ Poisoning
- ◆ Electric Shock

You, and the rest of your family, really need to know how to deal with them.

Remember, what we are talking about is First Aid. The idea is not to try to turn you all into doctors, or even paramedics, but simply to give you the skills to take immediate action should something untoward happen.

Learning a few simple basics as set out in this book will allow you to take immediate remedial action in the event of an accident which could prevent scarring, reduce stress, save a limb or, in extreme cases, a life.

You will not only be taught what to do in an emergency, you will also be taught what NOT to do, which can be just as important. You may well be in for a number of surprises and find a few myths exploded.

The book is aimed specifically at problems arising in the kitchen, but many of the skills described will work just as well anywhere you happen to be.

Your family will derive the most benefit from this if you learn the steps and practise them together. Ask each other questions, for example, and see how much of the information you have each retained.

Don't assume for one moment that it will always be the adults who administer the first aid. Grown ups have accidents too!

Ask each other questions about the content of, and make sure everyone knows where, the First Aid box is kept and what each item is used for.

Ummm - you do have a First Aid box, don't you?

Well, just in case you don't, and even if you do, let's go over the basic necessities of what it needs to contain. Remember, these are the basics. The list is by no means exhaustive but should be sufficient to deal with any domestic accident until professional help can be summoned.

### **Basic First Aid Kit**

As a *minimum* any domestic First Aid box should contain the following:

- ◆3 packs of gauze swabs
- ◆3 individual hand towels or a pocket sized pack of tissues
- ◆5 band aids of assorted width
- ◆1 roll of adhesive tape
- ◆2 sterile non-stick dry dressings (4x4 ins)
- ◆1 No14 BPC wound dressing
- ◆1x2ins stretch bandage
- ◆1x3ins stretch bandage
- ◆1 triangular bandage
- ◆5 safety pins
- ◆1 pair blunt ended sharp scissors
- ◆1 pair splinter forceps
- ◆3 plastic bags
- ◆3 antiseptic swabs
- ◆Disposable latex gloves

The box itself should be air-tight and kept where it can be reached by all the family (not in the bathroom with its damp atmosphere). A kitchen cupboard is ideal, since this is in an area where accidents are likely to occur and where there is an abundance of running water if needed.

Notice there are no creams, lotions, potions or other cure-alls in this kit. That's because in many situations they are likely to do more harm than good.

It's a much better idea to rely on good hygiene in the form of hand-washing and sterile bandages to keep an injury infection free until professional help can be sought.

I'll repeat that for anyone at the back who wasn't listening: do not put *anything* other than sterile dressings on an injury unless advised to do so by someone who is medically qualified to give such advice.

Okay. We've got the First Aid kit. Now let's learn to use it.

## About Shock

You may be surprised to find that a book on first aid in the kitchen kicks off with an article on shock - but there are very good reasons for this.

Simply put, the shock we are talking about is a medical condition which can arise as a result of any other injury. It is life threatening and it's vital that you can recognize and treat the symptoms at an early stage.

What happens is that there is a failure of the circulatory system to provide sufficient oxygen-rich blood to all parts of the body. As a result, and because of a knock-on effect, vital systems start to shut down.

Stress and fear can accelerate this process - or even trigger it - and it's important for you to recognize the warning signs.

### Always assume the worst

Once you have treated any injury, immediately begin treatment for shock ***even though no symptoms have yet appeared.***

If shock begins to develop despite your careful management - call an ambulance. No ifs no buts. Shock is a rapidly deteriorating condition and it can kill, even though the injury that caused it is not in itself life threatening.

### Treatment

Regardless of the type of injury sustained it is important to treat that first and manage shock as secondary treatment. This is especially true in the case of bleeding and/or severe burns.

Once those are stable, immediately do the following:

- ◆ Help the victim to rest comfortably
- ◆ Help the victim maintain normal body temperature
- ◆ Reassure the victim to lessen fear and stress
- ◆ **DO NOT** give anything to eat or drink even though they may be very thirsty
- ◆ Raise the victim's legs slightly unless you suspect a heart attack or stroke
- ◆ **If the victim becomes unconscious position them on their side and maintain a clear airway. An ambulance must be called.**

There are a number of common signs that indicate the onset of shock, one of which is restlessness and irritability following injury, suggesting that the body is experiencing a serious problem.

