

## **SECTION 13**

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### **PREVENTION AND EXTINGUISHING OF FIRES ON OR IN THE VICINITY OF RIGHT-OF-WAY.**

#### **1.0 General**

- 1.1 It will be the duty of all officers and employees generally to take precaution to prevent fires on or along the Roadway of the Company; to promptly extinguish and prevent spread of fires outside the right-of-way and to investigate and report fires and probable cause thereof.

#### **2.0 Conductors, Enginemen, Trainmen and Other Employees Concerned**

- 2.1 Conductors, enginemen, or trainmen who discover or receive notice of the existence of a fire burning upon or near the right-of-way, or of a fire which threatens land adjacent to the right-of-way, shall report the same by wire, radio, telephone or other available means to the superintendent, and shall also report it to the agent or persons in charge at the next point at which there shall be communication by telegraph or telephone, and to the first section employees passed. Notice to track forces of such fire shall also be given immediately by engine whistle signal 14(r) U.C.O.R.
- 2.2 No employee shall do or cause damage or injury to any of the fire-protective appliances on any engine. Should a fire protective appliance be used, mechanical forces must be advised at first available point, so that appliance may be replaced or recharged.
- 2.3 Live coals, or hot ashes shall not be deposited on the tracks, right-of-way or elsewhere unless extinguished immediately thereafter, except in pits

provided for the purpose. On no account shall ashes from cars or cabooses be thrown out while running. Burning or smouldering material taken from hot boxes shall be completely extinguished. Freight and passenger cars in which there are lighted stoves must not be left spotted adjacent to grain elevators, oil warehouses, diesel oil bulk storage plants, fueling depots, loaded tank cars or those containing explosives or other dangerous commodities.

### **3.0 Agents, Dispatchers and Operators**

- 3.1 Conductors, enginemen and trainmen have received instructions to report all fires occurring on or adjacent to the right-of-way, and it shall be your duty, on receiving such report, to notify immediately by wire, radio or telephone the Superintendent, Roadmaster, track maintenance foreman, nearest Forest Officer and municipal fire department, if fire is within municipal limits, giving the exact location, by mileage, of the fire, its extent, and any other information which may be of value, particularly as to the number of men needed to fight same.

### **4.0 Section Foremen, Extra Gang Foremen, Bridge Foremen, Signal Maintainers, Signal Foremen, Telegraph or Other Construction Gangs, and Other Track Employees**

- 4.1 In all cases where fire occurs, on or in the vicinity of the right-of-way, it shall be your duty to proceed immediately to such fire and extinguish same, remaining as long as may be necessary to do this. The carrying on of your work, though it may be important, must be set aside until the fire is completely extinguished, provided, however, that you are not at the time engaged in labours immediately

necessary to the safety of trains. In case the fire cannot be extinguished as above, additional help shall be immediately requested by telegraph, telephone, telex, radio or any other available means of communication, to the Superintendent or Roadmaster. The Section Foreman on whose section the fire occurs, shall in the absence of an officer of the Company, make a thorough investigation regarding the origin of the fire and submit a full report to the Roadmaster.

- 4.2 Between April 1st and October 31st, no ties, cutting debris, or litter upon or near the right-of-way shall be burned except under such supervision as will prevent fire from spreading beyond the strip being cleared. Any officer of the Canadian Transport Commission may, at any time, require that no such burning be done along specified portions of the line, except with the written permission or under the direction of such officer.

## **5.0 Superintendents, Roadmasters and Other Officers Concerned**

- 5.1 If the fire is of such an extent that the section gang, or other local force available cannot control it unaided the Superintendent, or in his absence, his representative, must immediately arrange for the dispatch of the roadmaster or other competent officer with the necessary additional men who can be drawn from those available in any department, and all necessary fire-fighting appliances to the scene of the fire, and must so arrange the train service that they will reach the fire with the least possible delay in order that no time may be lost in getting it under control.

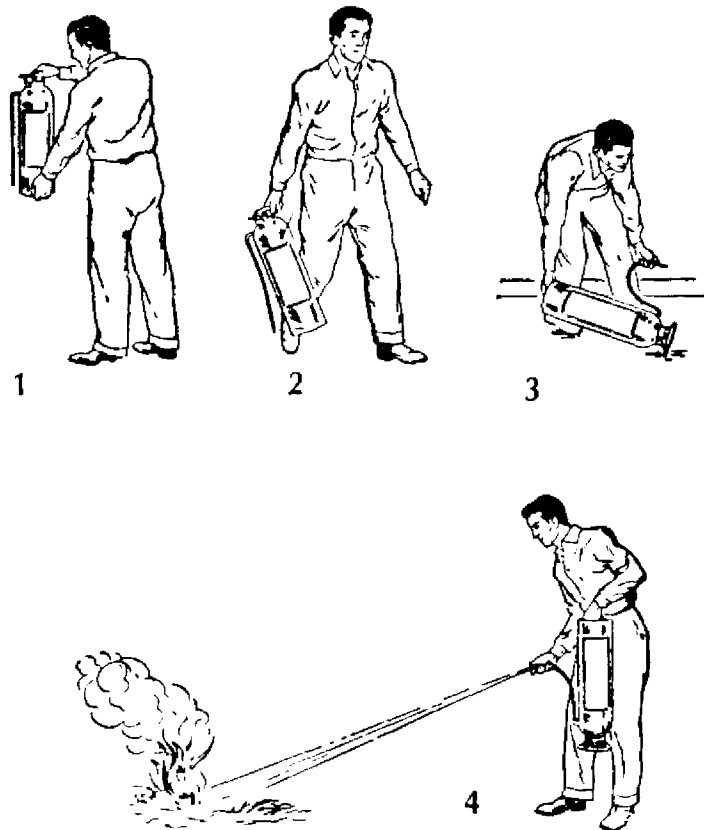
- 5.2 The officer in charge must also arrange to obtain promptly complete statements from all witnesses, so that origin or any responsibility for the fire can be accurately determined.

### **INSTRUCTIONS IN THE OPERATION OF FIRE EXTINGUISHERS**

#### **General**

No employee shall break any seal, discharge or partially discharge or otherwise tamper with fire extinguishers on locomotives, cabooses, passenger or boarding cars or other rolling stock except when using the extinguisher in the prevention or extinguishment of fire. Any used extinguisher or those with seals broken or missing, or where pressure gauge reading on extinguisher is below acceptable limits, should be reported promptly to supervisory personnel.

