



Also t/a



Corporate First Aid Australia
Health and Individual Support Training

Participant Guide

HLTAID004 Provide an emergency first aid response in an education and care setting



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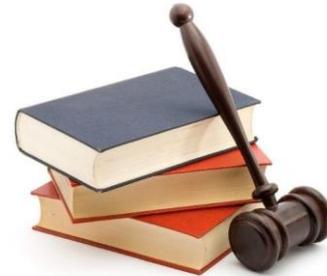
Overview

As someone who is trained in first aid there are a number of legal, workplace and community factors you need to think about. The information here is meant as a guide – always make sure that you are familiar with the particular requirements of your state/territory and organisation.

Being trained in first aid doesn't mean you can be forced to attempt a first aid rescue in an emergency situation. You can observe or walk away from the scene, though this is not encouraged. You should always do what you can to help someone in need. You should also remember to keep yourself safe and well.

Legal, workplace and community factors you need to consider include:

- Duty of care requirements.
- Consent.
- Respectful behaviour towards a casualty.
- Privacy and confidentiality requirements.
- Your own skills and limitations.
- The need for stress-management techniques and available support following an emergency situation.
- The importance of debriefing.



The Code of Practice for first aid requires all employers to ensure that their nominated first aiders attend training on a regular basis to remain current in their skills.

Good Samaritan Protection

States and territories have laws that protect people who come "to the aid of a person who is apparently in need of emergency assistance". If you provide first aid within your training and without being reckless you are protected from civil liability. If you provide first aid while under the influence of drugs or alcohol you are not protected. In WA the protection is in the Civil Liability Act 2002. It is there to encourage people to respond and provide first aid. People may hesitate if they are worried about being personally responsible for what happens in a first aid situation.

Education and Care Services National Regulations

Education and care services are also governed by the Education and Care Services National Law and Regulations. The National Law and Regulations are administered by the Australian Children's Education and Care Quality Authority.

Regulation 136 covers first aid qualification requirements for education and care services:

Required qualifications

- current approved first aid qualification
- current approved anaphylaxis management training qualification
- current approved emergency asthma management training

Service type	Service type
Who must have it	Who must have it
Child care centre	Child care centre
One staff member	One staff member

The National Law requires the regulatory authority to be notified of any serious incident at an approved service within 24 hours.

A serious incident means:

- the death of a child while attending a service or following an incident while attending a service.
- any incident involving serious injury, trauma or illness of a child while being educated and cared for at an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner, or for which the child attended or ought reasonably to have attended a hospital. This might include, for example, whooping cough, a broken limb or an anaphylactic reaction.
- an incident at the service premises where the attendance of emergency services was sought or should have been sought.

Duty of Care

Once you start providing first aid the law says you must continue until:



- Vital signs return.
- Emergency services assistance arrives.
- Exhaustion makes it impossible to continue.
- Authorised personnel declare the casualty as officially deceased.

This legal obligation to care is known as 'duty of care'.

Duty of care means that you must take reasonable steps to ensure your actions don't knowingly cause harm to another individual.

In a first aid situation you don't legally have to provide treatment, unless you have a previous duty of care to the injured person.

Some examples of where a duty of care to provide first aid exists include cases where:

- You are a worker who is trained, qualified and designated as a first aid officer in a company and you have a duty of care to provide first aid to workers in the workplace.
- You are responsible for the person injured.
- You are an official first aid volunteer at an event.
- You have started giving first aid in an emergency.

In a situation where you have started first aid, under duty of care you can't then stop unless a medical practitioner or a person with better qualifications takes over. Your duty of care is to do everything reasonable given the situation.

If you are unable to hand the casualty over to a medical practitioner, you should always advise the individual to seek professional medical assistance/advice.

In the workplace duty of care is also affected by Health & Safety legislation.

WHS Legislation and Guidelines

OHS/WHS legislation are the laws and guidelines designed to help keep your workplace safe. It is important that you are familiar with the OHS/WHS laws that exist in your state or territory.

OHS/WHS legislation and regulations outline the responsibilities of an employer to provide first aid facilities and workers trained in first aid. The regulations may also detail the requirements of first aid kits and facilities based on the size of the organisation and the type of work environment.



OHS/WHS guidelines for preventing accidents in the workplace should be found in your workplace policies and standard operating procedures. It should have procedures on how to deal with a workplace accident. It will also provide guidance about how to manage risks and hazards in the workplace and during first aid events.

It may include instructions on how to use Personal Protective Equipment (PPE), which can prevent infection spreading.

Consent



If you decide to go ahead with first aid, you must try to get consent from the casualty, and stop if they ask you to. If the person doesn't give consent and you touch them or they think you will touch them, you could be charged with assault or battery. You may not always be able to get consent from an injured person, as they may be unable to communicate due to injuries or being unconscious.

In these cases, the law assumes that the person would have consented if they had been able to, but only if their life or future health was in danger. This is implied consent.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent, caregiver, a registered medical practitioner or emergency services if the child's parent/caregiver cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible. Often child care centres include authorisation for first aid and medication in enrolment documentation.

If the casualty is well enough to speak, ask them if it is all right if you touch them or move them. Think about how you would like to be treated if you were hurt and scared and treat the casualty the same way.

Showing Respect

It is important to be aware that individuals may have differing views and beliefs regarding receiving medical or first aid treatment. These may relate to cultural, religious or personal beliefs and customs. Your first aid skills should be applied to the casualty in a way that doesn't force first aid procedures and respects the individual's beliefs. You should follow the guidelines for consent with every individual. Also check the casualty for medical identification tags such as a bracelet or necklace. These will give you information like the name of the casualty, emergency contact, medical illnesses, allergies, and even what medical treatment they would refuse.

Ways to treat a casualty respectfully include:

- Ask for consent and respect their wishes
- Being aware of cultural needs
- Communicating effectively and explaining what you are doing
- Being sensitive to modesty and privacy and aware of impairments

Privacy and Confidentiality

It is important to keep records of emergencies and injuries, including what happened and how it was addressed. Record keeping and reporting requirements can vary between states and territories, industries and organisations.

If you are acting as a first aid officer in your workplace make sure you follow the specific recording guidelines and procedures. Records should be made and kept for every workplace first aid incident, with copies provided to the organisation. If providing first aid outside of the workplace you should make a record of the event, or at least keep notes about the first aid you gave.

Records should be clear and concise as they may be used as a legal document in court. Make sure that any first aid records are accurate, factual and only include your observations and actions, not your opinions. You should also be aware of privacy and confidentiality legislation. This protects medical data from being circulated to the general public and ensures it is only handled by authorised workers and on a 'need to know' basis.

It is also part of treating casualties respectfully. When giving a verbal report or handover in the workplace or to emergency services, ensure it is done in a way that protects the privacy of the casualty. Each organisation will have policies and procedures for safeguarding sensitive medical information, including first aid details. Don't leave first aid reports lying around where they can be seen by unauthorised people. Store and distribute them according to workplace policies and privacy requirements.

People you can share information with are:

- Ambulance officers or paramedics
- Nurse or doctor at a hospital
- Another first aid responder involved in the incident
- Family of the casualty



Your First Aid Skills and Limits

Paramedics have advanced skills in first aid and when they arrive to treat the casualty they can apply advanced life support procedures that they are qualified to administer.

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As a first aider you are not expected to be an expert.

Your **role** as a first aider is:

- respond promptly
- be able to prioritise
- be proactive in applying the principles of first aid management

It is also a good idea to keep trying to improve your first aid skills. Your employer might provide training so you can keep your skills up to date. You could also do your own reading and research. There will always be something that you can learn and therefore be a more effective first aider.

You must stay within your training and do what is reasonable in the situation. That way you are protected by good Samaritan laws.

Be aware of your own personal limitations including:



Psychological Impacts

Not everyone who is involved in critical incidents will be badly affected but some people can suffer from mental health issues such as Post-Traumatic Stress Disorder (PTSD).

The signs of trauma or stress may include:

- Emotional outbursts.
- Irritability.
- Disturbed sleep.
- Flashbacks.
- Feeling numb.
- Anxiety.



Talking with children about their emotions and responses to first aid events can help them understand what happened and cope with it. When talking to children keep it simple and truthful, answer their questions honestly. Give them the basics. Listen closely and take time to correct misunderstandings. Encourage the expression of emotions, that it is OK to be angry, afraid and to cry. A child may repeat the same questions and will need reassurance. Drawings may help to communicate with children.

Children under 4	Get down to eye level, speak in a gentle calm voice, use age appropriate words, reassure and comfort the child
Preschool and early primary children	At this age they may have more questions and need more reassurance about their safety
Upper primary and high school children	At this age they may have more opinions about causes and what should be done for prevention

Dealing with Stress

To help you deal with stress you could try talking to a friend, co-worker or trained counsellor for support. You might visit your GP who can refer you to a qualified counsellor if necessary.

Lifeline is a 24-hour confidential telephone crisis counselling service available Australia wide. Free call on 13 11 14. Information about accessing support for stress-related disorders can be found on the Beyond Blue website (www.beyondblue.org.au) or telephone information line 1300 22 4636.

You could do pleasant activities or hobbies that have helped in the past like walking or listening to relaxing music. Eating well and getting enough sleep can also make things easier.

Debriefing and Self-Evaluation

After the emergency incident it is important to take part in debriefing. Debriefing is important because by talking to your supervisor, work colleagues or a counsellor you will be able to bring up any issues or concerns you might have had with the emergency response process, including first aid procedures. Debriefing is also a chance to learn more about your own abilities and reactions in a crisis.

Your organisation can also learn from your experience and develop methods to improve emergency response techniques. Your supervisor might decide to send you to relevant training courses for professional development and to update the skills needed to become a better first aider. Debriefing may also give you closure on the incident.

Debriefing and evaluation are important because it helps you and other first aid responders to deal with the stress from a traumatic incident. It also helps you and your workplace improve the way you provide first aid in the future. Debriefing is also important to give emergency services details about what happened and what first aid was provided for the handover.

Reporting

Parents should be notified within 24 hours of the incident.

You must notify the regulatory authority within 24 hours of becoming aware of a serious incident (Section 174(2)(a) and Regulation 176(2)(a)).

Serious incidents include;

- the death of a child
- any incident involving a serious injury or trauma to a child
- any incident involving serious illness of a child

In WA the authority is Department of Communities, Education and Care Regulatory Unit.

Risk Management

Identify the Hazards

Following an incident, there may be a range of hazards at the scene. A HAZARD is the thing or situation that causes injury, harm or damage. Use all of your senses to check for hazards. Can you see, smell or hear anything that could be hazardous?

You should also talk to other people at the scene about any hazards they might have found.



Conduct a Dynamic Risk Assessment

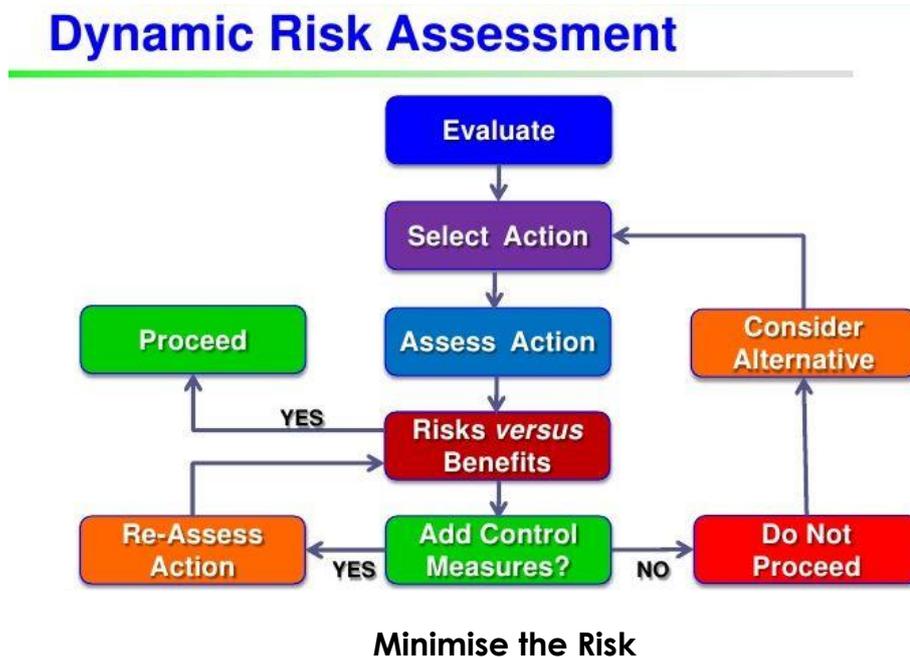
After you have found hazards or dangers you need to work out how bad they are:

1. What is the chance that the hazard will hurt someone or cause damage?
2. If it does happen, how bad will the injury or damage be? This is called a risk assessment.