This may be accompanied by any or all of the following:

- ◆rapid breathing
- ◆excessive thirst
- ◆pale, cold, sweaty skin
- ◆a rapid and weak pulse
- ◆nausea/vomiting
- ◆drowsiness followed by loss of consciousness

These symptoms will become more pronounced as the victim's condition deteriorates. Treat as above and **call an ambulance.**

Always remember this: **regardless of the cause**, when body cells don't get enough oxygen, shock is triggered.

Look for signs of shock in **anyone** who has suffered either physical or emotional trauma.

Shock kills and professional help **must** be summoned if you so much as suspect its onset.

## Burns & Scalds

Cooks get burnt. It's a fact of kitchen life.

Thankfully most incidents are simply superficial burns which will heal in a few days and require very little attention.

However it is essential you understand the nature of burns and what needs to be done immediately, especially in the case of very young children and adults over the age of 60.

It's equally important that you understand what not to do.

### The three degrees

You are probably already familiar with the terms first, second and third degree burns - but what do they mean?

Contrary to popular belief, these categories have nothing to do with the size of the area affected by the burn. They refer to the depth of the injury in terms of damage done, as outlined in the following:

#### First degree

This refers to a superficial burn in which only the upper layer of skin is affected. It's the kind you get from grabbing hold of a hot pan, for example. There is usually pain associated with this type of injury and the skin is red and dry.

Healing time is around 5 days and there is usually no scarring.

#### Second degree

Also known as a *partial-thickness burn*, this involves both layers of skin and is characterized by red, weeping skin and blisters. The affected area often looks mottled and may swell. Healing time is around 25 days and some scarring may occur.

#### Third degree

A *full-thickness burn* which destroys both layers of skin and any or all of the underlying tissue. They tend to have a charred appearance with the underlying structure sometimes appearing white. There may be extreme pain or none at all if nerve endings have been destroyed.

***All third degree burns of any size must be treated as life threatening!***

There are a number of reasons for this. Open burns mean that the body rapidly

loses fluid and may go into shock. This in itself is a life threatening condition and you need to know how to treat it.

You should also be aware that these burns are highly likely to become infected and it's vital that you seek medical assistance immediately.

## **Critical Burns**

While it's apparent that third degree burns require professional treatment, this is by no means the only time that medical help should be sought.

For example, a superficial burn to a large area of the body, such as may occur from scalding, may become a critical burn because of the potentially large fluid loss leading to the onset of shock.

As a guide, always call an ambulance if confronted by one or more of the following conditions:

- ◆The victim is having difficulty breathing
- ◆More than one body part is affected
- ◆Second or third degree burns in an infant or person over 60
- ◆Burns to head, neck, hands, feet or genital area
- ◆Burns resulting from chemicals, an explosion or electricity.

## **Treatment**

It's important to understand that tissue continues to burn even after the original source of heat has been removed. So the first thing to do is to cool the injury down as rapidly as possible - and for that you use water. Nothing else!

And you keep cooling it using running water, a bucket, wet towels or whatever until you can feel that the undamaged tissue surrounding the burn has returned to normal body temperature. This will help to relieve pain and reduce the chance of infection.

This will take up to thirty minutes or more, depending on the severity of the burn. Don't attempt to shorten this process.

Only after that should you apply an ice pack for up to ten minutes at a time, but never directly on the injury. Always have a clean, dry dressing loosely applied and place the ice-pack on that.

You can improvise an ice-pack, by the way. A packet of frozen peas makes an excellent substitute.

Once you have the cooling down process under control, assess whether or not you need further expert help.

## **Scalds**

Because they are caused by hot water, scalds often manage to have two victims; the person directly involved and the one who goes to the rescue.

That's because the natural tendency is to grab hold of the victim through their clothing, which of course is still drenched with hot liquid.

This clothing will need to be removed, but either cool it first (using water) or protect your hands in some way. There is nothing to be gained by ending up a patient yourself.

