COURSE IN

Provide First Aid

HLTAID003

RTO: 20863
ACCREDITED FIRST AID COURSES
Ph: 03 9850 6665
info@accreditedfirstaidcourses.com.au
www.accreditedfirstaidcourses.com.au

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FRANCES BREMNER

Has produced this workbook for

F. Bremner Pty Ltd (ABN 041 080 730 150) Trading as: Accredited First Aid Courses (Director: Frances Bremner)
Phone 03 9850 6665
Email: info@accreditedfirstaidcourses.au
Web site: www.accreditedfirstaidcourses.com.au
Registered Training Organisation: No. 20863
150 High Street, Doncaster 3108

DISCLAIMER

The information contained in this workbook is according to the latest up to date Guidelines and Policies according to the Australian Resuscitation Council. If however, there are changes not reflected in the workbook the latest Policies and Guidelines of the Australian Resuscitation Council will be used as the final reference point.

Accredited First Aid Courses has prepared this workbook to be used as a training guide to assist a person in giving First Aid Treatment until Medical Aid can be obtained. It is not intended to include every emergency and it is not to be used as a replacement for Medical Aid. This workbook does not substitute for any formal practical theory and/or practical training. It is to be used in conjunction with classroom training.

The author accepts no responsibility for any injury and/or damage that may occur as a result of following any advice and procedures within this workbook.

Frances Bremner
Director Accredited First Aid Courses

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LEGISLATION

On completion of this session you should be able to:

- Understand the Occupational Health & Safety Act and its relationship to First Aid in the workplace; and
- Explain the influence and working of the ‘Code of Practice’.

OCCUPATIONAL HEALTH & SAFETY ACT

Victoria’s Occupational Health & Safety Act provides a framework for all workers in the public or private sectors, except Commonwealth employees. **Its main objective is to assist employers and employees in improving workplace health and safety.** It is also effective in reducing workplace accidents and diseases. The Occupational Health & Safety Act is **LAW** and sets out the roles for OH&S inspectors, employers and employees. The Victorian Government has not yet joined the National Work Health & Safety Law but remains committed to harmonisation.

COMPLIANCE CODE (Code of Practice)

A Compliance Code provides practical guidance and should be followed unless another solution achieves a similar or better result. A Compliance Code is **NOT LAW** but is admissible as evidence to show the minimum standard.

COMPLIANCE CODE – FIRST AID IN THE WORKPLACE

Provides guidance for:
- Establishing First Aid facilities.
- Level of Training for First Aiders.
- Contents and location of First Aid kits which are appropriate to workplace needs.

WORKPLACE POLICIES AND PROCEDURES

- As all workplaces are different with different needs, your employer has written its own policies and procedures specifically for your workplace. They are designed to help you deal with an emergency as best you can, to minimising risk to yourself, colleagues, students, children, clients and property. You must know where they are kept; regularly have staff training to understand its contents and follow the procedures should an emergency occur.

FIRST AID KITS

A First Aid kit should be portable and never locked. A white Cross on a green background must be displayed on the container to make it easy to identify. The kit must be checked regularly to ensure that stock is up to date and replenished. **Workplace Kits should contain:**

- Emergency services information - Triangular bandages
- Names & contact numbers of nearest first aiders - Safety pins
- Basic First Aid notes - Assorted size gauze dressings
- Individually wrapped sterile adhesive dressings - Adhesive tape
- Eye pads - Crepe bandages
- Combine pad for serious wounds - Scissors
- Disposable gloves - Eye Module & Burns Module

**Extra Kits may include:** Emergency Asthma Kit with Ventolin & a Spacer, Emergency Anaphylaxis Backup EpiPen kit, Aspirin clearly labelled “For Heart Attacks Only”
LEGALITIES & RECORDING

On completion of this session you should be able to:

- Understand your responsibilities as a First Aider; and
- Understand incident reporting requirements.

**Duty of Care:**

Australian Law does not impose a “Duty” on any person to render assistance unless that person already owes a duty of care to the person injured. A “Duty” is implied where a First Aider is at the work-site, club, etc, and a fellow worker, customer, club member etc, needs First Aid. A volunteer is not under a “Duty”, however, once the volunteer commences to act, he or she becomes the primary care giver and a “Duty” is now owed.

**Negligence:**

Negligence is “Carelessness” and a court must be convinced the First Aider failed to do what a “reasonable” First Aider with similar training and experience would have done in similar circumstances. An important element that must be proven for a negligence action to be successful is “Damage”. The casualty therefore must suffer damage in consequence of the First Aider’s breach of duty to take care to refrain from injuring him.

**Determining Negligence:**

A Court in determining negligence would, in the case of a trained First Aider, look to “experts” and professional organisations to ascertain what was reasonable in the particular circumstances. A Court would also look to accepted practices including instruction and recommendations that are contained in First Aid Training programs. A First Aider exercising due diligence would be relatively safe in the determination of whether there was any negligence, however an impulsive act that was not based upon recommended training and therefore “reasonable” practice is open to litigation where there is damage. It follows that a First Aider must act only within the boundaries established through training. Any excess to recommended practices is reckless and must be avoided. It is said, the First Aider should not exceed his or her degree of competency. Any action taken must be based upon training and experience.

**Assault and Battery:**

A person can bring the charge of Assault & Battery if they are touched or in fear of being touched without consent. In an emergency where a person is bleeding seriously, unconscious or attempting suicide, the law will imply the consent of the injured person.

**Recording:**

When you apply first aid you must report & record all information regarding injury/illness treatment and referral. Information required:

- Name of casualty
- Address/department/workgroup
- Date
- Time (commencement of treatment/completion of treatment)
- Nature of injury
- First Aid given
- Referral
- Signature.

First Aid notes may form part of Medical records, which a court may rely upon for evidence. Records must be legible and written in Black or Blue ink only. Alterations must be signed and dated. You must record observations only and not medical conclusions. Keep contents of records, private & confidential. You can discuss all information with your supervisor and Medical assistance.
Debriefing
After an emergency, debriefing can help with the emotional state of the First Aider and work colleagues. Emotional support should be provided by your employee and professional counseling offered if needed.
INTRODUCTION TO FIRST AID

On completion of this session you should be able to explain:

- Actions that constitute First Aid
- Basic life support and resuscitation
- When to stop resuscitation
- Aims of First Aid.

FIRST AID
First aid is the initial care given to a sick or injured person, using materials that are available at the time, before medical aid arrives.

MEDICAL AID
Medically trained personnel: Doctor, Paramedic and Nurse.

BASIC LIFE SUPPORT
The Australian Resuscitation Council defines BASIC LIFE SUPPORT as:

THE PRESERVATION OF LIFE BY THE ESTABLISHMENT OF AND / OR MAINTENANCE OF:

- A AIRWAY
- B BREATHING
- C CIRCULATION
- D DEADLY BLEEDING

You must continue until the casualty either:

- RECOVERS
- IS TRANSFERRED TO MEDICAL AID
- IT BECOMES DANGEROUS FOR YOU TO CONTINUE

Maintaining or establishing the Airway, Breathing and Circulation is known as:

RESUSCITATION

AIMS OF FIRST AID

- PRESERVE LIFE
- PROTECT THE UNCONSCIOUS
- PREVENT FURTHER INJURY
- PROMOTE RECOVERY
- ARRANGE MEDICAL AID WHEN NECESSARY
On completion of this unit you should be able to explain:
- How to gather information to make an effective assessment; and
- How, why and when you should refer a casualty to Medical Aid.