## 600. Soda-Acid Extinguisher

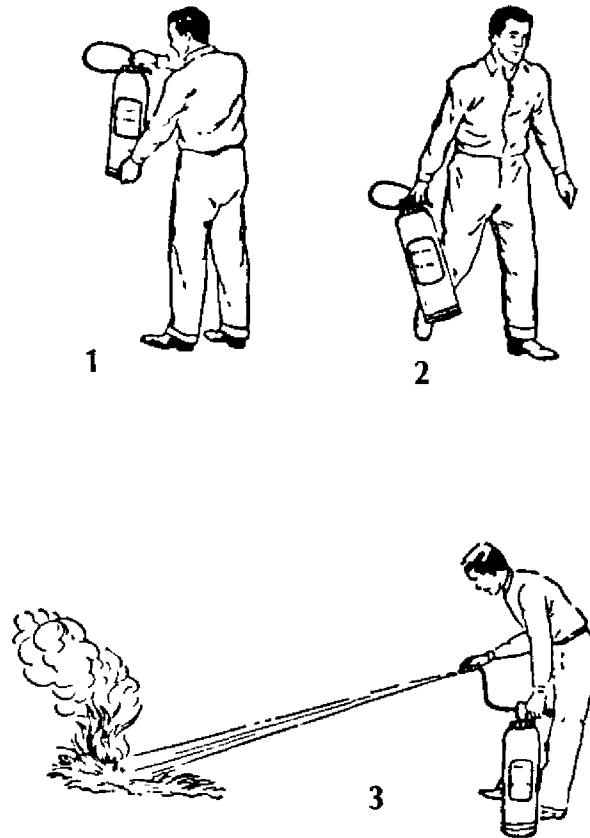


1. Lift extinguisher off hanger.
2. Carry extinguisher to fire.
3. At fire, turn extinguisher over.
4. Direct stream at base of flames.
5. **DO NOT USE ON ELECTRICAL EQUIPMENT OR FLAMMABLE LIQUID FIRES.**

### **Note:**

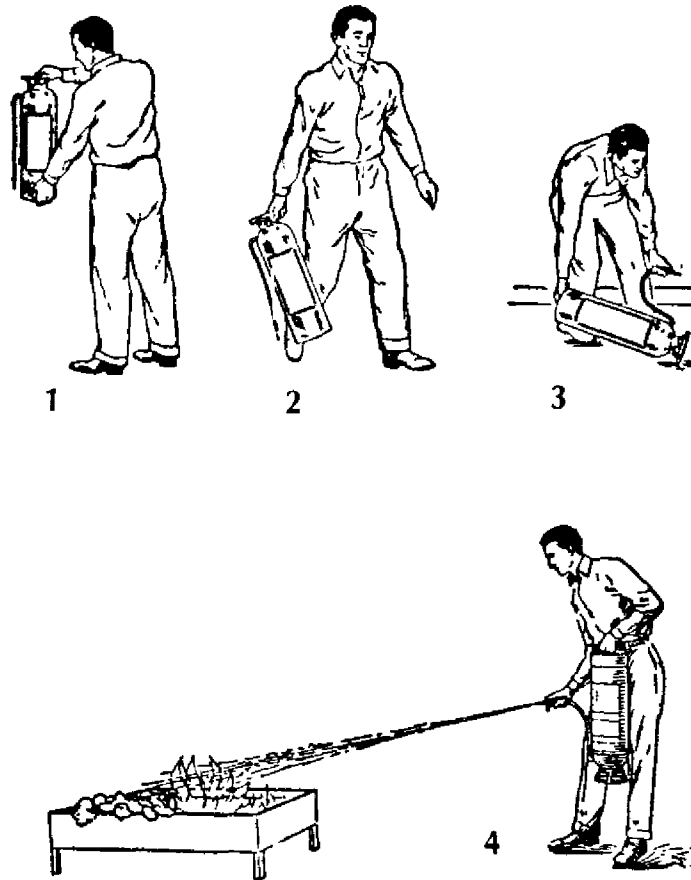
This type extinguisher is obsolete and is gradually being replaced.

**601. Water Extinguisher, Gas Cartridge Operated and Pressurized Water**



1. Lift extinguisher off hanger.
2. Carry extinguisher to fire.
3. Operate mechanism that releases water and direct stream at base of flames.
4. **DO NOT USE ON ELECTRICAL EQUIPMENT OR FLAMMABLE LIQUID FIRES.**

## 602. Foam Extinguisher

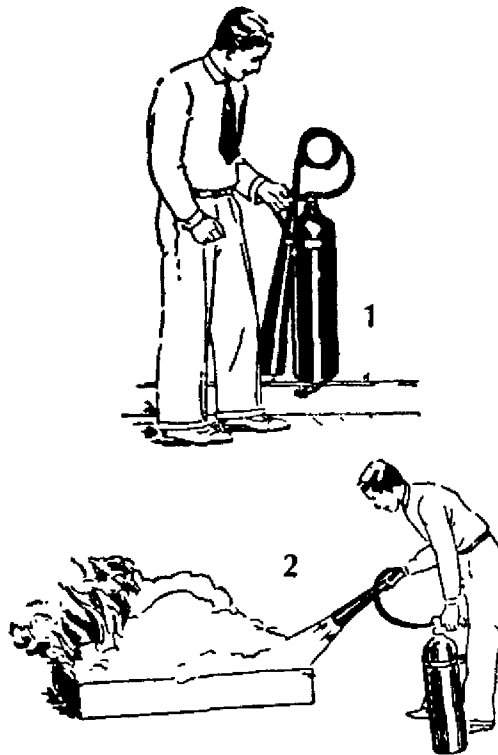


1. Lift extinguisher off hanger.
2. Carry extinguisher to the fire.
3. At fire, turn extinguisher over.
4. If fire is in a container or tank, direct stream against inside of opposite wall. If fire is on floor, allow foam to fall gently on flames.
5. DO NOT USE ON ELECTRICAL EQUIPMENT.

**Note:**

This type extinguisher is obsolete and is gradually being replaced.