Once you have the clothing out of the way continue the cooling process and treat in exactly the same way as any other burn.

Incidentally, a great many domestic hot water burns could be avoided simply by turning down the thermostat in the hot water tank. If you live in a household where cold water needs to be added to the sink/bath/shower before you can use it, you should consider this seriously.

## **Chemical burns**

While these are not common in the kitchen, you need to be aware that they can be caused by such things as household bleach and drain cleaners. Once again those most at risk are the very young and the over sixties because their skin is thinner.

Chemicals will continue to burn for as long as they are in contact with the skin, so the obvious thing to do is to remove them and once again the treatment is water - nothing else.

However remember that some chemicals, such as dishwasher crystals, are *activated* by water, so as much as possible should be brushed off first.

Help the victim remove affected clothing and keep flushing with water for up to 30 minutes. If an eye is affected, keep flushing until the ambulance arrives.

## **Electrical burns**

Do not touch, or even approach, the victim of an electrical burn until you are certain that the power has been turned off and there is no danger of you becoming an additional casualty.

Remember that with electrical burns what you see is often not what you get. They are deceptive and can often be deep with both an entry and (sometimes concealed) an exit wound. These may appear superficial while concealing deep tissue damage.

Watch for these signs:

- ◆Loss of consciousness
- ◆Breathing difficulty
- ◆Weak, irregular or absent pulse
- ◆Burns on the surface of the skin
- ◆Entry and exit wounds (check hands and feet)

Don't hesitate. Call for an ambulance immediately. Then treat for burns by cooling, cover with sterile dressings, watch for symptoms of shock and treat accordingly.

### **Do's and Don'ts**

When faced with a burn of any nature remember to:

- ◆Cool it, preferably with cool running water
- ◆Remove any rings or jewelry as soon as possible
- ◆Cover it with a dry, sterile dressing
- ◆Watch out for - and treat - shock

### **Do Not**

- ◆Use any kind of oil or ointment on severe burns
- ◆break blisters
- ◆touch burns with anything except sterile dressings
- ◆apply ice directly to the burn
- ◆try to remove clothing over burns - cut it away
- ◆attempt to remove anything sticking to the burn
- ◆try to clean a full thickness burn
- ◆use cotton wool or similar material on the burn.

## Choking

We have all experienced at one time or another the sensation of food having "gone down the wrong way".

It's an uncomfortable feeling and one that we are unlikely ever to forget. It happens when food, or some other material, goes into the windpipe instead of the gullet.

It's a frightening thing to have happen to oneself and it can be just as frightening seeing it happen to someone else. The important thing is not to panic.

The condition often looks worse than it actually is, so don't start out by poking your fingers down someone's throat to see if you can dislodge whatever it is that's causing the blockage.

Nor should you attempt any of those strange maneuvers which have been popularized by various magazines. They are dangerous. Do not use them. Even slapping someone who is choking on the back is to be avoided, since the likely outcome is that it will make the condition worse.

The plain fact is that for as long as the victim is breathing and is able to cough, the only thing you should do is reassure them.

However once it becomes apparent that the blockage is more or less permanent (indicated by persistent wheezing and breathing difficulties)- you should immediately send for medical assistance.

The time for action on your part is ONLY if the victim stops breathing altogether.

If this happens, and you are dealing with an adult, help them to lie on the floor on one side and strike them firmly between the shoulder blades with the heel of your hand. Do this up to four times.

If this fails to work place your hands on the side of the rib cage, keeping the patient in the same position, and thrust downwards three or four times. Then check to see if the object has been dislodged.

If the victim is still unable to breathe, they are likely to become unconscious very quickly. If this happens keep them in the same position and try to clear the airway. In particular, look in the mouth for any visible material which may come loose as their muscles relax through loss of consciousness.

Tilt the head back and support the jaw to open the airway as much as possible.

If, after all this, the victim is still not breathing you must perform mouth to mouth resuscitation until the ambulance arrives.

Even if you have never done it before, this is the time when you have to try. If you don't, the victim is likely to suffer brain damage and may even die.