A RISK is the chance of a hazard hurting you or somebody else or causing some damage.

In an emergency situation things can change dramatically and suddenly. There are unpredictable and unforeseen risks and you need a consistent way to make judgements and assessments.

This is when you do a dynamic risk assessment (DRA). The 3 concepts behind a DRA are:



Control measures could include:

- Using protective equipment.
- Eliminating or removing the hazard.
- Isolating the casualty from the hazard.
- Moving the casualty to a place that doesn't have any hazards

Safe Work Practices

Principles of First Aid

When you are providing first aid it is important to understand the established first aid principles.

The 4 principles are:

- Preserve life.
- Prevent illness, injury and condition(s) becoming worse.
- Promote recovery.
- Protect the unconscious casualty.

The principles of First Aid are built into the Australian Resuscitation Council (ARC) guidelines, which tell you how to provide first aid.

These guidelines are about:

- First aid management of injuries.
- The basic life support system "DRS ABCD".
- First aid training requirements.

Following the ARC guidelines will also help you to meet legal obligations relating to providing first aid.



Standard precautions

As a first aider you could come into contact with human blood and bodily fluids like saliva. These can carry viruses or bacteria, which cause diseases. You therefore need to pay attention to proper hygiene and standard infection control procedures.



Standard infection precautions include:

- Wearing protective gloves to maintain personal hygiene and to act as a physical barrier
- Covering any cuts, abrasions or skin conditions you may have.
- Cleaning away blood and other bodily fluids. If the person is bleeding and you haven't got any gloves or other protection you could ask them to help by applying direct pressure to the wound or placing a dressing or other clean cloth between your hand and the wound.
- Not touching your face, especially your mouth, ears and eyes.
- Washing your hands thoroughly. Use soap and water or an antibacterial hand gel, both before and after providing first aid, even if gloves were used.
- Disposing of contaminated waste in biohazard containers.
- If these are not available put waste in a leak-proof/sealable bag or container and dispose of it carefully.
- Correctly disposing of contaminated sharp objects (such as needles). If possible, use tongs to pick them up and put them into the 'sharps' container.
- Using a protective mask and following infection control best practice (ARC guidelines 9.6.2) before you perform resuscitation.



It is your responsibility to maintain the highest standards of personal hygiene while you are providing first aid. This will help to protect you and the casualty.

Manual Handling Techniques

You may need to move a casualty away from hazards in the area or to make it easier to get to them for treatment.

First check with the casualty to make sure they are comfortable about being moved and explain what you are going to do.

To make sure you don't hurt yourself or the patient you should use techniques for safe manual handling. You should always bend your knees and not your back when lifting. This will help to avoid straining your back.



Understand your own limitations and strength. If you can, get somebody to help you to move the casualty. Don't hurt yourself in the process – you could cause further harm if you drop the person.

Be careful not to twist or bend the casualty's neck and back as this could make their injuries worse.

If it looks like any movement is hurting them, stop.

There are different ways to move the casualty and you need to plan how you are going to do it.

In planning the move, you should think about:

- The size of the casualty.
- The condition of the casualty.
- The conditions at the scene.
- Your physical strength and ability.
- Getting other people to help you.



It's always best to get help in moving the casualty so that you don't hurt them or yourself. Make sure that the other people helping you aren't injured though. You can use Emergency Moves or Planned Moves.

Use good lifting techniques:

- Maintain a straight back, bend your legs and use equipment when available
- Maintain a large base of support by stabilising your feet
- Don't move a casualty on your own.
- Lift only as a last resort – it is best not to lift, unless life threatening
- Keep the objects and the casualty close to your body if lifting or moving

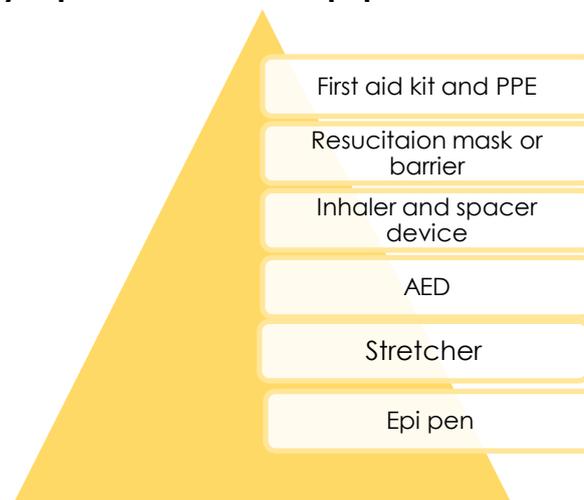
Correctly Operate First Aid Equipment

There is a large range of first aid equipment you can use to treat a casualty.

Always follow workplace procedures and the manufacturer's instructions for using first aid equipment.

If you aren't sure about something, check the instructions or talk to your supervisor.

You might also be able to get some training.



Basic Anatomy and Physiology

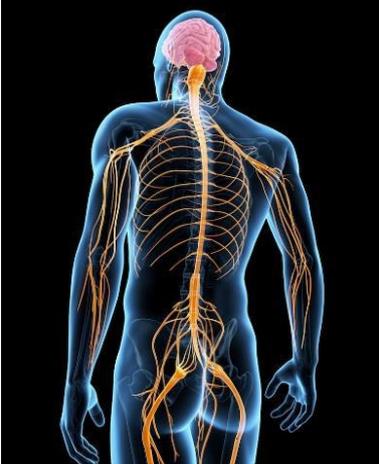
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When checking a casualty for injuries you need to be aware of the basic anatomy and physiology of the human body. You will then be able to assess the type of injury, how bad it is and how best to respond.

In life-threatening conditions, the heart can stop beating, organs can bleed internally, and the person may not be breathing normally because the lungs are being affected by the injury.

Body System	Overview	
Integumentary System	This includes the skin, hair and nails. The skin is the first line of defence in the body and is the organ you will mainly be working with. Changes in the skin colour, temperature or texture should be noted. Wherever possible, cuts in the skin should be covered to avoid infection.	
Respiratory System	The respiratory system is concerned with breathing. It contains the lungs, mouth, nose and the windpipe. If a person can't breathe they may suffer brain damage in less than 4 minutes. Signs and symptoms of a casualty not breathing normally are: <ul style="list-style-type: none"> • Wheezing • Gurgling • Harsh Shriil 	
Circulatory System	The circulatory system is how blood moves around the body. It involves the heart, veins and arteries. Abrasions and cuts to the skin will bleed and the rate of bleeding will show you whether a vein or artery has been injured. Blood coming from a vein will ooze or flow but blood coming from an artery will spurt. Arterial bleeding needs to be controlled urgently because a person can bleed to death very quickly. Pressure should be applied to any areas of bleeding.	
Skeletal System	The skeletal system is the framework of bones, tendons, ligaments and muscles that holds the human body together. You can usually see a broken bone as it will look deformed or out of shape. If you believe there is any chance of an injury being a broken or fractured bone, it is better to treat it as a break and immobilise the area until medical assistance arrives. Strains and sprains to the muscles can be painful, but are not life-threatening.	

<p>Nervous System</p>	<p>The nervous system sends messages through every muscle, cell, bone and fibre of the body. Damage to the nervous system that you need to worry about is potential injuries to the spinal column. This can kill or cause permanent paralysis.</p>	
<p>Digestive System</p>	<p>The digestive system processes nutrients from the food provided to the body. The main digestive system issues for a first aid officer are:</p> <ul style="list-style-type: none"> • Allergies. • Vomiting. • Diarrhoea. <p>Ingestion of poisons and foreign substances. If a casualty has swallowed a foreign substance you will need to call for medical advice immediately. This is because different substances have different first aid responses. Don't give the ill person anything to drink unless a medical professional says you can. For allergies, a trained medical officer will have to give the person antihistamine. Food-related upsets, such as vomiting and diarrhoea, should also be treated by a doctor. Until they arrive, give the casualty some fluids to sip. Remember to take note of what fluids have been given, when they were given and how much.</p>	
<p>Urinary System</p>	<p>The urinary system enables the body to dispose of waste materials. As a first aid officer, you will mainly be dealing with dehydration of the casualty. The darker the urine, the more dehydrated the person will be.</p>	

Anatomical differences

There are anatomical differences between adults and children that require different approaches and first aid techniques for example:

- **Smaller and less developed respiratory system** – puffs instead of breaths for CPR, short, narrow and soft trachea must be in neutral position
- **Less developed skeletal system** – 2 fingers for compressions, large tongue may block airway, more care is needed when moving casualty
- **Smaller and less developed circulatory system** – lower voltage AED
- **Small total blood volume** – even a small amount of blood loss can be very serious

Monitor an ill or injured infant or child carefully as a very small change in heart rate, temperature or respirations may have serious effects.

Normal Clinical Values

The Heart Rate, Temperature, and Respirations in infants, children and adults.

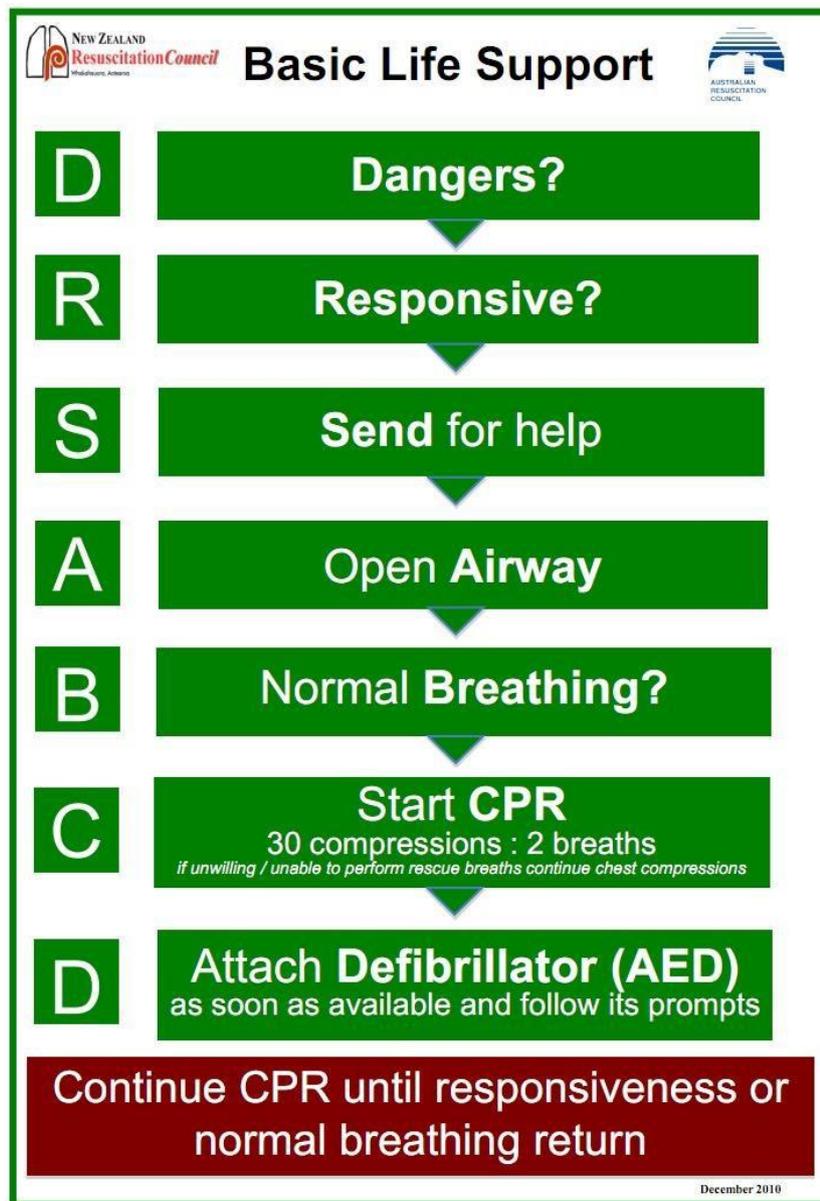
Vitals	Infant 0 - 1	Child 1 - 12	Adult
Respiratory Rate (breaths per minute)	30-40	15-35	12-20
Heart Rate (beats per minute)	100 - 160	70-100	60-80
Temperature (degrees Celsius)	36 -37.5	36 -37.5	36 -37.5

DRS ABCD Action Plan

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Overview

A very important part of emergency first aid treatment is the ARC's 'Basic Life Support' chart. It shows the "DRS ABCD" process for performing resuscitation or CPR.