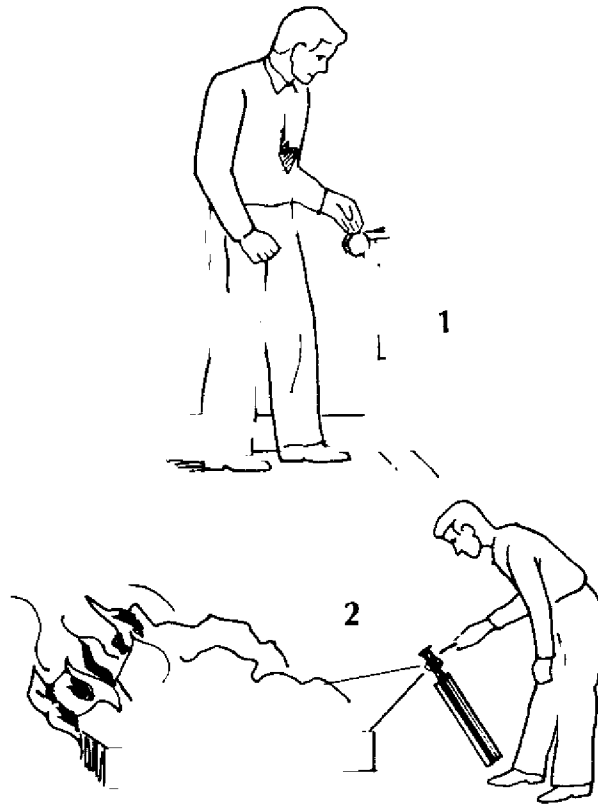
### 603. Carbon Dioxide Extinguisher (CO<sub>2</sub> Extinguisher)



1. Remove extinguisher from bracket by grasping handle. Carry to fire then press trigger to release extinguishing agent.
2. Direct the discharge as close to the fire as possible, applying first at edge and bottom of fire and progressing forward and upward, moving discharge horn slowly from side to side. Continue discharge even after the fire has been extinguished to cool burnt materials and prevent possible reflash.
3. May be used on electrical equipment and flammable liquid fires.

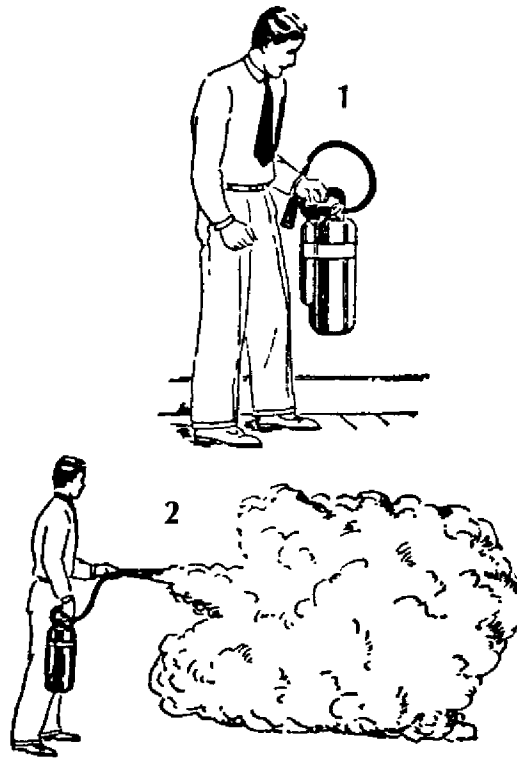


#### 604. Halon 1211 Extinguishers



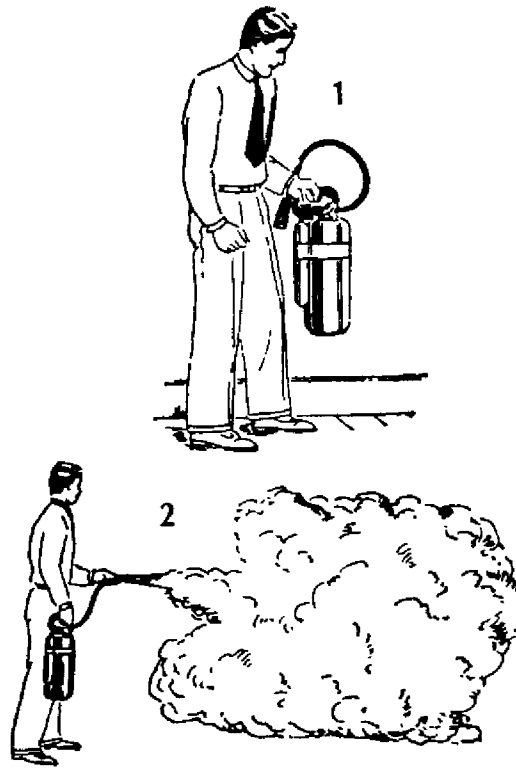
1. Remove extinguisher from bracket, carry to fire and squeeze lever or press trigger to operate.
2. Direct discharge of gas as close to fire as practicable, applying first at edge and bottom of fire and progressing forward, moving discharge nozzle slowly from side to side.
3. May be used on electrical equipment, flammable liquid fires and the larger extinguishers may also be used on fires involving ordinary combustible materials.

**605. Class "B-C" Type  
Dry Chemical Extinguisher  
(Dry Powder Extinguisher)**



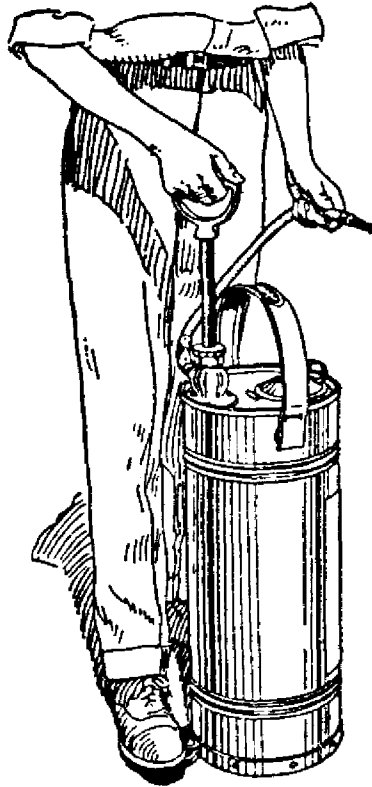
1. Remove extinguisher from bracket by grasping handle with left hand. Carry to fire by means of the handle and operate mechanism which releases gas pressure.
2. Direct discharge with a fast sweeping motion at base of flame.
3. May be used on electrical equipment and flammable liquid fires.

**606. Class "A-B-C" Type  
Dry Chemical Extinguisher  
(Dry Powder Extinguisher)**



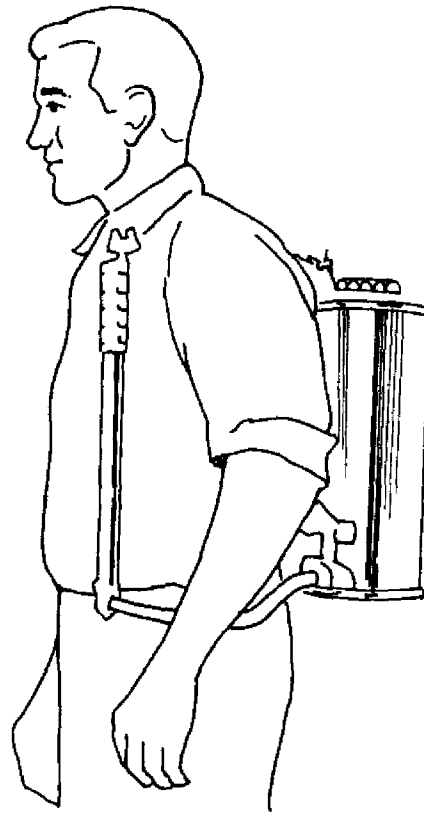
1. Remove extinguisher from bracket by grasping handle with left hand. Carry to fire by means of the handle and operate mechanism which releases gas pressure.
2. Direct discharge with a fast sweeping motion at base of flame.
3. May be used on electrical equipment, flammable liquid fires and fires involving ordinary combustible materials.

