HLTAID003
Provide First Aid
LEARNER GUIDE

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MODULE 1 - ASSESS THE SITUATION

REVIEW LOG

Version Number	Date Updated	Details of Updates
Version 4H Released August, 2013		

MODULE BASIS

This module is based on the unit of competency HLTAID003 Provide First Aid:

Element 1 – Assess the situation.	1.1. Identify assess and minimise hazards in the situation that may pose a risk of injury or illness to self and others.
Element 2 – Apply first aid proced	1.2. Minimise immediate risk to self and casualty's health and safety by controlling any hazard in accordance with occupational health and safety requirements.
	2.5. Seek consent from casualty prior to applying first aid management.

1.1 INTRODUCTION

This training course is based on the Unit of Competency **HLTAID003: Provide First Aid**.

This course describes the skills and knowledge required to provide first aid response, life support, management of casualty(s), the incident and other first aiders, until the arrival of medical or other assistance.

It is presumed that the first aider has English language skills, both written and verbal, and numeracy skills.

1.1.1 WHAT IS FIRST AID?

The basic principles and concepts underlying the practice of first aid are to relieve pain and suffering, to avoid further illness or injury or worsening of illness or injury, to protect individuals who are unconscious, encourage recovery and if possible, prevent or reduce disability and to save lives.

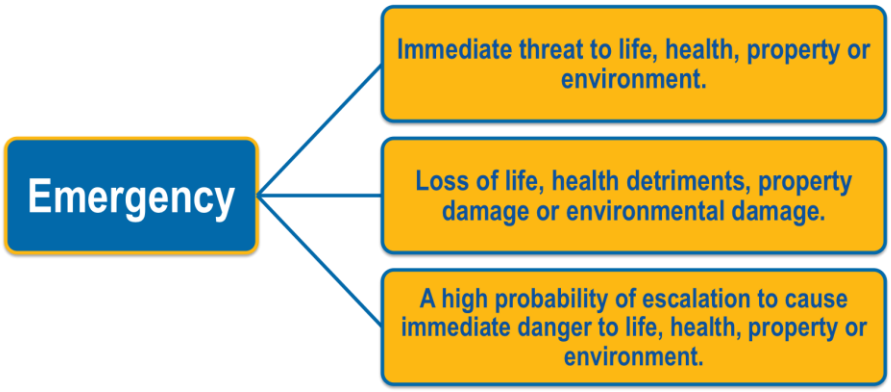
First Aid training is about providing the necessary skills needed to respond to a medical emergency with the goal of saving lives, reducing pain and injury until qualified medical help takes over.

1.1.2 WHAT IS AN EMERGENCY?

An emergency is a situation that poses an immediate risk to health, life, property or environment and requires immediate action.

Most emergencies require urgent intervention to prevent a worsening of the situation, although in some situations, the casualty may not recover from the wounds sustained.

A situation can only be defined as an emergency if one or more of the following are present:



It is important that you know and look out for signs of possible emergencies. At times it may be difficult to identify an emergency, however using all your senses may help. Indications may include noises, sights or smells and behaviours that are not typical of the situation, such as:

- Alarms and sirens, moaning, crying or yelling and sounds of breakage, crashing or falling.
- Stalled or crashed vehicle, spilled medications and other items, a person collapsed on the floor or exhibiting confusion, pain or breathing difficulty.
- Different or stronger smells than usual (be very careful in these situations as ay fumes may be poisonous).

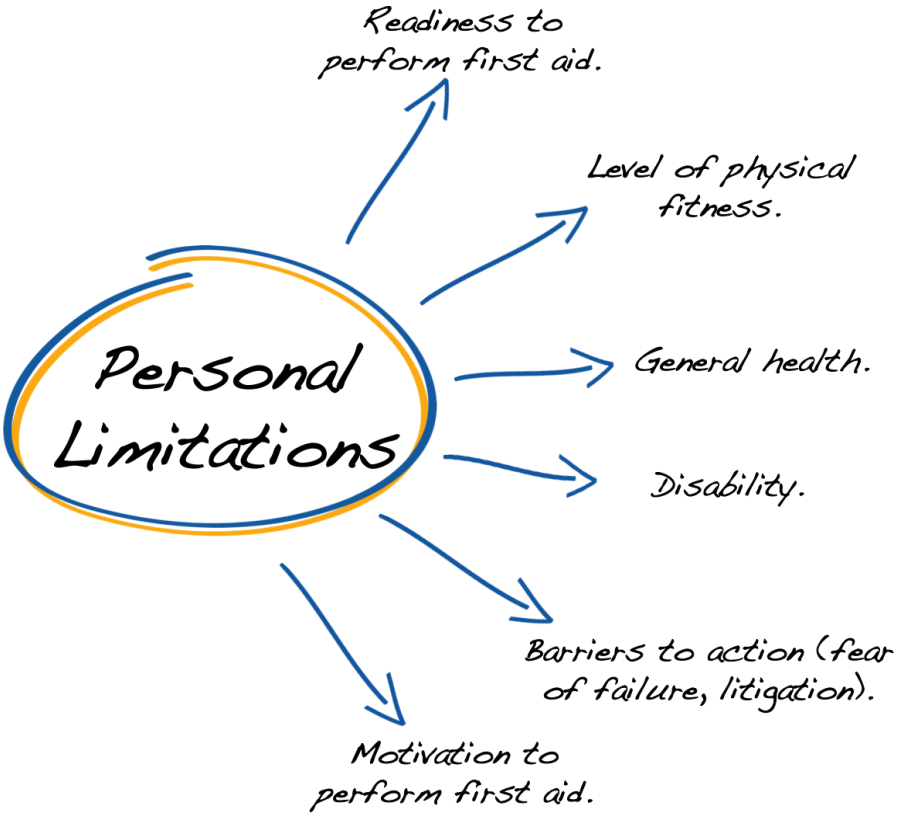
1.2 UNDERSTAND THE LIMITS OF YOUR EXPERTISE, TRAINING AND ABILITY

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

The first aider is not expected to be an expert.

The role is about responding promptly, being able to prioritise and be proactive in applying the principles of first aid management.

Be aware of your own personal limitations including:



1.3 LEGAL OBLIGATIONS

There are a number of legal issues that someone who is trained in first aid needs to be aware of. The information here is intended as a guide – you should always ensure that you are familiar with the particular requirements of your state/territory and organisation.

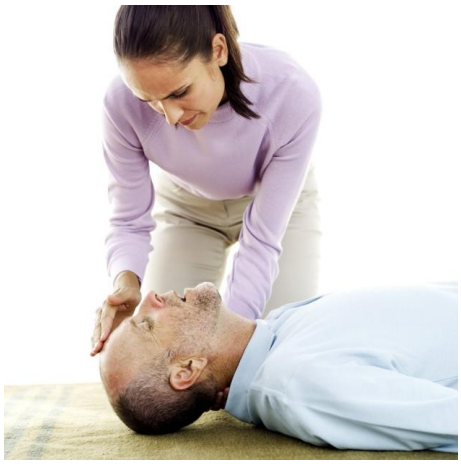
The first aider needs to be aware that laws exist to give the casualty rights. Having been trained in first aid does not mandate that as a bystander you must attempt a first aid rescue in an emergency situation.

You can observe or walk away from the scene, though this is not encouraged. If you can help somebody in need, you should.

There are four legal factors relating to first aid. These are:

- Consent.
- Duty of care.
- Negligence.
- Recording.

1.3.1 CONSENT



If you decide to proceed with first aid, you must seek and make every attempt to gain consent from the casualty, and if requested, cease treatment.

Australian law is built on the basis that everyone has the right to have control over his or her own body.

If consent is not given and a person is touched or in fear of this then they have the legal right to bring charges of assault or battery against the person or persons who acted without their consent.

As a first aider it may not always be possible to gain consent from an injured person, as they may be unable to communicate and/or unconscious.

In these cases it is assumed under the law that the person would have consented if they had been able to, however, this only applies in situations where the life and/or future health of the individual would be considered to be in jeopardy.

Where the injured person is a minor the consent of a parent or guardian should be sought and obtained.

Where the parent or guardian is not in attendance to give consent it can be assumed that consent for first aid would be given.

Where it is difficult to be certain that the injured individual has consented to receive first aid you may proceed with the first aid treatment if there is no outright refusal of assistance.

1.3.1.1 CULTURAL AWARENESS

Australia is a multi-cultural nation, and any person could be involved in an emergency incident where their life could be in danger.

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.

The life saving skills of the first aider 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.

1.3.2 DUTY OF CARE

Once first aid is start you are under a legal obligation to continue to provide first aid care until:

- Vital signs return.
- Paramedic assistance arrives from emergency medical services (EMS).
- Exhaustion makes it impossible to continue.
- An authorised person declares the casualty as officially deceased.

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

Duty of care is a broad ranging legal principle. Stated simply, it means that one must take reasonable steps to ensure their actions do not knowingly cause harm to another individual.

In relation to the provision of first aid you are under no legal obligation 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 an employee/worker who is trained, qualified and designated as a first aid officer in a company who has a duty of care to provide first aid to employees/workers in the company.
- You are responsible for the person injured.
- You are an official first aid volunteer at a public event.
- You have commenced giving first aid in an emergency.

In a situation where you have proceeded with providing first aid under duty of care you cannot then cease providing first aid, unless a medical practitioner or a person with better qualifications takes over on arrival at the scene. Your duty of care is to do everything reasonable given the situation.

If you are unable to make a handover to a medical practitioner you should always advise the individual to seek professional medical assistance/advice.

When determining if a duty of care existed courts look to:

- The nature of the relationship between the parties.
- Whether the incident resulting in harm was reasonably foreseeable.
- The proximity or causal connection between one person's conduct and the other person's injury.

In the workplace duty of care is also affected by Occupational Health & Safety/Work Health & Safety (OHS/WHS) legislation.

1.3.2.1 OCCUPATIONAL HEALTH & SAFETY/WORK HEALTH & SAFETY LEGISLATION AND GUIDELINES

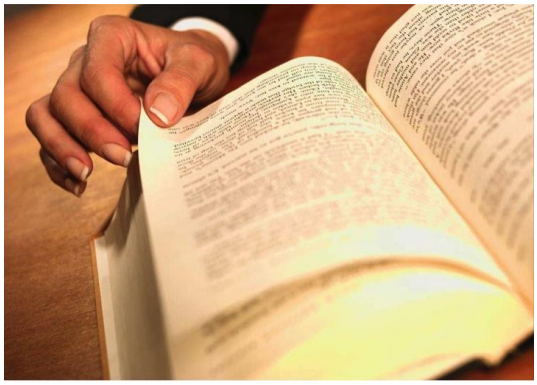
Occupational Health & Safety/Work Health & Safety (OHS/WHS) legislation is defined as laws and guidelines to help keep your workplace safe.

It is important that you are familiar with the OHS/WHS laws that exist in your state or territory.

Occupational Health & Safety/Work Health & Safety legislation and regulations outline the responsibilities of employers/PCBUs to provide first aid facilities and first aid trained personnel/workers. 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.

Occupational Health & Safety/Work Health & Safety guidelines for preventing accidents in the workplace should be found in the company's polices and standard operating procedures. It should have procedures on how to deal with a workplace accident.

It may include instructions on how to use Personal Protective Equipment (PPE), which can prevent infection spreading. If in doubt about following any of the procedures and guidelines contained in the company's OHS/WHS manual, talk to the OHS/WHS officer.



OHS/WHS guidelines must be followed at all times to ensure the safety of all personnel/workers.

Literacy and numeracy skills are required by the first aider to read, interpret and apply guidelines and protocols when planning for and dealing with workplace emergencies and incidents.

Harmonisation Of Work Health & Safety Legislation

In response to industry calls for greater national consistency, the Commonwealth, states and territories have agreed to implement nationally harmonised Work Health & Safety (WHS) legislation to commence on 1 January 2012.

While not all states and territories have actually implemented the model WHS legislation as of the start of 2012, it is important to be aware of these changes, as all states and territories will eventually implement them.

Harmonisation aims to develop consistent, reasonable and effective safety standards and protections for all Australian workers through uniform WHS laws, regulations and codes of practice.

Key Elements Of The Work Health & Safety Legislation

The following key elements of the WHS legislation will impact the way you do your job, and the responsibilities of your workplace:

1. There is a primary duty of care requiring ***persons conducting a business or undertaking (PCBU)*** to ensure, so far as is ***reasonably practicable***, the health and safety of ***workers*** and others who may be affected by the carrying out of work.
2. A requirement that ***officers*** of corporations and unincorporated bodies exercise ***due diligence*** to ensure compliance.
3. ***Workers*** must exercise reasonable care that their acts or omissions do not adversely affect the health and safety of persons at a workplace.

The legislation also outlines requirements for:

- The reporting requirements for notifiable incidents.
- Licences, permits and registrations (e.g. for persons engaged in high risk work or users of certain plant or substances).
- Provision for worker consultation, participation and representation at the workplace.
- Provision for the resolution of health and safety issues.
- Protection against discrimination.

Many specific details relating to WHS will be negotiated within the workplace in accordance with the legislation.

It is important that you speak with your Health and Safety Representative or supervisor for more information on how these elements will effect your day-to-day operations, or if you have any concerns relating to health and safety.

A list of common WHS terms and their definitions can be found in Appendix 1A.

1.3.3 NEGLIGENCE AND LITIGATION

Whilst many victims are grateful to the efforts of first aiders in rescuing them from a worsening situation, there are some that do sue for “negligence”. This situation should only occur if you are not trained, qualified or authorised to carry out first aid.

The threat of negligence should not deter the first aider from trying to help. The Good Samaritans (or Civil Liability) Act aims to protect anyone who is trained to perform first aid from being sued on the grounds of negligence, should something go wrong and the casualty end up with injuries caused by the actions of the first aider.

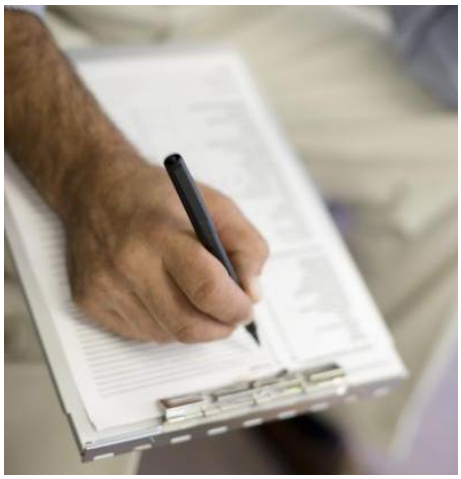
Whilst it is legislated to protect, there is no guarantee that first aider will never be prosecuted for negligence.

A finding of guilt in relation to negligence may only be reached if each of the four following aspects are proven:

1. The injured person was owed a duty of care by the first aider.
2. The standard of care required by the first aider’s duty of care was breached.
3. Damage was sustained by the injured person.
4. The first aider caused the damage by breaching the standard of care.

As a first aider with basic first aid training you should take all reasonable steps to follow established guidelines and protocols relating to first aid as well as ensuring that you do not misrepresent yourself or take undue risks.

1.3.4 RECORDING



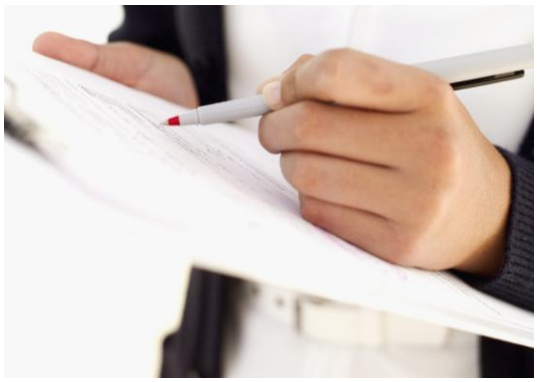
In the event of any legal proceedings arising out of providing first aid it is important that a record of injury is made. This should be made immediately after the event and should include a description of what the event/injury was and how it was addressed.

The particular recording requirements may vary between states and territories due to differing laws and requirements.

If acting as a first aid officer in the workplace there may be specific industry or organisational recording guidelines and procedures to follow.

Employers/PCBUs have particular legal obligations to follow in regards to workers and this also relates to the provision of first aid to workers when provided by another worker as part of their employment responsibilities.

Records should be made and kept for every workplace first aid incident, with copies provided to the employer/PCBU.



If applying first aid outside of the workplace the first aider should make a record of the event, at a minimum a note about the first aid given.

Records should be clear and concise as they may be used as a legal document in court. You should take care to ensure that any first aid records are accurate, factual and reflect only your observations and actions and do not include opinions.

When recording a first aid incident you should follow these general rules:

- Only write in ink.
- Sign and date the record.
- Do not use correction fluid. Any mistakes should be crossed out with the original text still being legible. Changes should then be initialled/signed and dated.

- Ensure privacy and confidentiality of records are maintained.
- Explain to the person involved, where possible, that a record of the incident will be made and the reasons for doing so and that they may access the record if desired.
- File the record appropriately.

1.3.4.1 PRIVACY AND CONFIDENTIALITY

First aiders also need to be aware of privacy legislation that protects medical data from being circulated to the general public and to be handled by authorised workers on a need to know basis.

Each organisation will have policies and procedures for safeguarding sensitive medical information. Remember, there are consequences and legal implications should patient information be leaked.

1.3.5 DEBRIEFING

Being involved in a first aid situation can be a high-stress situation for many.

Debriefing should be conducted following on from any emergency situation.

Debriefing enables the first aider to profit from the rescuing experience by learning how they could improve and also to bring closure on the events.

1.4 RISK MANAGEMENT

It is important that you identify any risks or hazards that may affect you or any injured persons.

A **HAZARD** is a source or situation with the potential for harm in terms of human injury or ill-health, damage to property, the environment, or a combination of these.

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

Risk management requires you to make prompt and appropriate decisions relating to the management of the incident.

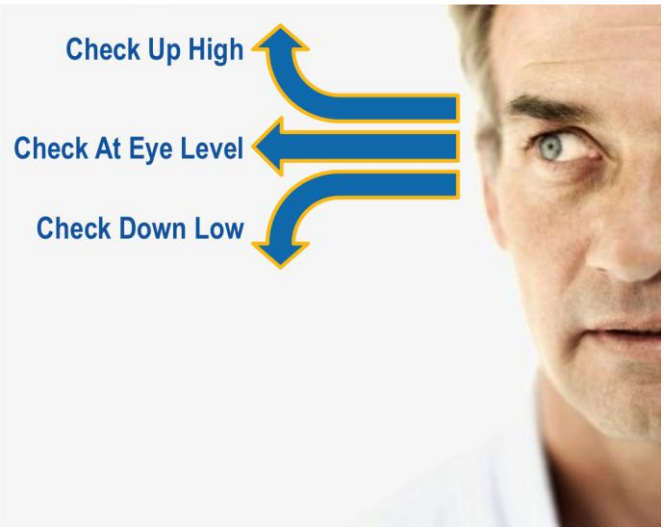
Failure to act accordingly and quickly may result in the casualty's injuries worsening to the point where they may die.

You may also be placing yourself in unnecessary danger by not eliminating hazards before you begin first aid treatment.

1.4.1 IDENTIFY HAZARDS

Hazards need to be identified so that you can include hazard control measures in your work plan. Following an accident, there may be a range of hazards at the scene.

Use all of your senses to check for hazards. Can you **see**, **smell** or **hear** anything that could be hazardous?



Check Up High:

- Overhead hazards (e.g. damaged power lines, trees, unstable structures, etc.).
- Weather (e.g. wind, lightning, storms, flooding).

Check At Eye Level:

- Insufficient lighting or poor visibility.
- Traffic and bystanders (e.g. pedestrians, vehicles, plant).
- Other environmental hazards such as fire, smoke, gas or chemicals.

Check Down Low:

- Ground stability (e.g. ground condition, slopes, area of incident).
- Downed wires.
- Sharp objects (glass or other debris).

Check For Other Specific Hazards Such As:

- Bystanders.
- Bodily fluids.
- Drugs.

1.4.2 CONDUCT A DYNAMIC RISK ASSESSMENT

To conduct a risk assessment of an identified hazard you need to:

- Determine the likelihood of the event happening.
- Determine the consequence if the event should occur.
- Determine the risk level (likelihood and consequence combined) associated with the hazard.

A Dynamic Risk Assessment (DRA) is undertaken in a situation that has the potential to change dramatically and suddenly. The concepts behind a dynamic risk assessment include:

- The assessment of risk in dynamic situations is undertaken prior, during and after the execution of an operation.
- The benefits of proceeding with a task must be weighed carefully against the risk.
- Think before you act rather than act before you think.

What sets DRA apart from systematic risk assessment is that it is applied in situations that are:

- Unpredictable/unforeseen risks.
- The risk environment rapidly changes.
- Allows individual to make a risk judgment.
- Provides personnel/workers with a consistent approach to assessing risk.

1.4.3 MINIMISE RISK

Once hazards are identified, the risks need to be minimised by a range of control measures.

The reason for minimising risks before undertaking first aid management is so that the rescuer can do so in a safe environment and that the safety of the casualty and bystanders is ensured.

Control measures could include:

- Using protective equipment.
- Eliminating or removing the hazard.
- Isolating the casualty from the hazard.

1.4.4 ISOLATE HAZARDS

Isolate any hazards to the self and others through as the following:

- Asking people not involved in the treatment process to make space and/or leave the scene of the accident.
- Relocating the casualty to a location that doesn't contain hazards.

Above all you must act quickly to make the situation as safe as possible. Your own safety is most important in any situation so it is important to reduce risks as much as possible, but do not allow the process to take so long that the casualty is worse off for lack of treatment.

Refer to the first aid or emergency response plan for information on how to act in order to resolve the situation as quickly and effectively as possible.

Where possible get the people around you to help out with controlling hazards, provided they are trained to do so.

APPENDIX 1A – WORK HEALTH & SAFETY COMMON TERMS AND DEFINITIONS

Person Conducting a Business or Undertaking (PCBU)	A 'person conducting a business or undertaking' (PCBU) replaces the term 'employer'. A PCBU includes all employers, sole traders, principal contractors, unincorporated associations, partnerships and franchisees. Volunteer organisations that also employ people will be PCBUs. A PCBU's primary duty of care is to ensure the health and safety of everyone in the workplace, so far as is reasonably practicable.
Officers	An 'Officer' is a person who makes, or participates in making, decisions that affect the whole or a substantial part of a corporation. This includes Health and Safety Representatives (HSR).
Workers	'Worker' replaces the term 'employee'. It is defined broadly to mean a person who carries out work in any capacity for a PCBU. A 'worker' covers employees, contractors, sub-contractors (and their employees), labour hire employees, outworkers, apprentices, trainees, work experience students and volunteers.
Reasonably Practicable	Reasonably Practicable is defined as action that is, or was at a particular time, reasonably able to be done to help ensure health and safety based on the following factors: a) Chances of the hazard or risk occurring (likelihood). b) The degree of harm (consequence). c) The knowledge of persons involved in the situation relating to the hazard or risk and methods of eliminating or controlling it. d) The availability and suitability of ways to eliminate or control the hazard or risk. e) The costs involved in taking action to eliminate or control the hazard or risk including consideration of whether the cost involved is inconsistent to the level of risk.
Due Diligence	The Work Health and Safety Act 2011 (the WHS Act 2011) imposes a specific duty on officers of corporations to exercise due diligence to ensure that the corporation meets its work health and safety obligations. In short, they have a responsibility to ensure that the PCBU is doing everything it should to ensure health and safety. The duty requires officers to be proactive in ensuring that the corporation complies with its duty. Due diligence may be demonstrated through the following courses of action: 1. Acquiring knowledge of health and safety issues. 2. Understanding operations and associated hazards and risks. 3. Ensuring that appropriate resources and processes are used to eliminate or minimise risks to health and safety. 4. Implementing processes for receiving and responding to information about incidents, hazards and risks. 5. Establishing and maintaining compliance processes. 6. Verifying the provision and use of the resources mentioned in 1-5.

MODULE 2 - PREPARE TO APPLY FIRST AID TO CASUALTY

MODULE BASIS

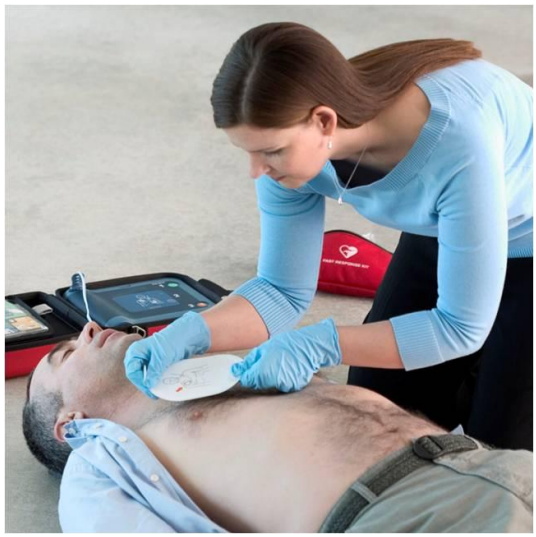
This module is based on the unit of competency HLTAID003 Provide First Aid:

Element 1 – Assess the situation.	1.3. Assess casualty and identify injuries, illnesses and conditions.
Element 2 – Apply first aid proced	2.1. Adopt a communication style to match the casualty's level of consciousness.
	2.2. Use available resources and equipment to make the casualty as comfortable as possible.
	2.3. Respond to the casualty in a culturally aware, sensitive and respectful manner.
	2.4. Determine and explain relevant first aid procedures to provide comfort.
	2.5. Seek consent from casualty prior to applying first aid management.
	2.6. Provide first aid management in accordance with established first aid principles and procedures.
	2.9. Use safe manual handling techniques.
Element 3 – Communicate details incident.	3.3. Accurately assess and report details of casualty's physical condition, changes in conditions, management and response to management in line with established procedures.