The First Aider must:
- Assess the situation
- Decide the best course of action
- Apply first aid as appropriate
- Refer as required

An assessment is made based on:
1) The history of the incident,
2) The casualty’s symptoms,
3) The casualty’s signs

1) **HISTORY**: is obtained by observing the surroundings, asking the conscious casualty and bystanders.

2) **SYMPTOMS**: ask the casualty what they feel.
   - Pain
   - Loss of movement
   - Loss of sensation
   - Dizziness
   - Tenderness
   - Heat
   - Thirst
   - Faintness
   - Cold
   - Nausea
   - Weakness
   - Loss of memory

3) **SIGNS**: using the First Aider’s senses.
   **Sight**:
   - Respiration
   - Bleeding
   - Deformity
   - Vomit
   - Wounds
   - Foreign bodies
   - Bruising
   - Colour of skin
   **Touch**:
   - Dampness
   - Hot
   - Swelling
   - Cold
   - Deformity
   - Tenderness
   **Smell**:
   - Breath
   - Gas/petrol
   - Smoke
   - Alcohol
   **Hearing**:
   - Breathing
   - Groans

**EXTERNAL CLUES**: Alert bracelet or necklace.

A first aider should refer the casualty to medical aid when:
- The casualty requires further assessment and/or treatment
- The first aider is unsure of the casualty’s condition
- The casualty refuses help, but needs assistance

**Always be respectful toward the Casualty regardless of cultural and religious differences.**
HOW TO CALL AN AMBULANCE

On completion of this session you should be able to explain:

- How to call an ambulance and gather information that may be required; and
- What to do whilst waiting for an ambulance to attend.

An ambulance may be called by any member of the public, without a doctor’s authority for any medical or traumatic emergency. **In your workplace, you must follow your emergency procedures.**

**Information Required:**

1. Briefly assess the emergency situation
2. Dial 000. (No coins are required on public telephones) Dial 112 on mobile phones (where there is no service)
3. Request the ambulance service
4. Give a brief description of the incident, illness and/or injury
5. Number and age of casualties
6. Location of incident: street number and name, nearest intersection, and any Landmarks
7. Answer all questions

Do not hang up until advised to do so. Send a reliable person to watch for and direct the ambulance.

WHAT TO DO WHILE WAITING FOR AN AMBULANCE

If the casualty is conscious place them in a comfortable position. If the casualty is unconscious place them in the lateral recovery position.

- Monitor Airway, Breathing and Vital Signs
- Assess and control Bleeding
- Assess other injuries
- Reassurance
- Gentle handling
- Look for and manage shock
- Protect from the weather
- Continue observations
- If resuscitation is required, do not stop until the paramedic takes over.

Always be respectful toward the Casualty’s regardless of cultural and religious differences. If conscious, ask permission before touching the casualty. If Unconscious the Law will imply consent on behalf of the casualty.
UNCONSCIOUSNESS

On completion of this session you should be able to:

- Understand what unconsciousness is; and
- Explain and demonstrate - how to check for unconsciousness

- understand and follow the priorities of first aid

An unconscious person has the highest priority of all injuries, as the brain fails to respond to messages sent to it.

The unconscious casualty cannot:
- Communicate
- Recognise Danger
- Protect their Airway because:
  - Muscles relax allowing the tongue to fall backwards
  - Cough and swallow reflex is lost
  - Epiglottis function is lost
  - Regurgitation may occur
  - Any objects in the mouth can block the airway

ALL UNCONSCIOUS BREATHING CASUALTIES (regardless of injuries) MUST BE TURNED ONTO THEIR SIDE (lateral recovery position) TO CLEAR AND OPEN THEIR AIRWAY. This also includes casualties with suspected spinal injuries. If the Airway is not clear, air cannot reach the lungs and the supply of oxygen to the blood is cut off. Without oxygen, the brain and other organs begin to die within 3 minutes.

PRIORITIES OF FIRST AID

DANGER: To yourself, casualties & others

RESPONSE: How to check for consciousness:
Talk and touch, ask them to "Squeeze my hand, open your eyes" to assess their level of consciousness.

SEND FOR HELP
No response – Call 000 for help

AIRWAY:
Check the airway and then tilt the head back to open the airway

BREATHING:
Check Breathing: Should have a regular pattern, not an occasional gasp.

If Breathing place casualty on their Side.
(Lateral Recovery Position)
- Continue checking for signs of life
- Control bleeding
- Manage Shock and other injuries

If Unconscious & Not Breathing Normally:
- Commence CPR immediately & Control any external bleeding if possible

NOTE: LATE PREGNANT WOMEN MUST BE TURNED ONTO THEIR LEFT SIDE
This position assists better blood flow to the mother’s legs and the baby.
CARDIO PULMONARY RESUSCITATION

On completion of this session you should be able to:

- Understand the circulation process.
- Detect if an unconscious casualty has normal breathing.
- Explain causes of cardiac arrest and demonstrate cardio pulmonary resuscitation.

The heart pumps blood carrying oxygen around the body. This process is called circulation. When we check a casualty, and find that they are:

**Unconscious, Not Breathing Normally, we must start CPR immediately.**

The heart must be compressed externally. This process is known as External Cardiac Compressions.

*The compression point is the Lower Half of the Sternum (Middle of the Chest).*

**PROCEDURE**

- Danger - Check for dangers - Talk & touch to get a response
- Response - Check for Signs of Life. No signs
- Send for Help - Get emergency response personnel
- Airway - Clear and open the airway
- Breathing - Check for Normal Breathing.

If present place casualty on their Side

**If Unconscious and Not Breathing Normally, Start CPR:-**

- Compressions - Give 30 compressions & 2 breaths
- Defibrillation - When performing CPR, if a Defibrillator is available, turn it on, attach it and follow its prompt
- Control Life Threatening Bleeding

Note - Incorrect Head Tilt, breathing too hard & blocked airway can cause the stomach to inflate. If regurgitation occurs, turn casualty on their side to clear their airway. Check for normal breathing. If still not breathing, place them on their back and continue CPR.

**If you are unwilling or unable to give the two breaths, keep the head tilted back and continuously give chest compressions at a rate of 2 compressions per second until Medical Aid arrives.**

**ONE OPERATOR and TWO OPERATORS**

<table>
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<tr>
<th>Breaths &amp; Head Tilts</th>
<th>Compressions &amp; Breaths</th>
<th>Duration</th>
<th>Cycles</th>
<th>Use &amp; Depth 1/3 chest depth All Ages</th>
</tr>
</thead>
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<tr>
<td><strong>Adult - Full Head Tilt</strong></td>
<td>30 compressions &amp; 2 Rescue Breaths</td>
<td>Approx. 2 compressions per second</td>
<td>5 cycles every 2 minutes</td>
<td>2 hands for adults</td>
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<tr>
<td><strong>Normal Breath</strong></td>
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<td></td>
<td></td>
<td>1 hand for a child</td>
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<td><strong>Child- Full Head Tilt</strong></td>
<td>30 compressions &amp; 2 Rescue Breaths</td>
<td>Approx. 2 compressions per second</td>
<td>5 cycles every 2 minutes</td>
<td>2 fingers 1/3 chest depth</td>
</tr>
<tr>
<td><strong>Small breath</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Infant (0-1yr)</strong></td>
<td>30 compressions &amp; 2 Rescue Breaths</td>
<td>Approx. 2 compressions per second</td>
<td>5 cycles every 2 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>No Head Tilt</strong></td>
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<td></td>
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<tr>
<td><strong>Puff into Mouth &amp; Nose</strong></td>
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When swapping CPR operators, it should be smooth with minimal interruption to Compressions.