Roll the victim onto their back, tilt the head back to open the airway, pull the jaw down to open the mouth and breathe into the patient. You will have to do this quite forcefully because of the obstruction. In fact, you may even dislodge it, forcing it into the lungs.

Do not worry about this, it can be removed later. The important thing is to get air into the lungs as quickly as possible.

Alternate your resuscitation attempts with further back blows and rib squeezes.

### **Children**

In the case of a child, get them to lie face down over your knees rather than on the floor and carry out the same procedure, except that you should give back slaps rather than back blows.

Also, rather than thrusting down on the ribs, squeeze them with a hand on either side of the body.

Be assured that although choking is a very dramatic event, and often frightening for both patient and helper, it is a rare cause of death.

Simply carry out the above procedures calmly and quickly and, as always, send for assistance.

## **Cuts and Wounds**

The first thing to be said about this type of injury is that, with a little care, cuts can be avoided altogether.

Keeping knives sharp, out of the reach of children and safely stored are just a few of the precautions to apply. In the main common sense is the best guide but it's easy to overlook things when you're busy.

Do not, for example, leave kitchen knives in the sink where they may get covered by other items or immersed in soapy water. An invisible knife is a dangerous knife.

And beware the knife most people are not even aware of - the one that's attached to the box your plastic wrap comes in.

Personally I throw this box away immediately and cut my plastic wrap with a knife. That way I can see the blade at all times and in any case I find it much easier to do that than struggle with a box that the roll of wrap keeps trying to pop out of anyway.

But accidents do happen.

So let's first of deal with cuts and what to do about them.

### **Bleeding**

Blood loss is something all cuts have in common and it needs to be controlled as quickly as possible, both for the health of the patient and the safety of others.

Blood contaminates, which is why you should always wash your hands both before and after treatment and preferably away from food preparation areas.

You should also wear disposable latex gloves which you discard after use - do not try to clean and retain them.

You can prevent bleeding simply by applying pressure to the cut and, where possible, elevating the affected limb.

Get the patient to apply the pressure themselves if they are able to, by first applying a clean wad of bandage yourself and then getting them to hold it in place.

Once you are reasonably confident the bleeding has stopped you can bandage the pad in position using a folded triangular bandage or a crepe roller bandage.

In the absence of anything else, get the patient to apply pressure using their own hand. Only apply direct pressure yourself as a last resort.

*Monitor the patient for symptoms of shock!*

If the initial application does not stop the bleeding, do not add more bandages. Instead remove the original pad, replace it with a fresh one and re-position it over the cut. Then repeat the above procedure.

Always check that circulation has not been restricted too much. If the victim complains of numbness, or color fails to return to fingertips after they have been pressed, ease the bandage a little until circulation returns to normal.

Under no circumstances should you apply a tourniquet. Any cut that serious requires immediate professional attention.

Don't forget to elevate the affected part, using a sling (in the case of a hand/wrist injury) if necessary.

### **Cuts to the palm**

It's a fact that experienced cooks who should know better still manage to slice themselves across the palm of the hand by cutting through something they are holding and letting the blade slip.

Because of the complex nature of the nerves and tendons in the hand, anything but the most superficial cut in that area requires medical attention. Get the victim to a doctor.

But first control the bleeding by asking the patient to close their fingers around a sterile wad so that it's held firmly in place, then bandage the fist in that position using a roller bandage or anything else that's clean and available.

The patient could also use their free hand to hold the fist closed.

Elevate the affected arm in a sling, which can be improvised if necessary using the patient's own clothing.

*Watch out for symptoms of shock and treat accordingly.*

### **Infection**

Cuts, if treated appropriately, are rarely life threatening. However they are susceptible to infection and great care must be taken, even with the most insignificant injury, to keep everything as clean and sterile as possible.

This does NOT mean using antiseptics of any kind, which can cause further tissue damage as well as unnecessary pain. Remember that pain is one of the factors in the onset of shock.

Simply follow basic hygiene. Treat the patient in an area that is clean and has

running water available. This will usually be the bathroom.

If available - and only if necessary - clean any wound with nothing more than fresh water. You might want to do this, for example, to see if there is anything lodged in the cut which can be easily removed by flushing out.