You should follow these ARC guidelines for each stage of the "DRSABCD" process.

D – Dangers

Check the surrounding area and make sure it's safe for you, the injured person and others in the area. Do this by looking, listening and smelling. If the casualty is in immediate danger you should move them, but only if it is safe to do so. Try to lift or move the person in a way that won't hurt them more and remember to protect yourself from back strain or other injuries.

Assess the Scene and Casualty

Before you start any first aid treatment you must assess the scene for any hazards or risks to yourself, the casualty and others. You also need to assess the casualty. This is so you can be sure about how to treat them.



Initial Assessment

Once you arrive at the scene of an emergency, it's vital to do an initial assessment of the scene. The first stage in the initial assessment is to survey the scene of the emergency. This will help you to see the type of accident and any immediate risks/hazards to the casualty, bystanders and treating workers. Make sure you are not placing yourself at risk by trying to provide first aid. While you are surveying the scene, you might come across some barriers to action.

Possible Barriers:	Description:
Presence of Bystanders	You might feel embarrassed performing first aid in front of others or you may assume someone else will be doing it.
Uncertainty about the Person	The injured person may be a stranger, older, younger, different gender or race. You should provide assistance anyway even it is only by calling '000'.
Nature of the Illness/Injury	The emergency may be unpleasant or confronting (blood, vomit etc.). Still try to do as much as possible. If needed take a moment to collect yourself but remember – it is still an emergency.
Fear of Disease Transmission	The risk of disease transmission is actually quite small. If you take appropriate precautions you can greatly reduce the risks.
Fear of Doing Something Wrong	As long as you do everything reasonably possible and follow your duty of care you shouldn't worry about making an error. Some first aid is better than no first aid.

Primary Survey

A primary survey covers the following 4 points:

1. State of consciousness/responsiveness
2. Airways.
3. Signs of life.
4. Severe bleeding



Common questions that should be in a primary survey include:

- Are emergency personnel required?
- Are there signs of bleeding or burns?
- Are they conscious or slipping in and out of consciousness?
- Are there signs of life? i.e. movement, normal breathing, skin/face normal colour
- Is the casualty breathing? Is the airway open?
- Does the casualty have any broken bones?

Vital signs are used to measure the condition of the casualty. The vital signs are:

- Conscious state.
- Pulse (or heart rate).
- Breathing.
- Skin colour and appearance.

These vital signs must be constantly checked as they can change very quickly. Keeping up with any changes can often mean the difference between life and death.

R – Responsive

Check the patient's responses by talking and touching them (ask for consent, squeezing their shoulders). This is referred to as the "Talk and Touch Method". You may also say:

- What is your name?
- Open your eyes.
- Squeeze my hand, let it go.
- Can you hear me?

If the patient responds they are conscious, breathing and have a pulse. Make them comfortable and check them for any injuries using the [Secondary Survey Technique](#).

Call for help if required and keep monitoring them for at least 10-15 minutes before letting them move.

If you don't get a response call 000 immediately.

A person who doesn't respond is unconscious. This is potentially life threatening as they could choke, their breathing might stop or they could bleed to death.

S – Send for Help

Dial for an ambulance or medical assistance as soon as possible.

000 - Landline, Mobile

112 – Mobile

106 – Text Based Relay Service

When speaking on the phone, try your best to stay calm, speak clearly to the telephone operator and try to answer all the questions as best you can.

You might need to borrow a bystander's mobile phone to call 000 or 112. If possible, ask them to make the call while you stay with the casualty and treat them. If you are alone you should shout for help. If no one comes, start CPR straight away.

In an emergency at work you could ask your colleagues, supervisors or anybody close by to help. Someone might be able to take over the treatment if you get tired doing CPR.

When calling emergency services (by dialling 000) let the operator know the following details:

- **Where and when the emergency happened** – the exact address/location, including city/town, nearby crossroads/main roads, landmarks, building name, floor, room number as applicable. The more details the caller can provide the easier it will be for emergency response services personnel to find you.
- **What happened** – car accident, fall, drowning etc., how many people are involved and the condition of the casualty/s (bleeding, unconscious, chest pain etc.).
- **What is being done** – details of the first aid that is being/has been provided so far.
- **Who you are and the number you are calling from** – in case the call is dropped.
- **Who the casualty is**, if known.

DO NOT hang up the phone until you have been given instructions on how to proceed.

A – Open Airway

The next step is to check that the casualty's airway is clear so that their breathing is not obstructed (blocked).

(ANZCOR Guideline 4 – Airway)

Airway management is required to provide an open airway when the person:

- is unconscious
- has an obstructed airway
- needs rescue breathing.

If there is any foreign material present you should move the casualty into the recovery position and allow the material to drain from the mouth. If the casualty vomits or regurgitates their airway may be blocked.

If foreign matter is present in the casualty's mouth, place the casualty into the recovery position and use two fingers to scoop it out



For unresponsive adults and children, it is reasonable to open the airway using the head tilt chin lift manoeuvre.

(For lay rescuers performing compression-only CPR, there is insufficient evidence to recommend the use of any specific passive airway manoeuvre. [LOE: Expert Consensus Opinion])

Head Tilt/Chin Lift

One hand is placed on the forehead or the top of the head. The other hand is used to provide Chin Lift. The head (NOT the neck) is tilted backwards. It is important to avoid excessive force, especially where neck injury is suspected. When the person is on their side, the head will usually remain in this position when the rescuer's hands are withdrawn.



Chin lift is commonly used in conjunction with Backward Head Tilt. The chin is held up by the rescuer's thumb and fingers in order to open the mouth and pull the tongue and soft tissues away from the back of the throat.

A suggested technique is to place the thumb over the chin below the lip and supporting the tip of the jaw with the middle finger and the index finger lying along the jaw line. Be careful that the ring finger does not squash the soft tissues of the neck. The jaw is held open slightly and pulled away from the chest.

Drowning

A drowning person can have a cardiac arrest and die. You could put your life in danger by trying to rescue the casualty from the water. If possible, use an item that floats to help get the person out of the water. Check first that it is safe to do so and then:

- Have someone call for an ambulance.
- Get the person out of the water using a flotation device if available.
- When the casualty is out of the water immediately turn them on to one side, open the airway and let any water/vomit drain out.
- Follow the Emergency Action Plan DRABC. If no signs of life are present immediately start CPR.
- Continue with CPR until emergency services personnel arrive.

Ensure the casualty goes to hospital even if they recover, as airway and breathing difficulties can develop or redevelop up to twenty-four (24) post drowning.

The Recovery Position

This is the best position for a casualty who is unconscious and breathing. It keeps their airway open and allows any vomit to drain onto the floor so they don't choke on it. It is important that the casualty is put into the recovery position, as it will prevent asphyxiation due to body position.

Adult or child over 1 year

1. With the patient on their back, kneel beside the patient and position their arms.
 - Place the patient's furthest arm directly out from their body.
 - Place the patient's nearest arm across their chest.
2. Position the patient's legs.
 - Lift the patient's nearest leg at the knee and place their foot on the floor so the leg is bent.
3. Roll the patient into position.
 - Roll the patient away from you onto their side, carefully supporting their head and neck the whole time.
 - Keep the patient's leg bent with their knee touching the ground to prevent the patient rolling onto their face.
4. Place the patient's hand under their chin to stop their head from tilting and to keep their airway open.

Infant under 1 year

1. Lie the infant face down on your forearm.
2. Support the infant's head with your hand.

B – Breathing



While keeping the airways open, look, listen and feel for normal breathing signs. This is often easier to do when the injured person is on their back but can also be done while they are in the recovery position.

For a full 10 seconds you should position yourself so that you can hear and feel if air is escaping from the nose and mouth. Also watch the chest and abdomen to see if they rise and fall with air movement.

If the casualty is breathing normally, position them in the recovery position and again check their airway and head position.

Check their airway after one minute and then every two minutes.

If you or someone else has not called for emergency services do so now, while continuing to check the airway and vital signs until they arrive.

If the casualty is NOT breathing normally and there are no signs of life, then you will need to begin CPR.

C – Start CPR

Cardiopulmonary Resuscitation (CPR) is the name given to the technique of combining rescue breaths with external cardiac compressions. When CPR is applied to the casualty, body systems such as the brain and the heart are affected as oxygen is being pumped into the blood through the circulatory system.

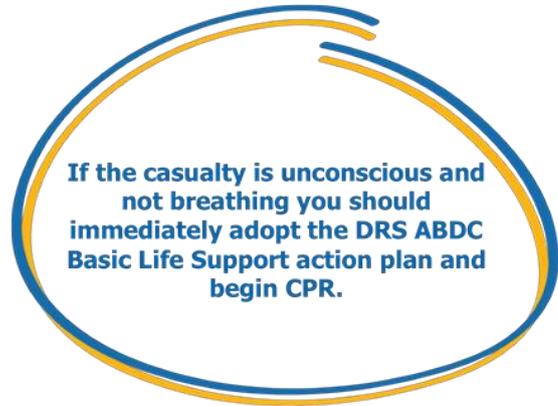
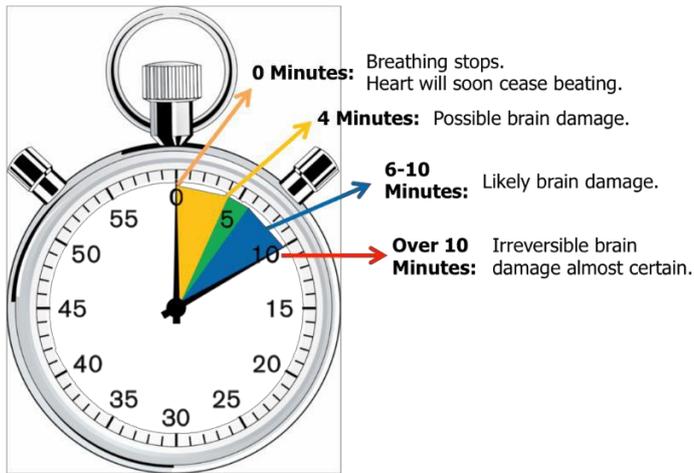
CPR can save lives or increase the chance of survival for the casualty until qualified medical help takes over. You can check if CPR is needed by looking for signs of collapse or a life-threatening situation such as stopped breathing, no pulse and unconsciousness. If there is no response or vital signs are missing then you should start CPR immediately.

The initial assessment is very important. If the casualty has been assessed to be in a life and death situation appropriate life saving strategies are urgently needed. For example, if the initial assessment

HLTAID004 Provide an emergency first aid response in an education and care setting revealed a sudden cardiac arrest, the chain of survival should be used. If the casualty was found unconscious and not breathing properly, then CPR could be performed.

If CPR is not done quickly the casualty won't have enough oxygen.

This could cause brain damage and death.



CPR consists of 30 chest compressions and 2 rescue breaths.

