PROCEDURE

Poisoning first aid

Poisoning first aid limits exposure and supports breathing while expert help is arranged.

PURPOSE
Limit poison exposure and support vital functions

PROCEDURE TYPE
Therapeutic, bedside first aid

WHERE IT IS DONE
At the scene or at the bedside

ANAESTHESIA
None

HOW LONG IT TAKES
Minutes to hours, until specialist care takes over

PREPARATION
Protect yourself, identify the poison, and call for help

RECOVERY
Same day to hospital stay; avoid driving until cleared

MAIN RISKS
Rescuer exposure, aspiration, injury, delayed emergency care

RESULTS
Immediate response; full effects may emerge later

Overview

Poisoning first aid is the immediate care given after someone swallows, breathes in, touches, or is injected with a harmful substance. The goals are to stop further exposure, support breathing and circulation, and obtain expert advice.

A poison can be a medicine, household product, chemical, gas, alcohol, recreational drug, plant, or animal toxin. The correct first aid is not the same for every substance. A poison centre or emergency service can give instructions based on the exact exposure.

Do not wait for symptoms before seeking advice. Some poisons cause delayed effects. If the person is unconscious, having trouble breathing, having a seizure, or difficult to wake, call emergency services immediately.

In the United States, Poison Help is available at 1-800-222-1222 . Elsewhere, contact your local

poison centre or emergency service.

Why the procedure is performed

First aid is performed to reduce the amount of poison entering the body and prevent complications while medical help is arranged.

It may be needed after:

First aid does not remove every poison or replace medical assessment. It can, however, reduce continued exposure and keep the person breathing until specialist care is available.

- Swallowing too much medicine or another harmful substance
- Breathing smoke, fumes, gases, or chemical vapour
- Getting a chemical on the skin or in the eyes
- A suspected opioid overdose
- An injection, bite, or sting involving a toxin
- An intentional or unexplained poisoning

Who should and should not have it

Anyone with a known or suspected poisoning should receive appropriate first aid and prompt advice from a poison centre or emergency service. Treatment should be based on the substance, route of exposure, amount, timing, symptoms, and the person's age and health.

Some actions should be avoided because they may cause more harm:

Decontamination should be delayed if approaching the person would expose you to the same poison. Emergency responders have protective equipment for unsafe environments.

If the person is violent, severely confused, or exposed to an unknown chemical, keep a safe distance and call emergency services.

- Do not enter an area containing gas, smoke, or fumes unless it is safe
- Do not make the person vomit
- Do not give food, milk, water, alcohol, or home remedies unless directed
- Do not give activated charcoal unless a poison specialist recommends it
- Do not try to neutralize an acid with an alkali, or the reverse

- Do not restrain someone having a seizure or place anything in their mouth
- Do not cut a bite, suck out venom, or apply a tight tourniquet

How to prepare

Poisoning first aid is not normally planned. Begin by checking that the area is safe. Use gloves if available and avoid direct contact with liquids, powders, vomit, or contaminated clothing.

Call a poison centre or emergency service. Be ready to provide:

Keep the container, package, plant, or a photograph of the label if this can be done safely. Do not delay an emergency call while searching for information.

If a poison centre, emergency service, or treating facility gives you instructions, their instructions take priority over general advice in this article.

- The product name, label, or medicine strength
- How the exposure happened
- The estimated amount and time
- The person's age and approximate weight
- Current symptoms and known medical conditions
- First aid already provided

What happens during the procedure

First, move away from the source if this can be done without putting anyone else at risk. Check whether the person responds and is breathing normally.

If the person is not breathing normally, call emergency services, begin cardiopulmonary resuscitation, or CPR, and use an automated external defibrillator if available. Use a breathing barrier if chemical contamination is possible.

For a swallowed poison, remove anything still in the mouth and have the person spit it out. Do not cause vomiting. Do not give anything by mouth unless a poison specialist tells you to.

For an inhaled poison, move into fresh air only if you can do so safely. Do not enter an enclosed or contaminated space. Carbon monoxide cannot be seen or smelled, so leave the area and call emergency services if exposure is possible.

For poison on the skin, remove contaminated clothing and jewellery. Avoid pulling clothing

over the face if it can be cut away. Brush off visible dry powder before rinsing. Rinse exposed skin with plenty of lukewarm running water, unless a poison specialist gives different instructions.

For poison in the eyes, remove contact lenses if this is easy. Rinse continuously with clean, lukewarm water. Keep the eyelids open and avoid rubbing the eye or adding eye drops unless directed.

For a suspected opioid overdose, call emergency services and give naloxone if it is available. Follow the product instructions. Support breathing with rescue breaths or CPR as appropriate.

If the person has a seizure, clear nearby hazards and protect their head. After the seizure, place them on their side if they are breathing normally. Stay with them until help arrives.

Recovery and what to expect afterward

Pain: Burning, headache, nausea, throat irritation, or eye discomfort may continue after first aid. Persistent or worsening pain needs reassessment because rinsing does not always prevent deeper injury.