Otherwise don't play with it. Content yourself with stopping the flow of blood and making the victim comfortable.

Finally, dispose of all used and soiled dressings. If you can burn them, fine. If not, try to place them in a sealed container of some kind, even if that is only a garbage bag that can be tied securely.

Do NOT flush them down the toilet and do NOT place them in the recycling bin.

Then clean all surfaces and any implements used with warm soapy water to remove all traces of blood. Only after you have done that should you use disinfectant.

If you have no disinfectant readily available, use vinegar which is a reasonable substitute. Do not, however use it or any form of alcohol on the patient.

## **Wounds**

While a cut is caused by some object, such as a knife, slicing into flesh, a wound is caused by penetration.

I make this distinction because there is a difference in the way the two are treated.

With a wound, it's important to consider that something may still be lodged inside the injury. In fact, it may even be visible and protruding from the injury.

In such a case, unless it can be removed by simply wiping or flushing with water, leave the object where it is. There are two major reasons for doing so.

Left in place, the object will help to control bleeding. Plus, removing it may cause further tissue damage and more severe blood loss.

Instead, bandage round the object, building up the padding to help hold it securely in place.

It is, of course, vital to seek medical help as soon as possible and equally important to expect the onset of shock.

Notice the difference in attitude here - **treat for shock immediately**, even though it is not yet evident. There may be internal bleeding which you cannot see, and the body has almost certainly gone into damage limitation control mode.

This is a dangerous state of affairs and almost certainly more serious than the

original injury - so don't hesitate to take action. If in doubt, always follow the treatment for shock procedures. You can't do any harm and you may save a life.

See how important that first chapter on shock really is?

## **Electric Shock**

You are aware of a flash, a bang and the next thing you know you are confronted by someone who is unconscious, dazed and/or showing visible signs of a localized burn. What's your first action going to be?

If your response to that was 'turn off the power', go to the top of the class.

Never rush to the aid of someone who has just received an electric shock. You could be next.

Always turn the power off first and leave it off until the source of the problem has been established, which may need the services of an electrician.

Next, call emergency services. Don't hesitate to do this. Any electric shock must be treated seriously because of the threat posed to the respiratory and circulatory systems. Which means breathing and heart.

In addition, even what appear to be superficial surface burns may be disguising severe internal injuries which is why, during your care for the victim, it's important to look for both entry and exit wounds.

Typically these will be in the hands and feet.

### **First Aid**

Always turn an unconscious victim on to their side and make sure they have a clear airway. Then monitor breathing and pulse until help arrives.

Conscious victims will often appear dazed and confused. It's important to reassure them and treat for shock, even before any of the major symptoms appear.

You should also treat any burns in exactly the same way as you would those caused by any other form of heat.

In other words, cool with running water for at least 20 minutes, then cover with a sterile dressing to prevent infection.

An ice pack can be applied at this stage, on top of the dressing, for up to 10 minutes at a time.

The important thing is to get help – and get it quickly.

# Poisoning

There are enough poisonous substances around the average household to kill a small army - or at least make it very sick - and a good number of them are to be found in the kitchen.

Think of a poison as any substance which enters the body causing illness or injury and you will quickly see that even harmless items taken in quantity can prove to be poisonous.

Some are toxic in any quantity - household bleach is an obvious example.

The important thing is to know how poisoning can occur and what to do if it does.

Toxic substances can enter the body either through swallowing, injection, absorption through the skin and mucous membranes or inhalation (breathing in). Let's look at some examples:

## Swallowing

- ◆cleaners and disinfectants
- ◆aspirin or other drugs
- ◆contaminated food
- ◆poisonous plants e.g. mushrooms
- ◆alcohol

## Injection

- ◆insect stings and bites
- ◆animal bites and scratches
- ◆snakes
- ◆hypodermic needles or other sharp objects

## Absorption

- ◆some plants such as poison ivy
- ◆fertilizers
- ◆pesticides
- ◆other chemicals

## Inhalation

- ◆exhaust gas from vehicles
- ◆domestic gas supply
- ◆barbecue fumes

Remember, these are examples only and by no means a complete list.