**Variations when performing CPR:**

- Late pregnant Casualty: Tilt right hip up to enable effective Blood Flow
- Rescue Breaths: Mouth to stoma, Mouth to Nose, Mouth to Masks
- Compression only CPR: Maintain head tilt and give 2 compressions per second continuously without interruptions.
Basic Life Support

Dangers?

Responsive?

Send for help

Open Airway

Normal Breathing?

Start CPR
30 compressions : 2 breaths
if unwilling / unable to perform rescue breaths continue chest compressions

Attach Defibrillator (AED)
as soon as available and follow its prompts

Continue CPR until responsiveness or normal breathing return
DEFIBRILLATION FLOW CHART

D - DANGER

R – RESPONSE

S – SEND FOR HELP

A – CHECK AND CLEAR THE AIRWAY

B – CHECK FOR NORMAL BREATHING -

IF A PATTERN OF BREATHING IS PRESENT TURN CASUALTY ON THEIR SIDE TO PROTECT THEIR AIRWAY.

IF CASUALTY IS NOT BREATHING: - COMMENCE CPR

C – COMPRESSIONS: - 30 COMPRESSIONS & 2 BREATHS - Compress 1/3 of chest size for all ages

D – DEFIBRILLATION – If a Defibrillator is available, switch it on a follow it prompts

Two people required to enable a Defibrillator to be attached

1. One person must continue CPR, the other person can attach the Defibrillator.
2. Remove the Defibrillator from its case
3. Turn the Defibrillator on (Green button)
4. Follow prompts
5. Remove clothing & Jewellery from Casualty’s chest area
6. If casualty has a very hairy chest, use the enclosed shaver to remove excess hair to enable the pads to attach to the chest
7. Use enclosed towel to dry any moisture from casualty
8. Attach Defibrillator as per diagram
9. Make sure the pads are plugged into the Defibrillator unit
10. Stand clear when analysing heart rhythm
11. Defibrillator Unit will advise: -

“Shock advised” or “No Shock advised”

12. When Advised to “SHOCK”, ensure no one is in contact with the casualty
13. TO DELIVER SHOCK: advise all people to “STAND CLEAR”
14. Either press the orange flashing button or the Unit will count down to zero then will automatically deliver the shock.
15. Voice prompts will then advise to continue CPR or not to continue.
16. If advised to continue CPR, it will count down 2 minutes, and then re-analyse.
17. Voice prompts will advise if further shocks are required every 2 minutes.
18. Continue this way until Medical Aid takes over

NOTE # PLEASE OBTAIN ADVICE FROM 000 BEFORE PLACING ADULT/CHILDREN PADS ON AN INFANT
HYGIENE

On completion of this session you should be able to explain:
- Why hygiene is important in First Aid; and
- What equipment and precautions should be taken?

One of the main aims of first aid is to preserve life and, as danger is the first priority, hygiene is also extremely important. Safe personal and working practices, procedures and guidelines should be followed to minimize any risk of contamination and cross infection for the first aider, casualties and others.

Consideration should be given to hygiene at all times:

Before:
- Vaccinations.
- First Aid facilities and equipment are clean and replenished etc.
- Ensure all personal open wounds are covered
- Wash your hands thoroughly

During:
- Maintain personal hygiene
- Wear protective equipment (gloves, masks, goggles, clothing etc.)
- Cover all wounds to reduce the spill of blood and body fluids
- Protect self, the casualty and others from cross infection
- Avoid breathing directly into the casualty's wounds

After:
- Clean up any blood/body fluid spills according to guidelines
- Dispose of waste accordingly
- Wash hands with warm soapy water for minimum 20 seconds
- Replenish/sterilize any used equipment/supplies

CLEANING UP BODY FLUID SPILLS

- Wipe up body fluid with a paper towel
- Place a paper towel over the spill for 10 minutes (soaked in a solution of 1 part bleach to 10 parts water)
- Wipe up
- Repeat the procedure
- Wash Area with hot water and detergent
- Disposal of gloves, contaminated wastes and sharps should be in line with Health Department and Environmental Protection Guidelines
FOREIGN BODY AIRWAY OBSTRUCTION

Foreign bodies in the airway can cause either a mild or severe airway obstruction.

MILD AIRWAY OBSTRUCTION
Coughing, Breathing, Gasping, Speaking or Crying

DO NOT SLAP CASUALTY ON THE BACK
This could cause a severe airway obstruction.
Encourage them to cough the obstruction out.
If unsuccessful call an ambulance.

SEVERE AIRWAY OBSTRUCTION – CALL 000
Looks Panicked, Unable to Speak, Breathe or Cough

Give 5 BACK BLOWS. Check after each blow to see if the obstruction has cleared.
If unsuccessful:

Give 5 CHEST THRUSTS*. Check after each thrust to see if the obstruction has cleared.
If unsuccessful: Continue 5 back blows and 5 chest thrusts until the obstruction is cleared or the casualty becomes unconscious. When unconscious, commence CPR.

*CHEST THRUSTS: - One hand is positioned on the centre of the chest (CPR compression point) with the other hand on their back. Adults and children should be in a standing or sitting position. Infants should be placed on their back in a head down position across the rescuer’s lap.
ALLERGIC REACTIONS

Mild to Moderate reactions could include:
Allergic Reactions can be caused by any substance that enters the body and causes the body to react in hives, welts and in serious conditions, affects the casualty’s cardio system. Peanuts, Tree Nuts, Eggs, Milk, Bee stings and Seafood are very common triggers. But there are so many triggers that are not so common. Every individual is different. So, the best policy is to be aware and act fast.

- Tingling of the lips, mouth, abdominal pain, vomiting
- Feelings of anxiety and panic
- Sensations of warmth, itching or prickliness, (groin, armpits, inside mouth)
- Rash, hives or welts
- Swelling of lips, face, eyes

First Aid Treatment: Make the casualty comfortable and if they have medication for their condition assist them in taking their correct dose and seek medical advice. Mild reaction could turn into ANAPHYLAXIS.

ANAPHYLAXIS

Severe Allergic Reaction may include: (These symptoms can lead to Cardiac Arrest).

- Feeling faint or fainting
- Difficulty talking and/or hoarse voice
- Swelling of the throat and tongue
- Difficulty breathing and swallowing Wheezing, Persistent Cough
- Stridor breathing (obvious in young children- stomach sinking in with breathing)
- Swollen face and eyes (look like slits).
- Red rash or hives: over some parts or all over the body.
- Abdominal cramping, nausea and /or vomiting. (common in insect stings)
- Losing Consciousness or Unconscious. Pale Floppy (young children)

FIRST AID TREATMENT FOR AN ANAPHYLACTIC REACTION:

If the casualty has an EpiPen, inject it into their outer thigh (One layer of clothing only or bare skin) If no EpiPen is available or First Time reaction, CALL 000 immediately.

