

PSEP Fact Sheet

First Aid for Pesticide Poisoning

Jeff M. Edwards, *Pesticide
Applicator Training Coordinator*

Joe Hiller, *Former Assistant Director,
Agriculture and Natural Resources*

Mark Ferrell, *Former Extension
Pesticide Coordinator*

Andrea M. Lewis, *Former
Extension Publication Assistant*

Many accidental pesticide deaths are caused by eating or drinking the chemical. Some applicators die or are injured when they breathe pesticide vapors or get pesticides on their skin. Repeated exposure to small amounts of some pesticides can cause sudden, severe illness. All pesticide handlers should know and understand first aid treatment for pesticide poisoning. Specific instructions pertaining to first aid related to the exposure to any product can be found on the product label.

First Aid for Pesticide Poisoning

If you are alone with the victim:

- See that the victim is breathing; if not, give artificial respiration. To avoid self-contamination, wipe the victim's mouth **before** giving artificial respiration.
- Decontaminate the victim by flushing the mouth with water immediately. Speed is essential!
- Call your doctor.
- Call the Poison Control Center, 1-800-955-9119 (all areas, toll-free).
- Know your hospital and doctor's phone numbers

Do not substitute first-aid for professional treatment!

If two or more people are with the victim, speed is essential! One person should begin first-aid treatment while the other calls a physician.

General

- If breathing has stopped or is labored, artificial respiration must be given, preferably by someone certified in cardio-pulmonary resuscitation (CPR).
- Stop exposure to the poison. If the poison is on the skin, cleanse the person thoroughly.
- Save the pesticide container; get a readable label or name of the chemical or chemicals.

Specific Poison on Skin

- Drench skin and clothing with water (shower, hose, and faucet). A powder formulation can be brushed off, followed by washing.
- Remove shoes first, and then remove other clothing. Shoes will trap chemicals and be absorbed into the skin.
- Cleanse skin and hair thoroughly with soap and water.

Poison in Eyes

- Hold eyelid(s) open, wash eyes immediately with gentle stream of clean, running water. Tilt head so poison does not run from one eye into the other.
- Continue washing intermittently for 15 minutes or more.
- DO NOT use chemicals or drugs in wash water.



Department of Plant Sciences
College of Agriculture and Natural Resources

Inhaled Poisons (dusts, vapors, gases)

- If the victim is in enclosed space, do **not** go in after him or her without air-supplied respirator.
- Carry the patient to fresh air.
- Loosen all tight clothing.
- Apply artificial respiration if the victim is not breathing or if breathing is extremely shallow. Assist respiration by giving a breath once every five seconds. The pulse should also be monitored. If there is no pulse, cardiopulmonary resuscitation must be given. The chances of success are greatly increased and the likelihood of injuring the victim are greatly decreased if CPR is administered by someone qualified.
- Call a physician.
- Prevent chilling.
- If the patient is convulsing, watch his or her breathing. Keep the chin up so the air passage remains free. If convulsing, put the victim on his or her side and maintain the head-tilt to keep the airway open.
- Do not give alcohol in any form.

Swallowed Poisons

- Call the Poison Control Center immediately: 1-800-222-1222.
- DO NOT induce vomiting if the patient is in a coma or unconscious or has swallowed petroleum products or a corrosive poison (strong acid or alkaline products).
- If the patient can swallow after ingesting a corrosive poison, administer one of the following: for acids - milk, water, or milk of magnesia diluted 1 tablespoon to 1 cup of water; for alkali - milk or water, giving 1 to 2 cups to patients 1 to 5 years old and up to 1 quart to patients 5 years and older.

Chemical Burns of Skin

- Wash with large quantities of running water.
- Remove shoes and then the contaminated clothing.

Brush away dry chemical and wash.

- Wash the victim with large quantities of water. Immediately cover with a loosely applied, clean cloth.
- Avoid use of ointments, greases, or powders.
- Treat shock by keeping the patient warm and elevating his or her feet 10 to 12 inches.

This information should be posted in an area where pesticides are stored or mixed, preferably in a laminated or plastic cover.

Material adapted from: Roy Linn, farm safety and agricultural energy specialist, Cooperative Extension Service, Montana State University. *First Aid for Pesticide Poisoning MONTGUIDE A-6 MT8420.*

Risk = Toxicity x Exposure

Risk can be lowered by understanding the toxicity of a product and the potential for personal exposure. The dermal absorption chart indicates how dermal absorption varies, depending upon which part of the body is exposed. No matter how toxic a pesticide is, if the amount of exposure is kept low, risk can be held at an acceptably low level. Use of appropriate protective clothing and equipment (PPE) will help reduce your risk by preventing or reducing exposure (see Protective Clothing and Equipment for Pesticide Applicators, NebGuide G758, Pesticide Safety: choosing the Right Gloves, NebGuide G1961 located online at <http://www.ianrpubs.unl.edu>).

Knowing the proper procedures when handling pesticide contaminated clothing will also reduce potential exposure to pesticides; refer to Washing Pesticide Contaminated Clothing Card, EC509 (located online at <http://www.ianrpubs.unl.edu>).

If at any point you transport a pesticide exposure victim to a health care facility be certain to 1) Call ahead and inform the health care workers the exposure type and the material to which they were exposed. 2) bring along the product Label and Safety Data Sheet.

Pesticide Poisoning Symptoms are often similar to influenza

Mild

Fatigue, headache, dizziness, blurred vision, excessive sweating, nausea, vomiting, stomach cramps, and diarrhea.

Moderate

Unable to walk, weakness, chest discomfort, muscle twitches, pupil constriction

Severe

Unconsciousness, severe pupil constriction, muscle twitches, body secretions, breathing difficulty

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