Follow these directions when administering CPR:

1. Ensure the person is lying on their back on a flat surface
2. Kneel beside the person between the head and chest
3. Find the correct position around the middle of the chest
4. Interlock fingers and apply pressure to the sternum with the heel of your hand
5. Use 2 hands for adults, 1 hand for a child and 2 fingers for an infant
6. Keep your shoulders directly over your hands to push straight down
7. Keep your elbows locked to use your upper body strength not just your arms
8. Compress to one third of chest height
9. Maintain a steady rhythm of 100 – 120 compressions a minute
10. After 30 compressions perform rescue breaths

(ANZCOR Guideline 8 – Cardiopulmonary Resuscitation (CPR))

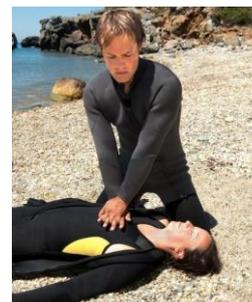
Minimise Interruptions to Chest Compressions

CPR should not be interrupted to check for response or breathing. ANZCOR places a high priority on minimising interruptions for chest compressions. We seek to achieve this overall objective by balancing it with the practicalities of delivering 2 effective breaths between cycles of chest compressions.

Duration of CPR

- the person responds or begins breathing normally
- it is impossible to continue (e.g. exhaustion)
- a health care professional arrives and takes over CPR
- a health care professional directs that CPR be ceased.
- It is unsafe to continue

If you are unwilling to give mouth-to-mouth, you should at least continue to administer chest compressions.



If signs of life return (consciousness, normal breathing, moving), place the person in the recovery position.

Always keep monitoring the person and be prepared to start CPR again if needed.

Rotating CPR Operators

Administering CPR can be very tiring, especially chest compressions, and as a result the quality of the compressions can get worse and be less effective over time as the first aider becomes tired.

If there is another first aider available then, to help maintain the quality and effectiveness of CPR compressions, it is suggested that the person doing the compressions is rotated every 2 minutes. If rotations are made more frequently the effectiveness of the CPR can be reduced due to the interruptions.

You should try to make the changeover as quickly as possible. This can be achieved in a number of ways:

- Have the people rotating compressions on opposite sides of the casualty – One can be ready and waiting to swap as soon and the one doing the compressions stops.
- Make the swap during other interruptions – for example, when the AED is being administered.
- Have someone counting out loud or counting down to when the changeover should occur.

Infant and Child CPR

When giving CPR to infants (under 1-year-old) and children the same process as for adult CPR should be followed.

You can use the same techniques on children, however administering CPR on infant requires some adaptations:

- **Opening the airway.** Be careful when using this on infants. Their airway can be easily obstructed due to the smaller diameter and their soft windpipe. If the head is tilted back too far the airway can become compressed and narrowed. The ARC suggest the head position should be kept neutral, using the chin lift first, with only a slight backwards head tilt if needed. DO NOT use maximum head tilt.
- **Compressions.** For infant compressions the ARC guidelines suggest only using 2 fingers, while still aiming to have the depth of compressions reach about 1/3 of the chest depth.
- **Rescue breaths.** Smaller breaths or puffs should be used. You may need to cover the infant's mouth AND nose with your mouth when administering the breaths to ensure a tight seal.

The same compression to breaths ratio should be followed for all casualties (30 compressions to 2 rescue breaths).

When carrying out compressions on children you can choose whether to use one or two hands (as with adults). Compressions on smaller children may require less force to reach the appropriate depth.

Always keep monitoring the person and be prepared to start CPR again if needed.

D – Attach Defibrillator

An AED is an electronic device that is portable, easy to operate, and used when the casualty is having a Sudden Cardiac Arrest (SCA). When the machine detects an abnormal heart rhythm, a small electrical charge is sent to the heart, which can restore normal heart rhythm. People who need CPR have abnormal heart rhythms.

The voltage of an adult AED is 150 joules. The voltage of a paediatric AED is 50 joules. Paediatric pads and cables can reduce the voltage of an adult AED.

Paediatric pads (1 – 8 years) are placed in the middle of the chest and on the back at chest height. With Infants (up to 12 months of age) an AED should not be used..



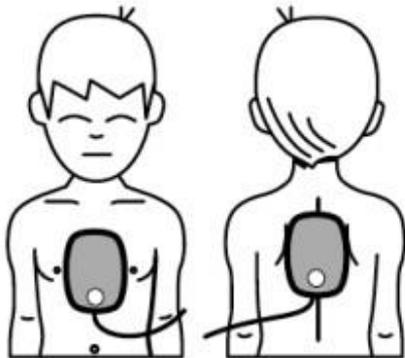
HLTAID004 Provide an emergency first aid response in an education and care setting
Attach an AED if available and follow the instructions.

You will find the instructions either in the booklet that comes with the AED or on the screen of the unit.

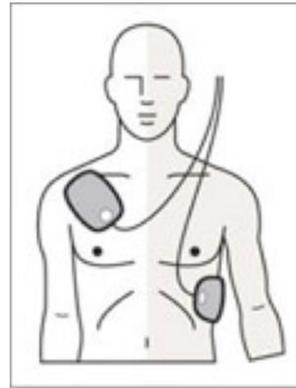
AEDs are easy to use so you don't need formal training. Most have visual and/or verbal instructions that you should follow as different machines may vary slightly.

Once the pads of the AED have been attached to the casualty – this must be directly to the skin, which may need to be dried off – the device will detect the person's heart rhythm and then deliver an electric shock if required.

Once the shock has been delivered, immediately continue CPR for a further 2 minutes, leaving the AED attached and following any prompts until ambulance personnel arrive.



AED pad placement 1 – 8 years



AED pad placement Adult

The Chain of Survival

The chain of survival is the rapid administration of CPR in sudden cardiac arrest situations to maximize its life saving potential. Understanding the links in the chain of survival can improve the chances of survival from a cardiac arrest.



Early Access	Recognise the signs that a cardiac arrest is about to happen and send for help by dialing triple zero (000 or mobile 112).
Early CPR	As soon as you see the victim collapse to the ground, start CPR immediately.
Early Defibrillation	Request an AED (Automatic External Defibrillator) from a bystander – they are easy to use – and apply it the moment the heart is in abnormal rhythm. For every minute defibrillation is delayed, there is approximately 10% reduction in survival.
Early Advanced Care Procedures	The sooner emergency response services personnel can attend the casualty, the better the chance of survival. Seek assistance from paramedics as soon as possible.

Secondary Survey

A secondary survey is done if the initial assessment found no life-threatening conditions. It assesses the casualty more closely for signs such as cuts, burns, bruising, swelling, puncture wounds and anything out of place (misuse of drugs). It involves carefully checking the casualty from head to toe.

To do the secondary survey follow these 3 steps:

1. Question the injured person and bystanders
 - o This can give a better picture of what has happened.
 - o Ask the person to describe how they are feeling, if they are in pain and where the pain is. Also watch them for any other signs of injury/illness.
2. Check the person vital signs
 - o Conscious state, breathing, pulse, skin colour/ appearance
 - o Check them every 5 minutes until emergency personnel arrive.
3. Check the person from head to toe
 - o Start by telling them what you are about to do and ask them to remain still.
 - o Try not to touch or move any painful areas.
 - o Look for visual signs of injury, such as bruising, swelling, blood or other body fluids, etc.
 - o Then, if a head or spinal injury is not suspected, ask the person to move parts of their body, beginning with the head, then moving down the body.
 - o Continue to look for visual signs of injury and listen for indications such as abnormal sounds, pain responses etc.

Throughout the survey keep monitoring the person's signs of life. Stop the survey if any problems begin to develop and immediately start first aid.

All information from the survey must be carefully collected, ready to be passed on to emergency response services personnel and your supervisor.



Reassure the Casualty

The casualty could be anxious, agitated and in a lot of pain so you need to be calm, respectful and comforting.

To reassure the casualty you should:

- Make a personal introduction.
- Show empathy.
- Maintain constant communication with the casualty.
- Adopt a caring voice tone and volume.
- Offer reassurance and gentle treatment in a culturally appropriate manner.

If the casualty is conscious talk to them gently, without raising your voice or shaking them. If they are badly hurt, be honest but try not to scare them. To make the casualty feel at ease it's important to give them information about what has happened, when it happened and what you are going to do to help them.

Make the Casualty Comfortable



You need to make the casualty as comfortable as you can until emergency services arrive.

This could mean moving them to a sheltered place out of the sun, rain, wind or cold. You could use coats, blankets or other things to keep them warm or shaded.

If there is a head injury you could support their head and neck with a pillow or some other sort of padding.

Pain management is important in keeping a casualty comfortable during first aid. You need to find out where the pain is coming from and how bad it is. This is part of the primary and secondary survey of the casualty. Remember that some people may not express their pain clearly. It could be worse than it seems.

Some general techniques you could use to manage the pain include:

- Offering reassurance.
- Putting the person in a more comfortable position and/or supporting or immobilising the injured body part.
- Helping to maintain the casualty's dignity and privacy – help clean them up and cover exposed body parts if possible.
- Managing the environment – controlling onlookers, lighting and noise levels and adjust heating or cooling if possible.
- Distracting and relaxing the person – talking to them and encouraging them to stay calm and breathe slowly may help. Stop talking if they seem upset or annoyed.
- Helping the person take their prescribed medications (e.g. heart tablets) but you shouldn't give them analgesics (pain relief drugs).

Remember: Assess the pain regularly while waiting for medical help. A person in pain may go into shock – look out for signs of this and give the appropriate treatment.

Triage

If it is a major incident and there are a lot of casualties to treat, you need to prioritise treatment. Start with the casualties with the worst injuries and based on their level of consciousness. This process is called 'triage'. Triage means deciding who to help first. It comes from a French term for separate or select.

This will give the most people the best chance of surviving the incident.

Triage priorities

RED – casualties who need immediate first aid for survival

YELLOW – casualties that can be stabilised and monitored

GREEN – casualties with less critical injuries that can move

WHITE – casualties that don't need first aid

BLACK – deceased casualties

Highest priority



Lowest priority

For all wounds and injuries if casualty is Unconscious

1. [Follow DRSABCD Action plan](#)
2. Call 000 or 112 and follow emergency personnel instructions

First Aid Management of Injuries / Trauma

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Shock		
Overview	Shock can be life threatening. Shock is caused by a lack of circulating blood volume. The volume is too low to meet the body's needs and to remove waste products.	
Recognising	<ul style="list-style-type: none"> • Weak, rapid pulse; • Cold, clammy skin; • Rapid breathing; • Faintness, dizziness, nausea; and • Pale face, fingernails, lips. 	
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Lie the casualty down with head flat on floor and reassure and DO NOT raise legs. 2. Treat any other injury such as bleeding, wounds, burns and immobilise fractures. 3. Maintain the casualty's body warmth. Cover with blanket, coat or similar but DO NOT use any source of direct heat. Loosen any tight clothing. 4. Give small amounts of water frequently to the conscious casualty without abdominal trauma or is unlikely to require an operation in the immediate future. 5. Monitor the casualty regularly. Do not leave them alone. 6. Ensure Triple Zero (000) for an ambulance is called. 	
Bleeding (External)		
Overview	Bleeding is defined as loss of blood. The loss can range from minor bleeding through to severe external and internal bleeding.	
Recognising	<ul style="list-style-type: none"> • Pain; • Tenderness; • Pallor; • Sweating; • Faintness or dizziness; • Thirst; and • Visible blood loss, oozing, flowing or spurting. 	