- Lay the casualty down. Don not allow to stand or walk.
- Push the EpiPen into the outer thigh and hold for 10 seconds, then rub for 10 seconds
- Call an ambulance (000 or 112 on mobile phone with No Service). Keep reassuring the casualty
- If they are having difficulty Breathing, raise their shoulders off the ground by placing a pillow under their shoulders.
- Note the time you gave the EpiPen
- If no improvement after 5 minutes, a further EpiPen can be injected if available.
- Follow DRSABCD
EPIPEN

Lay the casualty down, DO NOT allow them to stand or walk

1. Check the expiry date
2. Check the colour of the adrenaline
3. Remove blue safety cap
4. Place the orange tip onto the casualty’s outer thigh
5. Push the EpiPen into the thigh until you hear a click, to inject the adrenaline
6. Hold for 10 seconds
7. Rub for 10 seconds
8. Call an Ambulance -000
9. Note time injected
10. If no improvement after 5 minutes, a further EpiPen may be given
ASTHMA

On completion of this session you should be able to:
- Recognise and Manage an Asthma Emergency.

Asthma is the narrowing of the air passages in the lungs. It can make breathing very difficult and/or stop the casualty from breathing altogether. It can be caused by several triggers such as pollen, animal contact, changes in temperature, colds and flu’s, exercise, smoke, dust, chemical exposure, medications, certain foods, excitement, perfumes etc.

**SIGNs AND SYMPTOMS:**

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<th></th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks in Sentences</td>
<td>Shortened sentences</td>
<td>Persistent cough</td>
<td>Single words</td>
</tr>
<tr>
<td>Cough</td>
<td>Persistent cough</td>
<td>Persistent cough</td>
<td></td>
</tr>
<tr>
<td>Soft Wheeze</td>
<td>Loud wheeze</td>
<td>Wheeze may disappear</td>
<td></td>
</tr>
<tr>
<td>Minor difficulty breathing</td>
<td>Obvious Difficulty in breathing</td>
<td>Gasping for Breath</td>
<td></td>
</tr>
<tr>
<td>Tightness in the chest – vomiting due to coughing</td>
<td>Pale, Sweaty, Blue Lips</td>
<td>Muscle Exertion</td>
<td></td>
</tr>
<tr>
<td>Young Children complain of “Sore Tummy”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When a casualty has MILD or MODERATE ASTHMA the following Asthma First Aid management should be followed, unless they have their own medical plan:

**STEP 1.** Sit the casualty in an upright position and give reassurance.

**STEP 2.** Without delay give 4 separate puffs of a reliever medication. (Preferably through a spacer device)

**STEP 3.** Wait 4 minutes. If little or no improvement, repeat steps 2 & 3.

**STEP 4.** If there is still no improvement, CALL AN AMBULANCE & keep repeating steps 2 & 3 until Medical Aid arrives or the casualty improves.

**SEVERE ASTHMA SIGNS AND SYMPTOMS**

If a casualty shows signs and symptoms of severe Asthma, call an Ambulance immediately and follow the 4 steps of Asthma First Aid as above, until the ambulance arrives.

If casualty becomes unconscious, clear the airways and follow basic life support flow chart (D.R.S.A.B.C.D) and seek Urgent Medical Aid.

A Spacer device enables the inhaled medication to reach the lungs more effectively.
HEART ATTACK/CARDIAC CONDITIONS

On completion of this session you should be able to:

- Recognise the signs and symptoms of a heart attack & heart problems.
- Manage a heart attack.

A heart attack occurs when there is a sudden blockage of one of the coronary arteries that supplies an area of the heart. Because of the interruption to the blood supply, there is an immediate risk of life-threatening changes to the heart rhythm. If not corrected quickly there is also a risk of serious, permanent heart muscle damage. To reduce the chance of sudden death from heart attack urgent medical care is required –

There are many medical problems that affect the heart's function. It is very difficult to know how serious the condition could be. Any casualty that complains of the following signs and symptoms should be seen by medical aid immediately.

“EVERY MINUTE COUNTS”. DIAL 000.

SIGNS AND SYMPTOMS:

- Pain and discomfort in the chest, that does not ease after 10 mins
- Spread of pain to neck, throat, jaw, shoulders and/or arms
- Nausea, Vomiting
- Heartburn
- Sweating
- Dizzy, light headedness
- Some people do not get any chest pain; they may simply look and feel unwell

MANAGEMENT:

- Call Emergency Services (DIAL 000)
- Give an Aspirin, as directed by 000's operator, if available
- Follow Basic Life Support Flow Chart DRSABCD
- Ensure the casualty stops whatever they are doing and rests in a position where they are comfortable
- Give reassurance
- Loosen any tight clothing around neck, chest and waist
- Closely monitor the casualty
- Prepare Defibrillator if available.
- Administer Oxygen if trained to do so and available.
- Stay with casualty until ambulance arrives

If casualty becomes unconscious and not breathing normally, commence CPR

DROWNING

Drowning is the process of experiencing respiratory impairment from immersion in liquid. The most important consequence of drowning is interruption of the oxygen supply to the brain. Early rescue and resuscitation are the major factors of survival.

MANAGEMENT:

Follow Basic support flow chart – DRSABCD.

Victims of drowning must be rolled onto their side for initial checking. While the casualty is on their side, clear the airway and check for breathing. If the casualty is not breathing normally, give 2 initial breaths and check breathing again. If the casualty is still not breathing normally, then commence CPR immediately.

DO NOT attempt a water rescue beyond your own swimming ability.

All casualties involved in a drowning incident must be assessed in hospital.
BLEEDING

On completion of this session you should be able to: Identify types of bleeding; Demonstrate how to control external bleeding; Explain the dangers of profuse or continued bleeding.

Bleeding is the escape of blood from:

<table>
<thead>
<tr>
<th>Arteries</th>
<th>Veins</th>
<th>Capillaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright Red *</td>
<td>Dark Red *</td>
<td>Red *</td>
</tr>
<tr>
<td>Spurts</td>
<td>Flows</td>
<td>Oozes</td>
</tr>
</tbody>
</table>

The Average Adult has 6 litres of Blood. A new Born Baby has approx. 500 mls of Blood. Blood loss in Young Children can very quickly become life threatening.

Management of Bleeding:

- Locate the wound, apply a pressure pad directly over a wound that does not have any embedded objects.
- Rest the casualty or lay them down. Walking or moving a casualty, could worsen the bleed.
- Reassure them & cover with a blanket.
- If the wound continues to bleed through the pad bandage, then apply another pad over the wound.
- If the wound continues to bleed through both bandages, then a Tourniquet may be used above the wound, but not over a joint.

A Tourniquet should only be used for life threatening bleeding from a limb. A wide bandage (5cm) can be used 5–7cm above the bleeding point. The bandage should be tight enough to stop all circulation to the injured limb. The casualty must be sent Urgently to Hospital. The time applied must be noted and passed on to Emergency personnel. The Tourniquet must only be removed by specialised Medical Personnel.

Profuse and continued bleeding leads to Shock.

SHOCK

On completion of this unit you should be able to:
- Explain shock;
- Identify the signs and symptoms of shock; and
- Demonstrate First Aid management of shock.

Shock is the loss of effective circulating blood volume and can be caused by any injury of illness:

The Average Adult has 6 litres of Blood. A new Born Baby has approx. 500 mls of Blood.

Signs and symptoms of shock:

* Pale cold clammy skin
* Thirsty
* Rapid weak pulse
* Nausea
* Rapid shallow breathing
* Vomiting
* Restlessness
* Altered consciousness
* Irritable

First Aid Management:

If conscious, lay them down, cover with a light cover, give lots of reassurance, loosen tight clothing and treat the cause of the shock if possible. Do not give any food, drinks, alcohol or cigarettes. Seek medical aid. If unconscious, follow DRSABCD. Seek medical aid immediately.