2.1 PRINCIPLES OF FIRST AID

It is important that when engaging in the application of first aid that you adhere to the established first aid principles. The four aspects of these principles are:

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

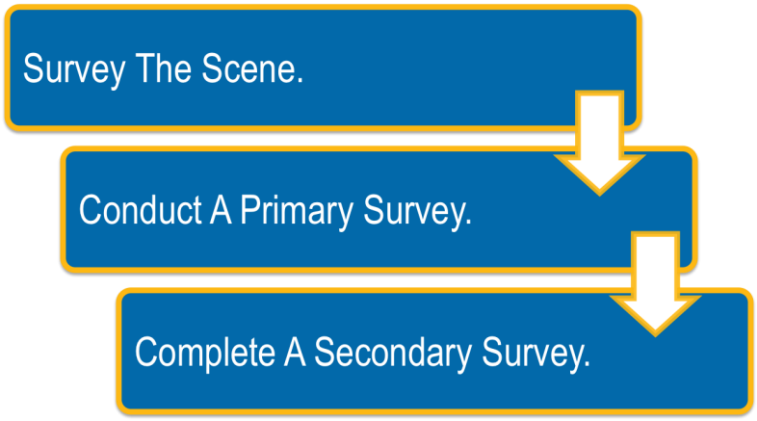


The principles of First Aid are reflected in the Australian Resuscitation Council (ARC) guidelines, which refer to:

- 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.

The Emergency Action Principles should guide responding to an emergency. These three principles should be used to help you plan your response to any emergency situation. They are



2.2 ASSESS THE CASUALTY

Before any treatment can be undertaken the first aider must first assess the casualty. This ensures the first aider is aware of how to treat the casualty.

2.2.1 SYSTEMS OF THE BODY AND BASIC ANATOMY AND PHYSIOLOGY

When examining a casualty for injury you need to be aware of the basic anatomy and physiology of the human body so that you can assess the type and extent of the injury, and how best to respond.

In life threatening, conditions the heart can stop beating, organs can bleed internally, and the person can be breathing abnormally because the lungs are being affected by the injury.

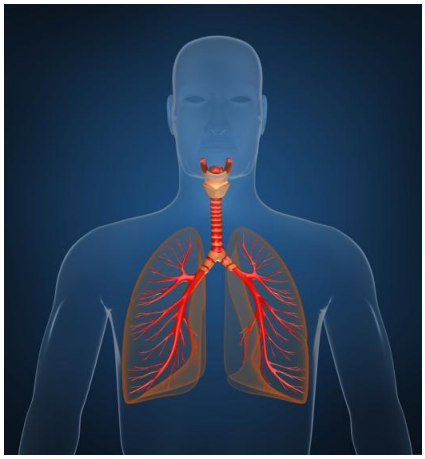
2.2.1.1 INTEGUMENTARY SYSTEM

This includes the skin, hair and nails.

The skin is the first line of defence in the body and is the organ with which you will, primarily, 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.

2.2.1.2 RESPIRATORY SYSTEM

The respiratory system is concerned with breathing. It contains the lungs, mouth, nose and the windpipe. An inability to breathe means a person will suffer brain injury in two to three minutes and die within four or five minutes.



2.2.1.3 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 indicate which type of 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 as quickly as possible because a person can bleed to death very quickly. Pressure should be applied to any areas of bleeding.

2.2.1.4 SKELETAL SYSTEM

The skeletal system is the framework of bones, tendons, ligaments and muscles that holds the human body together. Broken bones can sometimes be detected visually, i.e. they appear as a deformity.

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.

2.2.1.5 NERVOUS SYSTEM

The nervous system communicates messages through every muscle, cell, bone and fibre of the body. Damage to the nervous system that will concern the first aid officer is potential injuries to the spinal column. This can kill or cause permanent paralysis. Suspected spinal injuries are covered in further detail later in this unit.

2.2.1.6 DIGESTIVE SYSTEM

The digestive system processes nutrients from the food provided to the body. The main digestive system issues for a first aid officer are:

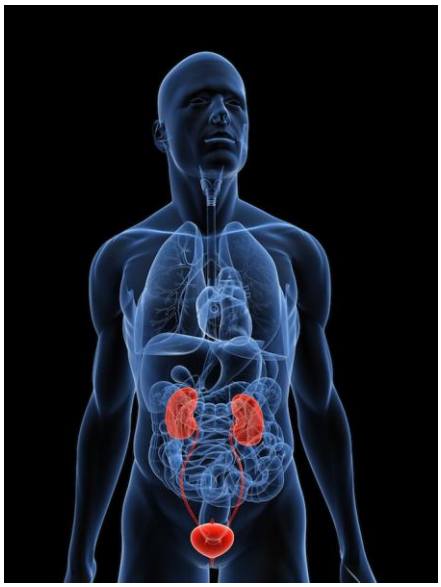
- Allergies.
- Vomiting.
- Diahorrea.
- Ingestion of poisons and foreign substances.

If a casualty has swallowed a foreign substance you will need to call for medical advice immediately as the first aid response will vary depending upon the substance. Do not give the ill person anything to drink unless otherwise advised by medical professionals.

For allergies, a trained medical officer will be required to administer antihistamine.

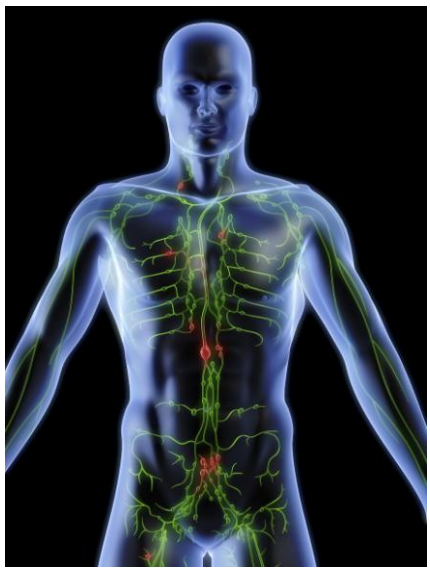
Similarly, food-related upsets such as vomiting and diahorrea should be treated by a doctor, but until they arrive, ensure the casualty is given adequate fluids to be sipped. Remember to take note of what fluids have been given, when they were given and how much.

2.2.1.7 URINARY SYSTEM



The urinary system enables the body to dispose of waste materials. As a first aid officer, your main concern will be dehydration of the casualty. The darker the urine, the more dehydrated the person will be.

2.2.1.8 LYMPHATIC SYSTEM



The lymphatic system is the body's infection-fighting system. When fighting an infection, the lymph nodes could swell. As a first aid officer, you will have limited, if any, contact with problems of the lymphatic system.

2.2.2 INITIAL ASSESSMENT

Once the first aider reaches the scene of an emergency, it's vital to conduct a thorough initial assessment of the scene.

2.2.2.1 SURVEY THE SCENE

The first stage in the initial assessment is to **survey the scene** of the emergency. This will determine the type of accident and any immediate risks/hazards to the casualty, bystanders and treating personnel/workers. Ensure you are not placing yourself at risk by attempting to provide first aid. Examples of risks and hazards are outlined in Module 1 in the Risk Management section.

Possible Barriers

It is at this point that you might encounter barriers to action. These barriers may be in the form of:

- Presence of bystanders – may feel embarrasses performing first aid in front of others or 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 etc. You should provide assistance regardless of the individual. If you are unable to give assistance you can still call for assistance on '000'.
- Nature of the illness/injury – the nature of the emergency may be unpleasant or confronting (blood, vomit etc.). You should 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 outlined in the legal implication, as long as you do everything reasonably possible and follow your duty of care you should not worry about making an error. Some first aid is better than no first aid.

2.2.2.2 PRIMARY SURVEY

The next stage is to assess the casualty to determine the extent and nature of the emergency care required.

This is called a **primary survey** because it is looking for any signs that the casualty is in a life-threatening situation.

The 4 points you should check in a primary survey are:

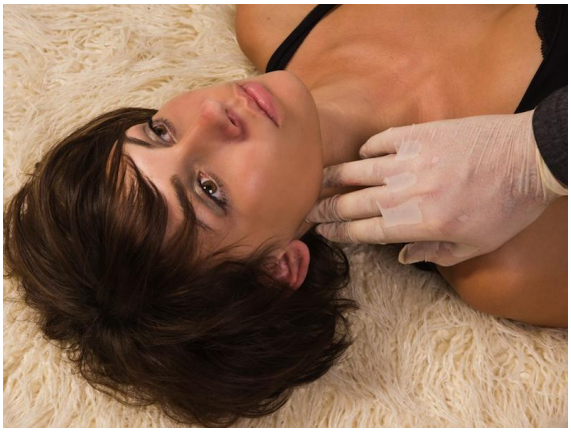
1. State of consciousness.
2. Airways.
3. Signs of life.
4. Severe bleeding.

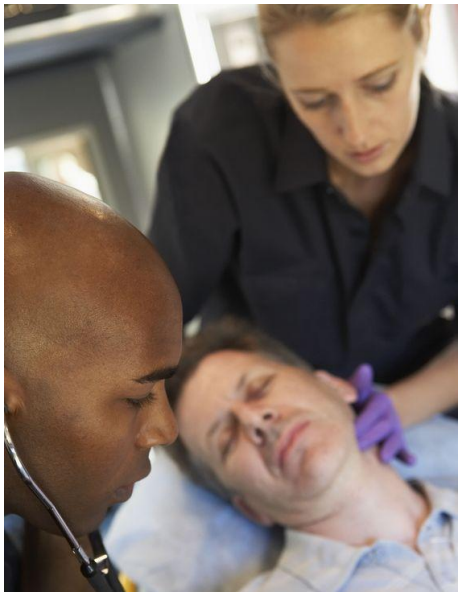
Common questions that should be in a primary survey include:

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

Vital signs are used to measure the condition of the casualty. The most common vital signs monitored by medical personnel/workers are:

- Body temperature.
- Pulse (or heart rate).
- Blood pressure.
- Respiratory rate.





These vital signs must be constantly checked as they can change very quickly.

Keeping abreast of any changes can often mean the difference between life and death.

You could also use the “DRS ABCD” method to guide you in a primary survey.

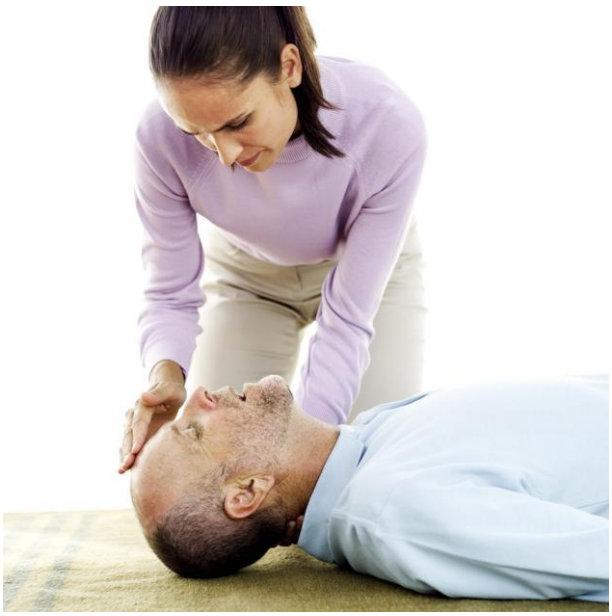
Do not proceed with a secondary survey if the casualty has a life-threatening condition.

2.2.2.3 SECONDARY SURVEY

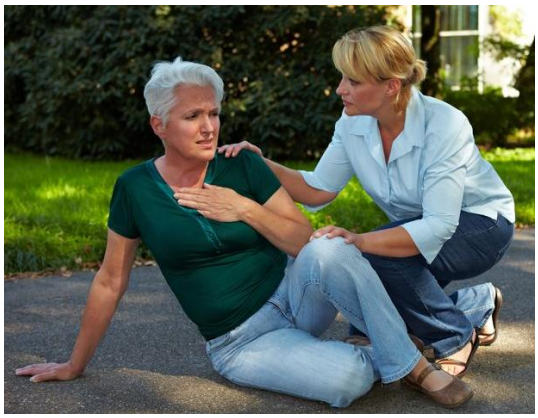
A **secondary survey** is conducted if the initial assessment found no life threatening conditions.

It assesses the casualty more closely for signs such as cuts, burns, bruising, swelling, puncture wounds and anything out of place (misuse of drugs).

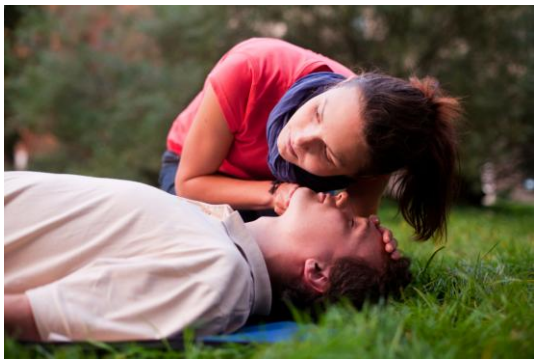
It involves surveying the casualty from head to toe in a systematic method.



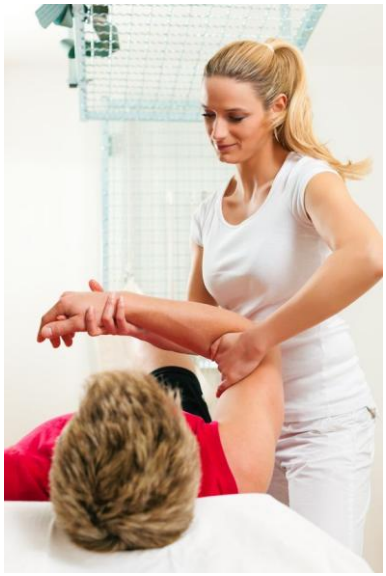
To conduct the secondary survey follow these 3 steps:



1. Question the injured person and any bystanders. This should give you a more complete picture of the incident, as well as allowing the person to describe how they are feeling, if they are in pain and where the pain is and will also allow you to observe the person for any other signs of injury/illness.



2. Check the person's vital signs. These vital signs – conscious state, breathing, pulse, skin colour/appearance – will give indications as to how the body is reacting to any trauma. These signs should be checked every 5 minutes until ambulance personnel arrive. You should note any changes etc. and pass this information on when emergency personnel arrive.



3. Complete a head-to-toe examination. Begin by informing the person of what you are about to do and ask them to remain still. If any hurt areas were identified when talking to the casualty try to avoid touching or moving the painful areas. You can first look for visual signs, then ask the person to move body parts, beginning with the head, then shoulders, arms, torso/chest, abdomen, then the legs. You can look for signs such as bruising, swelling, blood or other body fluids, abnormal sounds, pain responses etc.

Throughout the survey continue to monitor the person's signs of life. Stop the survey if any problems begin to develop and immediately apply first aid.

All information form the survey must be carefully collected, ready to be passed onto ambulance/paramedic personnel.

The first aider must then combine these assessments to determine the appropriate course of action and care required by the casualty. Specific treatments are addressed in Module 3.

2.2.3 TRIAGE

If there are multiple casualties to treat, such as at a major incident, you need to prioritise treatment starting with the casualties with the most severe injuries. This process is called ‘triage’.

Triage focuses on helping those casualties with the greatest chances of survival.

It can be a difficult decision to make as to who to treat first, however, you should work under the principle of acting in a way that gives the greatest number of people the greatest chance of survival.

At the scene of the emergency incident, it is critical to dial the emergency number “000” or with a mobile “112” and request an ambulance.

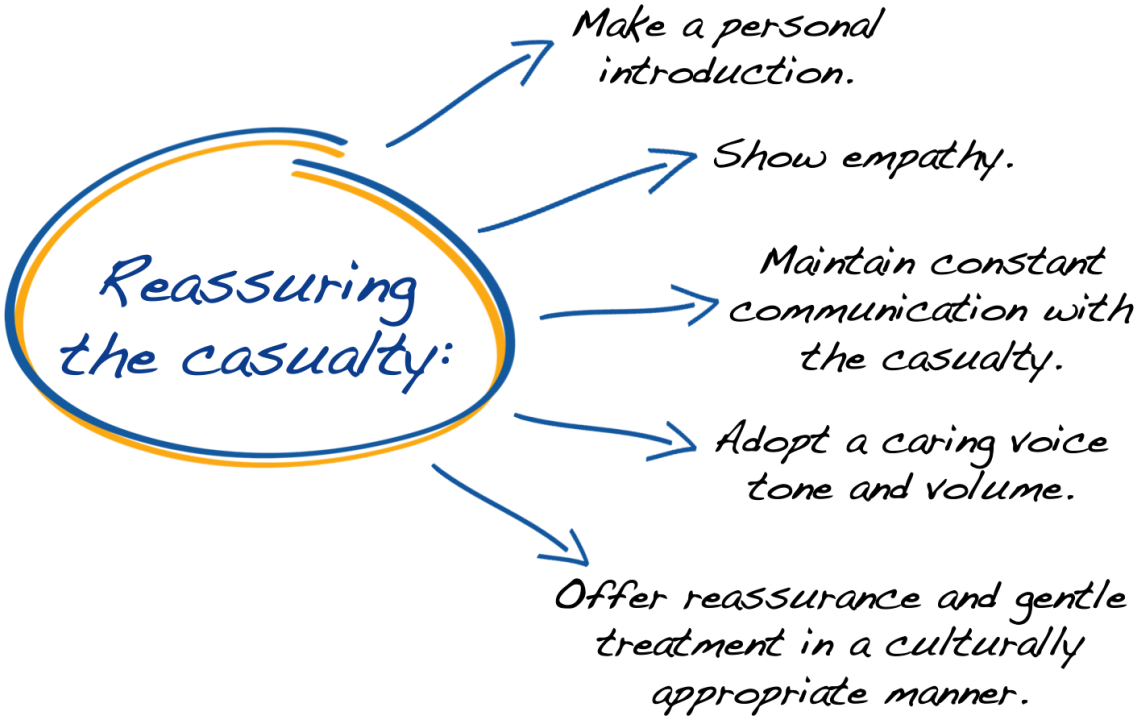
As time is of the essence in sending for help, if a telephone or mobile is not available use other viable communication means such as:

- Satellite phones.
- Two way radio (e.g. CB or UHF radio).
- Email.
- Hand Signals.
- Flares.

2.3 REASSURE THE CASUALTY

It is vital to adopt a calm, caring and reassuring manner with the casualty as they are likely to be anxious and/or agitated and potentially in a lot of pain.

A calm, caring and reassuring manner can be demonstrated by the following:



Common sense dictates you would not keep asking questions and talking to an unconscious casualty if there was clearly no response. Ensure that you adopt a communication style that is suitable to the casualty's level of consciousness.

Try not to shout at the casualty or shake them. You need to communicate effectively with the casualty and be gentle with them. You should also not offer false reassurance if the injury is severe.

2.3.1 MAKE THE CASUALTY AS COMFORTABLE AS POSSIBLE

Comforting the casualty relate to the relief of pain and discomfort, even if not totally possible, to minimise and reduce distress while waiting for further assistance.

Extremes of weather may mandate moving the casualty to an improvised shelter to protect from the harsh elements.

You may provide a pillow to support the neck and head if there is a head injury.

Making the casualty comfortable may also include using coats, blankets or other available resources.

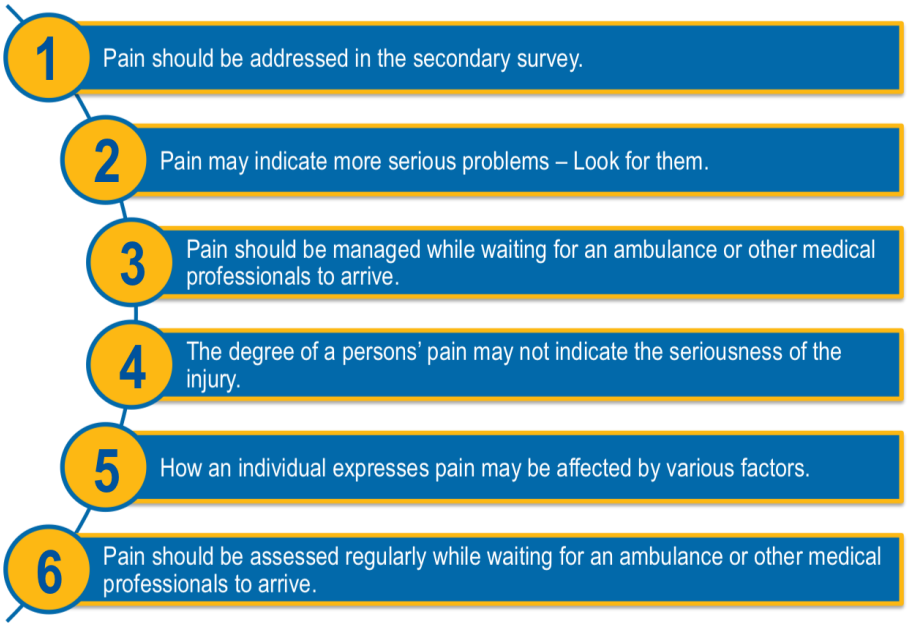
Always consider the welfare of the casualty during any first aid treatment. The extent of your ability to treat the casualty may be simply making them comfortable until help arrives.

2.3.1.1 PAIN MANAGEMENT

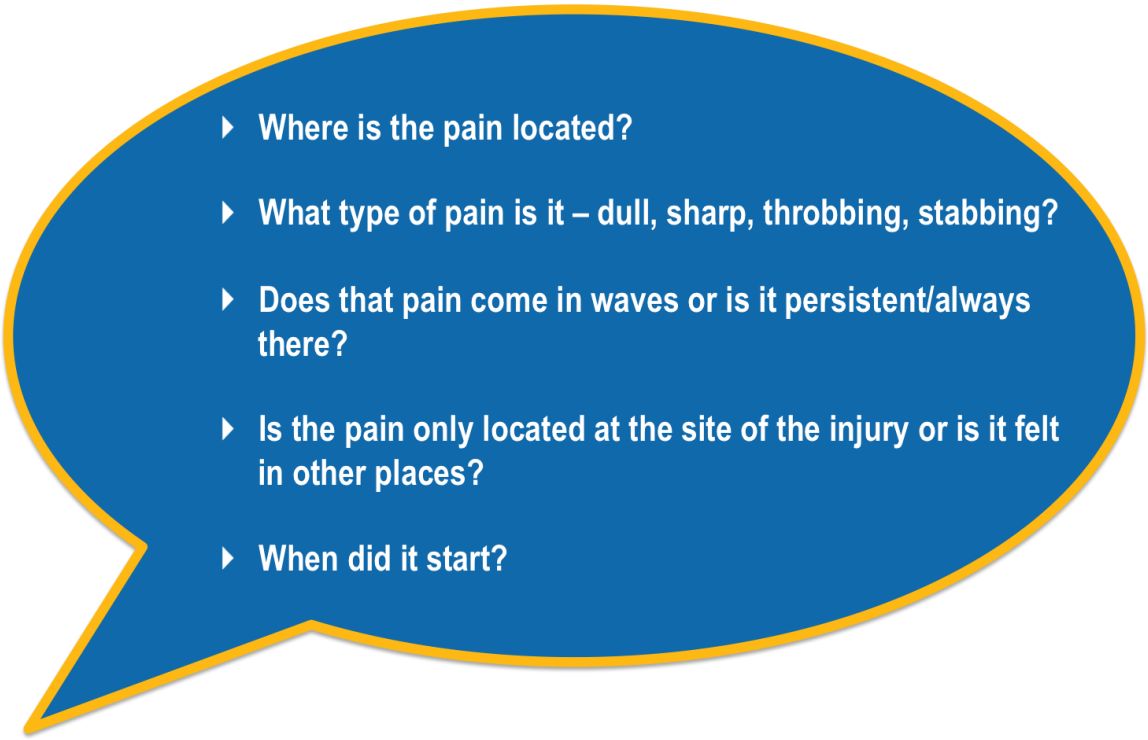
The relief or management of a person's pain is an important part of first aid as most injuries or illnesses result in or cause pain. The presence or absence of pain can also give an indication of a person's condition.

The first step in pain management is always identifying the source of the pain. This should be achieved through the primary and secondary survey stages of the Emergency Action Principles, although the pain itself should only be addressed in the secondary survey stage as pain is not life-threatening in itself. Once the injury or illness has been addressed the first aider is able to take steps to provide comfort and relieve the pain.

The general principles for pain management are:



There are a number of questions you could ask the person to help ascertain the level and severity of their pain. These include:



Some general techniques that may be used to manage the pain include:

- Offer reassurance.
- Positioning the person in a more comfortable position and/or supporting or immobilising the injured body part.
- Help to maintain the casualty's dignity and privacy – help clean them up and cover exposed body parts if possible and practicable.

- Managing the environment – controlling onlookers, lighting and noise levels and adjust heating or cooling if possible.
- Distract and relax the person – talking to them and encouraging them to relax and breath slowly may help, although you should stop if you observe that they are becoming irritated.

- Do not provide analgesics (pain relief drugs) as a general rule. However, you may assist with prescribed medications. This is explained more in the following section.

Remember: A person in pain may go in to shock – look out for the signs of this and treat accordingly.

2.3.1.2 ASSIST WITH SELF-MEDICATION

A first aider can only assist with self-administration of medication that the casualty has already been prescribed.

A case where this may be relevant is if a person presents with chest pain. They may be suffering from a heart attack and have a prescribed medication, which they should take at the onset of symptoms. You may need to assist them in administering their medication and also call for an ambulance.

The first aider needs to be aware that they are obliged to assist with self-medication of the casualty's medication regime in a safe and effective way and render a duty of care in line with State/Territory legislation, regulations and policies and any available medical/pharmaceutical instructions.

You would need to know the location of the medication, the safe dosage for the casualty, and method of delivery. This information can be found by reading and following the strict pharmaceutical instructions on the label or the package.

A workplace is likely to have policies and procedures about the storage and administration of medications which may also set boundaries to what extent a first aider can assist with self-medication. Contact your supervisor or OHS/WHS representative to clarify any requirements for the use of medication at work and in first aid management.