<p>NO Foreign Object in wound</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> Using a sterile dressing pad, ask the person to press directly on the wound. <ul style="list-style-type: none"> If you don't have a sterile dressing, use an improvised dressing e.g. handkerchief, towel. If these are not available, the person should use their hand. As a last resort use your own hand. If a broken bone is not suspected raise the injured area above the level of heart. Have the person rest comfortably. Apply a pressure bandage to hold the dressing in place – a triangle bandage or roller bandage is best for this. Immobilise the injured part using an appropriate body splint/slinging method. <p>IF BLEEDING CONTINUES:</p> <ol style="list-style-type: none"> Apply a second dressing pad over the first and a firmer bandage over top of all. <p>IF SIGNIFICANT BLEEDING</p> <ol style="list-style-type: none"> Remove all bandaging and check for a missed bleeding site. Reapply a better dressing and bandages. Continue to monitor the person's ABC. Call an ambulance if necessary. Monitor for shock or condition getting worse. <p>DO NOT Disturb dressings once bleeding stops/is controlled.</p>	
<p>Foreign Object in wound</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> Leave the object in the wound – it may be controlling the bleeding. Using sterile dressings, build up dressings around the wound, finishing above the object's height if possible. Secure the dressings in place with a roller bandage, wrapping diagonally above and below the object and lightly over the object. If the object is large and sticking out above the dressings, bandage firmly all around the object but DO NOT bandage over the object. Protect from further damage. Continue to monitor the person's ABC. Call an ambulance on 000 or 112. Monitor for shock or condition getting worse. 	
<p>Amputations</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> Apply direct pressure to the wound and raise limb to control blood loss. Apply a sterile dressing and bandage. Wrap the amputated part in a gauze or material, for example bandage, and place in a water-tight container. Place the sealed container in cold water which has had ice added to it (if available). The severed part should not be in direct contact with the ice. Send the amputated part to hospital with the casualty. <p>Do Not Wash or soak the amputated part in water or any other liquid</p>	
<p>Internal Bleeding</p>		
<p>Overview</p>	<p>Internal bleeding is harder to identify as it is under the surface of the skin.</p> <p>Internal bleeding usually needs immediate surgery so the most important thing to do is call an ambulance.</p>	

<p>Recognising</p>	<ul style="list-style-type: none"> • History of an injury that causes internal bleeding. • Medical conditions such as haemophilia or aneurysm. • Pain/tenderness in soft tissue – may also include hardness, swelling and distension. • Discolouration/bruising of skin in injured area. • Anxiety, restlessness. • Weak, rapid pulse. • Rapid breathing. • Cool/moist/bluish skin. • Nausea/vomiting. • Excessive thirst. • Altered/deteriorating state of consciousness. • Bleeding from orifices 	
<p>Treatment</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Assist the person to lie down and rest in the most comfortable position. 2. Monitor ABC (airway, breathing, circulation). 3. Monitor for shock and maintain normal body temperature. 4. DO NOT give: 5. Medication. 6. Alcohol. 7. Food. 8. Drink. 9. Offer reassurance. 10. Provide first aid for other injuries/illnesses 	
<p>Nose wounds</p>		
<p>Overview</p>	<p>Often caused by a blow from a blunt object and leads to a nosebleed. May also be caused by changes in blood pressure, altitude and sneezing, picking or blowing nose. Nosebleeds may cause breathing problems or vomiting if blood is inhaled or swallowed.</p>	
<p>Treatment</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Ask the person to sit upright with their head leaning slightly forward. 2. Ask them to pinch their nostrils together, breathing through the mouth. 3. Encourage the person to maintain this position for 10 minutes. If the nosebleed has occurred in hot weather or after exercise the position may need to be maintained for 20 minutes. 4. Ask the person to spit out any blood. 5. While the nostrils are held closed, clean around the nose and mouth area with a dressing dampened with water. DO NOT pack the nostrils with dressings. 6. After the bleeding has stopped tell the person not to blow, rub or pick the nose as this may restart the bleeding. 	
<p>Abdominal wounds</p>		
<p>Overview</p>	<p>Abdominal wounds/injuries may be open or closed and are potentially life-threatening as there could be damage to internal organs</p>	

<p>Recognising</p>	<ul style="list-style-type: none"> • Severe pain where the injury occurred or pain/tenderness/tight feeling in abdomen. • Bruising. • Weakness. • Nausea/vomiting – vomit may contain blood. • Shock. • Have difficulty breathing. • Dark coloured faeces and dark brown urine. • Protrusion of intestines. 	
<p>Treatment</p>	<p>Follow DRSABCD Action Plan</p> <p>DO NOT apply direct pressure on the wound. DO NOT touch/try to push organs back into the abdominal cavity.</p> <ol style="list-style-type: none"> 1. Call an ambulance on 000 2. Help the patient into a half-sitting position, with the knees bent up to prevent the wound gaping. 3. Moisten a bulky sterile dressing – warm tap water may be used. 4. Apply loosely over the wound to stop the internal organs from drying out or sticking to the dressing. <p>NOTE: Clear plastic wrap may be used if a sterile dressing is not available.</p> <ol style="list-style-type: none"> 5. Secure the dressing using a broad bandage. 6. Continue to monitor the person closely. 7. Be prepared to treat for shock. 	
<p>Crush injuries</p>		
<p>Overview</p>	<ul style="list-style-type: none"> • When a large object falls on a person a crush injury may occur. This often causes broken bones and soft tissue injuries, including life-threatening internal injuries. 	
<p>Recognising</p>	<ul style="list-style-type: none"> • Symptoms similar to shock. • Numbness, tingling, swelling and/or rigidity in the crushed limb/area. • Signs and symptoms of fractures. 	
<p>Treatment</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Assess dangers; seek assistance to have the heavy load removed from the patient. Only do so if it is reasonably safe and physically possible. There may be damage to internal organs. 2. Call 000 3. Offer reassurance and keep the person comfortable. 4. Treat for shock. 	
<p>Scalp Wounds</p>		
<p>Overview</p>	<p>Scalp wounds should be treated carefully as there is the risk of associated skull fractures.</p> <p>A person with a scalp wound may also suffer from concussion or other head injury.</p>	

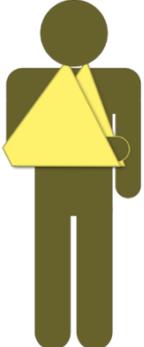
<p>Treatment</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Apply pressure to the wound – be gentle at first in case of skull fracture. 2. If depression, spongy area or bone fragments are felt a skull fracture should be suspected. <p>SUSPECTED SKULL FRACTURE:</p> <ol style="list-style-type: none"> 3. Do not put direct pressure on the wound. 4. Control the bleeding by applying gentle pressure around the wound area. <p>SKULL FRACTURE NOT SUSPECTED</p> <ol style="list-style-type: none"> 5. Apply direct pressure to the wound. 6. Apply a dressing and keep it in place with your hand. 7. Use a roller or triangular bandage to secure dressing. 8. Assist the person into a comfortable position, lying down with head and shoulders raised. 9. Continue to monitor closely. 10. Be prepared to treat for shock. 	
<p>Foreign bodies in the eye (dirt, sand etc.)</p>		
<p>Treatment</p>	<ol style="list-style-type: none"> 1. Tell the person to try to remove the foreign body by blinking several times – this will produce more tears, which may flush it out. 2. If this does not work, try flushing the eye with water – keep the affected eye lower so the unaffected eye does not become contaminated. 3. If this does not remove the object, cover the eye with a pad, taped in place, then seek professional medical attention. 	
<p>Eye injuries</p>		
<p>Overview</p>	<ul style="list-style-type: none"> • Eye injuries may be serious, even if minor, as the eye is very sensitive and easily damaged. Eye injuries may involve either or both the bones and soft tissues surrounding the eye, as well as the eyeball itself. 	
<p>Recognising</p>	<ul style="list-style-type: none"> • Impaired/total loss of vision in injured eye. • Pain in the eye. • A high volume of tears in the eye. • Eyelid spasms. • Blood or fluid loss from the eye. 	
<p>Treatment</p>	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Help the patient into the position most comfortable for them. 2. Support the head and advise them to avoid movement <p>DO NOT apply direct pressure on the eyeball.</p> <p>DO NOT try to remove any embedded object.</p> <p>NO OBJECT IN EYE</p> <ol style="list-style-type: none"> 3. Cover the eye with a sterile pad. 4. Use a bandage to hold the pad in place, without putting pressure on the eyeball. 5. Ask the person to keep the unaffected eye closed to stop blood/dirt/fluid from entering it. 6. Advise the person to try not to move the unaffected eye – this will prevent movement in the affected eye also. 	

	OBJECT EMBEDDED IN THE EYE (Penetration injury)	
	<ol style="list-style-type: none"> 7. Do not attempt to remove the object. 8. Place a sterile dressing around the object. 9. Stabilise the object in place as best as possible – a paper cup could be used, placing it over the object before applying the bandage. 10. Bandage it in place. 11. Ask the person to keep the unaffected eye closed to stop blood/dirt/fluid from entering it. 12. Advise the person to try not to move the unaffected eye – this will prevent movement in the affected eye also. 	
	Foreign bodies in the ear (such as dirt, sand, insect etc.)	
Treatment	<ol style="list-style-type: none"> 1. If object can be easily seen and grasped: remove it but DO NOT use a toothpick, cotton bud etc. 2. Pull down on the earlobe and tilt the head to the affected side. 3. If either/both methods are unsuccessful seek medical attention. 	
	Ear injuries	
Overview	<ul style="list-style-type: none"> • Bleeding and fluids in or draining from the ear may be from an injury to the ear itself or as a result of a serious head or spinal injury. 	
Recognising	<ul style="list-style-type: none"> • Pain. • Impaired hearing or deafness in affected ear. • Bleeding from the ear. • If related to an injury within the skull: watery fluid mixed with blood coming from the ear, headache and/or altered conscious state. 	
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Help the person into a comfortable sitting position, tilting the head towards the side of the injured ear. 2. Loosely cover the affected ear with a sterile pad and bandage it lightly. DO NOT plug the ear or try to stop the flow of blood or fluids from the ear. 3. Continue to closely monitor ABC and vital signs (consciousness, breathing, colour). 4. Be prepared, as the patient may need treatment for shock. 5. If the person becomes unconscious follow DRSABCD 	
	Needle stick injuries	
Overview	A needle stick injury occurs when a used needle punctures a person's skin. This puts the person at risk of infection of blood-borne diseases such as HIV, Hepatitis B and Hepatitis C.	
Treatment	<ol style="list-style-type: none"> 1. Reassure the patient and get them to rest and stay calm. 2. Let the wound bleed freely for a few seconds. 3. Flush/wash the injury site with soap and running water – if not available an alcohol-based hand rub/wash may be used. 4. If necessary a sterile, waterproof dressing may be applied. 5. Urge the person to go straight to their doctor or an emergency department. 	

	If possible the needle should be retained in a sturdy container (with a lid) for later testing.	
Bruises, sprains and strains		
Overview	A sprain occurs when ligaments and other tissue at a joint are partially or completely torn. A strain occurs when muscle or tendon fibres are stretched and torn.	
Recognising	<p>Common signs and symptoms of sprains and strains include:</p> <ul style="list-style-type: none"> • Sprains – generally occur at a joint: • Pain. • Swelling. <p>Deformity.</p> <ul style="list-style-type: none"> • Strains – generally occur between joints: • Pain. • Swelling. • Deformity. 	
Treatment	First aid treatment for sprains and strains uses the RICER acronym	
	Rest	Avoid movement/activities that cause pain for at least 48-72 hours. Assist the person into the most comfortable position – if head/neck/spinal injuries are suspected leave the person lying flat.
	Ice	Control bleeding if applicable then apply a wrapped ice pack/cold compress for 20 minutes. Reapply every 2 hours for the first 48-72 hours. This helps to reduce swelling and relieve pain/discomfort
	Compression	Apply a firm, supporting bandage, giving even pressure over the area. Light padding may be used if pain is severe.
	Elevation	If possible, raise the injured area above the level of the heart. This slows the blood flow to the area and reduces swelling. DO NOT elevate if a fracture is suspected.
	Referral	Refer the person for further advice and treatment, e.g. their doctor or emergency department.
	<p>Compression with A Roller Bandage</p> <p>Roller bandages can be found in most first aid kits and are available in a range of sizes and materials. They may be used to manage bleeding, ensure dressings are kept in place and to support injuries.</p> <p>Strains and sprains should be treated using elastic roller bandages as they provide even pressure over the injured area. This helps to reduce swelling, over the injured area. Whilst the bandage should apply even pressure on the injured area you should ensure that it is not put on too tightly as this can cause circulation problems.</p>	