INTERNAL BLEEDING – Is not normally seen but at times it may be revealed through the body’s orifices.

The History of the incident and Signs and Symptoms of shock may be the only information you have, to recognise internal bleeding.

Treat for shock. Monitor Airway, Breathing, Pulse, Skin Colour, Signs & Symptoms.

Reassure and seek medical aid immediately.
# HEAD INJURY

## Concussion - Temporary Disturbance to the Brain

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>First Aid Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurred Vision</td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Make Casualty comfortable</td>
</tr>
<tr>
<td>Headache</td>
<td>Do Not Give Painkillers for 48 hours</td>
</tr>
<tr>
<td>Loss of Memory</td>
<td>(This could mask the symptoms)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Seek Medical Aid</td>
</tr>
<tr>
<td>Irrational Behaviour</td>
<td>If Unconscious</td>
</tr>
<tr>
<td>Loss of Co-ordination</td>
<td>Call 000 &amp; follow DRSABCD</td>
</tr>
<tr>
<td>Unconscious</td>
<td>First Aid Treatment</td>
</tr>
</tbody>
</table>

### Cerebral Compression of the Brain:
This could show within 48 hours of the initial blow

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>First Aid Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing Conscious State</td>
<td>Conscious:</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>Make Casualty Comfortable</td>
</tr>
<tr>
<td>Bleeding from the Eyes, Ears Nose</td>
<td>If Bleeding from the ear,</td>
</tr>
<tr>
<td>Seizures</td>
<td>Tilt the ear down and Place a loose cotton dressing. Do not plug the ear.</td>
</tr>
<tr>
<td>Pupils of unequal size</td>
<td>• Seek Urgent Medical Aid</td>
</tr>
<tr>
<td>High Temperature</td>
<td></td>
</tr>
<tr>
<td>Signs &amp; Symptoms of a Stroke</td>
<td>IF UNCONSCIOUS</td>
</tr>
<tr>
<td>Unconscious</td>
<td>DRSABCD CALL 000</td>
</tr>
</tbody>
</table>

It is hard to work out if a young child is suffering from concussion. A few things you could do is play “High Five” to the top, bottom, left and right, to check their co-ordination.

Other symptoms may include, grumpy, crying, not wanting to eat, sleep well before their sleep time, very quiet, limp.

ARC (Australian Resuscitation Council) recommends that all Head Injuries, including minor Head Injuries, are assessed by a Health Professional.
STROKE

A stroke is caused when the supply of blood to the brain is interrupted. This can result from an artery becoming blocked, due to a blood clot or a burst blood vessel.

SIGNS AND SYMPTOMS:
- Numbness, weak feeling or paralysis in the face, arm or leg on either or both sides of the body.
- Slurred speech
- Poor/blurred vision
- Sudden, severe headache
- Drooping of mouth, dribbling

FAST is a simple way of remembering the signs of stroke:
- F - Facial weakness
- A - Arm weakness
- S - Speech difficulty
- T - Time to act fast

MANAGEMENT:

IF CONSCIOUS: Make casualty comfortable, call 000, do not give anything to eat or drink, reassure casualty and stay with them until Emergency Services arrive.

IF UNCONSCIOUS: Follow “Life Support Flow Chart” DRSABCD Call 000 urgently.

EPILEPSY – SEIZURES - FEBRILE CONVULSIONS

A seizure is a sudden disruption to the brain's regular electrical activity.

SIGNS AND SYMPTOMS: Unusual sensation or movement, aura (visual disturbance), jerky muscular movements, blueness to skin, froth at mouth, lose consciousness, incontinence, fall to ground, fever

MANAGEMENT: Stay calm, Do Not restrain the casualty. Do not place anything in their mouth. Protect casualty from harm by placing padding around them and remove any objects that could cause injury. Once Seizure has stopped, follow DRSABCD. Call 000. If the casualty is known to the first aider, use their name to help them regain consciousness. If feverish, cool forehead with wet towel

SPINAL INJURY

The possibility of a spinal injury must be considered in the overall management of all accident victims. Extreme caution is required when moving a casualty to minimise the risk of any further injury.

A CLEAR AND OPEN AIRWAY ALWAYS TAKES PRECEDEENCE OVER ANY FRACTURE, INCLUDING A POSSIBLE BROKEN NECK OR SPINAL INJURY.

SIGNS AND SYMPTOMS:
* Pain in injured area
* Inability or reduced ability to move arms/legs
* Headache
* Numbness/tingling sensation
* Altered consciousness

MANAGEMENT FOR A CONSCIOUS CASUALTY: Call Emergency Services (dial 000), avoid moving the casualty, reassure casualty – and advise to keep still, support head and neck, monitor vital signs, protect from elements, do not leave casualty alone.

MANAGEMENT FOR AN UNCONSCIOUS CASUALTY: Call Emergency Services (dial 000), follow “Basic Life Support Flow Chart” DRSABCD, handle gently with no twisting and minimal movement to head and neck, TURN THE CASUALTY ON THEIR SIDE TO MAINTAIN A CLEAR AND OPEN AIRWAY.
**DIABETES**

Diabetes is a condition when the body cannot maintain normal blood glucose levels. If a person with diabetes does not monitor their glucose levels, then they can become hypoglycaemic (low blood sugar levels) or hyperglycaemic (high blood sugar levels).

**HYPOGLYCAEMIC: Low sugar levels**

**SIGNS & SYMPTOMS:** Weakness, trembling or shaking, dizziness, light headed confusion, altered consciousness, feels unwell, pale cold and clammy skin.

**MANAGEMENT IF CONSCIOUS:** Give casualty half a can of regular soft drink (not diet), or 6-7 jellybeans, or 2 teaspoons of sugar and half a cup of water, or 3 teaspoons of honey. Then follow up with a meal.

**HYPERGLYCAEMIC: High blood sugar levels**

**SIGNS & SYMPTOMS:** Thirsty, frequent need to urinate, breath smells of acetone (nail polish remover), hot, dry skin, drowsiness, grumpy, aggressive, irrational, unconscious.

**MANAGEMENT:**

**IF CONSCIOUS:** Help the casualty to self-administer own medication, Seek medical assistance.

**IF UNCONSCIOUS:** Follow “Basic Life Support Chart” DRSABCD Call Emergency Services (dial 000).

**NOTE:** It is difficult to decide whether the casualty is suffering from high or low glucose levels, if in doubt give sugar.

**DRUGS & ALCOHOL**

Substances are categorised according to, how they affect the body.

The basic categories are:

- Stimulants
- Hallucinogens
- Depressants

**STIMULANTS:** These affect the central nervous system to speed up the physical and mental activity.

- Methamphetamines (Speed, Ice)
- Ecstasy
- Cocaine

**HALLUCINOGENS:** These cause a change in a person’s mood and perception including touch, smell, sound and sight. They also produce changes in a person's thought patterns, emotions and sense of reality.

- LSD
- Magic mushrooms
- Katamine (Special K)

**DEPRESSANTS:** These affect the central nervous system to slow down mental and physical activity.

- Alcohol
- Barbiturates

**MANAGEMENT:**

Protect yourself from danger and try to calm casualty. If overheated, cool casualty and seek medical aid.

