IF BITTEN OR SCRATCHED

FIND KIT



GET SUPPLIES



SET UP



5 MINUTE SCRUB/RINSE x 3

15 MINUTE TOTAL





Call UM Occupational Health Services prior to leaving NHP area at 734-764-8021

GAUZE AND WRAP



FILL OUT FORM



GO TO
OCCUPATIONAL
HEALTH or E.R.
WITH FORM



IF SPLASH IN EYE, FLUSH FOR 15:

FLUSH EYE AT EYE WASH STATION FOR 15 MINUTES



EITHER

OR

IF NO WATER AVAILABLE, FLUSH EYE WITH EYE WASH IN BITE/SCRATCH KIT



FILL OUT FORM

Call UM
Occupational
Health Services
prior to leaving
NHP area at 734764-8021.

GO TO
OCCUPATIONAL
HEALTH OR E.R.
WITH FORM