Eating: Do not eat or drink until a poison specialist or healthcare professional says it is safe. Swallowing may be unsafe after exposure to corrosive products or when the person is drowsy.

Activity: Rest and follow the observation instructions you receive. Some effects, including sleepiness, abnormal heart rhythm, or breathing problems, can appear later.

Driving: Do not drive yourself for medical assessment if you feel unwell, confused, sleepy, dizzy, or short of breath. You should also avoid driving after sedating treatment or until the treating team says it is safe.

Work: Return to work depends on the substance, symptoms, treatment, and job. Extra caution is needed for driving, machinery, heights, food handling, or further chemical exposure.

Some people can recover at home after poison-centre assessment. Others need emergency department observation, blood tests, heart monitoring, antidotes, or admission to hospital.

Risks and possible complications

First aid is generally intended to reduce harm, but incorrect actions can create additional risks.

A rescuer may become poisoned through fumes, skin contact, contaminated clothing, or mouth-to-mouth breathing. Personal safety comes first.

Making someone vomit can allow poison or stomach contents to enter the lungs. This is called

aspiration. Vomiting can also cause further injury when a corrosive substance comes back up.

Giving food, drinks, charcoal, or home remedies may interfere with treatment or make some exposures worse. Trying to neutralize a chemical may produce heat or another harmful reaction.

Moving someone without checking the environment can cause falls or spread contamination. CPR can cause rib or chest injuries, but it should not be withheld when a person is unresponsive and not breathing normally.

The greatest concern is assuming that first aid has completely treated the exposure. Symptoms may be delayed even when the person initially feels well.

Results and follow up

The immediate result may be removal from the poison source, washing the substance away, improved breathing, or a return of responsiveness after naloxone. These responses do not prove that the danger has passed.

A healthcare team may monitor breathing, heart rhythm, alertness, blood pressure, kidney or liver function, and acid levels in the blood. Some results are available quickly, while other effects become clear during observation.

Follow the poison centre's or treating facility's instructions about observation and repeat assessment. Attend routine follow-up if symptoms continue, medicines need review, or the exposure occurred at work.

An intentional poisoning requires urgent medical assessment even if the person currently feels well. Follow-up should include compassionate mental health support and a plan to reduce the chance of another episode.

Alternatives

There is no safe substitute for immediate emergency care when a person is unconscious, having a seizure, struggling to breathe, or difficult to wake.

A poison centre can provide substance-specific advice by telephone. This is faster and more tailored than relying on a product label or internet search, but it cannot provide hands-on treatment.

An ambulance can provide oxygen, airway support, monitoring, and transport. Waiting for someone else to drive may delay these treatments.

An emergency department can perform tests, give antidotes, and observe for delayed effects. It takes more time than home observation, but offers support that is not available at home.

Watching and waiting without expert advice may seem easier, especially if there are no symptoms. The trade-off is that delayed poisoning may not be recognized early.

When to call your healthcare team

Call emergency services now if the person:

Do not transport the person in a private vehicle if they may become unconscious, need breathing support, or could contaminate the vehicle.

Call a poison centre promptly for any suspected exposure, even if there are no symptoms. A specialist can tell you whether home observation, clinic assessment, or emergency care is appropriate.

Routine follow-up is appropriate after discharge for improving but persistent symptoms, medicine review, workplace documentation, or emotional support. Seek earlier advice if symptoms return or worsen.

- Is unconscious, difficult to wake, or suddenly confused
- Is not breathing normally or has severe trouble breathing
- Has a seizure, collapses, or develops severe weakness
- May have inhaled carbon monoxide or dangerous fumes
- Has taken an unknown amount or a potentially life-threatening substance
- Has a suspected opioid overdose
- Was poisoned intentionally or may harm themselves

Common questions

Will I be asleep?

No. First aid itself does not use anaesthesia or sedation. Sedation may be needed later for specific hospital treatments.

Can I drive home?

Not if you are sleepy, dizzy, confused, short of breath, or have received sedating medicine. Arrange for another adult or emergency transport.

How painful is it?

Rinsing and basic life support are not intended to be painful, although the exposure itself may cause burning or irritation. Tell the healthcare team about continuing or worsening pain.

When will I know if the first aid worked?

Breathing or alertness may improve immediately, but some poisons have delayed effects. A poison specialist or treating team will advise how long observation is needed.

Should I make someone vomit after they swallow poison?

No. Vomiting can cause choking, aspiration, or a second chemical burn. Follow poison-centre instructions instead.

Can I give milk, water, or activated charcoal?

Only when a poison specialist specifically recommends it. The safest choice differs according to the substance and the person's condition.

Sources

- MedlinePlus Medical Encyclopedia: Poisoning first aid , U.S. National Library of Medicine
- Poison Control: First aid guidelines , National Capital Poison Center
- Centers for Disease Control and Prevention: About getting clean in a chemical emergency , U.S. Department of Health and Human Services
- NHS: Poisoning , National Health Service
- American Heart Association and American Red Cross: 2024 Guidelines for First Aid , first-aid recommendations for poisoning and other emergencies