### 607. Pump Tank Extinguisher



1. Place foot on the foot rest at bottom of tank.
2. Pump stroke need not be more than six to eight inches in length.
3. Direct stream at base of flames.
4. Follow flames and work around fire if possible.
5. DO NOT USE ON ELECTRICAL EQUIPMENT OR FLAMMABLE LIQUID FIRES.

**608. Water Extinguisher, back pack pump type**



1. Place extinguisher comfortably on back.
2. Hold slide-action pump in left hand. Grasp hand-grip below nozzle in right hand and pump back and forth.
3. Direct stream at base of flames upwind from fire.
4. Work around fire extinguishing flame path.
5. DO NOT USE ON ELECTRICAL EQUIPMENT OR FLAMMABLE LIQUID FIRES.

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## **SECTION 14**

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### **INSTRUCTIONS TO BE OBSERVED IN CASES OF PERSONAL INJURY**

#### **1.0 General**

- 1.1 Apply artificial respiration if breathing is not apparent. (See Subsections 18.0, 19.0 and 20.0)
- 1.2 Stop all bleeding. (See Subsection 2.0)
- 1.3 Do not move the injured person until the extent of injury is known, except when necessary to protect him from further injury.
- 1.4 Use a stretcher, if obtainable, to move a person with a severe injury. Any injured limb must be carefully supported. (See Subsection 21.0)
- 1.5 Call the nearest physician or hospital emergency department in cases of severe injury. (See Subsection 22.0)

#### **Note:**

Company Approved Medical Examiners are listed in the timetable.

- 1.6 Sips of water, milk, warm sweet tea or coffee may be given, if necessary, if there is no severe bleeding, internal bleeding, stomach injury or displaced fracture. Give nothing by the mouth if the patient is unconscious or if he may require an emergency operation. Do not give alcohol except on the advice of a doctor.
- 1.7 If the patient is in a state of convulsion his head should be supported and he must be prevented from biting his tongue or striking objects near him, but his movements should not be completely checked. Keep the air passages free from any obstruction

- 1.8 Do not allow bystanders to crowd about an injured person.
- 1.9 Do not leave an injured person until another responsible person has been placed in charge, unless it is unavoidable.
- 1.10 In all cases of personal injury the Superintendent must be advised as promptly as possible on the prescribed form, and by wire if necessary, giving full particulars of the nature and cause of the injury and the condition of the injured person.

## **2.0 Bleeding**

### **Small Wounds**

- 2.1 Cover a small wound with a firm dressing to stop bleeding and prevent infection and, if possible, elevate the bleeding part. However
  - a) Do not breathe, cough or talk into the wound.
  - b) Keep the fingers out of the wound.
  - c) Do not touch the side of the dressing to be applied against the wound.
  - d) Do not apply antiseptics to the wound.
- 2.2 Apply extra dressings and direct pressure by hand, if necessary, to control the bleeding.
- 2.3 If the bleeding is so severe that there is no time to obtain a dressing, direct pressure may be applied on the wound with the thumb or palm of the hand.

### **Dressings to Control Bleeding**

- 2.4 A dressing should be a thick pad of soft, clean material large enough to cover the wound. It may be held in place by a bandage or adhesive tape. Suitable dressings are listed below in order of preference:

- | Prepared           | Improvised          |
|--------------------|---------------------|
| 1. Field dressing. | 1. Sanitary napkin. |



Prepared	Improvised
2. Sterile gauze.	2. Folded handkerchief.
3. Several layers of a sterile bandage.	3. Towel or wash cloth.
	4. Any cotton or linen material, such as a shirt or sheet, torn to size.
	5. Tissue paper, handkerchiefs or paper towels.

- 2.5 An improvised dressing should be replaced by a suitable dressing, if deemed advisable, after bleeding is controlled. Absorbent cotton should not be used unless absolutely necessary. If used, it should be wrapped in sterile gauze or otherwise prevented from coming in direct contact with the wound.

### **Bandages**

- 2.6 Bandages should be clean, and applied firmly enough to stop the bleeding but not so tightly that circulation of the blood is prevented. Suitable bandages are listed below:

Prepared	Improvised
1. Bandages — roller and triangular.	1. Strip of sheeting
2. Surgical adhesive tape.	2. Clothing — shirt sleeve, stocking, scarf, tie, belt.

### **Foreign Bodies**

- 2.7 Remove loose foreign bodies before applying a dressing. Do not attempt to remove embedded foreign bodies.

### Large Wounds

- 2.8 Cover large wounds, or those containing foreign bodies which cannot easily be removed, or where projecting broken bones are apparent, with pad dressings (Illustration 1). Build up the dressings in "ring" fashion around the wound, to allow pressure to be applied by the bandage.

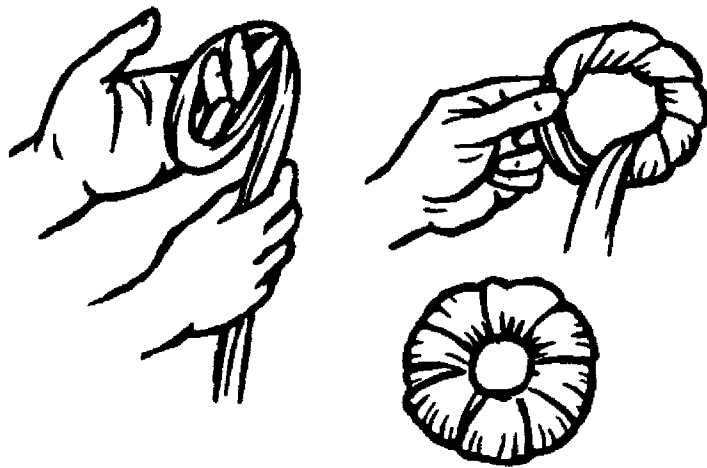


Illustration 1

- 2.9 The dressings must be firmly bandaged in position, but pressure on the foreign body or projecting broken bone should be avoided (Illustration 2).