Fractures		
Overview	<p>Fractures are breaks in bone tissue and can be classed as either open or closed fractures.</p> <ul style="list-style-type: none"> • Open fractures involve an open wound – both sides of the fracture do not need to be visible. The limb may be severely bent or an object may have penetrated the skin, breaking the bone. • Closed fractures have no broken skin and are more common than open fractures. <p>Fractures can become life-threatening if there is severe internal or external bleeding and because of the risk of shock. If organs or major nerves or other structures/systems are also injured, the fracture, whether open or closed, is classed as 'complicated'.</p>	
Recognising	<ul style="list-style-type: none"> • Pain/tenderness – at or near the injury site. • Deformity or abnormal position/twist of limb. • Swelling. • Loss of function. • Discolouration, bruising of skin. • Shock. 	
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Control any bleeding and cover any wounds. 2. Check for signs of fractures. 3. Ask the casualty not to move the injured body part. 4. Immobilise and/or support the fracture. 5. Handle gently – move the limb/body part as little as possible to prevent making the fracture worse (e.g. a closed fracture may become an open fracture) and to lessen the person's pain. 6. Seek medical aid. 	
Dislocations		
Overview	<p>Dislocations occur when a bone is separated or displaced from its normal joint position. If left untreated dislocations may lead to a permanent loss of function in the affected area.</p> <p>Do not try to put the joint back in place; this should be done by a qualified medical professional, as more damage may be caused to the joint and nerves if done incorrectly.</p>	

Recognising	<ul style="list-style-type: none"> • Pain at or near the site of injury; • Difficult or impossible to move the joint; • Loss of power; • Deformity or abnormal mobility; • Tenderness; • Swelling; and • Discoloration and bruising 		
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Support and immobilise the injury. 2. Treat for shock. 3. Apply a cold compress/ice pack to the affected area to help alleviate pain and swelling. 4. Place the person in a comfortable position. 5. Seek professional medical help. 		
Slings and Immobilisation			
Overview	<p>A key part of first aid treatment for skeletal injuries is splinting. A splint is anything used to support and/or immobilise a fracture or dislocation. Immobilisation techniques may include:</p> <ul style="list-style-type: none"> • Supporting the injury where it is found by packing available material around it, e.g. blankets, clothing. This allows the person to relax their muscles and helps to relieve/reduce pain. • Applying a splint. Splints may be soft, rigid or body splints, and may be improvised or a commercial product. • Soft splints include towels, cushions or folded blankets along with bandages/slings. • Rigid splints include metal strips, boards, folded magazines and papers along with bandages/slings. • Body splints involve securing an injured body part to another body part, e.g. an injured arm being secured to the chest or securing an injured leg to the uninjured one. Also requires slings/bandages or other material to secure the injured body part. 		
Important Points	<ul style="list-style-type: none"> • Apply the splint in the position in which you found the limb. • When splinting, immobilise the limb above and below the joints closest to the injury site. • Check the circulation both before and after applying the splint. • After splinting check the person's airway, breathing and circulation. • Help the person to rest in the position most comfortable for them and offer reassurance. • Maintain their body temperature. • Continue to monitor vital signs and check for signs of shock. <p>Only splint if necessary and if it can be done without causing more pain/discomfort for the individual.</p>		
Common Slings Techniques	<p>Arm Sling</p> <ul style="list-style-type: none"> • Used for injuries to the arm or hand. • Also used for some chest injuries. • Holds the forearm across the chest. 	<p>Elevation Sling</p> <ul style="list-style-type: none"> • Used when there is bleeding from the hand. • Also used for chest or shoulder injuries are present. • Supports the forearm and hand in a higher position than the arm sling. 	<p>Collar and Cuff Sling</p> <ul style="list-style-type: none"> • Uses a clove hitch so that the circulation is not cut off. • Used when pressure should not be applied to the elbow. • Supports the upper arm. • Provides passive traction for fractures

		<ul style="list-style-type: none"> DO NOT use for elbow injuries. 	halfway along the humerus shaft.
			

Heat Burns

Overview	Heat burns from different sources, e.g. flame, friction, scalding or solar radiation, are generally treated in the same manner	
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Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> Cool the burned area under cold water for 20 minutes. Gently remove any clothing and jewellery from the burned area. DO NOT try to remove any clothing that is sticking to it. If the area cannot be immersed (kept under water) – such as the face – you can use a towel, sheets or clothes that have been soaked in water. Change/rewet these regularly as they will absorb heat from the burn. Cover the burn with a sterile, non-stick dressing and loosely bandage in place. If this is not available or the burn covers a large area use a dry, clean sheet or other material that is not fluffy. Minimise shock. For bad burns seek medical advice – Call 000 <p>DO NOT use ointments, lotions, creams or powders on a burn – these will seal in heat and may contaminate the burn area.</p>	
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Chemical Burns

Overview	<p>Chemical burns usually occur when the skin comes into contact with a strong acid or alkaline substance.</p> <p>The longer the substance remains on the skin, the more severe the burn will be.</p>	
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Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> If available, consult the Materials Safety Data Sheet or container for the chemical and follow instructions. Remove the chemical from the body as quickly as possible. Flush the area with large amounts of cool, running water – continue for at least 20 minutes. Call an ambulance on 000 DO NOT use high pressure water – this may further damage the skin. 	
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	6. Help the person to remove contaminated clothing. 7. 7. Minimise/be prepared to treat shock. If the eye is affected <ul style="list-style-type: none"> • Flush the eye for 20 minutes – be sure the water flushes underneath the eyelids. • Keep flushing until ambulance personnel arrive. 	
Electrical Burns		
Recognising	<ul style="list-style-type: none"> • Unconsciousness. • Semi consciousness – dazed, confused behaviour. • Obvious/visible burns on the skin – often on the hand and foot and where the current entered and exited the body. • Breathing difficulty. • Absent/weak/irregular pulse. • Signs/symptoms of shock 	
Treatment	<p>Conscious Patient</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Monitor for signs of shock and treat accordingly. 2. Give care for burns as for heat burns. 3. Continue to monitor ABC/vital signs. <p>Unconscious patient</p> <p>Follow DRSABCD Action pan</p> <ol style="list-style-type: none"> 1. Place the person in the recovery position. 2. Clear the airways and check for breathing, following DRSABCD 3. Monitor for signs of shock and treat accordingly. 4. Give care for burns as for heat burns. 5. Continue to monitor ABC/vital signs. 	
Head, Neck and Spinal Injuries		
Overview	<p>In providing first aid management you should always be aware of the potential for damage to the spinal cord.</p> <p>As these injuries can become deadly quickly and they can only be assessed and diagnosed fully through x-ray, you should always treat the injury as very serious.</p> <p>Possible head, neck and spinal damage can occur in nearly any situation but particularly where there has been serious impact, such as in a car accident or a fall from some height</p> <p>Head, neck and spinal injuries can result in paraplegia or quadriplegia, depending on the location of the injury. They can also be potentially life-threatening as breathing can stop</p>	
Recognising	<ul style="list-style-type: none"> • Changes in the person's state of consciousness. • Seizures. • Severe pain/pressure in the head, neck or back. • Large volume of bleeding in the head, neck or back. 	

	<ul style="list-style-type: none"> • Tingling, pins and needles or numbness in the extremities (hands and feet). • Partial or complete loss of movement in any body part. • Discharges or presence of blood or other fluids in the ears or nose. • Bruising on the head, particularly around the eyes or behind ears. • Nausea or vomiting. • Impaired/difficulty breathing. • Vision problems. • Persistent headache. • Loss of balance. • Unusual bumps/depressions on the head and/or spine
Treatment	<p>Conscious Patient</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Reassure the patient and get them to stay still. 2. Continually monitor vital signs. 3. Minimise any movement of the head/neck/spine. 4. Manage any other injuries. 5. Maintain body temperature <p>Unconscious Patient</p> <ol style="list-style-type: none"> 1. Commence DRSABCD Basic Life Support. 2. If unconscious and airways need to be cleared carefully turn the person on their side without twisting, bending or moving the person's neck and back too much. If another person is able to help, one of you should move the body while the other supports the head, neck and spine.

Environmental Impact

Hypothermia	
Overview	<p>Hypothermia occurs when the warming mechanism of the body fails and the entire body cools down, dropping below 35°C.</p> 
Recognising	<ul style="list-style-type: none"> • Shivering. • Slurred speech. • Skin looks pale and is cool to touch. • Difficulty concentrating; slowed thinking. • Poor coordination • Loss of consciousness progresses. • Slower pulse. • Respiration slow. • May develop cardiac arrhythmia. • Pupils appear fixed and dilated. • May appear dead.
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Remove the person from the cold environment. 2. Remove wet clothing and dry the person off.

	<ol style="list-style-type: none"> 3. Wrap in blankets/sleeping bag/thermal blanket to provide warmth and insulation from wind and ground. 4. If alert provide warm, non-alcoholic, sweet drink. 5. If no longer shivering or the ambulance is delayed proceed with active rewarming using wrapped hot water bottles, heating pads (if the person is dry) or other heated sources. Apply heated sources to the groin, armpits, trunk and sides of the neck. Body-to-body contact may also be used. <p>DO NOT place person in warm water or expose to fire/heater – may cause dangerous heart rhythms.</p> <p>DO NOT rub or massage the person</p>
Hyperthermia	
Overview	<p>Hyperthermia includes heat stroke and heat exhaustion and occurs when the body can't lose heat to the environment.</p> <p>Heat stroke advice for sports trainers and coaches</p> <p>The athlete's skin may feel dry and hot, or sweaty—so the feel of the skin is not a useful sign. Similarly, on-field temperature measurement is unreliable, so don't use this to rule in or rule out heat stroke.</p> <div data-bbox="1034 600 1377 824" style="float: right;"> </div>
Recognising	<ul style="list-style-type: none"> • High body temperature of 40°C or more; • Painful muscle cramps in legs and abdomen due to losing too much water and salt through sweating; • Feeling hot, exhausted and weak • Persistent headache • Thirst and nausea • Giddiness and faintness • Rapid breathing and shortness of breath • Pale, cool clammy skin • Rapid, weak pulse • Flushed hot, dry skin • Initially a pounding, rapid pulse which gradually weakens • Headache, nausea and/or vomiting • Dizziness and visual disturbances • Irritability and mental confusion • Altered mental state which may progress to seizures and unconsciousness/death.
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Stop any activity and rest the casualty in a cool place with circulating air. 2. Loosen tight clothing and remove unnecessary garments. 3. Give cool fluids to drink - frequent sips. <p>Urine Colour should be a clear, pale watery yellow but may range through to dark amber. The intensity of the colour generally indicates the concentration of the urine; pale or colourless urine indicates that it is dilute and the person is hydrated and deep yellow urine indicates that it is concentrated = dehydration.</p> <p>Heat Exhaustion (in addition):</p> <ol style="list-style-type: none"> 1. Sponge with cool water, stop when they feel cool to the touch. Ensure that the casualty does not get too cold. 2. Seek medical aid if casualty vomits or does not recover promptly.