Every state/territory has different regulations, laws and policies controlling self-medication. A pharmacist or doctor would know more about these protocols and, if in doubt, the first aider should consult one about the proper self-medication of the drug to the patient.

2.3.2 BE CULTURALLY AWARE AND RESPECTFUL

By asking questions and reassuring the casualty, a verbal dialogue could reveal that there are cultural differences that need to be considered when applying first aid.

When moving the casualty, it's also important to observe decency in regard to culture as different cultures have different standards and practices.

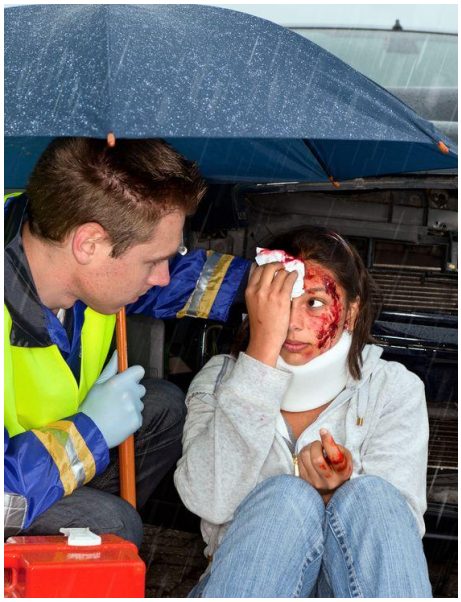
If in doubt, it's always best to ask the casualty (if they are well enough to speak) about what is appropriate and inappropriate in terms of moving them.

Initial impressions of their race, sex, gender or religion should not cause you to treat them any differently. The welfare of the casualty is the first priority of a first aider.

When talking to the casualty, be friendly and respectful. Treat others as you would like to be treated yourself.

2.3.3 PROVIDE INFORMATION

In order to comfort the casualty it is important to provide them with as much detail as possible about the nature of their injuries and the course of action you intend to take in treating them.



Details you may be able to provide are:

- The history of the incident/injury or how it happened – How.
- What time it occurred and how long they have been injured – When.
- What happened to them – The nature of the injury/condition.
- What you are doing/going to do – First Aid treatment procedures.

For example, if the victim was involved in a car accident, tell them "You've had a car accident and you've been injured for 2 hours now". Depending on their level of consciousness, they may or may not respond to you. Use simple terminology and language to communicate. After having confirmation that an ambulance is arriving, you could say "Don't worry, an ambulance will be coming over soon to take you to a hospital."

You are trying to use words to reassure the casualty and it may help to speak slowly and calmly.

Be honest with the casualty about the action you intend to take in treating them.

They may not be comfortable with particular treatment options and they need to be given the opportunity to consent to the first aid treatment before you begin.

You may be required to come up with an alternate plan of action after talking with the casualty and finding out more information.

2.3.4 SEEK CONSENT BEFORE YOU ACT

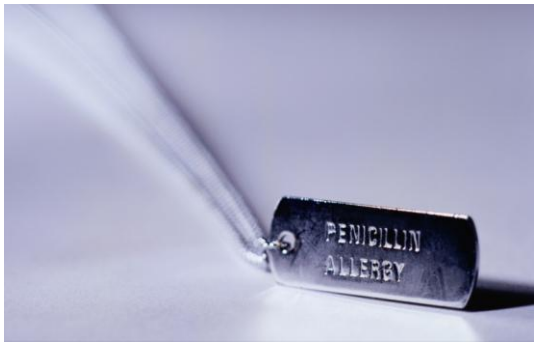
Before you begin applying first aid you MUST ask for consent (provided the casualty is conscious) to allow them the option to refuse treatment as explained in the legal obligations for consent in Module 1.

Before applying first aid, it's important to observe decency in regard to culture as different cultures have different practices. For example, the casualty can verbally refuse proposed treatment by the rescuer. They could be religious reasons or personal ones. It's always best to ask the casualty (if they are well enough to speak) if they are comfortable with receiving assistance. Depending on their level of consciousness, they may respond with hand gestures, body language or verbal consent.

If the casualty is unconscious and is not responding to your questions, you should proceed with first aid.

However, if the guardian or parent of an unconscious child is present to speak on behalf of the victim, then the first aider must seek consent from them.

Likewise, guardians can also refuse treatment on behalf of the child.



Check the casualty for medical identification tags as they can provide information such as the name of the casualty, emergency contact, medical illnesses, allergies, and even what medical treatment they would refuse inscribed on a bracelet or necklace. There are medical tags to refuse blood transfusions and resuscitation. There are USB tags that can store more details but require a computer or mobile phone with a USB port to access.

2.4 MAINTAIN HYGIENE

As first aiders will inevitably make physical contact with other people such as bystanders and casualties, they need to pay attention to proper hygiene best practice to prevent disease transmission.

The potential transmission of disease causing viruses or bacteria can occur between casualty and rescuer by exposure to human blood and bodily fluids such as saliva.

Standard Infection control procedures include taking active steps such as:

- Wearing protective gloves to maintain personal hygiene and to act as a physical barrier between you and the casualty.
- Covering cuts, abrasions or skin conditions you may have.
- Cleaning blood and other bodily fluids. If the person is bleeding and no gloves etc. are available 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.

- 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.
- Avoid touching your face, especially your mouth ears and eyes, while giving first aid, as well as avoiding eating and drinking. Also avoid touching contaminated objects.
- Disposing of contaminated waste in biohazard containers. If these are not available place them in a leak-proof/sealable bag or container and dispose of carefully.
- Avoid touching and correctly dispose of contaminated sharp objects (such as needles). Tongs may be used to pick them up instead of your hands. Bring the container to the object, rather than carrying it unnecessarily.

Before performing resuscitation, use a protective mask and follow infection control best practice (ARC guidelines 9.6.2).

It is crucial for first aiders to exercise personal responsibility to ensure they maintain the highest standards of personal hygiene when treating the casualty. Ensuring you have an appropriately stocked First Aid Kit on hand will also help you treat and protect yourself and the casualty.

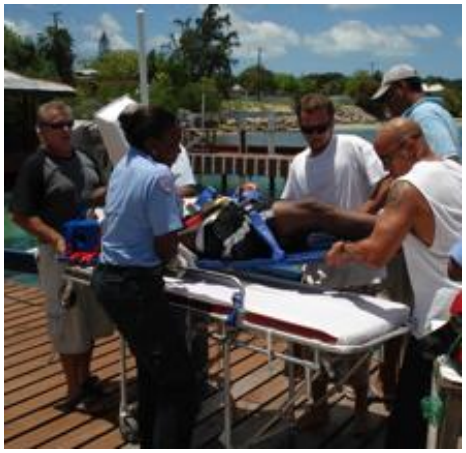
2.5 MANUAL HANDLING TECHNIQUES

A range of manual handling techniques may need to be implemented if the casualty needs to be moved to a new position during treatment.

You may need to move a casualty because of hazards in the environment, as discussed in module 1, or restrictions in accessing the casualty for proper treatment.

As a general rule you should always bend your knees and not your back when lifting. By lifting this way you can help to avoid injuring yourself or straining your back.

Understand your own limitations and strength and where possible get somebody to help you to move the casualty. Don't injure yourself in the process of moving the casualty – you could cause further harm to the casualty if you drop them.



As a guideline, the casualty should be comfortable in being moved. If in doubt, it's always best to ask the casualty (if they are well enough to speak) about what is appropriate and inappropriate in terms of moving them. When moving the casualty, be careful not to twist or bend the casualty's neck and back as it may aggravate injuries.

If at any time the movement of the casualty appears to be making their condition or injuries worse immediately stop moving them.

Where possible move a casualty using a stretcher or similar equipment to minimise the amount of disruption to the casualty and avoid further injury to them.

There are a number of different methods that can be used to move a casualty, depending on the situation and equipment and people available, however, you should only move a casualty if it is vital to do so as any unnecessary movement could lead to further injury.

It is always best, if possible, to plan how you will move a casualty. You should take in to consideration factors such as the conditions of the scene, the size of the person in relation to your own health and physical strength and ability, whether there are others nearby who may be able to assist in the movement and particularly the casualty's condition.

Wherever possible you should always seek assistance from others to help move someone. This will not only reduce the risk of injury to yourself, but also to the casualty. Any person you seek assistance from should be asked whether they themselves are injured and whether moving the casualty may make that injury worse or cause further injury to the casualty.

Whether performing Emergency Moves or Planned Moves you should always explain to the injured person any actions you are taking.

2.5.1 EMERGENCY MOVES

Where there is an immediate threat of danger you may be required to perform an emergency move.

2.5.1.1 ONE PERSON

If there is no one available to assist you could perform one of four drags.

For each of the following the casualty should be positioned on their back.

Ankle Drag	▸ Casualty is pulled by the legs, with first aider holding ankles. ▸ Used for people too large to move in any other way. ▸ Best used when on smooth surfaces. ▸ Little protection offered to the casualty's head and neck. ▸ Less risk for the first aider.
Arm Drag	▸ Casualty dragged head first. ▸ Casualty's arms should be raised above the head. ▸ Hold on to the elbows, using the casualty's arms to cradle their head, providing some head and spinal stability. ▸ Do not lift head and arms/shoulders off the ground. ▸ If head or neck injury is suspected use the arm drag. ▸ Potentially exhausting for first aider and may result in back strain.
Clothes Drag	▸ Not recommended for suspected back/neck/spinal injuries. ▸ Open top buttons of shirt/jacket – avoids applying pressure to casualty's throat. ▸ Loose fabric should be gathered in tightly behind the casualty's neck – provides head/neck support, along with cradling of hands around head. ▸ Drag casualty to safety, pulling on clothing. ▸ Potentially exhausting for first aider and may result in back strain.
Blanket Drag	▸ Preferred option if removing victim from confined space. ▸ Blanket is placed alongside casualty, with side closest to casualty bunched up. ▸ Kneel beside casualty, roll casualty on to side, pulling towards your knees, then pull blanket under casualty, roll them on to blanket and pull bunched section over them. ▸ Grasp the blanket under the casualty's head and pull backwards.

With all types of drag movements you should move the casualty in line with the longer axis of the body to prevent any/further injury to the spinal cord.

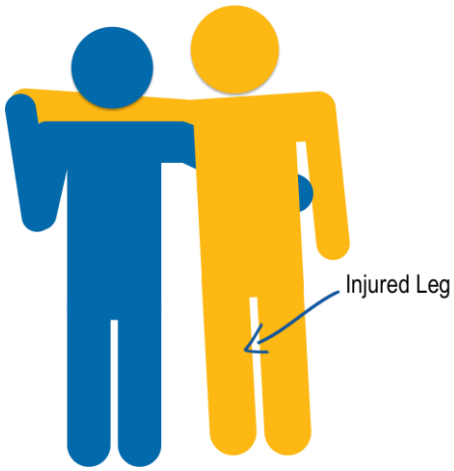
There are a variety of lifts that may be used, however they can require considerable strength and often provide little support for the back, neck and spine of the casualty and should not be attempted if spinal injuries are suspected.

Common one-person lifts include:

One-Person Arm Carry/ Cradle Carry	▸ Most suitable for children and small adults. ▸ Casualty is carried with arms under legs and behind shoulders/back.
Firefighter's Carry	▸ Used for carrying over longer distances. ▸ Difficult to get in position from the ground and/or when alone. ▸ Casualty is carried over one shoulder. ▸ The first aider's arm on the carrying side is wrapped across the casualty's legs and grasps the casualty's opposite arm.
Pack-Strap Carry	▸ Used for carrying over longer distances. ▸ Provides better support for casualty's neck etc. than fire fighter's carry. ▸ Both of the casualty's arms are placed over first aider's shoulders. ▸ First aider crosses casualty's arms and grips opposite wrist with one hand. ▸ Casualty's arm is pulled close to the chest. ▸ First aider bends slightly at the waist, balancing the load on their hips and supporting the victim with the legs.

If the casualty is conscious and able, you may be able to assist them through a one-person assisted walk (sometimes referred to as a human crutch). However, this should not be used if the person has a shoulder, rib or upper arm injury.

To carry this out stand next to the person, with their arm closest to you across your shoulders and hold on to that hand. With your other hand provide support by placing it around the casualty's waist, supporting their weight while you both walk. If they have an injured leg you should stand on the injured side.



2.5.1.2 TWO OR MORE PEOPLE

It is much safer for everyone involved if two people are able to move a casualty together.

If the casualty is conscious and able to stand you can conduct and two-person assisted walk, which is the same as the one-person assisted walk, but with the second person standing on the casualty's other side.

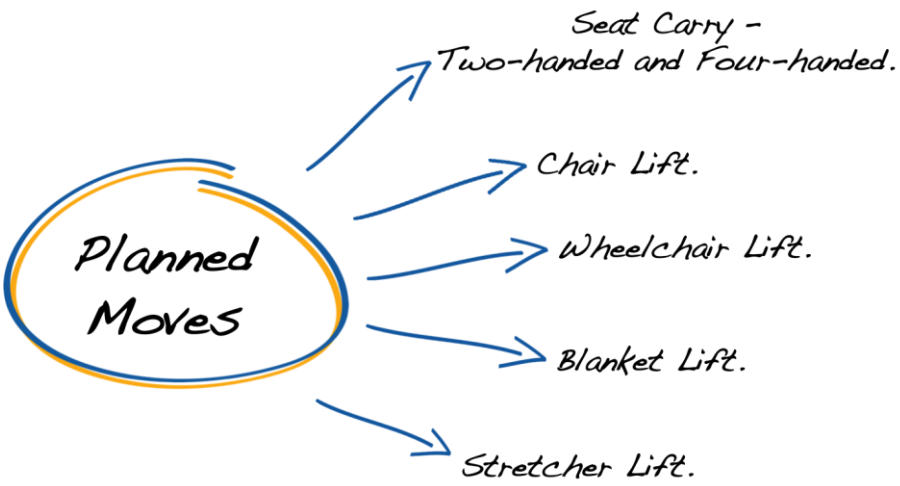
If the injured person is unconscious or has serious injuries you should use the two-person fore-and-aft carry.

1. Support the person in a sitting position from both sides and cross their arms in front of their chest.
2. One first aider, usually the larger and stronger, moves behind the injured person and grasps the casualty's wrists, reaching under the armpits.
3. From the side the other first aider places one hand and forearm under the casualty's things and knees, holding the thighs firmly. The other arm is placed around the persons back.
4. Using clear communication the first aiders stand, lifting the person and moving quickly to a safer location.

2.5.2 PLANNED MOVES

If there is no immediate threat of danger or injury you should take time to plan any movement of injured persons. This should provide the opportunity to stabilize any injured parts and if possible to practice the move.

As well as the two assisted walk methods (one-person/two-person) planned moves include:



2.5.2.1 TWO-HANDED SEAT CARRY

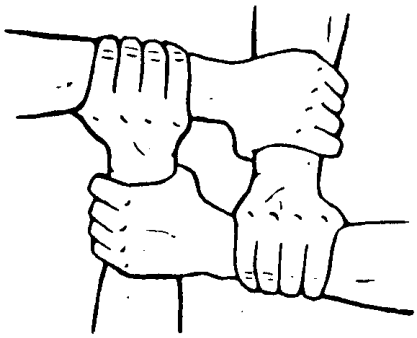
Used for unconscious or disoriented persons, as well as those who have upper body or arm injuries and who may be unable to hold on to the two first aiders required for the lift.

The steps for the two-handed carry are:

1. Facing each other behind the injured person two first aiders put one arm under the person's thighs and the other across the person's back.
2. The first aiders grasp each other's wrists under the injured person's legs.
3. Using clear communication the first aiders stand at the same time, being sure to have firm, secure grips and suitable body position.
4. First aiders take the first step with their outside legs, then walking with ordinary steps.

2.5.2.2 FOUR-HANDED SEAT CARRY

The four-handed seat carry is similar to the two-handed seat carry, except the injured person is conscious and able to use both or just one arm to hold on the first aiders.



The four-handed seat carry steps are:

1. The two first aiders stand behind the injured person, facing each other.
2. The first aiders make the four-handed seat carry grip by first grasping their own left wrist with their right hand, then grasping the other first aiders right wrist with their left hand.
3. Keeping their backs as straight as possible the first aiders stoop/crouch beside the injured person and slide the seat under them.
4. The injured person is the asked to put both arms around the necks of the first aiders (if possible) and sit in the seat.
5. First aiders begin moving, taking the first step with their outside legs, then walking with ordinary steps.

2.5.2.3 CHAIR LIFT

When a person does not have serious injuries a chair lift or carry can be used. This lift if particular useful for moving people along corridors or up and down stairs and almost any chair may be used, as long as it is safe and sturdy.

The steps for this lift are as follows:

1. Move any obstructions from the path of travel.
2. Check the chair is safe, sturdy, has secure parts and is suitable for the person to be lifted.
3. Position the person in the chair. If required secure them with a broad bandage (or other suitable item) around the waist (or appropriate non-injured area) and the chair.
4. The two first aiders stand facing each other, one behind the chair, the other at the front.
5. The first aider at the back tilts the chair backwards, while the other holds the chair at the front, near the top of the front legs.
6. Using clear communication the first aiders stand at the same time, being sure to have firm, secure grips and suitable body position.
7. Maintaining good communication the first aiders move in the direction that the injured person is facing.

2.5.2.4 WHEELCHAIR LIFT

A wheelchair lift can be carried out in the same manner as the chair lift, ensuring that the wheelchair's brakes are on and that the first aiders hold on to parts of the wheelchair which are secure and that will not move or come loose during the lift.

2.5.2.5 BLANKET LIFT

At least six people are required to safely carry out a blanket lift and to maintain and provide stability to the injured person and is usually used when a stretcher is not available.

The process is as follows:

1. Designate one person as the leader (usually the person who will be positioned at the head).
2. Test the strength of the blanket, with one person lying on it while two others lift it.
3. Roll the blanket in half lengthways, and then lay it next to the injured person with the rolled half closest to the injured person (this should be done on the most severely injured side if there is one).
4. Three of four of the carriers should work together to roll/turn the injured person onto their side, away from the blanket.
5. The rolled section of the blanket should be moved against the person's back, then they should be carefully returned to their back, lying past the rolled section, which should then be gently pulled out flat.
6. Both edges of the blanket should be rolled tightly to the person's sides, forming tube-like handles. (Poles may be rolled into the blanket for better support if available.)
7. With the six carriers, three on each side squatting facing each other, the rolled handle is gripped with both hands, palms down and fingers tucked inside the rolled edge. The carriers should be positioned to support the head and shoulders, the hips and torso and the legs.
8. Using clear communication the first aiders stand and at the same time on the signal from the leader while being sure to have firm, secure grips and suitable body position.
9. The blanket should be pulled tightly along the length and width of the blanket to ensure the best support to the injured person. This may be achieved initially through the carriers leaning back or out slightly.
10. If loading on to a stretcher the person should be carried carefully to the stretcher, or if another person is available, the stretcher could be positioned underneath the injured person.
11. On a signal or count from the lead person the blanket should be lowered carefully.

2.5.2.6 STRETCHERS

A stretcher is the safest way to move an injured person and reduce the possibility of movement causing further injury. There are a number of types of stretchers that may be used, as well as specialist stretchers that emergency services personnel may use.

A stretcher should always be tested before use to ensure it is safe and undamaged, and capable of bearing the injured person's weight.

To test a stretcher:

1. One person lies on the stretcher.
2. Lift each end and lower to the ground, one after the other.
3. Lift both ends at the same time.

To load a person onto the stretcher follow the rolling technique outlined for the blanket lift.

When lifting the stretcher all first aiders should face forward and follow the directions of the leader/person positioned at the injured person's head.

When carrying the loaded stretcher it should be held level with the head or with the head slightly raised, except when the injured person is suffering from hypothermia or is in shock, in which case the person must be kept horizontal at all times.

MODULE 3 – FIRST AID TREATMENT TECHNIQUES

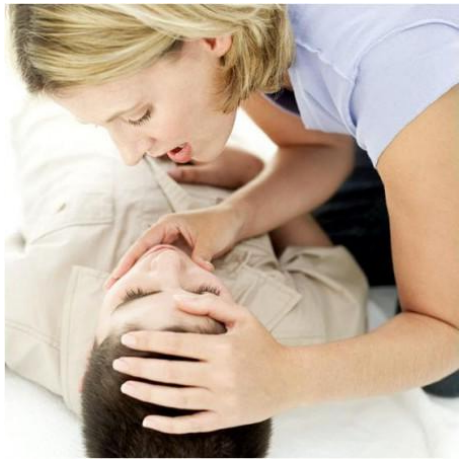
MODULE BASIS

This module is based on the unit of competency HLTAID003 Provide First Aid:

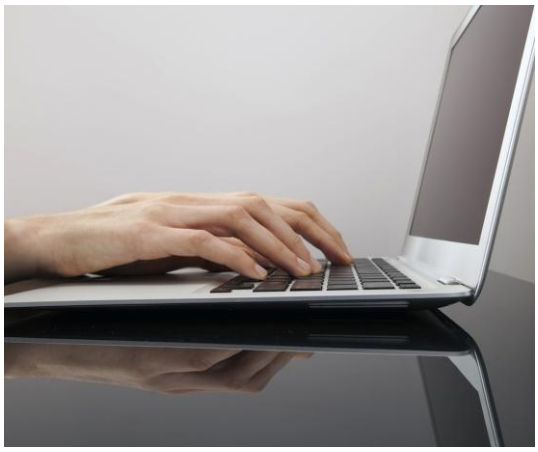
Element 2 – Apply first aid proced Element 3 – Communicate details incident.	2.6. Provide first aid management in accordance with established first aid principles and procedures.
	2.7. Seek first aid assistance from others in a timely manner and as appropriate.
	2.8. Correctly operate first aid equipment for first aid management according to manufacturer/supplier's instructions and procedures.
	3.1. Request ambulance support and/or appropriate medical assistance according to relevant circumstance.

3.1 PROVIDE FIRST AID MANAGEMENT TO THE CASUALTY

Just as a doctor needs to study and be trained in medicine to acquire life saving skills and knowledge to help their patients, a first aider needs to gain knowledge, study and be trained in first aid management to competently rescue the casualty.



There are many important skills that can be acquired through training and hard work.



The ARC (Australian Resuscitation Council) is a body that drafts and updates guidelines on the recognition and first aid management of life threatening illnesses such as loss of consciousness, heart conditions, allergies, bleeding and bites and other injuries.

A first aider can use it is an authoritative first aid reference manual.

The council's website link is http://www.resus.org.au.

A first aider's function is:

- To save life/lives.
- To prevent the condition worsening.
- To promote recovery.

With that in mind, the skills of the first aider are to be used to save lives, prevent further injury and promote recovery/healing.

When providing instructions to others speak clearly and assertively. Make sure they understand exactly what you are asking of them and get them to repeat any instruction back to you.

This module outlines treatment options for specific illnesses and injuries.

3.1.1 CORRECTLY OPERATE FIRST AID EQUIPMENT

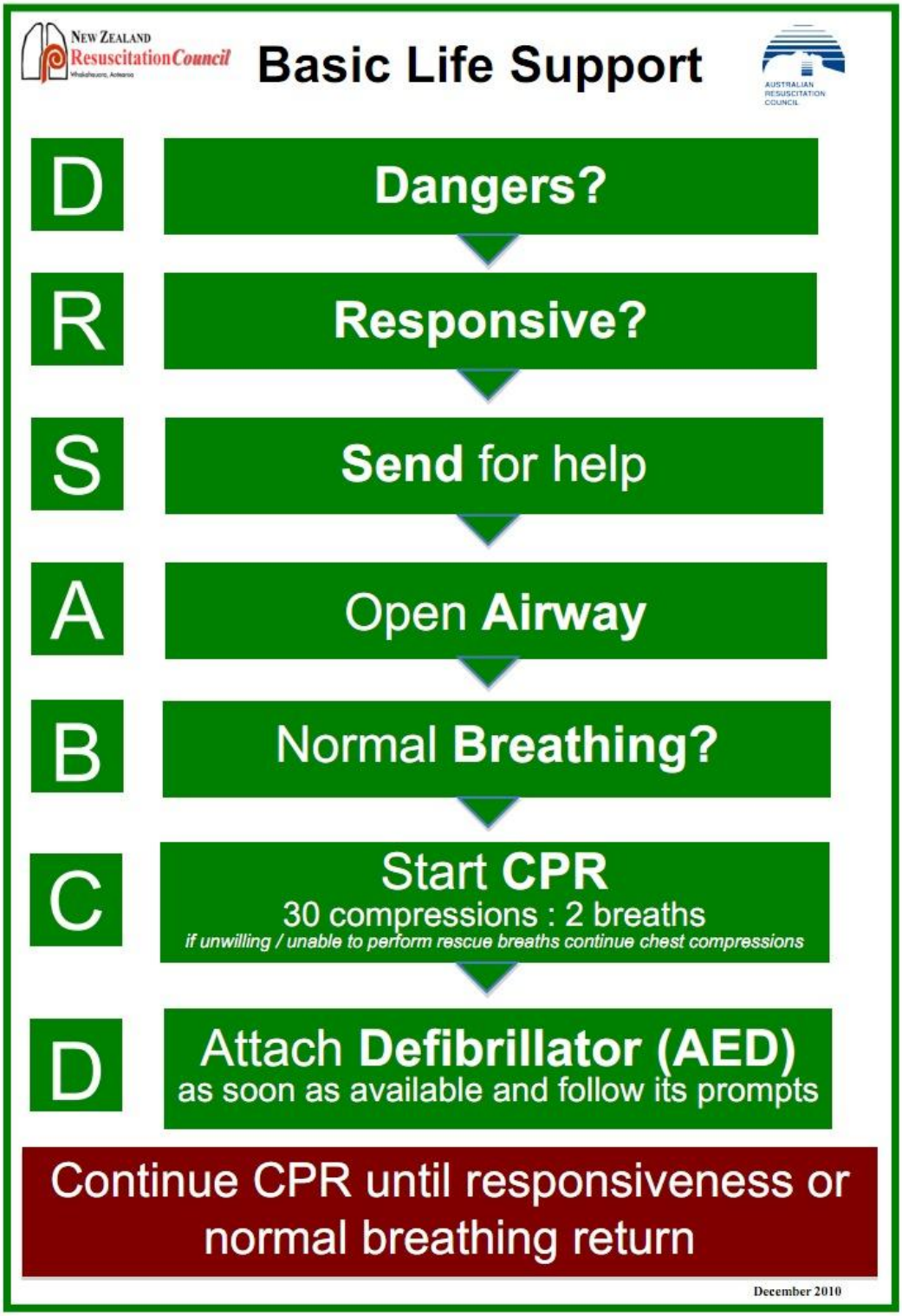
There is a large range of first aid equipment available for use in the treatment of a casualty.