## In the kitchen

We're going to look at problems likely to be found specifically in the kitchen. There are three things you need to do starting right now.

1. Identify all potential chemical poisons in your kitchen and ensure they are kept in a safe place, away from children and pets.
2. Make a written list and under each item copy the notes on the label about what to do if poisoning occurs. This is very important as you will see later. Keep this list handy.
3. Make sure you know the telephone number of your local poisons Information center and keep it by the phone.

### **What to look for**

The most important thing is to recognize straight away that the victim may have been poisoned and to immediately call for assistance.

Suspect poisoning if confronted by any or all of the following symptoms:

- ◆the victim suddenly becomes - and looks - ill
- ◆difficulty breathing
- ◆nausea
- ◆vomiting and/or diarrhea
- ◆sweating
- ◆victim appears dazed, drowsy or becomes unconscious
- ◆spasms or seizures

You may also notice burns on the skin or around the mouth and in particular the lips and tongue.

It's vital to get as much information as possible from the victim regarding what happened while they are still conscious, so your first step is to look for evidence of the poison and ask questions.

Usually the cause will be apparent immediately, but be aware that poisoning from fumes is not always obvious and the toxic gases may still be present. Don't become a victim yourself.

### **Swallowed poison**

Think of swallowed poisons as coming in two categories. These are corrosive poisons and non-corrosive poisons.

It's very important that you understand the difference between the two, because they are treated in very different ways.

You may have read that in the case of poisoning you should induce vomiting in the victim. Unfortunately, in the case of corrosive poisons, this would do more harm than good.

The reason is very simple; what burns on the way down will also burn on the way up again.

In fact, you should make it a general rule never to induce vomiting unless you are instructed to do so by your poisons information center or other professional adviser.

If you know that the victim has swallowed a corrosive poison, such as kerosene, give small amounts of milk or water to drink, which will decrease the potential for tissue damage.

At the same time, you must get professional help.

### **Inhaled poisons**

The gas you are most likely to encounter in the kitchen is carbon monoxide. It's produced by defective cooking equipment and fires. It is, for example, the main gas given off by your barbecue, which is why you should never use it in a confined space.

Carbon monoxide is completely odor free and since you can't see it either, you will appreciate just how dangerous it can be.

The first symptom you are likely to be aware of is drowsiness. There may also be a pale or bluish skin color which indicates oxygen starvation.

Caught early enough, treatment is very simple. Move the victim into the fresh air, ventilate the affected area and turn off all appliances.

If the victim is unconscious, however, you must still try to get them into fresh air, but you must also call the emergency services as a matter of urgency.

It's important to understand that CO remains in the body for quite some time after exposure. It's dangerous because it inhibits oxygen from entering the bloodstream, which can lead to both brain damage and, eventually, death.

### **Absorbed poisons**

Coming into contact with poisonous substances which can enter the body through the skin is an almost everyday occurrence in the kitchen.

Most of the time, of course, the quantities are so small that our skin is able to protect us from them, or we very sensibly wear rubber gloves.

Just occasionally, however, and particularly in the case of children, substances such as bleach or garden chemicals can affect us in greater quantities. In these cases there are important procedures to follow.

The first thing to do is to remove the chemical from the skin and for this we use water. Lots of it.

Some chemicals, such as dishwasher crystals, are made more toxic by contact with water. But as long as running water is used even these will be flushed from the skin before they can do too much damage.

Once again, do not apply any creams or ointments to the affected area until you have received professional advice.

Why not? Because adding one chemical to another without knowing the composition of either is just asking for trouble. Do not assume that a substance is safe simply because you bought it at

a chemist.

Just remember that two apparently harmless substances have been mixed together on many occasions to produce any number of terrorist bombs. Treat all chemicals with respect and always call your poisons information center for treatment advice.

If chemicals of any kind are splashed into the eyes you must immediately flush with running water and keep on doing so for at least 15 minutes.

Even after this time it's important to both monitor the victim and get professional help. Do not assume that because pain is absent the chemical reaction has ceased. Some chemicals have a numbing effect.

### **Injected poisons**

If you are unlucky enough to get bitten by something venomous in your kitchen, or anywhere else for that matter, the first thing to do is remain calm.