	<p>Heat Stroke (in addition)</p> <ol style="list-style-type: none"> 1. Apply cool packs or ice to areas of large blood vessels (neck, groin and armpits) to accelerate cooling. 2. Cool down - cover with a wet sheet/towel, fan to increase air circulation (stop cooling when body cold to touch). Ensure that the casualty does not get too cold. 3. Give sips of cool fluids if fully conscious and able to swallow. 4. Urgent medical aid <p>Heat stroke advice for sports trainers and coaches Look for any of: confusion, incoherent speech, abnormal walking, coma or seizures.</p> <p>Actions to take in this order are:</p> <ul style="list-style-type: none"> • STRIP the athlete of as much clothing as possible • SOAK with any available water • FAN vigorously by whatever means possible—improvise e.g. use a clipboard, bin lid. <p>When available, cool or ice water immersion is the most effective cooling means possible:</p> <p>IMMERSE the athlete up to the neck in a cool or ice bath OR</p> <p>COVER all of the body with ice water soaked towels that are changed frequently as an alternative if a bath isn't available but ice is</p> <p>CALL 000 to summon emergency services, but do so once you are certain first aid cooling is being implemented.</p>
Dehydration	
Overview	Dehydration is a condition that occurs when the loss of body fluids, mostly water, exceeds the amount that is taken in.
Recognising	<p>Signs and Symptoms Adults</p> <ul style="list-style-type: none"> • Thirst and dry mouth • Decreased urine output • Urine becomes concentrated • Sweating may stop, muscle cramps • Nausea and vomiting • Heart palpitations, light-headedness and weakness <p>Signs and Symptoms Children</p> <ul style="list-style-type: none"> • Dry or sticky mouth; • Few or no tears when crying • Eyes that look sunken into the head • Soft spot (fontanelle) on top of baby's head that looks sunken • Lack of urine or wet nappies for six (6) to eight (8) hours in an infant (or only a very small amount of dark yellow urine) • Lack of urine for twelve (12) hours in an older child (or only a very small amount of dark yellow urine) • Dry, cool skin • Lethargy or irritability, fatigue or dizziness in an older child
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Rehydrate casualty by giving small frequent sips of cool water. 2. Medical aid

First Aid management of Bites, Stings

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Insect Bites and Stings	
Recognising	<ul style="list-style-type: none"> • Pain at the sting site. • Swelling and redness at site. • Allergic reaction – may include itching, rash, swollen eyelids, respiratory distress, altered state of consciousness
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Remove the insect from the skin surface. For bee stings, remove the venom barb (stinger) by scraping sideways with your fingernail. 2. DO NOT remove a tick. 3. Apply a cold compress to the bite site. 4. If a known allergy exists, apply the person's anaphylaxis action plan (may involve administering an EpiPen) and call for an ambulance. 5. Monitor ABC and if needed give CPR
Box Jelly Fish	
Recognising	<ul style="list-style-type: none"> • Skin: <ul style="list-style-type: none"> ◦ Ladder pattern marks from tentacles. ◦ Immediate burning pain. ◦ Pieces of tentacles cling to the skin. • Pain in the lymph nodes – in the groin and armpits. • Altered behaviour. • Respiratory/sudden cardiac arrest 
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Move the person to a dry area. 2. Call for an ambulance 3. Seek assistance from a life guard/lifesaver if available. 4. Assess the person and start CPR if necessary (DRS ABCD Basic Life Support). 5. Pour vinegar onto the affected area – DO NOT use fresh water. 6. If vinegar is unavailable – pick off the tentacle remnants (not dangerous for the rescuer) and rinse with salt water. 7. Continually monitor the person and their ABC. 8. Be prepared to give CPR. 9. Anti-venom is available for box jellyfish stings.
Bluebottle & Non-Box Jellyfish	
Recognising	<ul style="list-style-type: none"> • Skin – welts appear, often white surrounded by red ring. • Pain at the site of the sting. • Pain in the lymph nodes – in the groin and armpits. • Headache. • Nausea/vomiting. • Muscle and back pain. • Respiratory distress/breathing difficulty. 
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Rescue the patient from the sea and move to a dry area. 2. Reassure the person and keep them calm and resting. 3. DO NOT rub the stung area. 4. Pick off any tentacles on the skin with your fingers (not dangerous for rescuer).

	<p>5. Wash the area with sea water NOT fresh water.</p> <p>Bluebottle Sting Apply a hot compress over the area of the bite or immerse in hot water – be careful not to scald area. If pain is not relieved or hot water is not available, use an ice pack/cold compress. Monitor the person and their ABC. Be prepared to give CPR. Call an ambulance if required</p> <p>Other Jellyfish</p> <ol style="list-style-type: none"> 1. Apply a cold/ice pack for pain relief. 2. If pain is not relieved, or generalised pain develops, or the sting is over a large area: Call an ambulance.
Blue Ringed octopus and Cone Shell	
Recognising	<ul style="list-style-type: none"> • Bite site – relatively painless, may be a spot of blood. • Numbness of tongue and lips. • Progressive muscle weakness. • Respiratory arrest may occur within 30 minutes. • Paralysis – the person may still be able to hear. 
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Reassure the patient and encourage them to rest and stay calm. 2. Use pressure immobilisation technique for bite area. 3. Call for an ambulance 4. If you are in an isolated/remote area, transport the person to a medical facility. 5. Continually monitor the person and their ABC. 6. Be prepared to give CPR. Respiration may cease although the heart will still beat with CPR.
Redback Spider	
Recognising	<ul style="list-style-type: none"> • Pain at the bite site – spreads, becoming red, swollen, sweating, hot – pain may also occur on opposite limb/away from bite site. • Nausea/vomiting/stomach pain. • Heavy sweating, swollen glands in the armpits and groin. 
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Apply an ice/cold compress to the area for no longer than 20 minutes. 2. Continually monitor the person and monitor ABC. 3. Immediately call for an ambulance 4. If you are in an isolated/remote area, transport the person to a medical facility. 5. DO NOT apply pressure immobilisation technique.

Snake	
Recognising	<ul style="list-style-type: none"> • Fang marks in the skin – either paired or single. • Nausea/vomiting. • Headache and altered conscious state. • Double/blurred vision. • Speaking/swallowing problems. • Weakness/paralysis in extremities. • Respiratory distress – may lead to respiratory arrest – or sudden cardiac arrest. • Clotting defects. <div style="text-align: right;">  <p>Snake bite</p> </div>
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Lay the casualty down, rest and reassure. 2. If the bite is on a limb, apply a broad pressure bandage over the bite site as soon as possible. 3. Then apply a further elasticised (preferred) or firm heavy crepe bandage - start at fingers or toes and move up the limb as far as can be reached. Apply tightly but without stopping blood flow. The bandage should be firm and tight, you should be unable to easily slide a finger between the bandage and the skin. 4. Splint the limb including the joints on either side of the bite. 5. Ensure the casualty does not move. 6. Urgent medical aid. 7. Write down the time that the casualty was bitten and when the bandage was applied. 8. DO NOT wash the venom off the skin (may aid in identification). 9. DO NOT cut the bitten area and try to suck venom out of the wound. 10. DO NOT use an arterial tourniquet. 11. DO NOT try and catch the snake.
Stonefish and Stingray	
Recognising	<ul style="list-style-type: none"> • Severe pain. • At site – swelling, open wound, discolouration. • Possible external bleeding. • Panic/irrational behaviour <div style="text-align: right;">  </div> <p>Anti-venom is available for stonefish stings</p>
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Place the stung area (only on a hand or foot) in hot water, as hot as the person can tolerate, being careful not to scald the patient. 2. If pain is not relieved a cold/ice pack may be applied. 3. Call for an ambulance 4. If you are in an isolated/remote area, transport the person to a medical facility.

First Aid management of Poisons

<p>Overview</p>	<p>Poisoning is a process of inhalation, ingestion, absorption or administration of poisons either deliberately or accidentally.</p> <p>A poison is a substance that is harmful to your health if ingested, inhaled or absorbed through the skin.</p> <p>A toxic substance is defined as a substance that causes injury, illness, or death, especially by a chemical.</p>	
<p>Recognising</p>	<p>Caused by:</p> <p>Toxic fumes and Toxic substances.</p> <p>Dependent on the nature of the substance:</p> <ul style="list-style-type: none"> • Confusion, drowsiness, delirium, seizures, unconsciousness; • Burns to skin, lips and throat; • Irritation to eyes and skin; • Respiratory distress, such as slow breathing or airway blockage; • Effected heart function; • Abdominal pain, nausea/vomiting, diarrhoea; • Blurred vision; and • Headache. 	
<p>Treatment</p>	<p>Poisons Information Centre which is a twenty- four (24) hour advisory line, call 13 11 26</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Listen to the casualty and give reassurance. 2. Determine the nature of the substance and record. 3. Call Poisons Information 13 11 26 and/or follow instructions on container. <p>Indigested</p> <ol style="list-style-type: none"> 1. DO NOT induce vomiting. 2. DO NOT give anything by mouth. 3. Wash any corrosive substance off the mouth and face with water, or wipe off. <p>Absorbed</p> <ol style="list-style-type: none"> 1. Protect yourself (if possible) use protective clothing such as gloves, goggles and so on. 2. Wash off immediately. 3. Ask the casualty to remove any contaminated clothing and save. 4. Flush the casualty's skin with running water. <p>Injected</p> <ol style="list-style-type: none"> 1. Follow DRSABCD St John Action Plan - avoid needle stick injuries to yourself/casualty. 2. Urgent medical aid. 3. Treat any other signs and symptoms. Send any empty syringes, bottles, vials and handle all materials carefully using tongs or gloves with the casualty to hospital. 	

First Aid management of Medical Emergencies

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Allergic Reaction		
Overview	An allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people.	
Recognising	<ul style="list-style-type: none"> • Swelling of the lips, face and eyes • Hives or welts • Tingling mouth • Abdominal pain • vomiting which can be a sign of a severe allergic reaction to insects 	
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. For insect allergy: <ul style="list-style-type: none"> • Sting: remove the trigger by scraping the sting out sideways with a fingernail and wash the area. • Tick: If the casualty has a history of tick allergy, the tick must be killed where it is rather than removed, if you have the appropriate equipment to do so, this should be performed in a safe place with medical aid. If in a remote location, consultation with a healthcare professional is recommended. 2. Place in a position of comfort 3. Stay with the casualty and call for help 4. Locate adrenaline Auto injector and Action Plan, if available, in the event of anaphylaxis. 5. Watch for any signs of anaphylaxis. 6. Give medications if prescribed. Whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication 7. Mild to moderate allergic reaction may or may not precede anaphylaxis 	
Anaphylaxis		
Overview	Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening when a person becomes sensitised to food, medication, insect venom or even latex rubber. In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction	
Recognising	<ul style="list-style-type: none"> • Difficult and /or noisy breathing • Wheeze or persistent cough • Swelling of the face and tongue • Swelling/tightness of the throat • Difficulty talking and/or hoarse voice • Persistent dizziness or collapse • Young children may become pale and floppy • Abdominal pain and vomiting • Hives, welts and body redness. 	

Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> For insect allergy: <ul style="list-style-type: none"> Sting: remove the trigger by scraping the sting out sideways with a fingernail and wash the area. Tick: If the casualty has a history of tick allergy, the tick must be killed where it is rather than removed, if you have the appropriate equipment to do so, this should be performed in a safe place with medical aid. If in a remote location, consultation with a healthcare professional is recommended. If food is the trigger: ask the casualty to spit out if any remaining in the mouth and rinse mouth with water. Lay the casualty flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit. If in any doubt, give an adrenaline auto injector as recommended by The Australian Society of Clinical Immunology and Allergy (ASCIA). Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. Administer appropriate adrenaline auto injector - EpiPen® child or adult and follow Anaphylaxis Action Plan if available. Call for urgent medical aid. In a child care situation: Ask someone to phone parent, guardian or emergency contact. Monitor breathing and circulation. Further adrenaline auto injector doses may be given if no improvement in condition after five (5) minutes. Give asthma medication for respiratory symptoms. Commence CPR at any time if the casualty is unresponsive and is not breathing normally. Transient (temporary) side effects of adrenaline such as increased heart rate. Trembling and paleness are to be expected. 	
	Asthma	
Overview	<p>Asthma is caused by the air passages to the lungs becoming narrowed by muscle spasm, swelling of the mucous membrane lining the lungs and increased mucus production in the lungs.</p> <p>This results in the airways narrowing, causing breathing difficulty and trapping air in the lungs as the person finds it difficult to breathe out.</p>	
Recognising	<p>An asthma attack may be called mild, medium or severe, with signs and symptoms including:</p> <ul style="list-style-type: none"> Coughing – usually dry and irritating. Wheezing when they breathe (not all asthmatics wheeze). Shortness of breath – particularly when talking. Increased pulse rate. Cyanosis – bluish colouring of the tongue, skin and lining of mouth. Drawing in of the spaces between the ribs and above the collarbones – a result of struggling/effort taken to draw breath. Collapse/unconsciousness. <p>Individuals with diagnosed asthma should have an asthma management plan developed with their doctor. This usually includes steps to take to prevent</p>	