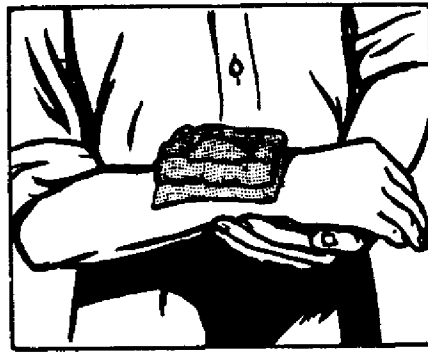


Illustration 2

### **Amputations**

- 2.10 If pressure at the site does not control bleeding, immediately apply a very tight constrictive bandage above the stump of the wound. If the amputation occurred below the elbow or below the knee, a constrictive bandage should be applied above these joints. This should be released every fifteen minutes until fresh bleeding occurs, and then reapplied. If possible, the injured limb should be elevated.

### **3.0 Shock**

- 3.1 A person suffering a severe injury may also require treatment for shock. The patient must be laid on the back with his head low and any tight clothing loosened. The heat of the body must be preserved by covering the patient with coats or blankets, and he should be taken to shelter on a stretcher as soon as possible. If unconscious, the victim should be turned on his side in the recovery position.

#### **3.2 Electric Shock**

Free the victim from electric circuit by cutting off the power. If this is not possible, use a dry non-conductive object such as a dry stick, or an insulated material, to remove any live electrical wire. Do not expose yourself to electric currents. Avoid all contact with water or moisture.

- 3.3 Administer artificial respiration and cardiac massage if necessary. Treat for shock and burns as indicated.

### **4.0 Burns**

- 4.1 "Do not remove clothing which is stuck to the burned area and do not break blisters."
- 4.2 If possible, immerse the burned part in cold water and keep it there until pain ceases. When immersion is not possible, towels or cloths soaked in clean cool water and changed frequently may be applied to the affected area.
- 4.3 Cover the burned area with clean dressings and bandage firmly, except that if blisters are present or suspected the bandage should be applied lightly.
- 4.4 Any burn larger than the palm of the patient's hand must be considered as severe, the patient treated for shock, and medical aid obtained as soon as possible.

**Note:**

The early appearance of a burn is often misleading as to its severity, and doubtful cases must be considered as severe.

- 4.5 Do not apply ointments, grease or oil to a severe burn.

**5.0 Broken Bones**

- 5.1 A broken bone should be suspected if there is severe pain and tenderness, or if the injured part appears deformed or cannot be used. In many cases the injured person will know if he heard or felt the bones snap. Doubtful cases must be treated as broken bones.
- 5.2 In all cases of broken bones the injured part must be prevented from moving by the use of bandages, splints or other adequate support. In many cases, the sound part of the body may be used to reinforce the splint. Bandages must be tied on the side of the body away from the broken bone. Splints may be improvised from pieces of wood, handles of tools or flags, firmly folded time tables or newspapers, or anything that is long and strong enough to prevent the joints immediately above and below the broken bone from moving. Splints should, if practicable, be padded to fit comfortably to the limb, be of ample width, and be applied over the clothing.
- 5.3 A person with a suspected broken back, hip or thigh should only be moved lying down, preferably on a stretcher, in the face up position.
- 5.4 Be prepared to treat the injured person for shock in all cases of broken bones.

## **6.0 Broken Arm**

- 6.1 When the elbow can be bent without difficulty or increasing pain (Illustration 3):
- a) Do not remove patient's coat.
  - b) Place the injured arm against the chest, with the fingers just touching the opposite shoulder, and provide adequate padding.
  - c) Fix the hand in position with a collar and cuff sling, taking care that there is no constriction at the wrist.
  - d) Secure the arm to the chest firmly by two bandages, one with its upper border level with the top of the shoulder, the other with its lower border level with the tip of the elbow, and tie both bandages on the opposite side.
- 6.2 When the elbow cannot be bent without difficulty or increasing pain:
- a) Place the injured arm by the side with the palm against the thigh, and provide adequate padding.
  - b) Secure the arm to the body by three broad bandages, one around the upper arm and body, one around the elbow and body, and one around the wrist and thighs.
  - c) The injured person must be moved lying down.



Illustration 3

**7.0 Broken Wrist (Illustration 4)**

- 7.1 For emergency treatment to a broken wrist, or a fracture near the wrist, do not apply a collar cuff sling.

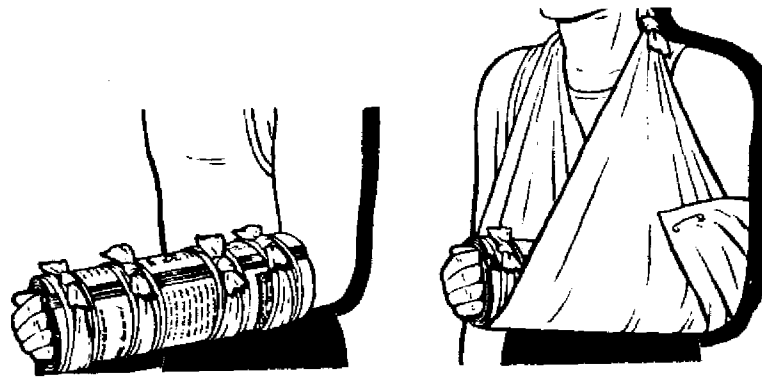


Illustration 4

- 7.2 Support the forearm and wrist by placing them in the most comfortable position.
- 7.3 Immobilize the forearm and wrist by use of a splint along the palm side or around the forearm.
- 7.4 Support the forearm in an arm sling and secure the upper limb to the chest by a broad bandage applied over the arm sling.

**8.0 Broken Leg or Thigh** (Illustrations 5 and 6)

- 8.1 Steady and support the injured limb, and bring the uninjured limb gently to the side of the injured one.
- 8.2 Place a well-padded splint between the limbs, extending from the groin to the foot. For a fracture of the thigh, also apply a well-padded splint to the outside of the body, extending from just below the armpit to the foot.
- 8.3 Apply a bandage around the ankles in the form of a figure of eight.
- 8.4 Use a broad bandage to hold the knees together.



- 8.5 Apply two further bandages (narrow or broad according to the size of the patient), one above and one below the break in the bone. For a fractured thigh, also secure the splint by bandages just below the armpits and around the legs and around the pelvis in line with the hip joint.