Here in Australia we have the world's leading collection of poisonous snakes and spiders. Understanding what to do once they have been bitten has kept a number of our citizens alive who might otherwise have succumbed to the poison.

Remaining calm and inactive is your first and most important defense.

The second is known as the pressure immobilization technique. It's particularly valid for people who have allergic reactions even to minor stings.

It simply means applying a firm pressure to the site, using your hand if necessary.

Next, apply a crepe roller bandage directly over the wound and bind it firmly, but not so tightly that circulation is stopped altogether.

In the case of an arm or leg, a second bandage can now be applied over the site and then working upwards to cover as much of the limb as possible.

Now immobilize the limb using a splint to reduce muscle movement. Help the victim to rest in a comfortable position. They should not either walk or stand.

Do not under any circumstances elevate the affected limb.

Call for help. It's important to bring assistance to the victim and not the other way around.

What you are doing is slowing down the circulation of the lymphatic system. This is how venom travels through the body and not via the bloodstream as many people believe.

Therefore, do not cut the wound and do not attempt to suck out the poison. About the only thing you are likely to achieve is introducing a secondary infection which may turn out to be more dangerous than the original bite.

One final point, do not try to use the pressure immobilization technique for bites to the head or trunk, wasp and bee stings, spider bites or injuries from poisonous fish spines, unless the victim

has a known allergy to the venom.

With these attacks simply help the patient to rest until medical assistance arrives. However in the case of a bee sting it is important to scrape out the sting, using your thumbnail, to prevent more poison being injected.

If you do apply a bandage, keep checking to ensure that the patient's circulation is not being cut off completely.

Watch for discoloration of the fingers or toes, or the patient complaining of coldness or numbness. If this should occur, ease the bandage a little.

### **Allergic reactions**

Every now and then you may come across someone who has an allergic reaction to some substance, whether it be chemicals, a bee sting or simply something they have eaten.

Severe forms are called *Anaphylaxis* and are as worrying for the observer as they are for the victim.

Initial symptoms usually take the form of an almost instant rash and/or sudden swelling of the affected area. Since this could be the throat (and therefore the windpipe) we need to take such an event very seriously and monitor it carefully.

Other signs include itching, complaints of dizziness or nausea, a weak feeling and breathing difficulties.

Do not assume that an allergic reaction could not have taken place simply because there has never been one before in the same circumstances. People can develop allergies to all sorts of things over a period of time and may not even be aware of the condition.

Any allergic reaction can develop into anaphylaxis so it is particularly important that any unusual reaction following contact with any substance should be monitored with care.

If at any stage the victim complains of breathing difficulty or that their throat feels as if it is closing up, call an ambulance immediately. And in any case a doctor's advice should be sought at the earliest opportunity.

Simple tests will establish whether or not there is sensitivity to anything. In severe cases, medication or other preventative measures may be prescribed.

Food allergies are not all that uncommon, so it is probably a good idea to check if there are any foods to be avoided if you intend to cook for people you don't know that well. Nothing poops a party faster than projectile vomiting.

## **Conclusion**

Now that you know what to do in an emergency in the kitchen you have placed yourself in a remarkably small band of elite.

Everyone should know and understand the content of this book, of course. But the truth is that few do, largely because most people believe the sort of things described will not happen to them.

The truth is that accidents can and do happen to everyone. You owe it to yourself and your family to be able to deal with a problem should it arise.

The advice in this book will not make you medically qualified, neither is it a substitute for professional help. It simply equips you to take control of a situation and reduce its impact until help arrives.

By so doing you will be relieving pain and stress. You may even be saving a life.

There is one other benefit which may not be immediately obvious; you will no longer be a bystander.

Instead of wishing you could help and wondering what to do (or worse, 'meddling' in the hope that something will work), you will know precisely what steps to take and you will act with confidence.

You may be surprised at what this will do for your self esteem.

Please take the time to read this little book through from time to time and, if you have the chance, why not approach your local Red Cross or St.John's Ambulance group to see what extra training they offer?

I wish you and your family the best of health and safety in the kitchen.

Michael Sheridan  
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