**If unconscious, monitor DRSABCD, seek medical aid.**
OVEREXPOSURE TO HEAT OR COLD

HYPERTHERMIA (overheated)

Hyperthermia is usually heat induced illnesses which occur when our body is unable to cool itself adequately. The body normally cools itself by sweating, and by letting heat escape through the skin if the body does not cool itself properly it may lead to a heat related illness.

HEAT CRAMPS: Usually develop in the legs and abdomen

MANAGEMENT: Stop all activity and rest, give plenty of water in small amounts, gently stretch cramped muscles, and do not give salt tablets

HEAT EXHAUSTION: Body fluids are lost through heavy sweating.

SIGNS & SYMPTOMS:
- Skin hot and sweaty
- Nausea, vomiting
- Paleness, dizzy, faint, headache

MANAGEMENT: Lie the person down in shaded cool area, loosen and remove excess clothing, elevate legs, increase fluid intake, sponge casualty with cold water. If no improvement, seek medical assistance.

HEAT STROKE: Life threatening condition - the body cannot cool itself

SIGNS & SYMPTOMS:
- Skin is dry and hot - NOT SWEATING
- Headache
- Dizziness
- Loss of consciousness
- Rapid, shallow breathing

MANAGEMENT: Follow Basic Life Support Chart DRSABCD, call Emergency Services (dial 000), cool quickly, apply wrapped ice to neck, groin and armpits, give cool water to drink, use fan to cool casualty.

HYPOTHERMIA (Exposure to the cold)

This occurs when the body temperature falls below 35 degrees Celsius. The onset is usually gradual and can quite easily pass unnoticed. Causes: accidental immersion in cold water, inadequate clothing when exposed to cold winds, fog, rain etc. exhaustion immobilisation. It can occur in the elderly, seriously ill or unconscious casualty when exposed to cold temperatures.

Signs & symptoms:
Unexpected and unreasonable behaviour, tiredness, mental lethargy and confusion, visual disturbance, slurred speech, sudden fits of shivering, violent outburst of unexpected energy, resistance to help, foul violent language, falling, collapse and coma, slow weak pulse, slow shallow breathing, skin cold to touch.

MANAGEMENT:
Gently move casualty to a sheltered warmer position away from wind and rain. Lay the patient flat, remove wet clothing if possible, wrap in warm and waterproof material, i.e.: blankets, newspapers, garbage bags. Cover the head to avoid heat loss.
Warm up slowly. Warm packs may be applied to the neck, groin and armpits.
Do not give hot drinks or alcohol. Warm drinks may be offered if fully conscious. Do not rub the skin warm as this could cause more harm. Seek medical aid urgently. If Unconscious: Follow Basic Life Support: DRSABCD. Call 000 (112 if in a no service area)
WOUNDS

On completion of this session you should be able to:
- Define and identify common types of wounds;
- Demonstrate First Aid management of a wound with an embedded object; and
- Explain the First Aid management of an amputation.

A wound is when there is damage to the tissue of the body.
Wounds are classified as:

MINOR – A simple break in the skin requiring first aid treatment only.

MAJOR – More serious, requiring initial first aid and then refer to medical aid for further assessment and/or treatment.

<table>
<thead>
<tr>
<th>Type of wound</th>
<th>Caused by</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion/Graze</td>
<td>Sliding fall</td>
<td>Clean &amp; Cover</td>
</tr>
<tr>
<td>Contusion Bruise</td>
<td>Blunt blow to the body</td>
<td>Cold compress for 10 minutes</td>
</tr>
<tr>
<td>Incision</td>
<td>Sharp edged object, Razor, Knife</td>
<td>Check injury, apply pressure &amp; elevate</td>
</tr>
<tr>
<td>Laceration</td>
<td>Claws, Jaws, Machinery, Barbed wire</td>
<td>Check injury, apply pressure &amp; elevate</td>
</tr>
<tr>
<td>Puncture</td>
<td>Needles, Nails, sharp objects, Ice-picks</td>
<td>Control bleeding, Clean wound, apply ice pack, seek medical aid</td>
</tr>
<tr>
<td>High Velocity</td>
<td>Gunshot, Nail gun, Arrow</td>
<td>Control bleeding entry &amp; exit wounds. Call 000</td>
</tr>
<tr>
<td>Amputation</td>
<td>A severed body part</td>
<td>Control bleeding from the stump by direct pressure pad. Then place the amputated part in an airtight plastic bag, seal the bag &amp; float in a container with icy cold water. Can be refrigerated but not frozen. Do not wash the amputated part. Call 000</td>
</tr>
<tr>
<td>Embedded Foreign objects</td>
<td>Knife, Screwdriver, Glass, Twigs, etc.</td>
<td>Do not remove the object. Control bleeding by applying pressure around the object. Elevate if possible. Seek urgent medical aid.</td>
</tr>
</tbody>
</table>
EMERGENCY MANAGEMENT OF A CRUSHED VICTIM

On completion of this session you should be able to:

- Explain the dangers a First Aider may face in this situation
- Recognise the possibility a casualty may be a victim of Crush Syndrome
- Explain the process involved to administer First Aid to the casualty

What is Crush Injuries/Syndrome?

Crush injuries may result from a variety of situations, including vehicle entrapment, falling debris, industrial accident or by prolonged pressure to a part of the body due to their own body weight in an immobile victim.

Crush syndrome refers to the multiple problems that may subsequently develop, because of crush injuries to the limbs, particularly the legs. Crush syndrome results from disruption of the body's chemistry and can result in kidney, heart and other problems. The likelihood of developing acute crush syndrome is directly related to the compression time; therefore, victims should be released as quickly as possible, irrespective of how long they have been trapped.

MANAGEMENT

- Ensure the scene is safe, and that there is no risk of injury to the rescuer or bystanders.
- Call an ambulance,
- If it is safe and physically possible, all crushing forces should be removed from the victim as soon as possible.
- A victim with a crush injury may not complain of pain, and there may be no external signs of injury. All victims who have been subjected to crush injury, including their own body weight, should be taken to hospital for immediate investigation.
- Keep the victim warm, treat any bleeding.
- Continue to monitor the victim's condition. If the victim becomes unresponsive and is not breathing normally, follow Basic Life Support – DRSABCD, if possible.
- DO NOT leave the victim except if necessary to call an ambulance
- DO NOT use a tourniquet for the first aid management of a crush injury.

NOTE

Crushing force applied to the head, neck, chest or abdomen can cause death from breathing failure or heart failure, so the force must be removed promptly.

Although the victim may appear to be alert and not distressed, there is a risk of deterioration so ongoing reassessment of the victim’s condition is essential.
ABDOMINAL INJURY

- On completion of this session you should be able to:
  - Explain how the abdomen can be damaged
  - History Signs & symptoms of suspected Abdominal injury
  - First Aid treatment of Abdominal injuries

The abdominal cavity lies below the ribcage and above the pelvic cavity. Unlike the chest and pelvic cavities, there are no bones to protect the abdomen and any injury may cause serious damage to some of the abdominal organs, including the liver, spleen or stomach. In some cases, the injury may involve both the abdominal and pelvic contents. If this occurs, the injured patient may bleed to death internally unless urgent hospital treatment is provided.