First aid equipment may include:

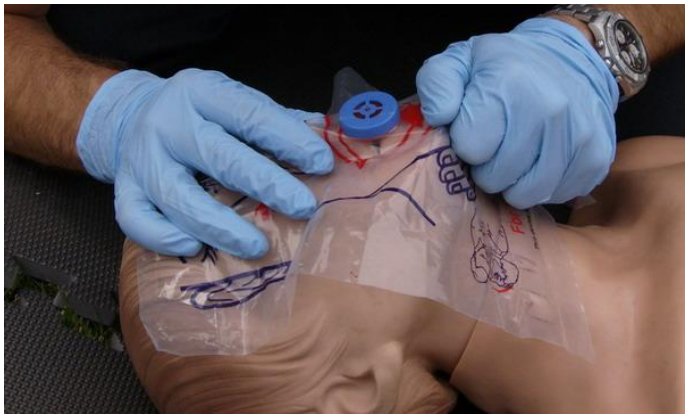
All equipment must be used in accordance with the manufacturer's instructions. If you are unsure how to use or apply any first aid equipment check the manufacturer's instructions or procedures for more information or seek further training.

3.2 DRS ABCD ACTION PLAN

The “DRS ABCD” process has been documented and presented as the ‘Basic Life Support’ chart in accordance with Australian Resuscitation Council guidelines and is used for performing resuscitation or CPR. It is a core part of emergency first aid treatment.



In accordance with the Australian Resuscitation Council Guidelines, there are actions that should be carried out at each stage of the "DRS ABCD" process.



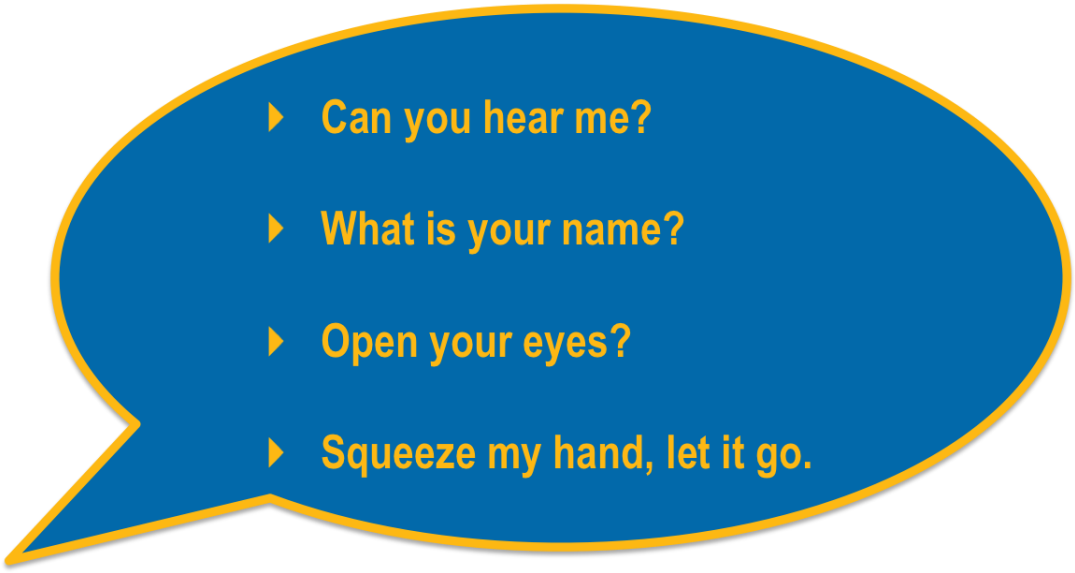
3.2.1 D – DANGER

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 will not incur further injury, and remember to protect yourself from back strain or other injuries.

3.2.2 R – RESPONSE

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



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 continue to monitor them for at least 10-15 minutes before letting them move.

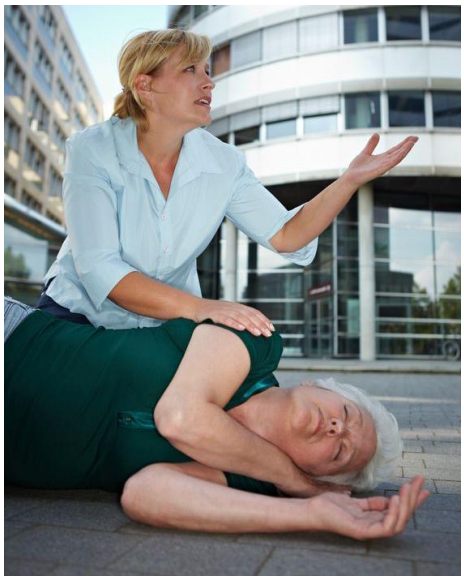
If you do not get a response call 000 immediately.

A person who does not respond is unconscious and this is potentially life-threatening as they are at risk of choking, their breathing may stop or uncontrolled bleeding may result in death.

3.2.3 S – SEND FOR HELP

Dial triple zero [000] on a landline telephone, or '112' from a mobile phone, for an ambulance or medical assistance as soon as possible. If you are deaf or have a hearing impairment, emergency services can be contacted on '106' on a teletypewriter (TTY).

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



There are situations where it maybe necessary to request the use of a bystander's mobile phone to make the emergency call. If possible you should ask a bystander to make the call for you so that you are able to remain with the casualty and continue with the required treatment. If you are alone you should shout for help. However if no one comes you should immediately proceed with CPR.

If the incident occurs within the premises of an organisation, seek assistance from work colleagues, supervisors, and anybody else close by.

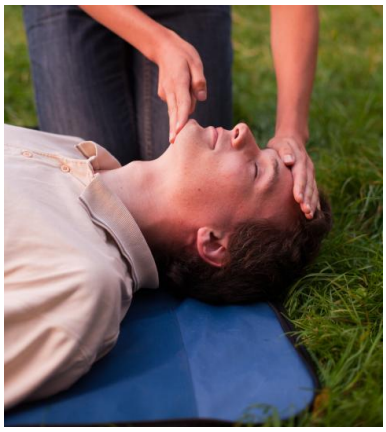
As well as seeking help for calling emergency services you may also ask bystanders for help in the treatment of casualties. This may be particularly helpful when conducting CPR as it can be physically tiring.

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

- Where the emergency is – 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 personnel to find you.
- What has 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.
- Your name and the number you are calling from – in case the call is dropped.

Do not hang up the phone until you have been given instructions on how to proceed and if told to do so by the emergency operator.

3.2.4 A – AIRWAY



The next step is to check that the individual's airway is clear so that their breathing is not obstructed.

To check their airway use the head tilt/chin lift technique as this helps lift the tongue from the back of the throat. One hand is placed on the casualty's forehead to tilt the head back while the fingers of the other hand are positioned on the bony part of the chin to lift it up and outward.

The mouth should then be gently opened by pulling down on the jaw to check for any obstruction.

If there is any foreign material present you should move the casualty into the recovery position and allow gravity to aid in draining material from the mouth.

Ensuring and providing an open airway always takes precedence over the possibility of a spinal injury.

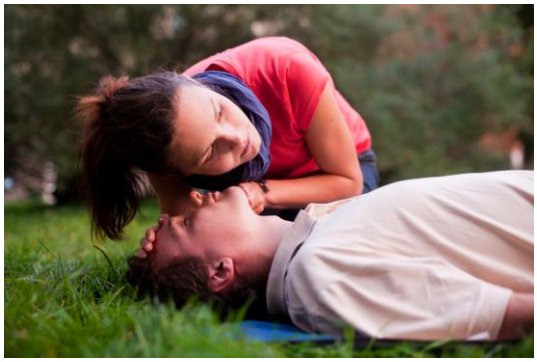
3.2.4.1 THE RECOVERY POSITION

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.

1. Kneel beside the person – they should still be on their back.
2. Place the person's arm furthest from you across their chest, with their hand on the opposite shoulder.
3. Position the arm that is closest to you at a right angle to their body along the ground.
4. Lift the leg that is furthest from you so that it is bent at the knee with the foot still on the floor.
5. Holding behind the bent knee, gently roll the person toward you by pulling the bent knee over to the ground, until they are positioned on their side.
6. Keep the upper leg at a right angle, with the knee touching the ground to prevent the person from rolling onto their front.
7. Ensure the mouth is open using the head tilt/chin lift method and turn the head slightly downward so that fluids can drain out.
8. If necessary remove any visible blockages with your fingers, although be careful not to probe deeply as you may push material further down the throat, blocking it or causing damage.

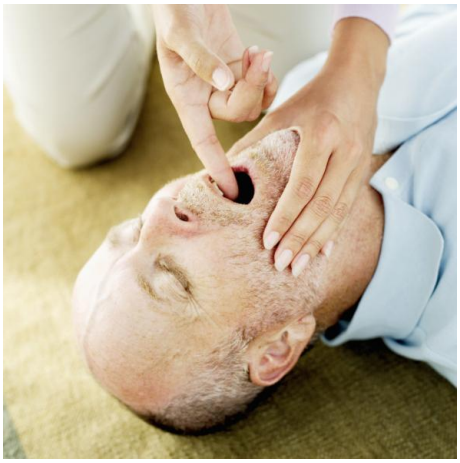
You may need to continue to support the person's jaw to keep an open airway. You can do this using a 'pistol grip', which involves putting your thumb and forefinger just above the jaw bone and opening the mouth slightly.

3.2.5 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 3-5 seconds you should position yourself so that you can hear and feel if air is escaping from the nose and mouth, while also watching 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 thereafter every two minutes.

If you or someone else has not called for emergency services (dial 000) do so now, while continuing to check 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.

3.2.6 C – COMPRESSIONS/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, multiple body systems such as the brain and the heart are affected by the procedure 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.

The job of the first aider who is considering CPR as a life saving option is to determine whether the casualty has a need for it.

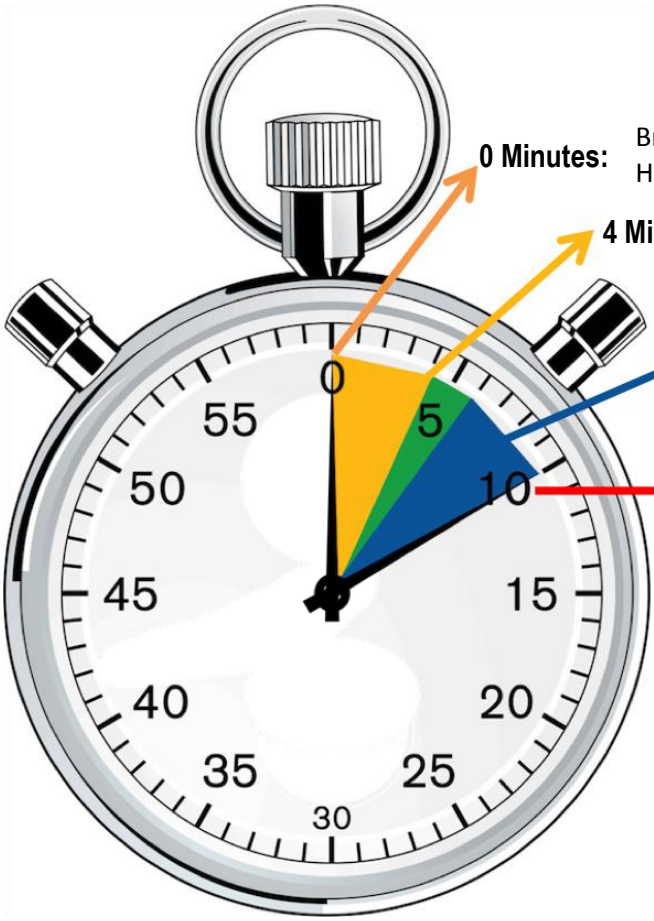
This can be assessed by looking for signs of collapse or indications of a life-threatening situation such as stopped breathing, no pulse and unconsciousness. If there is a lack of response from the victim and vital signs are missing, then it is cause to proceed with CPR immediately.

The importance of the initial assessment cannot be overstated. If the casualty has been assessed to be in a life and death situation, there is a high priority to implement appropriate life saving strategies.

For example, if the initial assessment revealed a sudden cardiac arrest, it would be recommended to use the chain of survival. If the casualty was found unconscious and not breathing properly, then CPR could be performed.

Failure to initiate CPR promptly can lead to brain damage and subsequent death of the injured person. The more immediate the response time to perform CPR, the better the chances of survival and less injury to the casualty.

Timing is crucial when dealing with life-threatening injuries and illnesses as brain damage can occur within four minutes of oxygen being deprived.



0 Minutes: Breathing stops. Heart will soon cease

4 Minutes: Possible brain damage.

6-10 Minutes: Likely brain damage.

Over 10 Minutes: Irreversible brain damage almost

If the casualty is unconscious and not breathing you should immediately adopt the DRS ABCD Basic Life Support action plan and begin CPR.

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, if possible and ideally on a flat, hard surface, and with their head at the same level as their heart.

2. Kneel beside the person midway between the head and chest for ease of movement between giving breaths and compressions.

3. Find the correct hand position – this is in the centre of the chest.

4. Apply pressure to the sternum with the heel of your hand, keeping your fingers up.

5. With the other hand either grip the wrist of the hand on the chest, or place it over the top of the first hand. You can interlace your fingers so that the top ones pull the bottom ones off the chest during compressions.

6. Use two hands for an adult, one for a child and the pads of two fingers for an infant.

7. Keep your shoulders directly over your hands when making compressions – this will help you to push straight down on the chest giving the best blood flow.

8. Keep elbows locked – this applies to the elbow of the hand on the chest if holding the wrist and both if interlacing the fingers. This will help reduce fatigue as you will be able to use the weight of your upper body, rather that the strength of your arms when doing the compressions.

9. Compress the lower part of the sternum by up to a third of the chest depth – this will vary depending on the size of the person.

10. After each compression, allow the chest to return to the normal position as you rise up, but keep contact with it.

11. Keep the up and downward movements smooth, with a steady rhythm.

12. Compress at a rate of 100/min (faster than 1 per second).

13. After every 30 compressions, give two rescue breaths.

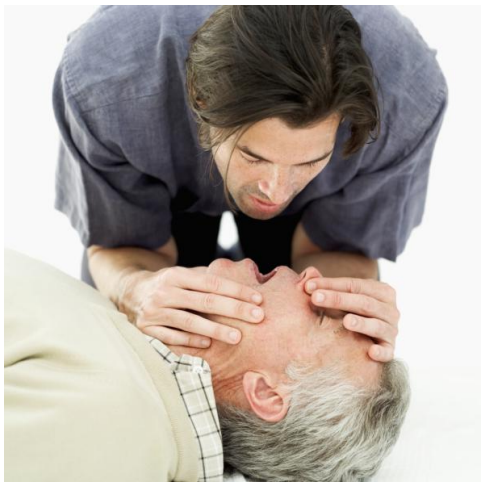
3.2.6.1 RESCUE BREATHS

After every 30 compressions you will need to deliver 2 rescue breaths. To do this:

1. Position the head using the head tilt/chin lift method. The 'pistol grip' is often the best and easiest way to hold and position the jaw.

2. Take a breath and place your mouth over the person's mouth.

3. Pinch their nose or seal it with your cheek.



4. Blow into their mouth and then turn your head to see if their chest rises and falls with the breath, indicating an effective breath and that air has reached their lungs. This also prevents you from inhaling their exhaled breath and allow you to hear air escaping from their mouth.

5. If the chest does not rise and fall, adjust the position of the person's head, being careful not to lift, twist or turn their neck.

6. Repeat with a second breath.

When performing rescue breaths on infants, children or individuals with firmly closed jaws, a mouth-to-nose technique can be used.

Remember to give smaller breaths to infants and children as they have smaller lung capacities.

Whenever possible use a resuscitation mask.

If signs of life return – consciousness, normal breathing, moving – place the person in the recovery position. It is more important that CPR is not interrupted too often to check for signs of life as regular checking has been shown to reduce survival rates.

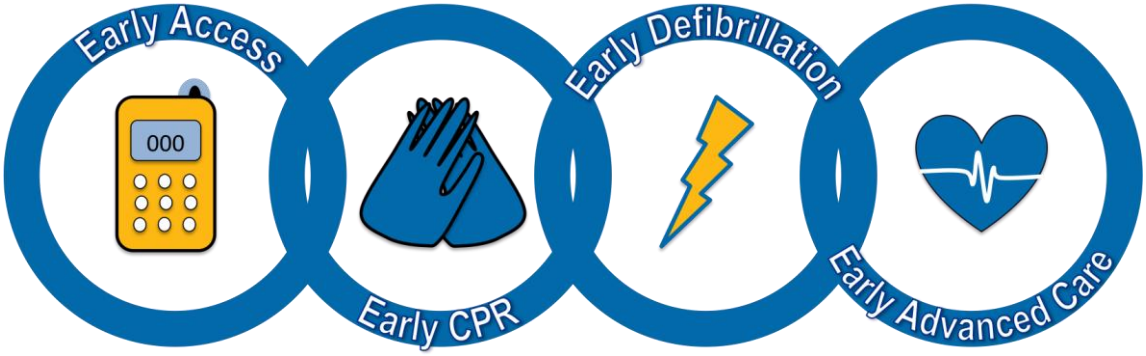
If you are unwilling to give mouth-to-mouth you should at least continue to administer chest compressions – **any resuscitation is better than none. DO NOT STOP** until emergency help arrives.

3.2.6.2 THE CHAIN OF SURVIVAL

The chain of survival is the rapid administration of CPR in sudden cardiac arrest situations to maximise its life saving potential.

Understanding the links in the chain of survival will improve the probability of survival from a cardiac arrest.

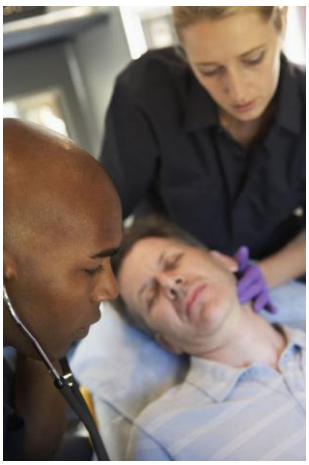
What are the 4 links in the chain of survival?



1. Early Access	Recognise the signs of an impending cardiac arrest and send for help by dialling triple zero (000/mobile 112).
2. Early CPR	As soon as the first aider observes the victim collapse to the ground, commence CPR immediately.
3. Early Defibrillation	Request an AED (Automatic External Defibrillator) from a bystander – they are easy to use – and applied the moment the heart is in ventricular defibrillation (VF). For every minute defibrillation is delayed, there is approximately 10% reduction in survival.
4. Early Advanced Care Procedures	The sooner professional emergency medical personnel/workers can attend the casualty, the better the chance of survival. Seek assistance from paramedics as soon as possible.

3.2.6.3 CEASING CPR

You should only stop CPR if:



- Emergency personnel/workers arrive and take over.
- You are physically unable to continue.
- It is unsafe to do so.
- The person begins moving and breathing normally, indicating recovery. In this case move them into the recovery position.

Always continue to monitor the person and be prepared to resume CPR if needed.

3.2.7 D – DEFIBRILLATOR

CPR should not be stopped until ambulance personnel or an AED (Automated External Defibrillator) arrives.

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, such as Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT), an electrical shock is sent to the heart, which can restore normal heart rhythm. People requiring CPR have abnormal heart rhythms.

Attach an AED if available and follow the instructions or on-screen of the unit.

Operating an AED does not require formal training as it easy to use, though brief training can be requested if in doubt. 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 require drying off – the device will detect the person's heart rhythm and then deliver an electric shock if required.

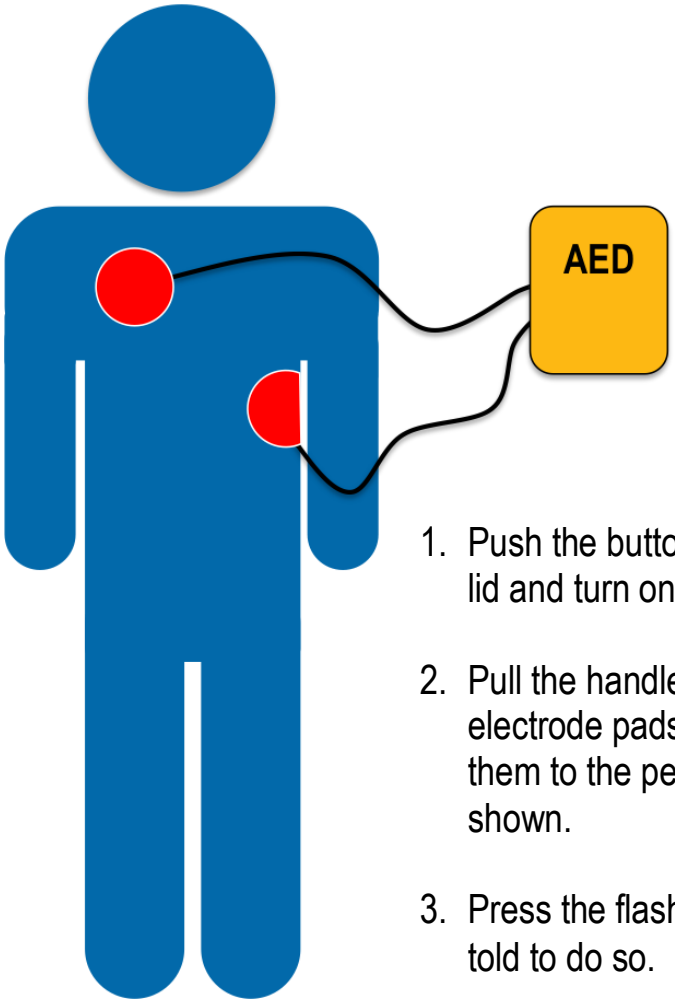
Once the shock has been delivered, immediately continue CPR for a further 2 minutes, leaving the AED attached and following any prompts until ambulance personnel arrive.

Do Not Use An AED When:

Treating children below 8 years or 40 kg unless using paediatric AED.

Under the influence of drugs or alcohol.

You are in a flammable gas environment.



1. Push the button to release the lid and turn on the defibrillator.
2. Pull the handle to get the electrode pads and adhere them to the person's chest as shown.
3. Press the flashing button if told to do so.

While there is not currently an Australian Standard in regards to AED signage, the Australian Resuscitation Council has developed this sign to be used in Australia to identify and direct people to the location of an AED.

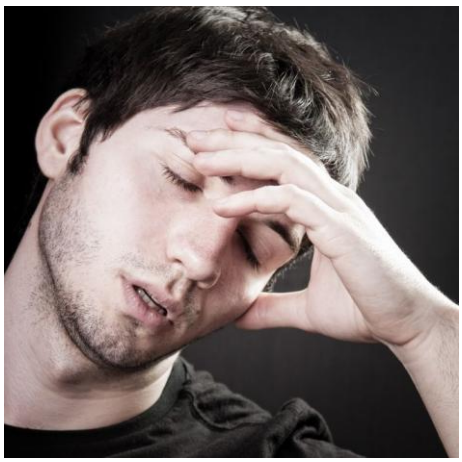
3.3 SHOCK

Potentially life-threatening, shock can occur when the body is unable to cope with serious injuries, illnesses or stressful situations e.g. bleeding, burns, severe allergic reactions, witnessing an accident.

A person who goes in to shock the body prioritises the supply of oxygen/blood to the vital organs first, restricting blood to the limbs, resulting in pale, cold, sweaty skin. Blood will then be restricted to the digestive system, resulting in nausea. After a time the tissues of the arms and legs will begin to die, at this stage the brain will return blood flow to these parts, causing vital organs to loose blood flow. If this continues the person will become drowsy, and the heart and lungs will begin to shut down, resulting in death.

Recognising shock:

- Cold, pale, sweaty skin.
- Rapid, weak pulse.
- Rapid breathing.
- They may feel anxious, restless and very thirsty.
- They may develop nausea/vomiting.
- Altered conscious state.



Treatment:

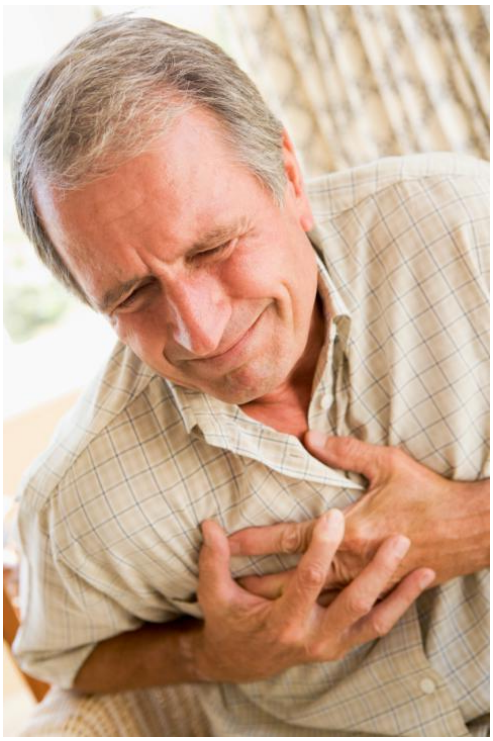
If the patient is conscious:	If the patient is unconscious:
1. Prevent further injury. 2. Assess patient and provide first aid for major injury/illness. 3. Manage any other injuries e.g. fractures, bleeding. 4. Make person comfortable and cover with a blanket to maintain body temperature. 5. DO NOT give the patient any food or drink. If needed moisten lips to make more comfortable. 6. Call for an ambulance – Dial 000/112 for help. 7. Continue to monitor ABC (Airway Breathing Circulation) and consciousness/responses. 8. If person becomes unconscious move to recovery positions and monitor ABC.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000/112.