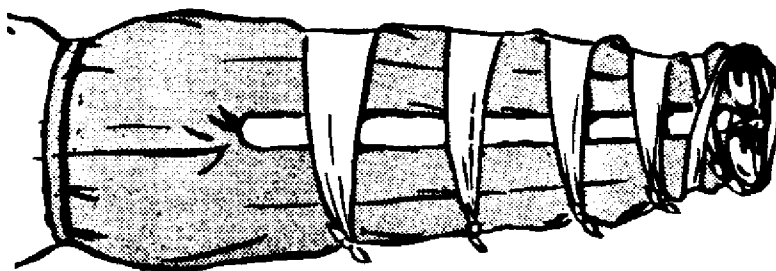


Illustration 5

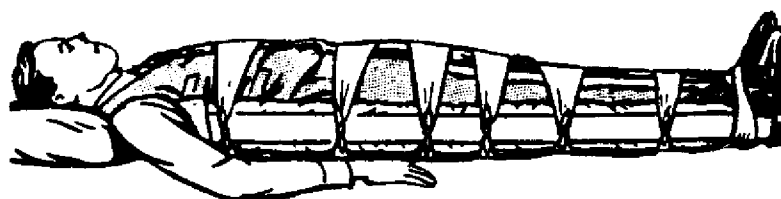


Illustration 6

**9.0 Broken Knee-cap (Illustration 7)**

- 9.1 Lay the injured person on his back, with head and shoulders slightly raised and well supported.
- 9.2 Apply a splint along the back of the leg reaching from the buttock (seat) to beyond the heel.
- 9.3 Provide adequate padding, particularly under the natural hollow of the ankle to raise the heel from the splint, and secure the splint by bandages around the thigh.
- 9.4 Secure the splint by the following bandages:
  - figure of eight around the ankle and foot;
  - broad bandage around the thigh;
  - broad bandage around the lower leg taking care not to apply direct pressure on the knee-cap.
- 9.5 Keep the injured limb supported in a raised position.

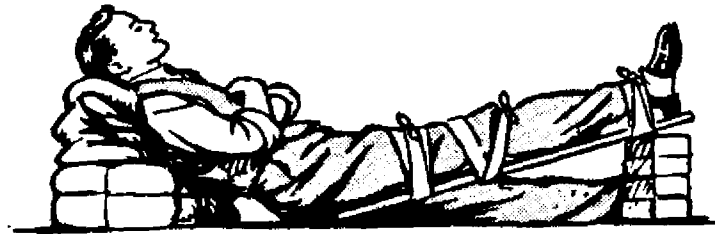


Illustration 7

### 10.0 Broken Collarbone (Illustration 8)

- 10.1 Take two triangular bandages folded narrow.
- 10.2 Pass each narrow bandage under one armpit. Encircle the same shoulder and tie each bandage in a reef knot.
- 10.3 Carry the free ends across the back over a pad placed between the shoulder-blades. Tie opposite ends together or secure with a third bandage. As the knots are carefully tightened the shoulders are braced well back in order to correct the over-riding of the broken ends of the clavicle.
- 10.4 Support the arm on the injured side in a triangular sling.

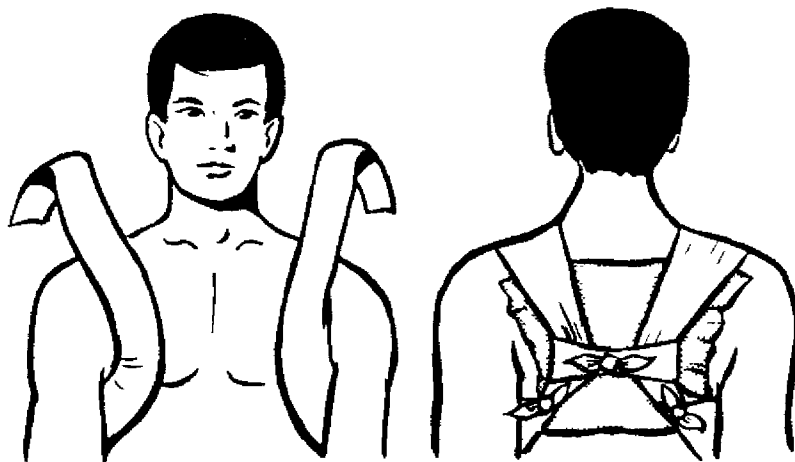


Illustration 8

## 11.0 Broken Ribs

11.1 When the fracture is uncomplicated the First Aider should proceed as follows:

- a) Apply a broad bandage around the chest to give support to the fractured ribs. This must be removed if discomfort is caused. Support the arm on the injured side in an arm sling.
- b) Remove the casualty to a medical facility in a sitting position unless prevented by the presence of other serious injuries.

11.2 When the fracture is complicated the First Aider should proceed as follows (See Illustration 9):

- a) Make any sucking wound air-tight immediately.
- b) Support the upper limb on the injured side in a triangular sling.
- c) Lay the casualty down with head and shoulders raised and with the body inclined toward the injured side. Support the casualty in this position by means of a folded blanket.
- d) Transport to a medical facility as a stretcher case.

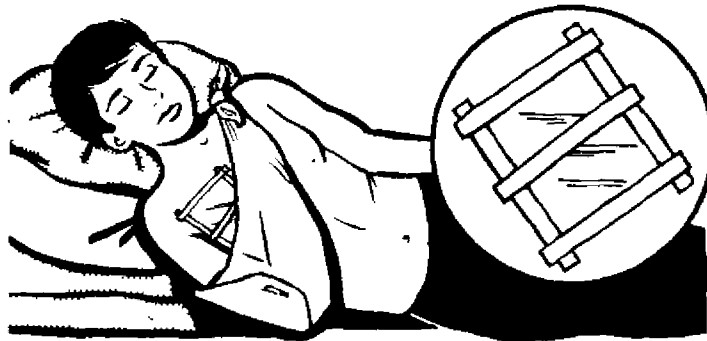


Illustration 9

## **12.0 Broken Back or Neck**

- 12.1 Prevent the injured person from moving and keep him warm with coats or blankets.
- 12.2 If necessary to move him to shelter the patient must be carried lying down, face up, on a rigid stretcher (a wide plank or door) with adequate padding in the small of the back and around the neck and head, so that the back and neck are kept stiff and straight, and movement is prevented. Great care must be taken to avoid bending the patient, particularly when being placed on the stretcher.
- 12.3 The patient should be moved with the rescuers applying firm, gentle traction on his head and feet.

## **13.0 Head Injuries**

- 13.1 Apply a dressing to the wound. Ice packs or cold water dressings may be used providing there is no open wound.
- 13.2 If a skull fracture is suspected, the casualty should lie face down with his head turned to one side and the uppermost knee slightly bent.
- 13.3 Do not give stimulants.