**Symptoms and signs – Not all may be present**

- history of injury to the abdominal area
- bleeding wound or other obvious injury, possibly with visible intestines
- severe pain and possible muscle spasm across the abdominal wall
- nausea or vomiting
- bruising of the skin
- patient unable to stand and holding the injured area for pain relief
- patient shows other indications of internal bleeding

**How you can help - Call 000 for an ambulance immediately.**

1. **Follow DRSABCD- if conscious, place patient at total rest and assess the injury**

   Assist the patient to lie down in a position of greatest comfort, usually on the back or on the uninjured side, with both knees drawn up for relief of pain and spasm.

   Loosen any tight clothing, especially at waist and neck. Support the patient with pillows and blankets for comfort, as needed. Give frequent reassurance.

2. **Control bleeding and cover any wound**

   If necessary, hold the wound edges together to control bleeding. Sometimes the patient can change position slightly to help the wound to close.

   If the intestines are visible, or protruding, DO NOT TOUCH THEM or TRY TO PUT THEM BACK IN.

   Cover a gaping wound with sterile dressings soaked in warm water to avoid damage to organs.

   Do not use a dry material as this could stick to the organs. If aluminum foil or cling wrap is available, this could be a suitable alternative.

   **DO NOT allow the patient to eat, drink or smoke, as surgery may be required immediately.**

3. **Observe the patient:** While waiting for the ambulance to arrive, observe the patient’s vital signs closely for any changes in condition.

   **If the Casualty becomes unconscious and not breathing normally, start CPR if possible.**
EYE, EAR, NOSE & TEETH INJURIES

On completion of this session you should be able to:

- Explain common types of eye, ear and nose injuries and First Aid management of foreign bodies;
- Demonstrate management techniques of bleeds from the orifices.

All eye injuries are potentially serious and create much anxiety for the casualty, therefore extreme care and reassurance must be given.

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Causes</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign bodies</td>
<td>Dust, Grit, Eyelash, Sand, Insect etc.</td>
<td>Check eye, try to remove with wet cotton bud, flush, cover eye seek medical aid</td>
</tr>
<tr>
<td>Penetrating object</td>
<td>Metal filing, Glass, Thorn, Twig etc.</td>
<td>Do not remove, cover with a rigid shield seek Medical Aid</td>
</tr>
<tr>
<td>Chemicals</td>
<td>Acids, Cleaning fluids, Corrosives, Alkaline etc.</td>
<td>Place affected eye down &amp; flush for 15 mins seek medical aid</td>
</tr>
<tr>
<td>Blow to eye area</td>
<td>Fist, Ball, Bat, walking into doors/poles etc.</td>
<td>Check eye &amp; vision, apply cold compress around eye. Seek medical aid</td>
</tr>
</tbody>
</table>

**EAR INJURY**

Injuries and bleeding from the inner ear are caused by:

- *Foreign bodies*
- *Infection*
- *Wounds*
- *Head injury*
- *Explosion*

If bleeding is coming from the inner ear, place the bleeding side down on to a pad allowing the bleeding to drain out. Seek medical aid.

**NOSE BLEEDS & INJURIES**

- *Blow to the nose*
- *High body temperature*
- *Foreign bodies*

Sit casualty down with head forward. Pinch soft part of nose for 10 minutes. If it has not stopped, repeat process every 10 minutes for 30 minutes. Advise casualty not to blow their nose for at least 1–2 hrs. If it has not stopped bleeding after 30 minutes, Seek Medical Aid.

Note: Some Medications could cause blood noses to bleed profusely.

**TEETH INJURIES**

A knocked-out tooth, should immediately be put back into position if possible. If this cannot be achieved, then put the tooth in a glass of milk and take to a Dentist immediately. Control bleeding with a rolled Gauze dressing, place on the cavity and ask the casualty to bite on it. All injuries to teeth, must be seen by a Dentist immediately to try and save the tooth/teeth.
**BURNS**

On completion of this session you should be able to:
- Identify the types and classification of burns;
- Demonstrate appropriate First Aid management of a range of burns.

**Burns are assessed according to the area and depth involved.** The “Rule of Nines” is used in determining the area involved.

The depth is classified as Superficial or Deep

**Superficial Burns** involve the outer layers of the skin.  
**Deep Burns** involve all layers of the skin and may also burn fat, muscle, bone, blood vessels & nerves.

**Signs and Symptoms:**
- Reddened Area
- Peeling
- Blisters
- Swelling
- Painful

**Signs and Symptoms:**
- Pale, Waxy and sometimes charred
- Fairly pain free (except outer area)
- Smells

<table>
<thead>
<tr>
<th>TYPE</th>
<th>CAUSES</th>
<th>MANAGEMENT FOR ALL BURNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry</td>
<td>Flames, hot surface, iron</td>
<td>Cool with cold running water for minimum 20 minutes</td>
</tr>
<tr>
<td>Wet/Scalds</td>
<td>Hot liquid, steam, hot oil</td>
<td>Cover with a lint free cloth</td>
</tr>
<tr>
<td>Chemicals</td>
<td>Acid, alkaline, corrosive</td>
<td>Elevate the burnt part if possible</td>
</tr>
<tr>
<td>Molten (cool for at least 30 mins)</td>
<td>Hot glue, plastic, bitumen, metal</td>
<td>Seek Medical Aid</td>
</tr>
<tr>
<td>Electrical - DRSABCD (cool entry &amp; exit burn)</td>
<td>Electrical appliances/cords Lightning,</td>
<td>Do not Break blisters</td>
</tr>
<tr>
<td>Radiation</td>
<td>Sun’s rays, welding flash</td>
<td>Do not remove clothing stuck to the skin</td>
</tr>
<tr>
<td>Cold (cryogenic)</td>
<td>Ice, dry ice, LPG, liquid nitrogen</td>
<td>Remove jewellery</td>
</tr>
</tbody>
</table>
FRACTURES & SOFT TISSUE INJURIES

On completion of this session you should be able to:

- Define, identify & explain types of fractures and required First Aid management; and
- Explain & identify dislocations & soft tissue injuries and required First Aid management.

A fracture is a broken or cracked bone.

Types of Fractures:

OPEN: The bone breaks the skin and may protrude through.

CLOSED: The bone breaks within the skin.

COMPLICATED: The broken bone causes damage to organs, blood vessels, nerves etc.

Signs and Symptoms: A snapping sound may have been felt or heard.

* Pain  * Tenderness  * Loss of movement
* Swelling  * Deformity  * Shock

FIRST AID TREATMENT:
Do not straighten or re-align broken or deformed bones.
Support and immobilise the injured part and seek Medical Aid.

A casualty with suspected chest injuries should be supported in a sitting position, leaning towards the injured side.

Dislocation: When bones are forced apart from their normal position at a joint.

Signs and symptoms: Unable to move injured part causing pain, deformity and swelling

FIRST AID TREATMENT: Never attempt to put a dislocated joint back in place as this could cause further damage. Support and immobilise the injured part and seek medical aid.

<table>
<thead>
<tr>
<th>SPRAIN</th>
<th>Overstretching or tearing of ligaments around a joint</th>
<th>Pain, swelling and bruising.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIN</td>
<td>Overstretching or tearing of muscles and tendons</td>
<td>Pain, loss of power and tenderness</td>
</tr>
</tbody>
</table>

FIRST AID TREATMENT: Do the following for 48 hours

Rest   Ice   Compression   Elevation

(Never keep an ice pack on the injured part for longer than 20 minutes)

Avoid the following for 48 hours:

Heat   Alcohol   Running & exercise   Massage
On completion of this session you should be able to:

- Explain & identify types & usage of bandages & slings in First Aid;
- Demonstrate how to prepare and apply bandages and slings; and
- Demonstrate how to improvise when bandages and slings are not available.