3.4 CHEST PAIN

Chest pain may be an indication that a person is experiencing signs of a cardiac emergency.

Recognising chest pain:

- Sudden onset of tight/heavy or dull pain or ache across the chest.
- Pain can radiate to the neck, jaw, shoulders or arms (usually the left arm).
- May develop nausea, vomiting, shortness of breath, dizziness or light-headedness.



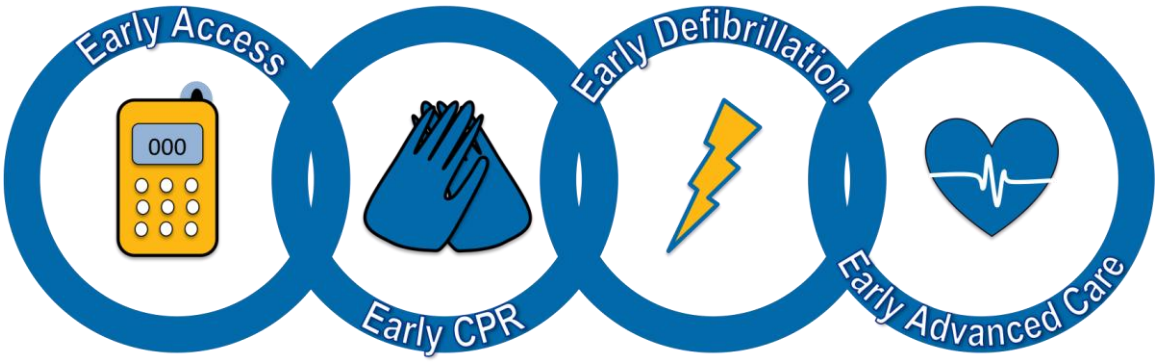
Common conditions associated with chest pain are:

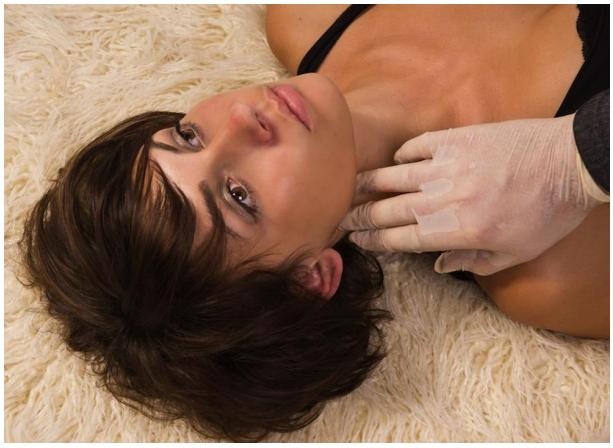
- Sudden Cardiac Arrest.
- Heart Attack.
- Angina.
- Congestive Heart Failure.

3.4.1 SUDDEN CARDIAC ARREST

When a heart attack is not promptly controlled and treated, it can deteriorate to a sudden cardiac arrest and loss of vital signs.

In cases of sudden cardiac arrest the heart stops beating or does not beat regularly enough to effectively circulate blood. Unconsciousness occurs and breathing will cease. If nothing is done, the person will die. It is vital that DRS ABCD and the chain of survival are instigated as soon as possible.





Recognise signs of cardiac arrest:

- Patient is unconscious.
- Casualty has no signs of life.
- Will not respond to touch.
- Will not respond to questions.
- Not breathing normally.
- Pulse rate absent.

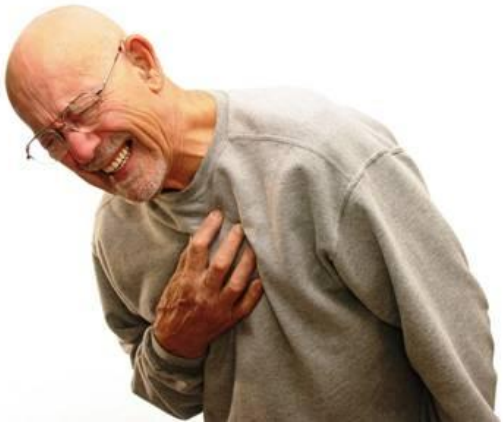
Treatment:

If the patient is unconscious:
1. Commence DRS ABCD Basic Life Support. 2. Clear the airways and commence CPR, attach an AED if available and follow the instructions or on-screen directions of the unit. 3. Call 000/112 for an ambulance.

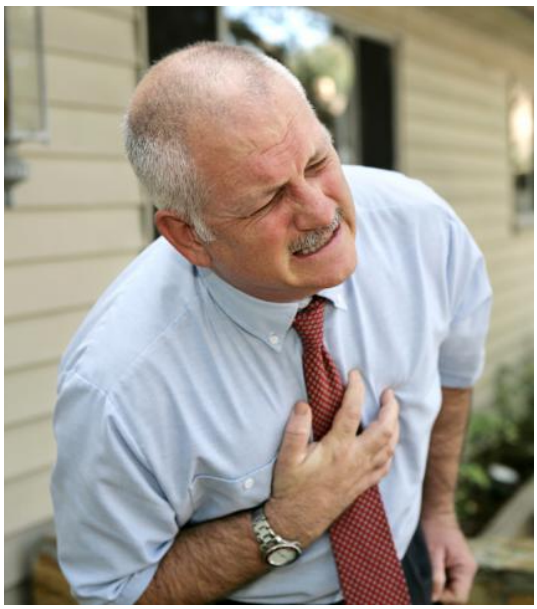
3.4.2 HEART ATTACK

A heart attack occurs when heart tissue dies and is often linked to cardiovascular disease, 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.

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.



Recognising a heart attack:



- Onset of persistent tight/heavy or dull pain or ache in the chest, often felt in the centre behind the sternum.
- Pain can radiate to the neck, jaw, shoulders or arms (usually the left arm).
- May develop nausea, vomiting.
- Breathing – difficult, shallow breathing, shortness of breath.
- May look pale with cold sweaty skin and be anxious/distressed.
- Pulse – rapid, irregular, or weak.
- May develop dizziness, fatigue or become unconscious.

Treatment:

If the patient is conscious:	If the patient is unconscious:
1. Help patient rest and give reassurance. 2. Assist with any prescribed medication. 3. Monitor vital signs. 4. Call for an ambulance – Dial 000 / 112. 5. Be prepared to perform CPR if patient becomes unconscious and loses vital signs.	3. Commence DRS ABCD Emergency Action Plan. 4. Call an ambulance on 000 / 112.

3.4.3 ANGINA

Angina is very similar to a heart attack in its signs and symptoms with the main difference being that chest pain will often come and go. The pain will often last less than ten minutes and will often occur during physical exercise.

A person who has been diagnosed with angina should have prescribed medication to relieve the condition.

A person who is experiencing angina will still be conscious and have a pulse. However, if the angina is not treated it may lead to sudden cardiac arrest.

Recognising angina (similar symptoms to a heart attack):

- Slow onset of tight/heavy or dull pain or ache across the chest – comes and goes at different times.
- Pain can radiate to the neck, jaw, shoulders or arms (usually the left arm).
- May develop nausea, vomiting, shortness of breath and usually looks pale, distressed.

Treatment:

If the patient is conscious:	If the patient is unconscious:
1. Ensure person ceases physical activity/exertion. 2. Rest 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 ten minutes, call for an ambulance – Dial 000/112.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000 / 112.

3.4.4 CONGESTIVE HEART FAILURE

Congestive heart failure describes when the heart is weak, does not function well and is unable to pump normally. It is usually a result of old age or chronic heart disease. A person with congestive heart failure may be well for most of the time. However, there may be times of sudden deterioration, particularly when another illness occurs or prescribed medications for the condition are not taken.

A person who is experiencing congestive heart failure will still be conscious and have a pulse. However, if the congestive heart failure is not treated it may lead to sudden cardiac arrest.

Recognising congestive heart failure:

- Breathing difficulties – coughing, wheezing, sometimes with gurgling sounds.
- Swollen feet, ankles, legs, and abdomen.
- During exercise – general tiredness and breathlessness. May also occur during times of strong emotion.
- General feeling of ill health.

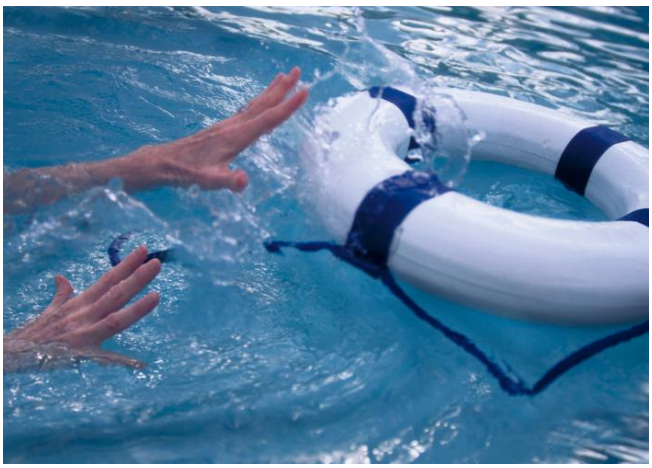
Treatment:

If the patient is conscious:	If the patient is unconscious:
1. Ensure person ceases physical activity/exertion. 2. Rest patient in a comfortable position and give reassurance. 3. Help the patient to 'self-administer' their prescribed medication. If condition deteriorates: 4. Call for an ambulance – Dial 000 / 112. 5. Monitor vital signs often – Record the breathing and pulse rates for handover to emergency personnel. 6. Be prepared to perform CPR if patient becomes unconscious and loses vital signs.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000 / 112.

3.4.5 DROWNING

A drowning person has the potential of progressing to cardiac arrest and death.

The rescuer may endanger his or her own life in trying to rescue the casualty from the water. If possible use an item that floats to aid in the removal of the person from the water.



Check first that it is safe to do so and then:

- Have someone call 000/112 for an ambulance.
- Remove the person from the water – deploy a flotation device to aid the rescue if available.
- When brought from the water, turn the casualty onto one side, open the airway and let any water/vomit drain out.
- Follow the Emergency Action Plan DRS ABCD. If no signs of life are present immediately start CPR.
- Continue with CPR until emergency personnel arrive.

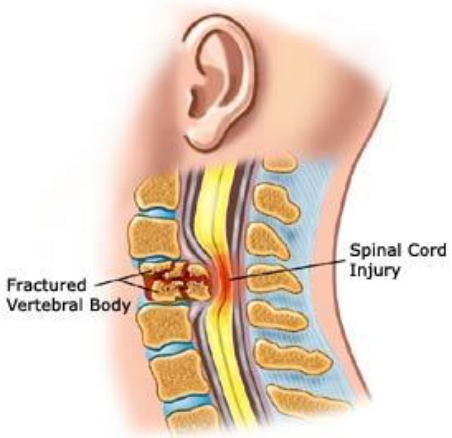
3.5 SKELETAL INJURIES

There are various injuries that may affect the skeletal system. Often if there have been injuries to the skeletal system then injuries to the muscles, ligaments and tendons will also be present, and vice-versa.

3.5.1 Head, Neck And Spinal Injuries

In providing first aid management the first aider should always be aware of the potential for damage to the spinal cord, which is the nerve centre for controlling movement.

Head, Neck and spinal injuries can often damage both bones and soft tissue, which can include the brain and spinal cord.



As head and spinal injuries and damage can only be assessed and diagnosed fully through x-ray the first aider should always provide treatment presuming that that injury is serious.

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 fall from some height.

Some common warning signs of head, neck or spinal injuries may include:

- 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.
- Tingling, pins and needles or numbness in the extremities.

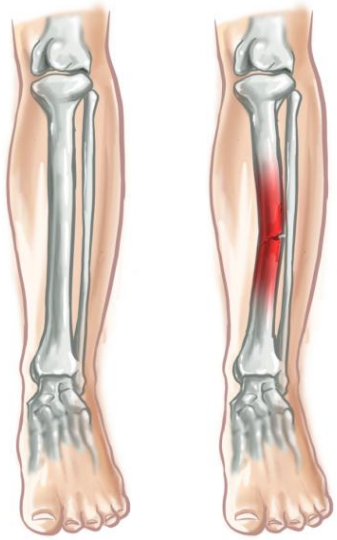
- Partial or complete loss of movement in any body part.
- Discharges or presence of blood or other fluids in the ears or nose.
- Bruising of head, particularly around eyes or behind ears.
- Nausea or vomiting.
- Impaired/difficulty breathing
- Vision problems.
- Persistent headache.
- Loss of balance.
- Unusual bumps/depressions on the head and/or spine.

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 it may result in breathing stopping.

Some general treatment guidelines are:

If the patient is conscious:	If the patient is unconscious:
1. Reassure the patient and get them to stay still. 2. Call an ambulance on 000/112. 3. Continually monitor vital signs. 4. Minimise any movement of the head/neck/spine. 5. Manage any other injuries. 6. Maintain body temperature.	1. Commence DRS ABCD Basic Life Support. 2. If unconscious and airways need to be cleared carefully turn the person on their side avoiding twisting or bending or excessively moving the person's neck and back. If another person is able to help one should first aider should move the body while the other supports the head, neck and spine.

3.5.2 FRACTURES AND BREAKS



Fractures are breaks in bones tissues and can be classed as either open or closed fractures.

- Open fractures: involve an open wound – both sides of the fracture do not need to be visible. Limb may be severely bent or an object may have penetrated the skin, breaking the bone.
- Closed fractures: no unbroken skin – more common than open fractures.

Fractures can become life-threatening if there is severe internal or external bleeding and due to 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'.

Common signs and symptoms include:

- Pain/tenderness – at or near injury site.
- Deformity or abnormal position/twist of limb.
- Swelling.
- Loss of function.
- Discolouration, bruising of skin.
- Shock.

Fractures/breaks are usually checked for as part of the secondary survey, unless the casualty is in life-threatening danger from loss of blood from an open fracture.

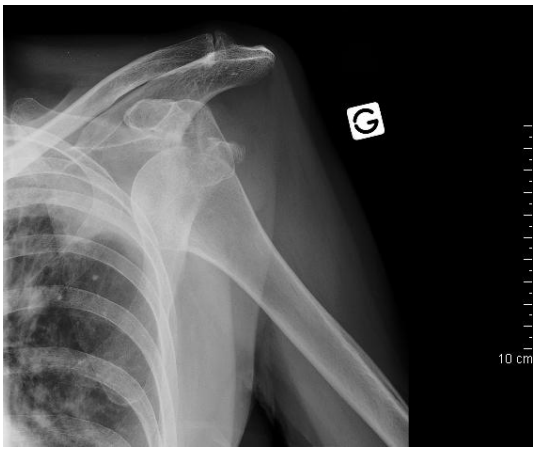
General first aid treatment may include:

If the patient is conscious:	If the patient is unconscious:
1. Control any bleeding and cover any wounds. 2. Check for signs of fractures. 3. Ask casualty not to move 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.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000/112.

3.5.3 DISLOCATIONS

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.

The first aider should 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 in done incorrectly.



First aid treatment may include:

If the patient is conscious:	If the patient is unconscious:
1. Complete primary survey and secondary survey. 2. Support and immobilise the injury. 3. Treat for shock. 4. Apply a cold compress/ice pack to the affected to help alleviate pain and swelling. 5. Place the person in a comfortable position. 6. Seek professional medical help.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000/112.

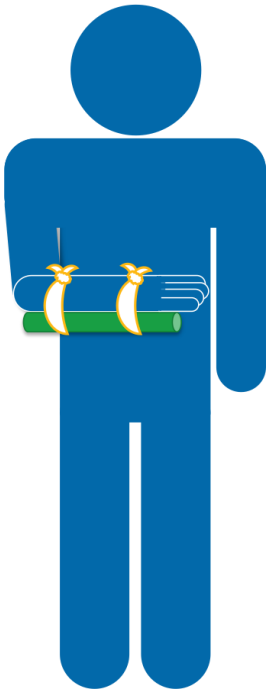
DO NOT try to put the joint back in place; this should be done by a qualified medical professional, as more damage may be caused to the joint and nerves if done incorrectly.

3.5.4 IMMOBILISATION/SLINGING

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:

- **Supporting the injury** where it is found by packing available material around it e.g. blankets, clothing. This allows the person to relax 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.

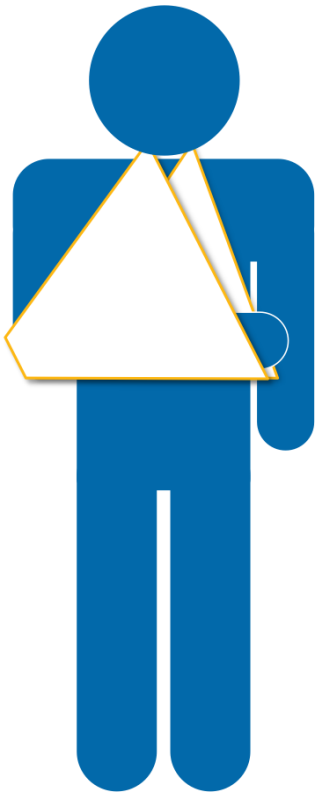
Points to remember when supporting/slinging injuries:

1. Apply the splint in the position in which you found the limb.
2. When splinting, immobilise the limb above and below the joints closest to the injury site.
3. Check the circulation both before and after applying the splint.
4. After splinting check the person's airway, breathing and circulation.
5. Help the person to rest in the position most comfortable for them and offer reassurance.
6. Maintain their body temperature.
7. Continue to monitor vital signs and check for signs of shock.

Only splint if necessary and if it can be done without causing more pain/discomfort for the individual.

3.5.4.1 COMMON BODY SPLINT/SLINGING TECHNIQUES

Some of the most common body splinting techniques are those for the arm, which are outlined in the table below.

Arm Sling	Elevation Sling	Collar And Cuff Sling
▸ Used for injuries to the arm or hand. ▸ Also used for some chest injuries. ▸ Holds the forearm across the chest.	▸ Used when there is bleeding from the hand. ▸ Also used when chest or shoulder injuries are present. ▸ Supports the forearm and hand in a higher position than the arm sling. ▸ **DO NOT** use for elbow injuries.	▸ 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 halfway along the humerus shaft.
		

3.6 ALTERED CONSCIOUSNESS

If a person is unconscious or has an altered state of consciousness then it is an indication that something is wrong in the body. The Australian Resuscitation Council Guideline (3) identifies the causes of unconsciousness as:

- Blood circulation problems.
- Blood oxygenation problems.
- Metabolic problems (e.g. diabetes, overdoses).
- Central nervous system problems (e.g. head injury, stroke, tumour, epilepsy).

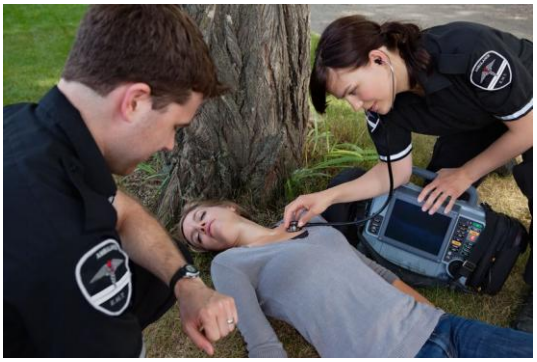
A common cause of unconsciousness is fainting and may occur when the victim's heart rate is too slow to maintain sufficient blood flow for the brain.

In an unconscious person a number of factors may be combined resulting in the unconscious state, such as substance misuse and head injury.

In any person presenting as unconscious the primary survey stage of the Emergency Action Principles is very important as unconsciousness can be an indication of a life-threatening illness/injury. Therefore, states of altered or no consciousness requires immediate attention.

Conscious states are classified in to three levels:

Conscious	The individual responds normally to both questions and requests.
Semi-conscious	The individual shows confusion, disorientation and/or altered thinking in their response to questions/requests.
Unconscious	No response to questions/requests or touch.

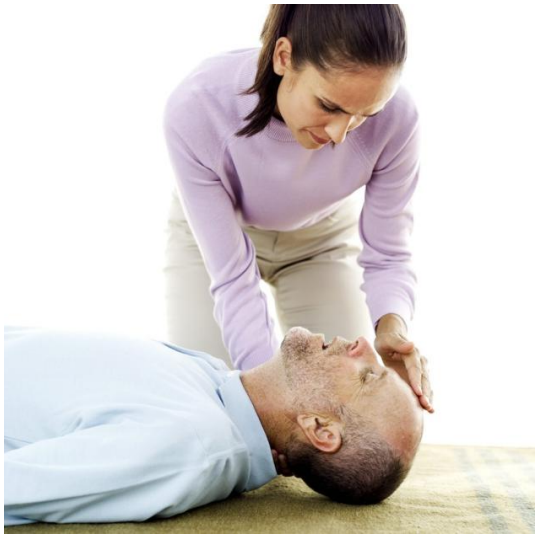


If any person is unconscious, not breathing or not breathing normally the first aider should follow the DRS ABCD Basic Life Support chart, recording any changes in condition for ambulance personnel when they arrive.

Assessment by ambulance/medical personnel is required even if the person regains consciousness.

Common causes of altered/no consciousness include:

- Head injuries, including:
  - Concussion.
  - Cerebral compression.
- Stroke.
- Seizures, including:
  - Epileptic seizures.
  - Infantile/Febrile convulsions.



- Diabetic emergencies.
  - Low blood sugar/Hypoglycaemia.
  - High blood sugar/Hyperglycaemia.
- Fainting.

Each of these conditions has specific first aid treatment procedures that should be followed.

3.6.1 HEAD INJURIES

It may not always be obvious that a person has a head injury as there may not be visual signs such as bleeding or bruising.

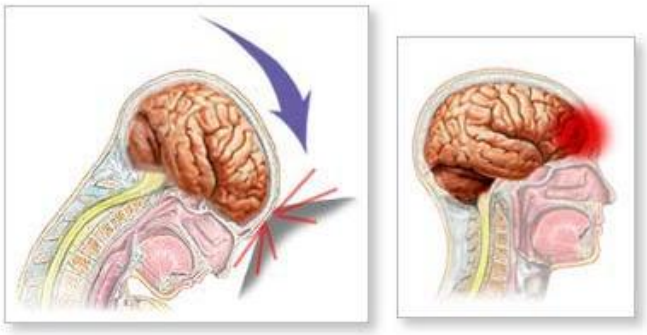
Head injuries can result in injury to the brain and may be caused by direct impact to the head or as a result of other actions/incidents such as whiplash or falling heavily on the feet.

It is important that a person who is suspected to have a head injury is observed closely and regularly for signs of changes in their conscious state and appropriate action taken for any changes observed. Spinal injuries may also be associated with the head injury so care should be taken if moving the person.

All head injuries should be considered serious.

3.6.1.1 CONCUSSION

Concussion is an altered state or temporary loss of consciousness following a head injury and has a quick recovery.



Common signs and symptoms include:

- Headache.
- Nausea/vomiting.
- Confusion/temporary short-term memory loss.
- Unconsciousness – for brief or extended periods.
- Seeing stars, blurred or double vision.
- Dizziness, stumbling, lack of coordination.
- Numbness/tingling/weakness/pins and needles in arms and legs.

Medical attention should be sought and the individual closely observed for anyone suspected of having concussion. Immediate first aid management involves:

1. Assess level of consciousness – talk and touch method. Then:

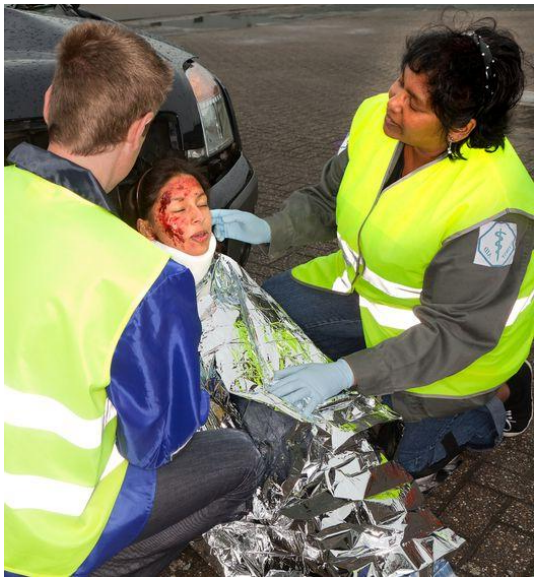
If the patient is conscious:	If the patient is unconscious:
2. Observe closely and note changes in condition – improvement/deterioration. 3. Conduct secondary survey. 4. Carry out any required first aid. 5. Person should see a doctor at earliest possible time.	2. Commence DRS ABCD Basic Life Support. 3. Call an ambulance on 000/112.

3.6.1.2 CEREBRAL COMPRESSIONS

When pressure increases in the skull a person has cerebral concussion. This is potentially life-threatening as the brain tissue can become compressed, disrupting brain function and potentially cutting off the blood low/supply.

Cerebral compression is most likely to happen when head trauma/injury has occurred, although may be the result of a stroke, brain tumour or infection.