## **14.0 Eye Injuries**

- 14.1 Whenever an eye becomes inflamed or painful from even a light injury, a doctor should be consulted.
- 14.2 Prevent the patient from rubbing the eye.
- 14.3 A cinder or other foreign body in the eye may be removed by gently brushing it with the corner of a soft handkerchief moistened with clean water. If the foreign body is under an eyelid it may be brought into view by pulling down the lower lid or turning the upper lid over a wooden match stick laid along the upper part of the lid.

14.4 When a foreign body is embedded in the eyeball do not attempt to remove it. Proceed as follows:

- cover the eye with a paper cup or a cardboard cone to prevent the object from being driven further into the eye and to provide a dressing around the eye.
- cover both eyes even though only one is injured. This is important because when only one eye is covered the wandering movement of the other eye will cause the covered eye to move, resulting in further damage.
- immobilize the head by placing sandbags, a folded blanket or the casualty's boots, one on each side of the head.
- transport the casualty to a medical facility at once as a stretcher case.

14.5 If the eye received a chemical burn, flush it immediately with plenty of water, preferably warm, for several minutes. Tilt the patient's head back and drop water into his open eye or else immerse his face in a pail of water, telling him to keep the eye open and moving from side to side. Then apply a soft pad of gauze and bandage.

### **15.0 Frostbite**

15.1 Protect the patient from the weather but warm him gradually, not in a hot room. Do not rub the part which is frozen or apply direct heat. If conscious, the patient should be given warm fluids to drink. Minor frostbite will respond to first aid measures but extensive freezing should receive medical care as soon as possible, shoes being removed and tight clothing loosened promptly.

### **16.0 Poison Ivy and Poison Oak**

16.1 The only prevention is to avoid contact. If contact

occurs, wash the affected part with plenty of soap and water as soon as possible to remove the poison. Clothes may have poison on them so change as soon as possible and wash with soap and water

#### **17.0 Snake Bite**

- 17.1 Have the casualty lie down.
- 17.2 Flush the wound with soapy water and wash away any venom.
- 17.3 If bitten by a suspected poisonous snake, immediately apply a constricting bandage to the limb between the bite and the heart. Make it tight enough to obstruct the veins so that they become distended but not so tight as to shut off the pulse in the arteries.
- 17.4 Keep the limb lowered, supported and immobilized if necessary.
- 17.5 Get the casualty to doctor's office or hospital quickly.
- 17.6 If possible, have someone kill and secure the snake for identification.

#### **18.0 Artificial Respiration**

- 18.1 In all cases where breathing has stopped, whether due to electric shock, asphyxiation from gas or fumes, apparent drowning or other causes, it is vital to get the victim breathing again as quickly as possible. Artificial respiration must be started at once, even if some delay has occurred before the victim is reached.
- 18.2 To carry on artificial respiration the services of several persons are often required to relieve one another by turns. ARTIFICIAL RESPIRATION MUST BE CONTINUED PERSEVERINGLY UNTIL

NATURAL BREATHING IS RESTORED, UNLESS A DOCTOR DECIDES THAT FURTHER EFFORTS WILL BE OF NO AVAIL.

- 18.3 During and after artificial respiration the victim should be covered with extra clothes or blankets to keep him warm.
- 18.4 When breathing is restored, promote warmth and attend to the patient's comfort. Any other injury should be cared for, and the victim treated to prevent shock. The breathing should be watched carefully to see that it does not fail; if it does, artificial respiration must be recommenced at once. If necessary to move the victim, a stretcher must be used.
- 18.5 Two methods of artificial respiration are explained in subsections 19.0 and 20.0. Although mouth-to-mouth resuscitation is preferred, the rescuers should use the method with which they are most familiar.

#### **19.0 Mouth-to-Mouth Resuscitation**

- 19.1 The method is carried out as follows: Clear the mouth of any obstruction to breathing.
- 19.2 Lay the casualty on his back and kneel by the side of the casualty's head.
- 19.3 Lift the neck with one hand and tilt the head back with the other hand, so that the chin points almost vertically upwards (Illustration 10).
- 19.4 Support the neck with one hand and pinch the casualty's nose with the other to prevent the escape of air (Illustration 11). The airway to the lungs will now be fully open, unless it contains foreign matter of some sort. In some cases, it may be necessary to insert the thumb into the mouth in order to hold the tongue forward.



- 19.5 Take a deep breath. Place your mouth over the casualty's mouth. Blow into his lungs, causing his chest to rise (Illustration 12). This movement may be seen by the rescuer looking out of the corner of his eye. Turn your head away to take another breath and repeat the cycle (Illustration 13). In the interval, air passively escapes from the casualty's lungs and may produce an audible sound and the chest wall will fall.
- 19.6 The cycle should be repeated about every five seconds for an adult, and every three seconds for a child. The blowing will be less strong for a child or baby, but in any event should be strong enough to cause the casualty's chest to rise.

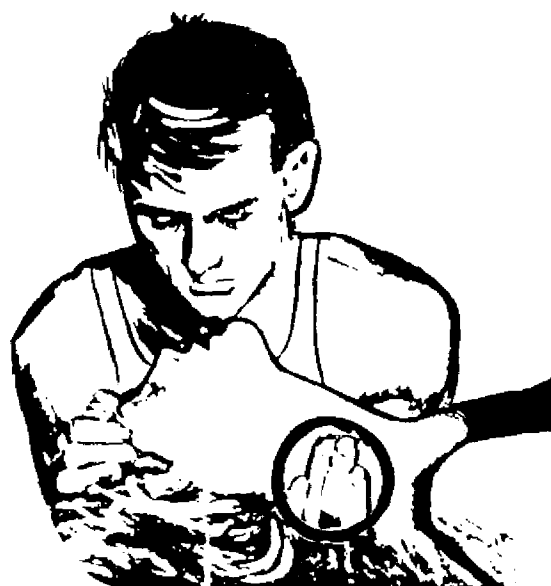


Illustration 10



Illustration 11



Illustration 12



Illustration 13

**20.0 Back pressure — arm lift method (Holger-Nielson method)**

- 20.1 Place the victim on his stomach and bend his elbows, placing one hand upon the other. Turn his face slightly to one side, with his forehead on his hands, as shown in Illustration 14.
- 20.2 Kneel at the head of the victim, on one knee or both knees, whichever is more comfortable. Take out false teeth or any other object from the victim's mouth, and draw his tongue forward.
- 20.3 Place hands on victim's back, fingers extended, tips of thumbs just touching, and heels of hands just below a line between the armpits, as in Illustration 15.
- 20.4 Keeping arms straight, swing forward slowly with moderate, steady pressure for a count of "one and two" (Illustration 16); this forces air out of the lungs. Then slowly release the pressure, counting "three".
- 20.5 Then lean back, grasping the victim's arms, just above the elbows.
- 20.6 Draw his arms upward and toward you, until you feel resistance, as in Illustration 17. This act will last through a count of "four and five", and aids in full expansion of the victim's lungs. Then replace arms in original position and begin over again. These movements must be repeated about twelve times per minute.