	asthma attacks, as well as what to do in an emergency.	
Treatment	<p>Bronchodilators</p> <p>Asthmatics may use bronchodilators, which can be classified as 'preventer' and 'reliever' medications, typically in the form of 'puffers' or 'inhalers'. As their names suggest preventers are taken to help prevent attacks, while relievers reduce the symptoms of an attack, usually within minutes.</p> <p>Conscious</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Sit the patient in an upright and comfortable position. 2. Reassure the patient and help them to administer their asthma medication with the 4x4 method – give 4 puffs of the reliever (through a spacer device if available) over a period of 4 minutes. 3. The person should rest and if possible receive oxygen given by a trained person. 4. If there is little/no improvement, call an ambulance and continue to administer reliever in the 4x4 method. <p>Unconscious</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. If oxygen is available, have a trained person give oxygen through a mask at 6-8 litres per minute. 2. If breathing stops, follow DRSABCD. <p>For severe asthma attacks much greater force will be required to inflate the lungs when administering CPR.</p>	
Choking		
Overview	Choking is the result of either a totally or partially obstructed airway – caused by swollen tissues or a foreign body or food/material entering the windpipe instead of the gullet.	
Recognising	<ul style="list-style-type: none"> • Inability to cough, breathe, speak or cry out. • Clutching/gripping of throat. • Cyanosis – blue skin, tongue, mouth lining. • Anxiety/restlessness. • Noisy breathing/wheezing. • Red/congested face with bulging neck veins. • Collapse/unconsciousness. 	
Treatment	<p>Follow DRSABCD Action Plan</p> <p>Infants under 1 year</p> <ol style="list-style-type: none"> 1. Give up to five (5) sharp back blows: <ul style="list-style-type: none"> • Position infants with head pointing downwards on forearm; • Support the infant's head and shoulders on your hand and forearm. Hold infant's mouth open with your fingers; • Give up to five (5) sharp blows between shoulders with heel of one hand; • Check if obstruction has been relieved after each back blow; and • If obstruction relieved remove any foreign material that may have loosened with your little finger. 	

2. If unsuccessful, give up to five (5) chest thrusts:
 - Place the infant on their back on a firm surface;
 - Place two (2) fingers in the CPR position;
 - Give five (5) chest thrusts – slower but sharper than CPR compressions;
 - Check if the obstruction has been relieved after each chest thrust; and
 - If obstruction relieved, position infant with head pointing downwards on forearm, and remove any foreign material that may have loosened with your little finger.
3. If blockage does not clear after five (5) chest thrusts continue alternating with five (5) back blows and five (5) chest thrusts until medical aid arrives.

Adults and children over 1 year

[Follow DRSABCD Action Plan](#)

1. Encourage the casualty to relax, breathe deeply and encourage coughing to remove object.
2. If coughing is unsuccessful, call Triple Zero (000) for an ambulance.
3. Position casualty leaning forward with head and chest low and give up to five (5) sharp back blows between the shoulder blades with heel of one hand.
4. Check after each back blow to see if the obstruction has been cleared.
5. If back blows are unsuccessful, give up to five (5) chest thrusts.
6. For chest thrusts, place the heel of the hand in the same compression point as you would for CPR. Then place the other hand flat between the shoulder blades to support.
7. Give up to 5 chest thrusts; Chest thrusts are similar to chest compressions but sharper and delivered at a slower rate.
8. Remember to check to see if the obstruction has cleared after each thrust. If the blockage has not cleared after five (5) chest thrusts, continue to alternate between back blows (step 4) and chest thrusts (step 7).
9. Continue until airway is cleared or until medical aid arrives to take over.

Diabetes

Overview

Diabetes is a condition of the body not maintaining healthy levels of glucose in the blood. Glucose is a form of sugar which is the main source of energy for our bodies.

There are two types of diabetic emergencies which are caused by:

- Low blood sugar - Hypoglycaemia (hypo) is a deficiency of glucose in the bloodstream.
- High blood sugar - Hyperglycaemia (hyper) is an excess of glucose in the bloodstream.



Recognising

Low blood sugar

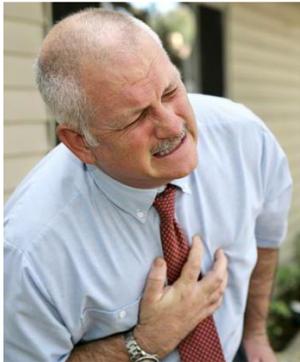
- Hunger;
- Fatigue; and
- May appear aggressive or mimic a stroke.

High Blood Sugar

- Feeling excessively thirsty;
- Frequently passing large volumes of urine;
- Feeling tired;

	<ul style="list-style-type: none"> • Blurred vision; • Infections such as thrush, cystitis, wound infections; and • Breath can have a sweet/strange odour.
Treatment	<p>Low blood sugar</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. If available and the casualty is able to follow simple commands and swallow safely give four (4), fifteen (15) – twenty (20) grams glucose tablets. If signs and symptoms still persist after ten (10) – fifteen (15) minutes and the casualty can still follow commands and swallow safely then give a further four (4), fifteen (15) – twenty (20) grams glucose tablets. 2. If glucose tablets are not available, give sugar, glucose or a sweet drink (such as soft drink or cordial) every fifteen (15) minutes until recovered. <p>DO NOT give diet soft drinks or diabetic cordials.</p> <ol style="list-style-type: none"> 3. Follow up with a sandwich or other food. 4. If no improvement or deterioration call Triple Zero (000) for an ambulance. <p>High Blood Sugar</p> <p>Follow DRSABCD Action Plan</p> <p>Call Triple Zero (000) for an ambulance</p> <p>If help is delayed, encourage the casualty to drink sugar-free clear fluids.</p> <p>Unconsciousness (low and high blood sugar)</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Place casualty in Recovery Position. 2. Give nothing by mouth. 3. If unresponsive and not breathing normally commence CPR. 4. Call Triple Zero (000) for an ambulance
Seizures, Epilepsy and Febrile Convulsions	
Overview	<p>Epilepsy is a disorder of the brain characterised by a tendency to have recurrent seizures and is defined by two or more unprovoked seizures.</p> <p>Seizure is a sudden attack of illness such as a stroke or an epileptic fit.</p> <p>Febrile Convulsion is a fit or a seizure that occurs in children aged six (6) months to six (6) years when they have a high fever.</p>
Recognising	<p>Seizures, Epilepsy</p> <ul style="list-style-type: none"> • Sudden spasm of muscles producing rigidity. If standing, the casualty will fall which may result in injury; • Suddenly cry out; • Jerking muscular spasms; • Shallow breathing or breathing may temporarily stop, leading to pale, blue tinged lips and face; • Excessive saliva (frothing) from the mouth; • Temporary incontinence; • Changes in conscious state from being fully alert to confused, drowsy, or loss of consciousness; • Changes in behaviour where the victim may make repetitive actions like fiddling with their clothes; and • Person may be extremely tired, confused or agitated after the seizure. <p>Febrile Convulsions</p> <ul style="list-style-type: none"> • Fever (can be as low as 38.5°C); • Muscle stiffening;

	<ul style="list-style-type: none"> • Twitching or limb jerking; • Eyes rolling upwards; and • Blue tinge to face and lips 	
Treatment	<p>Seizure</p> <p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. DO NOT restrain the casualty or restrict movement. 2. DO NOT put anything in the casualty's mouth. 3. DO NOT move the casualty unless they are in danger. 4. Protect casualty from environment, by moving furniture, cushion head and shoulders. 5. Ensure that the airway is maintained. 6. If in place, follow the casualty's Seizure Management Plan. 7. Record the duration of the seizure. <p>After the Seizure</p> <ol style="list-style-type: none"> 1. Rest and reassure. 2. Manage any injuries. 3. Seek medical aid. 4. Do not disturb if casualty falls asleep, but continue to monitor breathing and response. <p>Febrile convulsion</p> <ol style="list-style-type: none"> 1. Place the child on their side. 2. DO NOT restrain. 3. Remove child's excess clothing or wrapping to cool them down - do not cool by sponging or bathing. <p>After the Convulsion</p> <ol style="list-style-type: none"> 1. Recovery position. 2. Rest and reassure. 3. Monitor and keep cool. 4. Medical aid. 	
Stroke		
Overview	<p>A stroke occurs when an artery taking blood to the brain becomes blocked with a blood clot or plaque or the artery bursts or leaks.</p> <p>As a result of a stroke, brain cells are damaged and functions controlled by that part of the brain are paralysed. Partial paralysis of the body and/or speech problems are common.</p>	
Recognising	<ul style="list-style-type: none"> • Sudden decrease in level of consciousness • Weakness or paralysis on either one or both sides of the body • Feeling of numbness in face, arm or leg • Difficult speaking or understanding • Dizziness, loss of balance, unexplained fall • Disturbed vision • Confusion. <p>FAST</p> <p>Facial weakness, Arm weakness, Speech difficulty, Time to act fast.</p>	
Treatment	Follow DRSABCD Action Plan	

	<ol style="list-style-type: none"> 1. Reassure the casualty. 2. Support head and shoulders on pillows. Loosen tight clothing. Maintain body temperature. Wipe away secretions from mouth. 3. Ensure airway is clear and open. 	
Angina		
Overview	<p>Angina can look like a heart attack but the chest pain can come and go and last less than 10 minutes. It will often occur during physical exercise. A person with angina will still be conscious and have a pulse but it must be treated or it may lead to sudden cardiac arrest.</p> <p>People who have been diagnosed with angina should have prescribed medication with them to relieve the condition.</p>	
Recognising	<ul style="list-style-type: none"> • A tight/heavy or dull pain or ache starts across the chest and comes and goes at different times. • Pain can spread to the neck, jaw, shoulders or arms (usually the left arm). • The person may develop nausea, vomiting, shortness of breath and they usually look pale, distressed. 	
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> 1. Ensure the person stops physical activity/exertion. 2. Rest the patient in a comfortable position and give reassurance. 3. Help the patient to 'self-administer' their prescribed angina medication. 4. Be prepared as the patient may become unconscious. 5. If medication does not work and there has been no relief after 10 minutes, call for an ambulance 	
Heart Attack		
Overview	<p>A heart attack occurs when heart tissue dies and is often linked to cardiovascular disease.</p> <p>This is where fatty deposits have built up in the inner walls of the coronary arteries, causing a blood clot/s to form and slowing blood flow to the heart.</p> <p>A person who is experiencing a heart attack will still be conscious and have a pulse. However, if the heart attack is not treated it may lead to sudden cardiac arrest.</p>	
Recognising	<ul style="list-style-type: none"> • A persistent tight/heavy or dull pain or ache starts in the chest, often felt in the centre behind the sternum. • Pain can spread to the neck, jaw, shoulders or arms (usually the left arm). • The person may develop nausea/vomiting. • Breathing – difficult, shallow breathing, shortness of breath. • They may look pale with cold sweaty skin and be anxious/distressed. • Pulse – rapid, irregular, or weak. 	

	<ul style="list-style-type: none"> They may develop dizziness, fatigue or become unconscious. 	
Treatment	<p>Follow DRSABCD Action Plan</p> <ol style="list-style-type: none"> Help the patient rest and give reassurance. Assist with any prescribed medication. Monitor vital signs. Call for an ambulance. Be prepared to perform CPR if the patient becomes unconscious and loses vital signs. 	
Sudden Cardiac Arrest		
Overview	<p>When a heart attack is not promptly controlled and treated, it can get worse and turn into a sudden cardiac arrest with a loss of vital signs.</p> <p>In cases of sudden cardiac arrest, the heart stops beating or does not beat regularly enough to circulate blood properly. Unconsciousness occurs and breathing will stop. If nothing is done the person will die. It is vital that DRS ABCD and the chain of survival are started as soon as possible</p>	
Recognising	<ul style="list-style-type: none"> Is unconscious. Has no signs of life. Will not respond to touch. Will not respond to questions. Is not breathing normally. Has no pulse rate. 	
Treatment	<ol style="list-style-type: none"> Commence DRS ABCD Basic Life Support. Clear the airways and commence CPR, attach an AED if available and follow the instructions or on-screen directions of the unit. Call 000 or 112 for an ambulance. 	