Common signs and symptoms (developing rapidly or gradually) include:

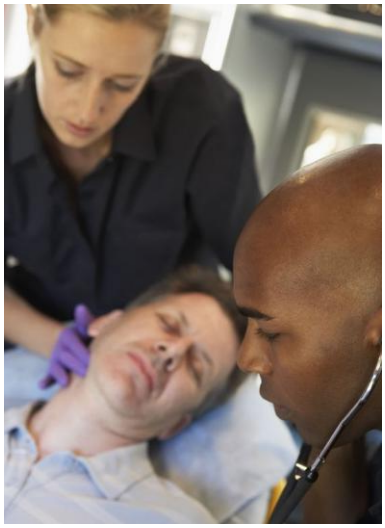


- Intense headache.
- Noisy or erratic breathing – becomes slower.
- Paralysis/weakness on one side of the body.
- Unequal pupil size.
- Pulse rate is slow but throbbing.
- Flushed facial appearance/high temperature.
- Drowsiness/irritability/disorientation/mood change.
- Slipping away from conscious state to unconsciousness.

Cerebral compression nearly always requires surgery so getting the person to hospital and professional medical care as soon as possible is vital.

If the patient is conscious:	If the patient is unconscious:
1. Call an ambulance on 000/112. 2. Help the person rest comfortably – the head and shoulders should be higher than the rest of the body. 3. Continually monitor ABC (Airway, Breathing, Circulation). 4. Be prepared to turn person on side if consciousness deteriorates. 5. Conduct secondary survey. 6. Carry out any required first aid.	1. Call an ambulance on 000/112. 2. Place person in the recovery position. 3. Commence DRS ABCD Basic Life Support.

3.6.2 STROKE



Most commonly caused by a bleeding or a blood clot in the brain, a stroke occurs when the brains blood flow is disrupted, leading to brain tissue damage.

The most common method for checking for a stroke is using the **FAST** method.

F – Facial weakness – Can the person smile? Does the mouth or eye droop?

A – Arm weakness – Can the person raise both arms?

S – Speech – Is the speech slurred? Can the person understand what you say?

T – Time to act fast – Call an ambulance (000/112).

Other common signs and symptoms include:

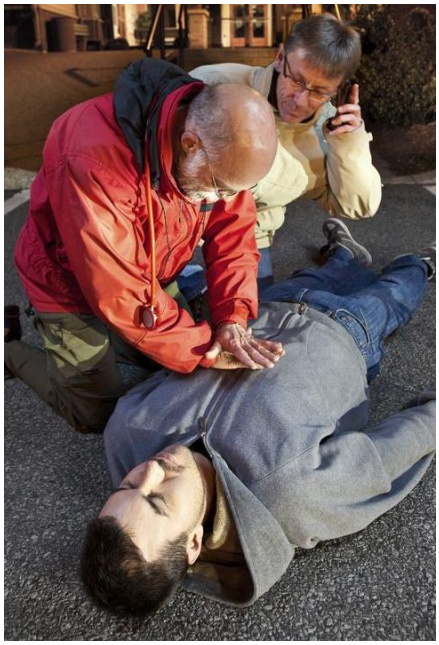
- Sudden weakness/numbness/paralysis of one side of the face, arm or leg.
- Sudden difficulty swallowing.
- Blurred/decreased vision.
- Severe sudden headache.
- May develop nausea, vomiting and drowsiness.
- May develop dizziness, fatigue or become unconscious.

Time is critical so calling an ambulance quickly is vital.

If the patient is conscious:	If the patient is drowsy or unconscious:
1. If you haven't already done so call an ambulance on 000/112. 2. Conduct secondary survey. 3. Carry out any required first aid. 4. Help the person rest comfortably – the head and shoulders should be higher than the rest of the body. 5. Reassure person to help relieve anxiety. 6. **DO NOT** give the casualty anything to eat OR drink. 7. If the person is drooling or has difficulty swallowing move them in to the recovery position on the side with the facial droop facing down/closest to the ground.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000/112. 3. Move them in to the recovery position on the side with the facial droop facing down/closest to the ground. 4. Care for any life-threatening illnesses/injuries. 5. Continue to monitor vital signs until ambulance arrives.

3.6.3 SEIZURES – INCLUDING EPILEPTIC SEIZURES

Seizures occur when the electrical activity of the brain is interrupted or becomes irregular. This may be caused by a number of conditions and injuries including:



- Stroke.
- Poisoning.
- Head injury.
- Meningitis.
- Brain tumour.
- Fever/infection.
- Epilepsy.
- Infantile/Febrile Convulsions (in children only).

Seizures can vary in their appearance. Some people experiencing a seizure may appear to “tune out” for a short time and be unresponsive while others appear as sudden, muscular contractions, called convulsions.

While a seizure can be confronting for witnesses it is important to remain calm and work to ensure the person’s safety.

First aid management may include:

During the seizure:
1. DO NOT try to stop the seizure. 2. DO NOT try to restrain/hold the person – this could result in other injuries. 3. Make the area around the person safe – remove objects, furniture etc. away form the person. 4. Protect the person's head – use a low pillow or folded clothing etc. under their head. 5. DO NOT place anything in the person's mouth/between their teeth – they will not swallow their tongue. While they may bite their tongue or cheek this is not usually done with enough force to cause significant damage/bleeding.
Immediately after the seizure:
6. Place the person in the recovery position to manage the airway and allow any fluids to drain out of the mouth. This may include blood and vomit. 7. Keep on side until fully conscious – they may be drowsy or disoriented after the seizure. 8. Conduct secondary survey. 9. Carry out any required first aid. 10. Reassure the person. 11. Ask bystanders not to crowd around. 12. If the person became incontinent during/after the seizure provide some covering for the person's clothing if possible. 13. Remain with the person until they are fully conscious and aware of their surroundings.

Call an ambulance (000/112) if:

- It is the first time the person has had a seizure/there is no history of seizures.
- The seizures lasts more than a few minutes.
- Another seizure/s occurs soon after the first one.
- The person is pregnant.
- The person has diabetes.
- The person has difficulty breathing after the convulsions stop.
- The person is injured.
- The seizure occurs in water.
- The person involved is an infant/child.
- The person does not regain consciousness after the seizure.

3.6.3.1 FEBRILE CONVULSIONS

Seizures/convulsions in children that are brought on by high fever (from any cause) are called febrile convulsions. These usually only occur in children between the ages of approximately 6 months to 6 years.

Common signs and symptoms of febrile convulsions are:

- High fever.
- Hot, flushed, sweating skin.
- General unwell appearance.
- Eyes rolling up or squinting.
- Body stiffness with arched spine.
- Jerking of the limbs/twitching of the face.
- Saliva frothing at the mouth/difficulty breathing – child may go pale/blue in colour.

First aid management may include:

During the seizure:
1. Remain calm and follow guidelines as for regular seizures as well as: 2. Undress the child to minimal clothing to help bring down temperature. DO NOT put them in a bath. 3. Monitor body temperature to ensure they do not become chilled. 4. Convulsions should stop as soon as the body temperature is lowered. 5. If possible note time convulsions begin and end. 6. If convulsions lasts more than 5 minutes call an ambulance (000/112).
After the seizure:
7. Follow guidelines as for regular seizures. 8. Call a doctor in regards to treatment of the underlying illness.

3.6.4 DIABETIC EMERGENCIES

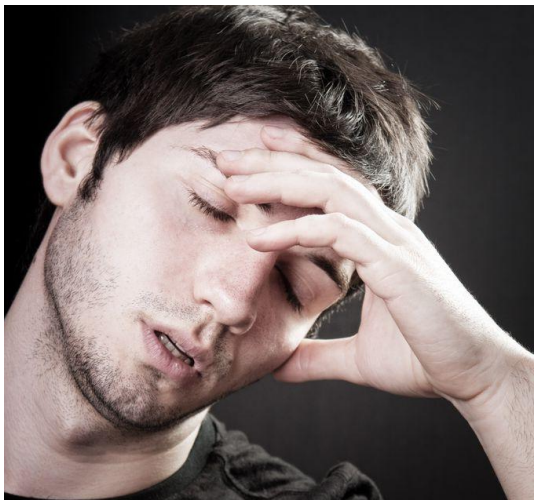
If unsure if low or high sugar, give a sweet drink to the patient.

The patient should always self-administer insulin as an incorrect dose can be fatal.

3.6.4.1 LOW BLOOD SUGAR/HYPOGLYCAEMIA

An excess of insulin, too little food or delaying food intake or too much exercise or alcohol, causes hypoglycaemia.

Hypoglycaemia often has a faster onset than hyperglycaemia and is often the cause of unconsciousness for diabetics'.



Common signs and symptoms of low blood sugar include:

- Cold/pale/sweaty skin.
- Weak, dizzy or confused.
- Shaking/trembling.
- Inappropriate/aggressive behaviour – may appear drunk.
- May be unconscious.

Treatment includes:

If the patient is conscious:	If the patient is unconscious:
1. Conduct primary survey. 2. Carry out secondary survey including looking for a Medic Alert tag indicating diabetes. 3. If able to swallow give the person a sweet, non-diet drink or lolly. Diet/sugar substitute drinks do not work, as they do not contain sugar. 4. Observe person for signs of recovery – this will occur quickly if low blood sugar levels are the cause. 5. If the person does not recover quickly call 000/112 for assistance. 6. If quick recovery occurs and once fully conscious the person should have a small meal, such as a sandwich. 7. Advise the person to see their doctor.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000/112. 3. DO NOT give anything by mouth. 4. Monitor ABC. 5. Maintain normal body temperature and monitor for signs of shock.

3.6.4.2 HIGH BLOOD SUGAR/HYPERGLYCAEMIA

Hypoglycaemia occurs when there is too little sugar/glucose in the blood and can result when a diabetic person misses insulin doses, overeats, doesn't exercise and/or is under stress.

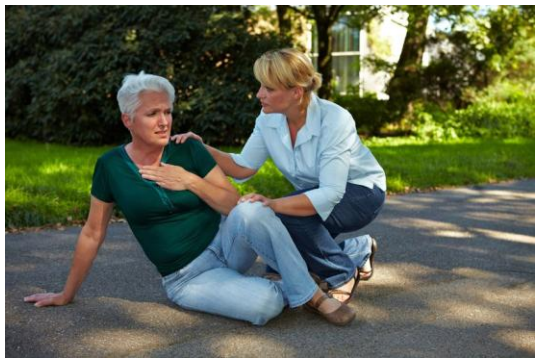
Common signs and symptoms of high blood sugar signs include:

- Drowsiness.
- Excessive thirst.
- Increase in urine output.
- Smell of acetone (nail polish remover) on breath.
- May become unconscious.

If the patient is conscious:	If the patient is unconscious:
Follow the same treatment as for hypoglycaemia. That is: 1. Conduct primary survey. 2. Carry out secondary survey including looking for a Medic Alert tag indicating diabetes. 3. If able to swallow give the person a sweet, non-diet drink or lolly. Diet/sugar substitute drinks do not work, as they do not contain sugar. 4. Observe person for signs of recovery – this will occur quickly if low blood sugar levels are the cause. 5. If the person does not recover quickly/within a few minutes call 000/112 for assistance. 6. If the person becomes unconscious follow instructions of emergency number operator.	1. Commence DRS ABCD Basic Life Support. 2. Call an ambulance on 000/112. 3. DO NOT give anything by mouth. 4. Monitor ABC. 5. Maintain normal body temperature and monitor for signs of shock.

3.6.5 FAINTING

Fainting occurs when the blood flow to the brain is temporarily reduced and can result in semi – or complete loss of consciousness.



Common signs and symptoms include:

- Light-headedness or dizziness.
- Signs of shock.
- Nausea.
- Numbness/tingling in the fingers or toes.

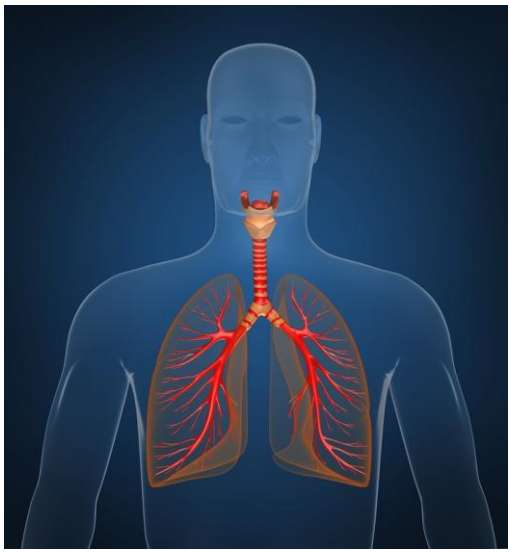
Fainting will usually resolve itself, however the basic first aid guidelines for providing care are:

1. If you can reach the person assist them to the ground or other flat surface, then:

If the patient is conscious:	If the patient is unconscious:
2. Leave the person lying flat. 3. Check ABC. 4. If possible – elevate the legs/feet. 5. Loosen restrictive clothing e.g. belt, tie. 6. Do not give anything to eat or drink. 7. Carry out secondary survey. 8. Carry out required first aid for injuries. 9. If person is pregnant, place on their side. 10. Encourage the person to consult their doctor to check for cause/underlying conditions.	2. Place the person in the recovery position. 3. Follow DRS ABCD Basic Life Support process.

3.7 RESPIRATORY DISTRESS/CONDITIONS

Respiratory distress is laboured breathing or shortness of breath. Other medical conditions that may trigger it are asthma, respiratory infections, drowning, choking, electric shock, heart disorders, poisons, and allergic reactions.

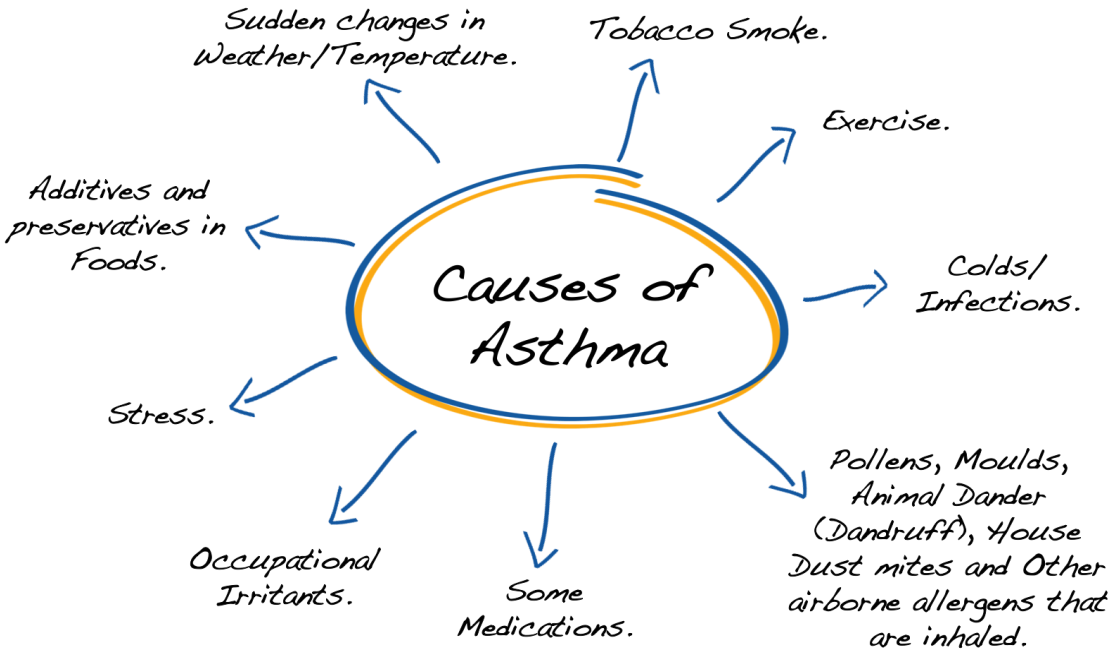


3.7.1 ASTHMA ATTACK

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.

This results in the airways narrowing, causing breathing difficulty and trapping air in the lungs as the person finds it difficult to breathe out.

Common causes of asthma attacks (bronchospasms) include:



An asthma attack may be categorised as mild, medium or severe, with common signs and symptoms including:

- 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.

Individuals with diagnosed asthma should have an asthma management plan developed with their doctor. These usually includes steps to take to prevent asthma attacks (bronchospasms) as well as what to do in an emergency.

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.

First aid treatment involves:

If the patient is conscious:	If the patient is collapsed/unconscious:
Follow the person's asthma management plan if known. Otherwise: 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 four puffs of the reliever (through a spacer device if available) over a period of four minutes. 3. The person should rest and if available oxygen administered by a trained person. 4. If there is little/no improvement, call 000/112 and continue to administer reliever in the 4X4 method.	1. If unable to use the reliever immediate call 000/112. 2. If oxygen available – have a trained person administer oxygen through a mask at 6-8 litres per minute. 3. If breathing stops follow DRS ABCD Basic Life Support process. For severe asthma attacks much greater force will be required to inflate the lungs when administering CPR.

3.7.2 SEVERE ALLERGIC REACTIONS

Severe allergic reactions, referred to as anaphylaxis, can be extremely life-threatening.

Reactions usually occur within 20 minutes of exposure to an allergen/trigger and can have an affect on multiple body systems.

Common triggers include:

- Foods:
  - Eggs.
  - Milk products.
  - Peanuts.
- Venom – from bee stings.
- Medications – such as penicillin and morphine.

Common signs and symptoms may include:

- Swelling/redness of skin.
- Hives, rashes, itching.
- Difficulty breathing, wheezing, coughing – airway may become obstructed as tongue and throat swell.
- Dizziness.
- Nausea, vomiting.
- They may become unconscious.

Many people with known allergies may carry prescribed medications, including tablets, puffers or injections (such as an adrenalin auto-injector e.g. EpiPen) to administer in the case of a severe allergic reaction.

Treatment for a suspected allergic reaction involves:

If the patient is conscious:	If the patient is unconscious:
1. Help the patient to lie down – if breathing becomes more difficult help them sit up. 2. Remove the trigger/allergen to prevent further injury. 3. Call 000/112. 4. Follow person emergency action plan if they have one/if known – may include helping person to self-administer' a prescribed allergic reaction medication – do not give a tablet if the person is having difficulty breathing as this may block the airways. 5. If poisonous substance is: a) On skin – wash off with water. b) Inhaled – remove the person from the area if safe to do so. 6. Loosen any tight clothing and remove watches and jewellery etc.in case of swelling. 7. Offer reassurance. 8. Regularly check the patient's airways and breathing – if breathing stops follow DRS ABCD Basic Life Support process.	1. Administer adrenalin auto-injector (such as an EpiPen) if available. If no response is shown in 5 minutes a further dose of adrenalin can be administered. 2. Follow DRS ABCD Basic Life Support process. 3. Call 000/112 and follow emergency personnel instructions.

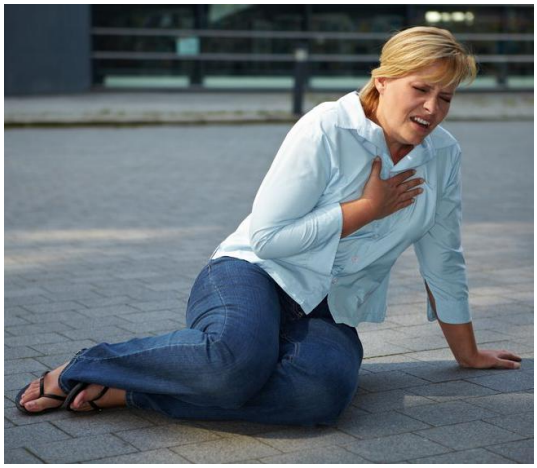
3.7.3 HYPERVENTILIATION

Hyperventilation occurs when a person develops an imbalance of carbon dioxide and oxygen in the body as a result of an altered breathing pattern.

The person then starts to breathe at an increasing rate.

Common causes include:

- Some poisons.
- Anxiety or fear-related stress.
- Head injury.
- Severe bleeding.
- Heart failure.
- Collapsed lung.
- Diabetic emergency.



Common signs and symptoms include:

- Rapid, shallow breathing.
- Feeling of suffocation.
- Fear/anxiety, feeling of panic.
- Dizziness due to lowered oxygen levels.
- Numbness/tingling of fingers/toes.
- Feeling of detachment from body, no longer in control.

Treatment for hyperventilation involves:

If the patient is conscious:	If the patient is unconscious:
1. Reassure the patient – explain that symptoms will end when breathing returns to normal. 2. Count the breaths out loud and encourage them to slow down. 3. If no change occurs or hyperventilation follows an injury call an ambulance on 000/112. Prompt medical attention should be sought, due to the possibility of an underlying condition/s.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112 and follow emergency personnel instructions.

3.7.4 CHOKING

Choking is the result of either:

- A totally or partially obstructed airway – caused by swollen tissues or a foreign body.
- Food or other material entering the windpipe instead of the gullet.

Common signs and symptoms include:

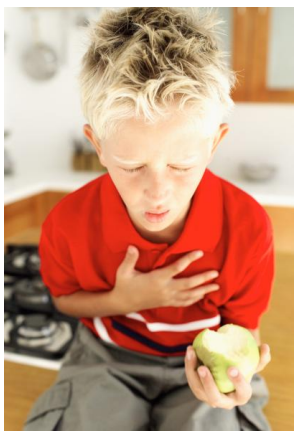
- Inability to cough, breathe, speak or cry out.
- Clutching/gripping of throat.
- Cyanosis – blue skin, tongue, mouth lining.
- Anxiety/restlessness.
- Noisy breathing/wheezing.
- Red/congested face with bulging neck veins.
- Collapse/unconsciousness.

Can the patient breathe, speak or cough?		
If Yes:	**If No and Conscious:**	**If No and Unconscious:**
1. Give the patient reassurance and encourage coughing until cleared. **DO NOTHING ELSE.** 2. If the patient continues/starts wheezing or breathing noisily, call 000/112.	1. Call 000/112 for an ambulance. 2. Have person stand if able and lean on the back of a chair. 3. Give five sharp, upward black slaps between the shoulder blades, using the heel of the hand. 4. After each blow – check if the object has been expelled. 5. If not successful – give up to 5 chest thrusts (similar but slower and sharper than CPR compressions). 6. Check to see if object has been expelled. IF PERSON BECOMES UNCONSCIOUS: 7. Lie on person on side and try to clear the airway – check mouth for visible foreign material. 8. Use head tilt and jaw support to open airway – look, listen and feel for breath signs. 9. If person still not breathing commence DRS ABCD Basic Life Support process – try to blow air past the obstruction.	1. Lie on person on side and try to clear the airway – check mouth for visible foreign material. 2. Use head tilt and jaw support to open airway – look, listen and feel for breath signs. 3. If person still not breathing commence DRS ABCD Basic Life Support process.

For an infant/child:

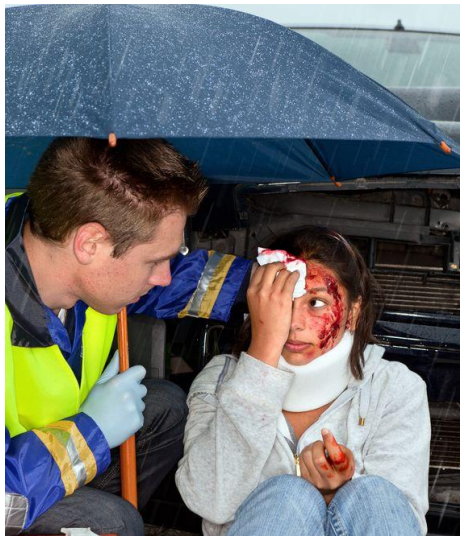
Follow procedures for an adult, with these differences:

1. Position child face down over your lap to take advantage of gravity.
2. Position head lower than chest, at a 45 degree angle.
3. Give 5 back blows between the shoulder blades.
4. While giving back blows support the child's head by placing hand around jaw.
5. If unsuccessful give up to 5 chest thrusts.
6. If child becomes unconscious and stops breathing commence CPR.



3.8 BLEEDING, WOUNDS AND INJURIES

During the primary and secondary survey any bleeding, wounds and injuries will need to be located and treated accordingly.



3.8.1 BLEEDING

Bleeding can be classed as internal or external and is checked for as part of the primary survey.

3.8.1.1 INTERNAL BLEEDING

Internal bleeding is more difficult to identify as the bleeding occurs under the surface of the skin. Common signs of internal bleeding include:

- History of injury that cause internal bleeding.
- Medical conditions such as haemophilia or aneurysm.
- Pain/tenderness in soft tissue – may also include harness, 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.

As internal bleeding usually required immediate surgery the most important thing to do is call an ambulance. However general first aid management may include:

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:

   - Medication.
   - Alcohol.
   - Food.
   - Drink.

5. Offer reassurance.

6. Provide first aid for other injuries/illnesses.

3.8.1.2 EXTERNAL BLEEDING/HAEMORRHAGING

External bleeding or external haemorrhaging is easier to identify but may be life-threatening if there is blood spurting from the wound or if the blood fails to clot after reasonable measures are taken to control it.

Most bleeding encountered will be minor and will stop within about 10 minutes when the blood clots.

First aid management for bleeding involves:

1. Try to protect yourself by using gloves or an improvised barrier between your hands and the blood/wound.
2. First check if there is any foreign object embedded in the wound then:

If no foreign object:	If foreign object present:	If unconscious:
3. Using a sterile dressing pad, ask the person to press directly on the wound. ▸ If no sterile dressing use improvised dressing e.g. handkerchief, towel. ▸ If these are not available the person should use their hand. ▸ As a last resort use own hand. 4. If a broken bone is not suspected – elevate injured area above level of heart. 5. Have person rest comfortably. 6. Apply pressure bandage to hold dressing in place – a triangle bandage or roller bandage is best for this. 7. Immobilise injured part using appropriate body splint/slinging method. IF BLEEDING CONTINUES: 8. Apply second dressing pad over first and a firmer bandage over top of all. IF SIGNIFICANT BLEEDING CONTINUES: 9. Remove all bandaging and check for missed bleeding site. 10. Reapply dressing and bandages in more appropriate manner. 11. Continue to monitor person's ABC. 12. Call ambulance if necessary. 13. Monitor for shock or deteriorating condition. **DO NOT** disturb dressings once bleeding stops/is controlled.	3. Leave the object in the wound – it may be controlling bleeding. 4. Using sterile dressings, build up dressings around the wound, finishing above the objects height if possible. 5. Secure dressings in place with roller bandage, wrapping diagonally above and below the object and lightly over the object. 6. If dressing is large, protruding above the dressings – bandage firmly all around the object but DO NOT bandage over the object. 7. Protect from further damage. 8. Continue to monitor person's ABC. 9. Call ambulance 000/112. 10. Monitor for shock or deteriorating condition.	3. Follow DRS ABCD Basic Life Support process. 4. Call 000/112 and follow emergency personnel instructions.