POSITION OF CASUALTY  
AND OPERATOR

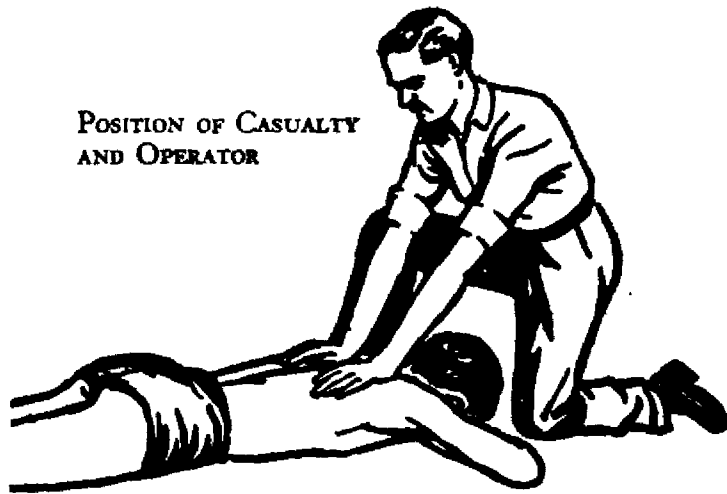


Illustration 14

POSITION OF CASUALTY  
AND OPERATOR  
(diagrammatic)

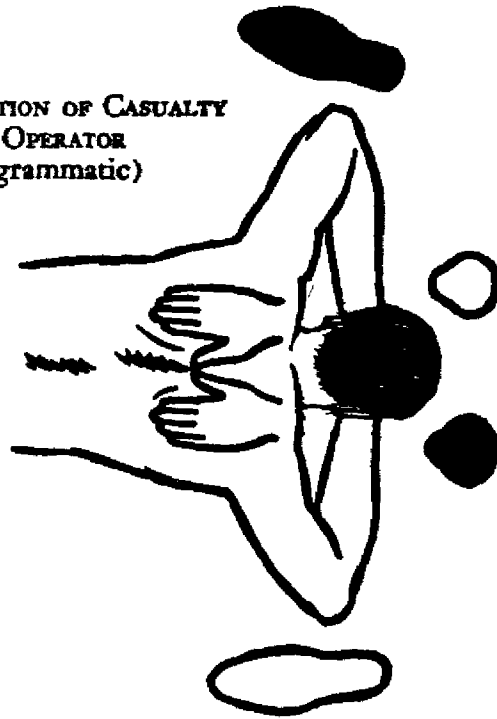


Illustration 15

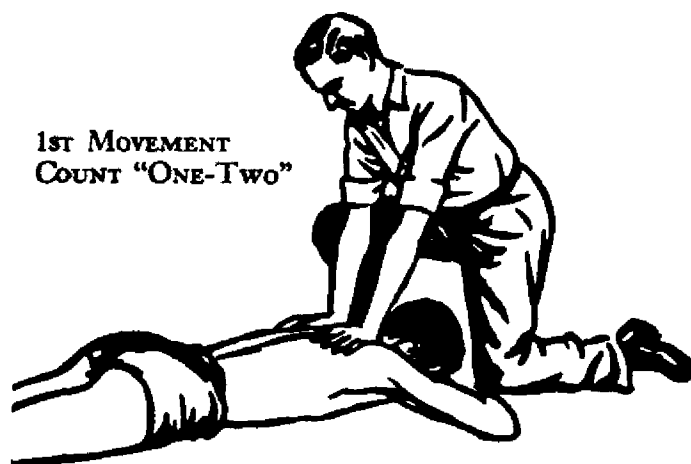


Illustration 16

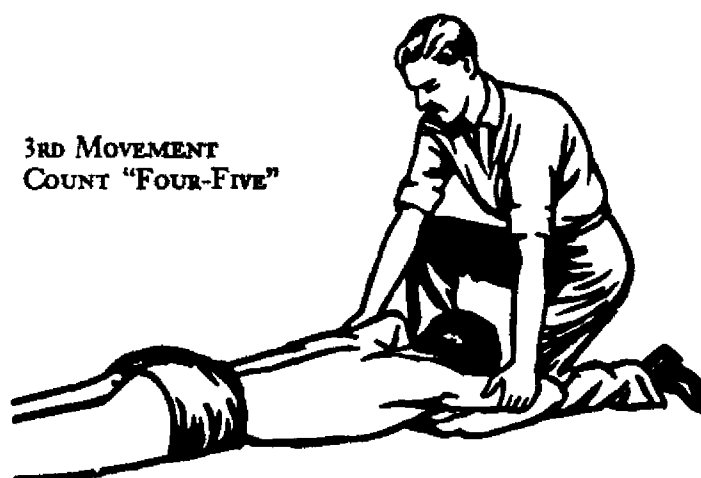


Illustration 17

## **21.0 Stretchers**

- 21.1 A short improvised stretcher may be made by turning the sleeves of a coat inside out. Take two poles and pass one through each sleeve, then button the coat. The patient may then be carried on this, sitting up with his back against the front bearer. For a patient who must be kept lying down a longer stretcher may be made by using several coats in the same way, or by rolling up two strong poles in the sides of a blanket. A door or wide board covered with clothing or blankets may also be used. Any type of stretcher should be tested before the injured person is placed upon it.

## **22.0 General**

- 22.1 When the physician arrives he will take charge of the injured person.
- 22.2 The Company will not be responsible for the employment of doctors except those called in accordance with item 1.5. Obligations beyond those first aid services required prior to arrival of the physician, or treatment subsequently arranged for by him, must not be assumed for the Company.
- 22.3 Important surgical operations must not be carried out before the arrival of the physician except those that may be necessary for the immediate safety of the injured person.
- 22.4 An employee who witnesses or who has any knowledge of an accident must not give information to anyone except a Claim Agent or other Officer of the Company, unless legally required to do so. Persons seeking information must be referred to a Claim Agent or other Officer.
- 22.5 First Aid boxes and kits must be examined regularly each month to see that they are properly equip-

ped. If any articles are missing or any of the sterile packages broken they must be promptly replaced.

22.6 Employees are urged to join the classes offered in connection with the Company's first aid training program. The lectures are free to all employees and are followed by practical demonstrations by First Aid Instructors.

22.7 Canadian Pacific is a Special Centre of the St. John Ambulance Association and has offered first aid training to its employees since 1909.