Bandages and Slings are used to control bleeding, support and immobilisation of broken bones and dislocations, compression for sprains and strains, help keep ice packs in place etc. Unfortunately, they are not always available in a First Aid situation, therefore the ability to improvise using shirts, jumpers, towels, sheets, belts, ties etc. is an advantage.

Bandages and Slings should be as clean as possible and applied efficiently and effectively, they must never be too tight as they can cut off circulation, especially if the injured part swells.

**TRIANGULAR BANDAGE:** Its many uses make this bandage an important accessory for all First Aid Kits.

**LOWER ARM SLING:**
Used for injuries to the lower arm, wrist and hand.

**ELEVATION SLING:**
Used for injuries to the ribs, collar-bone and shoulder.

**UPPER ARM OR COLLAR’N’ CUFF SLING:**
Used for injuries to the upper arm.

**THE REEF KNOT:** is the preferred knot in First Aid because it will not slip, lies flat, is comfortable for the patient and is easy to untie.

“Right end over left end, then under. Left end over right end and over. Pull the knot tight.”
POISONS

On completion of this session you should be able to:
- Identify a ‘poison’ & explain ways in which it can enter the body; and
- Demonstrate effective First Aid management of a conscious & unconscious poisons casualty.

A poison is any substance which, if taken into the body in a sufficient quantity, can cause temporary or permanent damage. When a poison enters the body, it acts in various ways. Once in the bloodstream, some poisons work on the central nervous system preventing breathing, heart action and other vital life processes. Other poisons act by displacing the oxygen in the blood and preventing its distribution. Swallowed poisons also react directly on the food passages resulting in vomiting, pain and often diarrhoea. Corrosive poisons may severely burn the lips, mouth, gullet and stomach thus causing intense pain. Whilst some cases are attempted suicide, others are accidental and involve substances in everyday use.

HOW POISONS ENTER THE BODY:

- **SWALLOWED** Medication, drugs, spoilt food, chemicals, cleaning agents, garden poisons, etc.
- **INHALED** Gas, fumes, glue, drugs, fly sprays, chrome based paint, cleaning agents, smoke, white out, textas, petrol, confined areas etc.
- **ABSORBED** Chemicals, pesticides, insecticides, radiation, sprays, household cleaners, etc.
- **INJECTED** Drugs, bites, stings, etc.

SIGNS & SYMPTOMS: Vomiting, pain, diarrhoea, breathing difficulty, burns, changes in skin colour, headache, unconsciousness

FIRST AID TREATMENT

**Conscious:**
- Check for Danger
- Make casualty comfortable and observe A. B. C.
- Identify the poison or drug if possible
- Find out if it was corrosive or non-corrosive
- How did they get poisoned?
- When?
- Quantity?

Do not induce vomiting. This could cause further injury to the casualty’s throat mouth & nose. If a casualty has been poisoned by swallowing, and vomiting occurs, collect the vomit for inspection.

**RING POISONS INFORMATION CENTRE**

131126

Unconscious: Follow D. R. S.A. B. C. D.
Arrange Urgent Medical Aid
**BITES & STINGS**

On completion of this session you should be able to:
- Explain & demonstrate First Aid management of a snake/funnel web spider bite and other common bites and stings; and
- Demonstrate & explain the use of a pressure immobilisation bandaging technique.

**COLD COMPRESS:**
A cold compress (ice pack) is usually used for non-lethal bites and stings. It helps reduce swelling and numb the pain. The cold compress should be applied for 10 minutes.

**PRESSURE IMMOBILISATION BANDAGE**
Research has shown that very little venom reaches the bloodstream via the lymphatic system if pressure is applied over the bitten area and the limb is bandaged and immobilised. Certain venoms and venom components become inactivated when trapped in the tissues by the pressure bandage.

Technique: Apply a pressure (crepe) bandage firmly around the bitten area. Then start from the toes or fingers and bandage up the limb. Splint the limb to minimise movement.

**Monitor casualty's signs of life CALL 000**

<table>
<thead>
<tr>
<th>Type of Bite or Sting</th>
<th>Cold Compress for Non-Lethal Bites &amp; Stings Seek medical advice</th>
<th>Pressure immobilisation Bandage for Lethal Bites &amp; Stings Urgent Medical Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snake bite</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Bee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Wasp</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Funnel Web spider</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Red Back spider</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Bull ant</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Blue Ring Octopus</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Known (witnessed) Spider bite</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unknown bite</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Allergic reaction to bites and stings</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**LETHAL BITES & STINGS e.g. Snake & Funnel Web Bites**

<table>
<thead>
<tr>
<th>DONT'S</th>
<th>DO'S Lay the casualty down</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do not cut and suck the poison out</td>
<td>• Remove clothing from bitten limb</td>
</tr>
<tr>
<td>• Do not apply a tourniquet</td>
<td>• Apply a pressure immobilisation bandage</td>
</tr>
<tr>
<td>• Do not wash the bitten area</td>
<td>• Splint the limb</td>
</tr>
<tr>
<td>• Do not elevate the bitten limb</td>
<td>• Seek urgent medical aid</td>
</tr>
<tr>
<td>• Do not allow the casualty to walk around</td>
<td></td>
</tr>
</tbody>
</table>
MOVING, LIFTING & CARRYING

On completion of this session you should be able to:
- Explain the circumstances and general rules for moving a casualty; and
- Demonstrate one and two person methods of lifting and carrying a casualty.

The condition of an injured victim may be worsened by movement, an increase in pain, an injury, blood loss and shock. However, all victims lying on a road/railway line, etc. must be moved to safety.
A Rescuer should move a collapsed or injured victim:
- To ensure the safety of both rescuer and injured victim.
- Where extreme weather conditions or difficult terrain indicate that movement is essential.
- To make possible the care of the Airway, Breathing, and Circulation.
- To make possible the control of severe Bleeding.
- When it is obvious that medical aid cannot come to them.

Type of carry is based on:
- Size of casualty
- Casualty’s condition
- Distance of travel
- Your ability and strength

REMEMBER: lifting injured casualties could cause serious injury to First Aider. If in doubt- DON’T LIFT

<table>
<thead>
<tr>
<th>Type of carry</th>
<th>Type of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drag method</td>
<td>Spinal Injury</td>
</tr>
<tr>
<td>Human Crutch</td>
<td>Able to walk with assistance.</td>
</tr>
<tr>
<td>Four handed seat</td>
<td>Unable to walk but can assist carriers.  Fully alert.</td>
</tr>
<tr>
<td>Two handed seat</td>
<td>Unable to walk but cannot assist carriers. Dazed.</td>
</tr>
<tr>
<td>Fore and Aft carry</td>
<td>Unable to walk. Semi-conscious. To be placed on a chair or stretcher.</td>
</tr>
<tr>
<td>Chair method</td>
<td>Wheelchair carry. Fully conscious. Unable to walk</td>
</tr>
<tr>
<td>Cradle method</td>
<td>Carrying a lightweight casualty or child.</td>
</tr>
</tbody>
</table>

RULES FOR SAFE LIFTING

*Plan the lift
*Feet apart
*Bend the knees
*Keep back straight
*Keep load close to the body

*Look up as you lift
*Avoid twisting or jerking movements
*Share or split load if possible
*Use mechanical aids if possible