3.8.2 WOUNDS AND INJURIES

Wounds may or may not bleed profusely and can involve injuries to underlying organs and muscles. There may also be damage, whether minor or extensive, to the skin and other tissues.

Wounds are categorised as either closed or open.

- **Closed Wounds** – damage occurs beneath the surface of the skin e.g. a bruise.
- **Open Wounds** – damage breaks the outer layer of the skin e.g. scrape, cut. Usually involves bleeding.

All wounds are considered major if:

- They are more than superficial.
- The bleeding is more than minimal and does not stop quickly.
- They are longer than 2.5 cm.

General first aid treatment for major wounds involves:

If the patient is conscious:	If the patient is unconscious:
1. Put a dressing on the wound and control bleeding (as for external bleeding). 2. Call an ambulance (000/112) or get the person to medical attention. 3. DO NOT remove bandage once bleeding has been controlled. 4. DO NOT try to clean the wound – medical staff will do this. 5. Continue to monitor person closely. 6. Be prepared to treat for shock. 7. If person becomes unconscious follow DRS ABCD Basic Life Support process.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112 and follow emergency personnel instructions.

All wounds that break the skin's surface require first aid care as they put the body at risk of infection. Different wound care procedures are outlined below for:

- Nose wounds.
- Abdominal wounds.
- Crush injuries.
- Eye injuries.
- Ear injuries.
- Needle stick injuries.
- Bruises, sprains and strains.

3.8.2.1 NOSE WOUNDS

Often caused by blow from blunt object and resulting in 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.

General first aid treatment involves:

If the patient is conscious:
1. Ask the person to sit upright with their head leaning slightly forward. 2. Ask them to pinch the nostrils together, breathing through the mouth. 3. Encourage person to maintain position for 10 minutes. If the nosebleed has occurred in hot weather or after exercise 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.

3.8.2.2 ABDOMINAL INJURIES

Abdominal wounds/injuries may be open or closed and are potentially life-threatening due to the possibility of damage to organs in the abdomen.

Recognise abdominal injuries:

- 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.

General first aid treatment of an open abdominal wound involves:

If the patient is conscious:	If the patient is unconscious:
 **DO NOT** apply direct pressure on the wound. **DO NOT** touch/try to push organs back in to abdominal cavity. Call an ambulance on 000/112. 1. Help the patient into a half-sitting position, with the knees bent up to prevent the wound gaping. 2. Moisten a bulky sterile dressing – warm tap water may be used. 3. Apply loosely over wound – this avoids/prevents the internal organs from drying out or sticking to the dressing. 4. NOTE: Clear plastic wrap may be used if sterile dressing not available. 5. Secure dressing using broad bandage. 6. Continue to monitor person closely. 7. Be prepared to treat for shock. 8. If person becomes unconscious follow DRS ABCD Basic Life Support process.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112 and follow emergency personnel instructions.

3.8.2.3 CRUSH INJURIES

When a large and object falls on a person a crush injury may occur, often resulting in broken bones and soft tissue injuries, including life-threatening internal injuries.

Common signs and symptoms include:

- Signs and symptoms of shock.
- Numbness, tingling, swelling and/or rigidity in the crushed limb/area.
- Signs and symptoms of fractures.

General first aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Assess dangers, seek assistance to have heavy load removed from the patient. Only do so if it is reasonably safe and physically possible. 2. Call 000/112. 3. Offer reassurance and keep the person comfortable. 4. Treat for shock. 5. Regularly check the patient's ABC/vital signs – if breathing stops follow DRS ABCD Basic Life Support process.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112.

3.8.2.4 SCALP WOUNDS

Scalp wounds should be treated carefully as there is the risk of associated skull fractures. A person with a scalp wound may also suffer from concussion or other head injury.

General first aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Call 000/112. 2. Apply pressure to the wound – be gentle at first in case of skull fracture. 3. If a depression, spongy area or bone fragments are felt a skull fracture should be suspected. FOR SUSPECTED SKULL FRACTURE: 4. Do not put direct pressure on the wound. 5. Control the bleeding by applying gentle pressure around the wound area. IF SKULL FRACTURE NOT SUSPECTED: 4. Apply direct pressure to the wound. 5. Apply a dressing and keep it in place with your hand. 6. Use a roller or triangular bandage to secure dressing 7. Assist the person in to a comfortable position, lying down with head and shoulders raised. 8. Continue to monitor closely. 9. Be prepared to treat for shock. 10. If person becomes unconscious follow DRS ABCD Basic Life Support process.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112.

3.8.2.5 EYE INJURIES

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.

Common signs and symptoms include:

- 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.

General first aid treatment for an eye injury/wound involves:

If the patient is conscious:	If the patient is unconscious:
 **DO NOT** apply direct pressure on the eyeball. **DO NOT** try to remove any embedded object. 1. Call an ambulance on 000/112. 2. Help the patient into the position most comfortable for them. 3. Support the head and advise them to avoid movement. IF NO OBJECT IN EYE: 4. Cover the eye with a sterile pad. 5. Use a bandage to hold the pad in place, without putting pressure on the eyeball. 6. Ask the person to keep unaffected eye closed – this will prevent blood/dirt/fluid from entering it. 7. Advise person to try not to move the unaffected eye – this will prevent movement in the affected eye also. IF OBJECT IS EMBEDDED IN THE EYE: 4. Do not attempt to remove the object. 5. Place a sterile dressing around the object. 6. Stabilise the object in place as best as possible – a paper cup could be used, placing it over the object before applying the bandage. 7. Bandage it in place. 8. Ask the person to keep unaffected eye closed – this will prevent blood/dirt/fluid from entering it. 9. Advise person to try not to move the unaffected eye – this will prevent movement in the affected eye also.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112 and follow emergency personnel instructions.

For foreign bodies in the eye (such as dirt, sand, slivers of wood etc.):

1. Tell the person the 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

3.8.2.6 EAR INJURIES

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.

Signs and symptoms of serious ear injuries may include:

- 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.

General first aid treatment for a serious ear injury involves:

If the patient is conscious:	If the patient is unconscious:
1. Help the person in to 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 DRS ABCD Basic Life Support process.	1. Follow DRS ABCD Basic Life Support process. 2. Call an ambulance on 000/112.

For foreign bodies in the ear (such as dirt, sand, insect etc.):

1. If object can be easily seen and grasped: remove it but DO NOT use 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.

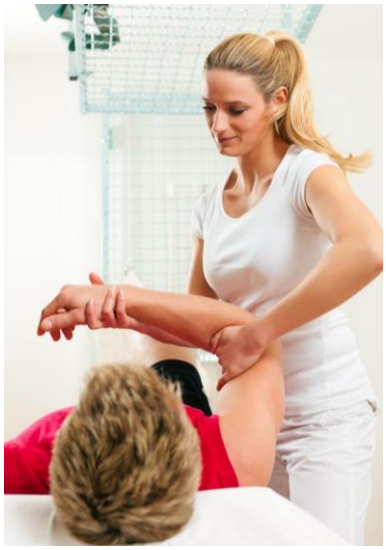
3.8.2.7 NEEDLESTICK INJURIES

A needlestick 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.

General first aid treatment for a needlestick injury involves:

If the patient is conscious:	If the patient is unconscious:
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 rigid, puncture resistant container with lid for later testing.	1. Follow DRS ABCD Basic Life Support process. 2. Call an ambulance on 000/112.

3.8.2.8 SPRAINS AND STRAINS



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.

Common signs and symptoms of sprains and strains include:

- **Sprains** – generally occur at a joint:
  - Pain.
  - Swelling.
  - Deformity.

- **Strains** – generally occur between joints:
  - Pain.
  - Swelling.
  - Deformity.

First aid treatment for sprains and strains follows uses the **RICER** acronym:

- **R** – Rest: Avoid movement/activities that cause pain for at least 48-72 hours. Assist person to most comfortable position – if head/neck/spinal injuries are suspected leave person lying flat.
- **I** – Ice: Control bleeding if applicable then apply a wrapped ice pack/cold compress for 20 minutes. Reapply every 2 hours for first 48-72 hours. This helps to reduce swelling and relieve pain/discomfort.

- **C** – Compression: Apply a firm, supporting bandage over the area, giving even pressure over the area. Light padding may be used if pain is severe.
- **E** – 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 fracture is suspected.
- **R** – Referral: refer the person for further advice and treatment. May be their doctor or emergency department.

Compression With A Roller Bandage

Roller bandages can be found in most first aid kits and are available in a range of sizes and materials and may be used to manage bleeding, ensure dressings are kept in place and to support injuries.

Strains and sprains should be treated using elastic roller bandages as they provide even pressure over the injured area, which 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.

A roller bandage should be applied using the following steps:

1. Ensure that the injured area is supported and in the appropriate position to be bandaged.

2. Begin bandaging below the injury by completing two whole, straight turns (the second overlapping the first) around the limb in order to keep the end in place.

3. Ensure that you are unrolling only what you need of the bandage as you go and work up the injured area in a spiralling motion. Each spiral should wind from the inside to the outside of the injured area and cover two-thirds of the previous spiral.

4. Finish the bandaging completing two whole, straight turns (as in step 2) and secure the bandage using a bandage clip, tape or a safety pin.

5. Ensure that the bandage is applying the appropriate amount of pressure – not tight enough to cause circulation problems, not too loose as even pressure is required. The bandage may need to be altered accordingly.

Figure-Of-Eight Technique

The figure-of-eight bandaging technique is used to maintain even pressure on the arm or leg and is often used when bandaging the hand and foot, as outlined below.

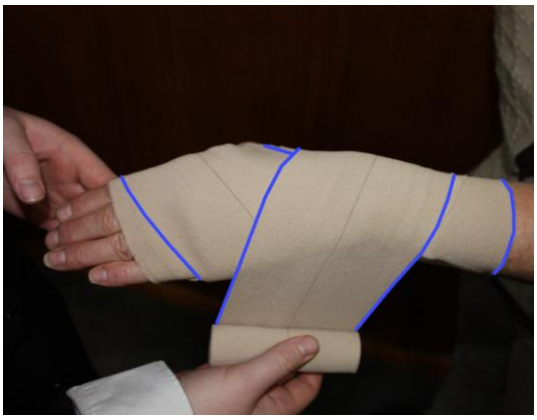
Hand And Foot Compression Using A Roller Bandage

When using a roller bandage to manage an injury on the hand or foot you should use the following steps:

1. Ensure that the hand/foot is supported with the palm/heel down.

2. Begin bandaging by completing two whole, straight turns (with the second overlapping the first) around the wrist/ankle – this should keep the end of the bandage in place.

3. Wrap the bandage in a diagonal spiral over the top of the hand/foot from the wrist to the outside of the hand/foot (towards the little finger/toe). Continue the spiral underneath the hand/foot until the bandage reaches diagonally back to the wrist/ankle. The bandage has now completed a figure-of-eight around the injured hand or foot.



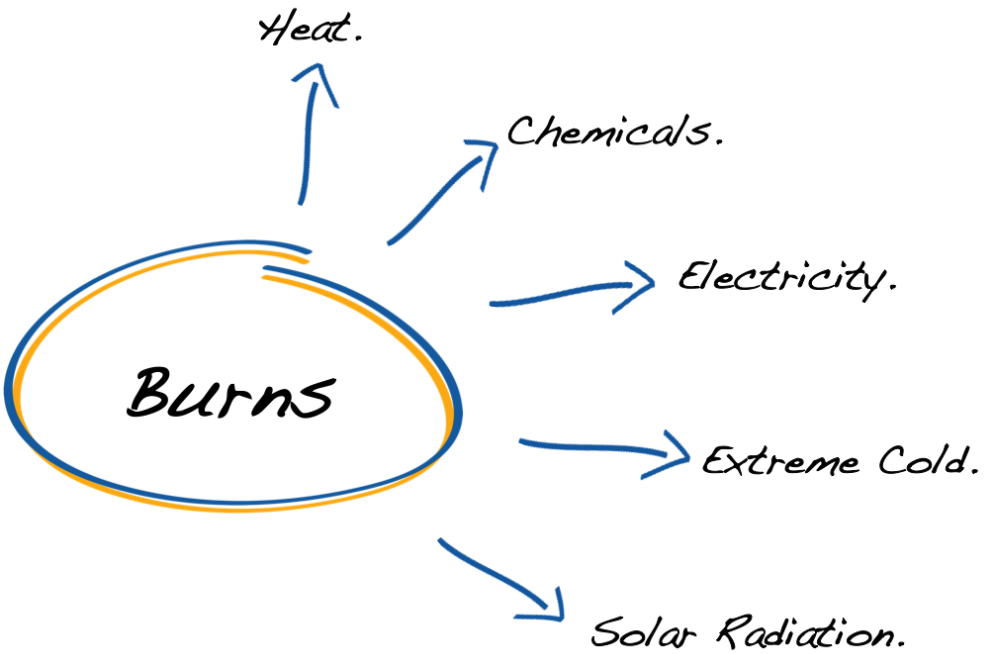
4. Repeat the figure-of-eight technique, ensuring that the ends of the fingers/toes are left exposed, until the bandage is providing a firm and supporting compression over the area.

5. Finish the bandage by completing two whole straight turns around the wrist/ankle (as in step 2) and secure the bandage using a bandage clip, tape or a safety pin.

6. Check with the casualty that the bandage is not too tight or loose. The bandage may need to be modified if required.

3.9 BURNS

Burns damage the soft tissue of the body and may be caused by:



3.9.1 HEAT BURNS FROM FLAME, FRICTION, SCALDING OR SOLAR RADIATION

Heat burns from different sources are generally treated in the same manner. This involves:

1. Cool the burned area under cool water for 20 minutes.
2. Gently remove any clothing and jewellery from the burned area. **DO NOT** try to remove any clothing that is sticking to it.
3. If the area cannot be immersed – such as the face – towel, sheets or wet clothes that have been soaked in water can be applied. Change/rewet these regularly as they will absorb heat from the burn.
4. 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.
5. Minimise shock.
6. For bad burns seek medical advice – Call 000 / 112.

DO NOT use ointments, lotions, creams or powders on a burn – these will seal in heat and may contaminate the burn.

3.9.2 CHEMICAL BURNS

Chemical burns usually occur when the skin comes in to contact with a strong acid or alkaline substance. The longer the substance remains on the skin, the more severe the burn will be.

General first aid treatment for chemical burns involves:

If the patient is conscious:	If the patient is unconscious:
1. If available, consult the Materials Safety Data Sheet or Container for the chemical and follow instructions. 2. Remove the chemical from the body as quickly as possible. 3. Flush the area with large amounts of cool, running water – continue for at least 20 minutes. 4. Call an ambulance 000/112. 5. **DO NOT** use high pressure water – this may further damage the skin. 6. Help the person to remove contaminated clothing. 7. Minimise/be prepared to treat shock. If the eye is affected: ▸ Flush the eye for 20 minutes – be sure the water flushes underneath the eyelids. ▸ Keep flushing until ambulance personnel arrive.	1. Follow DRS ABCD Basic Life Support process. 2. Call an ambulance on 000/112.

3.9.3 ELECTRICAL BURNS/SHOCK

Common signs and symptoms of electrical burns include:

- Unconsciousness.
- Semi consciousness – dazed, confused behaviour.
- Obvious/visible burns on the skin – often on hand and foot and where the current entered and exited the body.
- Breathing difficulty.
- Absent/weak/irregular pulse.
- Signs/symptoms of shock.

Always check that the area is safe before entering the scene (survey the scene).

First aid treatment for electrical burns involves:

If the patient is conscious:	If the patient is drowsy or unconscious:
1. Ensure ambulance has been called. 2. Monitor for signs of shock and treat accordingly. 3. Give care for burns as for heat burns. 4. Continue to monitor ABC/vital signs.	1. Ensure ambulance has been called. 2. Place person in the recovery position. 3. Clear airways and check for breathing, following DRS ABCD Basic Life Support process. 4. Monitor for signs of shock and treat accordingly. 5. Give care for burns as for heat burns. 6. Continue to monitor ABC/vital signs.

3.10 ENVIRONMENTAL IMPACT

Normal human body temperature is around 37 degrees Celsius.

Usually the body can regulate itself to deal with changes in external temperatures, however, extreme cold or hot weather conditions can wreak havoc on the body and cause fluctuations in body temperature that if left untreated can cause illness.

3.10.1 HYPOTHERMIA

Hypothermia occurs when the warming mechanism of the body fails and the entire body cools down, dropping below 35 degrees Celsius.

Common signs and symptoms of hypothermia include:

- Mild hypothermia:
  - Shivering.
  - Slurred speech.
  - Skin looks pale and is cool to touch.
  - Difficulty concentrating; slowed thinking.
  - Coordination is poor.

- Moderate to severe hypothermia:
  - Increased shivering.
  - Increased muscle rigidity.
  - Loss of consciousness progresses.
  - Pulse slow.
  - Respiration slow.
  - May develop cardiac arrhythmia.
  - Pupils appear fixed and dilated.
  - May appear dead.

First aid treatment for Hypothermia involves:

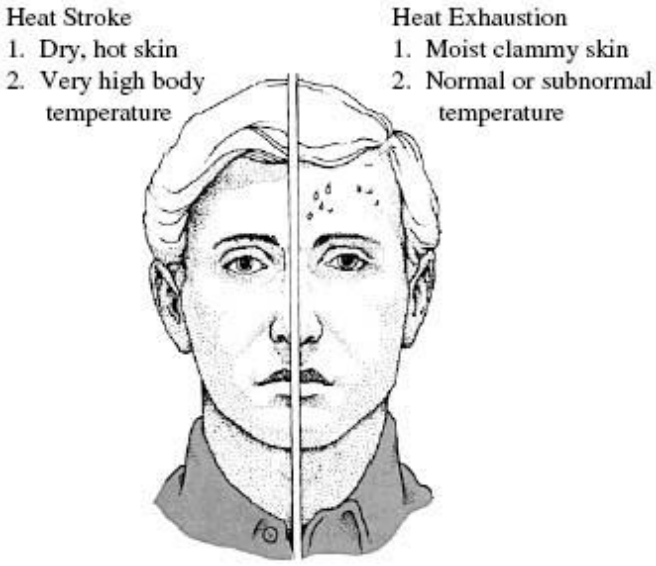
If the patient is conscious:	If the patient is unconscious:
1. Call 000/112. 2. Remove person from the cold environment. 3. Remove wet clothing and dry person. 4. Wrap in blankets/sleeping bag/thermal blanket to provide warmth and insulation from wind and ground. 5. If alert provide warm, non-alcoholic, sweet drink. 6. If no longer shivering or ambulance delayed proceed with active rewarming using wrapped hot water bottles, heating pads (if person is dry) or other heated sources. Apply heated sources to groin, armpits, trunk and sides of neck. Body-to-body contact may also be used. **DO NOT** place person in warm water or expose to fire/heater – may cause dangerous heart rhythms. **DO NOT** rub or massage the person.	Same as for conscious patient (except step 5).

3.10.2 HYPERTHERMIA

Hyperthermia includes heat stroke and heat exhaustion and occurs when the body is unable to lose heat to the environment.

Dehydration may result from heat-induced illness, causing fatigue, dizziness, nausea, vomiting, headaches, seizures and unconsciousness.

Dehydration should be treated through giving the person small drinks of cool water.



3.10.2.1 HEAT EXHAUSTION

Heat exhaustion occurs when the body cannot regulate its temperature and usually occurs after work in a hot environment or after long periods of strenuous exercise.

It affects the circulatory system and can result in cases of mild shock. It is more common than heat stroke.

Common signs and symptoms include:

- Headache, dizziness, weakness.
- Fainting
- Exhaustion.
- Cool, moist, pale skin, sweating.
- Thirst.
- Weak, rapid pulse.
- Higher body temperature – still below 40 degrees Celsius.

First aid treatment for Heat Exhaustion involves:

If the patient is conscious:	If the patient is unconscious:
1. Encourage the person find a cool place or shelter to rest 2. Loosen/remove excessive clothing. 3. Moisten skin – use a damp cloth, atomiser or fan. 4. If fully conscious small drinks of cool water should be given. 5. If unconscious follow DRS ABCD Basic Life Support process. 6. Seek medical assistance/call for an ambulance 000/112.	1. Follow DRS ABCD Basic Life Support process. 2. Call 000/112 for an ambulance.

3.10.2.2 HEAT STROKE

More sever than heat exhaustion, heat stroke indicates that heat has overwhelmed the body system, and some systems are beginning to stop functioning.

Immediate medical attention is required.

Common signs and systems include:

- Body temperature more than 40 degrees.
- Noisy or erratic breathing – most likely shallow and rapid.
- Flushed/red, hot, dry skin – although some people will sweat profusely.
- Conscious state deteriorates..
- Pulse rate is fast and bounding.

First aid treatment for Heat Stroke involves:

If the patient is conscious:	If the patient is unconscious:
1. Stop the person from continuing any activity. 2. Place the person in a cool place to rest. 3. Call for medical assistance 000/112. 4. Loosen/remove tight, excessive clothing or perspiration soaked clothing. 5. Moisten skin with damp cloths/atomiser etc. 6. Apply wrapped ice packs on groin, neck and armpits. 7. If fully conscious small drinks of cool water should be given. 8. Be prepared as the patient may become unconscious. 9. If required resuscitate using DRS ABCD Basic Life Support process. 10. Keep cooling until ambulance arrives and/or til body temperature falls to 38 degrees Celsius.	1. Clear their airways and follow the emergency action plan DRS ABCD. 2. Call 000/112 for an ambulance.

3.11 ENVENOMATION

Envenomation is the process by which venom is released via bites or stings by spiders, insects such as bees, snakes and marine creatures like jellyfish. The poison can be painful, disabling and potentially life-threatening.

3.11.1 BEE/WASP/INSECT BITES AND STINGS

Common signs and symptoms:

- Pain at the bite/sting site.
- Swelling and redness at site.
- Allergic reaction – may include itching, rash, swollen eyelids, respiratory distress, altered state of consciousness.

General first aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Remove insect from skin surface. For bee stings, remove the venom barb by scraping sideways with your fingernail. **DO NOT** remove a tick. 2. Apply a cold compress to the bite site. 3. If a known allergy exists: apply the person's anaphylaxis action plan (may involve administering an EpiPen) and call for an ambulance. 4. Monitor Airway, Breathing, Circulation (ABC) and if needed give CPR.	1. Clear their airways and follow DRS ABCD Basic Life Support process. 2. Call 000/112 for an ambulance.

3.11.2 SPIDER BITES

First aid treatment for a spider bite will depend on the species of spider involved.

3.11.2.1 RED-BACK SPIDER

Approximately 1cm long with a red or orange stripe on the back, the red-back spider's venom can be life-threatening for small children and animals. Antivenom is available for red-back spider bites.

Common signs and symptoms:

- Pain at the bite/sting 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 armpits and groin.

General first aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Apply an ice/cold compress to the area for no longer than 20 minutes. 2. Continually monitor person and monitor ABC. 3. Immediately call for an ambulance – Dial 000/112. 4. If in isolated/remote area transport the person to a medical facility. 5. **DO NOT** apply pressure immobilization technique.	1. Clear their airways and follow DRS ABCD Basic Life Support process. 2. Call 000/112 for an ambulance.

3.11.2.2 FUNNEL WEB SPIDER BITES

While there are many species of funnel web they are generally greater than 2cm long and with the legs can cover an adults hand.

Funnel web spiders are aggressive, rising up to attack prey.

A bite from any large, dark-coloured spider should be considered dangerous, regardless of whether it is known to be a funnel web or not.

Signs and symptoms include:

- Pain with little other reaction in the bite area.
- Heavy sweating.
- Tingling of mouth.
- Heavy production of saliva.
- Stomach pain.
- Muscle twitching.
- Respiratory distress – may lead to respiratory arrest.
- Altered state of consciousness – progresses to unconsciousness.

If the patient is conscious:	If the patient is unconscious:
1. Apply a firm, broad compression bandage over the area of the bite. 2. Apply another bandage starting from the lower end of the limb (fingers or toes) upwards, covering the entire limb or as much as possible. 3. Apply a split to affected limb. Steps 1-3 are called the pressure immobilisation technique. **DO NOT** apply pressure immobilisation if bite is on head or torso. 4. Continually monitor person and ABC. 5. Be prepared to give CPR. 6. Reassure the patient and get them to rest and stay calm. 7. Immediately call for an ambulance – Dial 000/112. 8. If in isolated/remote area transport the person to a medical facility.	1. Clear their airways and follow DRS ABCD Basic Life Support process. 2. Call 000/112 for an ambulance.

3.11.3 SNAKE BITE

Bites from different snakes will result in varying reactions in people however there are common signs and symptoms of snake bite.

These include:

- 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.

First aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Survey the scene. 2. Conduct primary survey. 3. Use pressure immobilisation technique if bite is on a limb. 4. Continually monitor person and ABC. 5. Be prepared to give CPR if required. 6. Reassure the patient and get them to rest and stay calm. 7. Immediately call for an ambulance – Dial 000/112. 8. If in isolated/remote area transport the person to a medical facility.	1. Clear their airways and follow DRS ABCD Basic Life Support process. 2. Call 000/112 for an ambulance.

3.11.4 MARINE BITES AND STINGS

There are a number of marine life forms that can sting humans, causing pain and potential death.

3.11.4.1 BLUEBOTTLE & NON-BOX JELLYFISH STINGS

Signs and symptoms include:

- Skin – welts appear, often white surrounded by red ring.
- Pain at site of sting.
- Pain in the lymph nodes – in groin and armpits.
- Headache.
- Nausea/vomiting.
- Muscle and back pain.
- Respiratory distress/breathing difficulty.

First aid treatment involves:

<table>
<tr><th>If the patient is conscious:</th><th>If the patient is unconscious:</th></tr>
<tr><td>1. Rescue patient from the sea and move to a dry area.
2. Reassure person and keep calm and resting.
3. DO NOT rub the stung area.
4. Pick off any tentacles on skin with fingers (not dangerous for rescuer).
5. Wash area with sea water NOT fresh water.

AND THEN:</td><td rowspan="3">1. Follow DRS ABCD Basic Life Support process.
2. Call for an ambulance – Dial 000/112.</td></tr>
<tr><td>FOR BLUEBOTTLE STING:
6. Apply a hot compress over the area of the bite or immerse in hot water careful not to scald area.
7. If pain is not relieved or hot water is not available an ice pack/cold compress may be used.
8. Monitor person and ABC.
9. Be prepared to give CPR.
10. Call an ambulance if required 000/112.</td></tr>
<tr><td>FOR OTHER JELLYFISH STINGS:
6. Apply cold/ice pack for pain relief.
7. If pain is not relieved, or generalised pain develops, or sting is over a large area: Call an ambulance 000/112 and seek assistance from life guard/saver.</td></tr>
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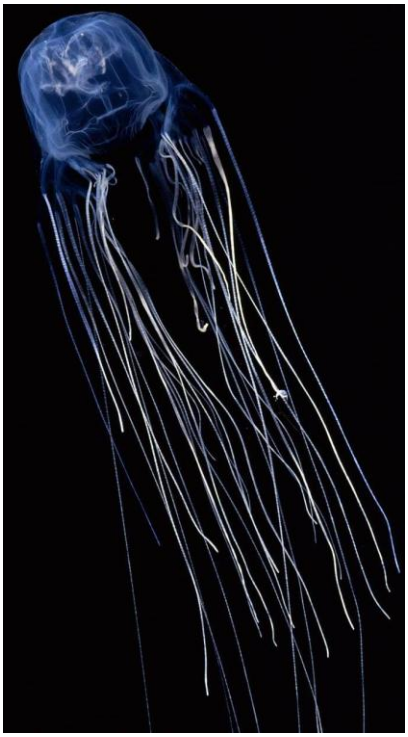
3.11.4.2 BOX JELLYFISH STINGS



Signs and symptoms include:

- Skin:
  - Ladder pattern marks from tentacles.
  - Immediate burning pain.
  - Pieces of tentacles cling to skin.
- Pain in the lymph nodes – in groin and armpits.
- Altered behaviour.
- Respiratory/sudden cardiac arrest.

First aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Remove person from the sea and move to a dry area. 2. Call for ambulance 000/112. 3. Seek assistance from life guard/saver if available. 4. Assess person and commence CPR if necessary (DRS ABCD Basic Life Support). 5. Pour vinegar onto affected area – DO NOT use fresh water. 6. If vinegar unavailable – pick off tentacles remnants (not dangerous for rescuer) and rinse with salt water. 7. Continually monitor person and ABC. 8. Be prepared to give CPR. Antivenom is available for box jellyfish stings.	1. Clear their airways and follow DRS ABCD Basic Life Support process. 2. Don't move the patient and call for an ambulance – Dial 000/112.

3.11.4.3 BLUE RINGED OCTOPUS & CONE SHELL BITES

Signs and symptoms include:

- 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 – person may still be able to hear.

First aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
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 000/112. 4. If in isolated/remote area transport the person to a medical facility. 5. Continually monitor person and ABC. 6. Be prepared to give CPR. Respiration may cease although the heart will still beat with CPR.	1. Follow DRS ABCD Basic Life Support process. 2. Call for an ambulance – Dial 000/112.

3.11.4.4 STONE FISH, BULL ROUT & STINGRAY STINGS

Signs and symptoms include:

- Bite site – severe pain.
- At site – swelling, open wound, discolouration.
- Possible external bleeding.
- Panic/irrational behaviour.

First aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Place the stung area in hot water, as hot as the person can tolerate, being careful not to scald patient. Only if hand or foot. 2. If pain is not relieved a cold/ice pack may be applied. 3. Call for an ambulance 000/112. 4. If in isolated/remote area transport the person to a medical facility. Antivenom is available for stonefish stings.	3. Follow DRS ABCD Basic Life Support process. 4. Call for an ambulance – Dial 000/112.

3.12 POISONS

A poison is a substance that can cause injury, sickness and possibly lead to death.

The term “poison” is broad and covers many areas in life. Poisons can found in the house, food, plants in the garden or workplace chemicals or in the environment.

When workplace chemicals leak into the environment by accident or faulty containment processes, this is known as chemical contamination.

Poisons can enter the body by contact with the skin, ingested, injected or inhaled and they can be solid, liquid or gas (including fumes and vapours). Many poisons may only be harmful if exposed to larger quantities.

As with any medical emergency it is important to try and identify the source of the injury and illness so that it may be treated appropriately.

Inhaled Poisons include:

- Gases, including: carbon monoxide from an engine, carbon dioxide occurring naturally from decomposition, nitrous oxide used in medicine, chlorine used in pools and cleaning.
- Fumes from sources such as: glues, paints, petrol, drugs, including cocaine, as well as other odourless fumes.

Ingested Poisons include:

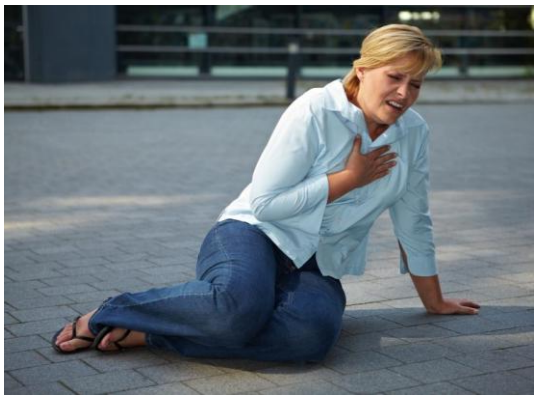
- Medications – both prescribed and over-the-counter.
- Contaminated foods including mushrooms and shellfish.
- Alcohol.
- Cleaning products.
- Pesticides.
- Plants.

Injected Poisons include:

- Those obtained through the bite or sting of insects, spiders, snakes, marine animals, etc.
- Those from drugs or medications injected through a needle or other sharp object.

Absorbed Poisons enter the body through the skin, mucous membranes or other bodily surfaces and may include:

- Plants including: stinging nettle and English ivy.
- Chemicals.
- Fertilisers and pesticides.



Common signs/symptoms of poisoning include:

- Chest and/or abdominal pain.
- Nausea.
- Vomiting.
- Diarrhoea.
- Difficulty breathing/irregular breathing.
- Presence of drug paraphernalia.
- Sweating.
- Seizures.
- Altered conscious state.
- Burns around the lips and tongue in inhaled/ingested.

General Treatment Principles

If the person is conscious and the scene is safe immediately call the Poisons Information Centre on 13 11 26.

The operator will inform you as the best course of action and whether an ambulance should be called.

If the person is unconscious call 000/112.

General steps for dealing with a poisons situation are:

If the patient is conscious:	If the patient is unconscious:
1. Survey the Scene. 2. Enter if safe to do so. i. If necessary move the person from the scene using one of the manual handling techniques. ii. If it is suspected that there are still gases/fumes in the air use extreme caution. Do not enter the scene if it will endanger your own life – call 000/112 immediately and wait for emergency service personnel to arrive. 3. Conduct a Primary Survey and follow DRS ABCD if required. 4. If casualty is conscious conduct a secondary survey and gather extra information. 5. Collect any relevant items – containers, etc. 6. Call the Poisons Information Centre on 13 11 26 or the emergency number and follow operator prompts.	1. Check their airways and DRS ABCD Basic Life Support process. 2. Call for an ambulance – Dial 000/112.

DO NOT give the casualty anything to eat OR drink unless directed by Poisons Information/Emergency services personnel.

3.12.1 SUBSTANCE MISUSE – ALCOHOL & OTHER DRUGS

Any drug can be misused when it is taken outside approved medical uses. With over the counter drugs or commonly used drugs, there are strict instructions on the package of the drug that specifies the daily dosage. Examples of commonly used over the counter drugs are aspirin, ibuprofen, paracetamol, acetaminophen (Tylenol) and products that contain codeine.

With all prescription drugs, there is a sticker label with the name of the patient, the daily amount to be taken and when to take the medication (morning/afternoon or before/after meals).

Substance misuse occurs when a person takes an overdose of a drug and it becomes toxic to the cells and organs in the body. There are accidental and intentional overdoses. As a result, a drug overdose can be life threatening and require first aid management.

Illicit drugs or street drugs are those obtained without a prescription and are illegal to possess.

Heroin is a commonly known illicit drug which when taken in overdose, can be fatal as it depresses the central nervous system.

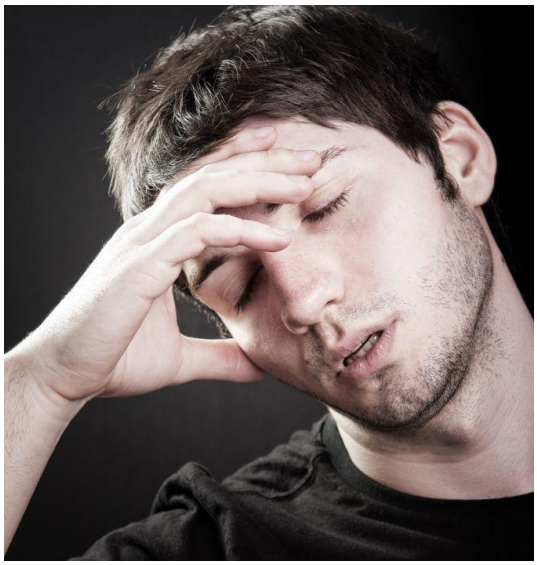
Since drug users can inject the narcotic intravenously, first aid management includes treating the patient for “needle stick injuries” as there may be multiple injection sites.

In alcohol overdose, alcohol can be harmful and in extreme cases cause death.

Prescription, over the counter remedies and illicit drugs can lower the person's tolerance of alcohol when taken together.

In medical literature, it is known that excessive alcohol consumption can cause drunkenness, impair judgment and make the person more prone to accidents in the workplace when operating machinery or driving.

Binge drinking can slow respiration and lead to unconsciousness. Too much alcohol can cause death.



Signs and symptoms of alcohol and other drug poisoning:

- Skin – pale, clammy, cold.
- Nausea/vomiting/abdominal pain.
- Collapse/loss of consciousness.
- Drowsiness, confusion, hallucinations.
- Seizures.
- Mood changes.
- Difficulty or altered breathing.

First aid management of substance misuse is similar to treating casualties who have been affected by poisonous substances because the body sees a drug overdose as being a poison. First aid treatments can include:

If the patient is conscious:	If the patient is drowsy or unconscious:
1. Survey the scene. 2. Carry out primary survey and address and life-threatening conditions. 3. Call Poisons Information Centre/local emergency number and follow directions. 4. Conduct secondary survey – question the person/bystanders and try and find out what, when and how much of the substance was taken. 5. Help the patient into a comfortable position. 6. Have a friend/colleague offer to drive the casualty home or pay for a taxi to do the same.	1. Check the person's airways and follow DRS ABCD Basic Life Support process. 2. Call for an ambulance – Dial 000/112.

MODULE 4 – REPORT DETAILS OF INCIDENT AND FIRST AID TREATMENT

MODULE BASIS

This module is based on the unit of competency HLTAID3003 Provide First Aid:

Element 2 – Assess the situati

Element 3 – Communicate det incident.

Element 4 – Evaluate own performance.

2.10. Monitor casualty's condition and respond in accordance with established first aid principles and procedures.
2.11. Finalise casualty management according to casualty's needs and first aid principles.
3.2. Accurately convey observation of casualty's condition and management activities to ambulance services / relieving personnel.
3.3. Accurately assess and report details of casualty's physical condition, changes in conditions, management and response to management in line with established procedures.
3.4. Maintain confidentiality of records and information in line with privacy principles and statutory and/or organisation policies.
4.1. Seek feedback from appropriate clinical expert.
4.2. Recognise the possible psychological impacts on rescuers involved in critical incidents.
4.3. Participate in debriefing/evaluation to improve future response and address individual needs.

4.1 MONITOR THE CONDITION OF THE CASUALTY AND TAKE APPROPIATE ACTION

Once you have started treating the casualty for their injuries you should continue to monitor their condition and document any changes, or treatments that you administer e.g. medication taken, how long a person remains unconscious, use of CPR, first aid procedures, breathing and circulation problems.

Continue to monitor the vital signs of the casualty including:

- Body temperature.
- Pulse (or heart rate).
- Blood pressure.
- Respiratory rate.

It is important to monitor these vital signs as they can change rapidly causing the casualty to descend into unconsciousness or regain consciousness. The casualty's condition can deteriorate or improve according to the treatment being administered.

If there are no life signs, you need to perform CPR. If you have access to an AED, you may need to use it.

If in a remote area or unusual circumstances you may consider moving and transporting an injured or ill person to hospital yourself. This should only be considered if the person's situation is not life-threatening. However, as a general rule injured/ill people should not be moved as moving the person may aggravate their condition or cause undue pain.

4.2 FINALISE TREATMENT OF THE CASUALTY

It is time to finalise casualty management when you see and hear the ambulance arrive. You need to prepare for the hand over of the casualty to the paramedics who will take over treatment.

4.2.1 ACCURATELY CONVEY INFORMATION TO EMERGENCY MEDICAL PERSONNEL

When relaying information to the emergency services telephone operator, stick to facts about the incident – not opinions.

Answer questions and convey information in a calm, clear and concise manner.

While it is normal to be tense and anxious, keeping your composure and taking a few slow and deep breaths before talking to the ambulance operator could improve communication and recollection of incident details.

The ambulance telephone operator will want to know:

Where	Where the incident occurred so that an ambulance can be dispatched to the location. If you are unsure of the exact location, then try to request this information from a bystander. If this information is unavailable, then try to describe any surrounding landmarks.
What	What has happened. Details of the casualty's condition, injuries and treatment provided. Try to be as thorough as possible and provide as much information as you can.
When	When the incident occurred. If you are not sure let the operator know.
Who	Who you are and the identity of the casualty (if known). Don't be afraid to provide your own details – you may need to be contacted again after the incident is over.

Listen to any feedback from the operator that may be provided in response to the information you have reported.

Do not hang up the phone until the operator tells you to do so.

4.2.2 PROVIDE ASSISTANCE AS REQUIRED

The emergency services staff (paramedics) may require your assistance to provide further treatment to the casualty. You should do everything in your power to help and provide assistance whenever possible.

This may involve:

- Continuing CPR.
- Completing an incident report or notes.

- Providing a verbal report or testimony to the paramedics/ambulance officers, centred on information recorded in the incident report. Be ready to supply paramedics/ambulance officers with the information they need to know about the casualty.
- Wash hands, clean and disinfect resuscitation mask and other PPE (Personal Protective Equipment) with antiseptic hand rub.
- Clean and pack away items that belong to the first aid kit.

4.3 CLEAN AND RESTOCK FIRST AID ITEMS

Once the First Aid equipment is no longer needed it's vital to thoroughly clean the equipment.

There are two main reasons why this cleaning process is so important:

- To ensure any infection is not transferred via the First Aid kit to the next casualty or first aider.
- Medical equipment is quite expensive so keeping it clean will maximise the longevity of the equipment.

It's also very important to ensure the First Aid kit is fully restocked so that it can be used at a moments notice.

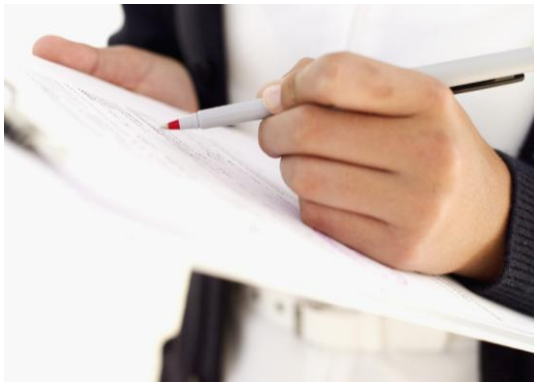
4.4 DISPOSE OF MEDICAL WASTE PROPERLY

The safe disposal of medical waste is also very important. Gloves must be used and the organisational policies and procedures for the safe disposal of waste must be adhered to.

Make sure you have received adequate training in the organisation's policies and procedures for disposing medical waste to protect yourself and others.

4.5 MAINTAIN COMPREHENSIVE NOTES OF INCIDENT AND FIRST AID TREATMENT

Once you have started treating the casualty for their injuries you must continue to monitor their condition and document any changes, or treatments that you administer, how long a person remains unconscious, use of CPR techniques and breathing and circulation problems.



It's vital to keep track of this information throughout the treatment. Once documented it will provide an overall and comprehensive account of how the casualty is going.

Documentation may include:

- Written reports.
- Casualty details.
- Approved forms.
- Verbal report.
- Personal notes.

When recording details of the casualty's physical condition, stick to facts about the incident and not on opinions. Casualty details should include:

- Name of casualty.
- Age.
- Address.
- Time of incident.
- History of incident/injury.
- Description of any injuries and/or illness.

- Changes in level of consciousness.
- Changes in vital signs such as temperature.
- Changes in pulse and respiratory rate.
- Changes in the colour of the skin.
- Treatments administered.
- Changes in mental status.
- Response to each treatment.

Each company has their own incident forms. However, they record similar details about the incident/casualty and abide by the privacy laws in each state. When the form is filled in and signed by the first aider, it becomes a legal document.

Reporting the incident to your OHS/WHS officer may contribute to a safer work place by reducing the chance of other personnel/workers being injured by the same, or similar hazard.

Each organisation will have policies and procedures governing the reporting and may include:

- Legislation relevant to the provision of emergency care.
- Legislation relevant to the organization.
- Operational Standard Operating procedures.
- Operational performance standards.

4.5.1 PREPARE REPORTS OF INCIDENT AND FIRST AID TREATMENT

Documentation greatly assists the transferal of information from the first aider to the team providing the casualty with ongoing care and treatment.

It should be performed at the time of treating the casualty (if possible) or right after treatment has concluded while the information is fresh in your mind.

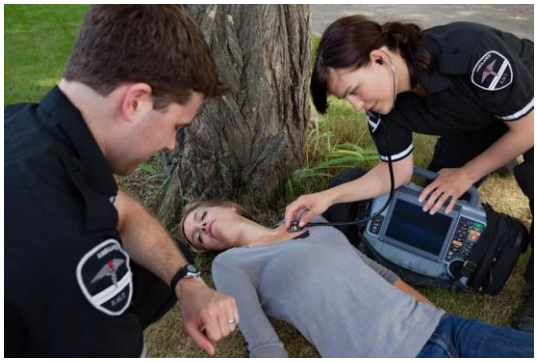
To allow for a smooth transition from the first aid management to the care by paramedics, the first aider should record details, at the earliest convenience.

If this occurs outside of the workplace, incident forms may not be available to fill in, so write up some notes that can be referred to when you are completing the required reports.

You will need to complete an incident report in accordance with organisational policies. As mentioned earlier these organisational policies will ensure adherence to a range of legislations and standards.

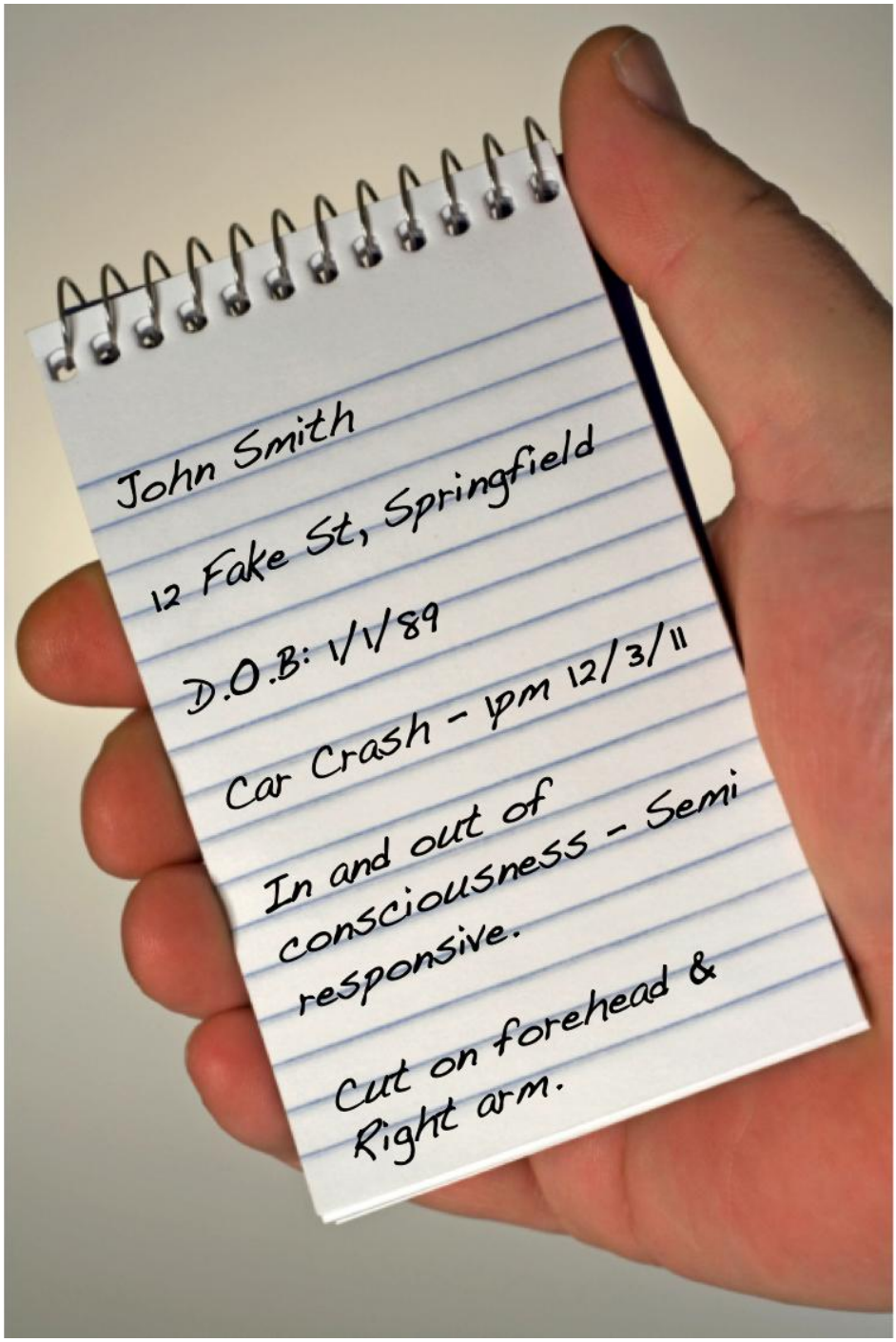
Consult with your supervisor or OHS/WHS officer/representative about accessing incident reports.

Once the qualified medical ambulance personnel arrive you must provide them with a report of any details of the emergency and treatment given to the casualty.



There are privacy laws that protect personal information in medical reports. This information must be kept confidential.

Reporting details can include the name, address, date of birth of the casualty, date and time of the incident, medical history, history of CPR activities and response, status of the casualty and any other relevant details as requested by emergency personnel.



4.6 MAINTAIN CONFIDENTIALITY

The first aider is privy to medical information about the casualty and this is not be divulged to anybody outside of the emergency medical personnel.

Information contained in incident reports, notes taken, conversations held between medical staff (paramedics, nurse and doctors) are to remain confidential.

Even after the incident, you should be cautious when talking in public places with friends, work colleagues or strangers as there have been documented cases of leaks of medical information occurring based on casual conversations that included gossip.

It doesn't matter how long ago the incident occurred. You are obliged by law to maintain confidentiality about the medical details such as the medical history (allergies) and illnesses the casualty suffered from.

If it is a workplace incident, there are polices and standard operating procedures in place, protecting incident reports.

There is a risk of legal action being taken against you if the casualty holds you responsible for the leak. Each state in Australia has its own privacy legislation and regulations that must be followed.

4.7 SEEK FEEDBACK ON YOUR PERFORMANCE FROM CLINICAL EXPERTS

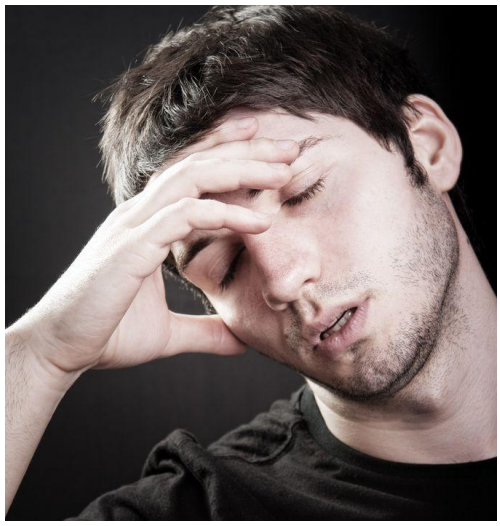
Once you have handed over care of the casualty to professional medical personnel and completed the required reports and forms you should look back and evaluate how well you performed.

Clinical experts involved in the first aid management are a good source of feedback.

Clinical experts may include:

- Your supervisor/manager.
- Ambulance officer/paramedic.
- Other medical or health workers.

4.8 RECOGNISING OCCUPATIONAL STRESS AND POST TRAUMATIC STRESS DISORDER



Not everyone who is involved in critical incidents will experience psychological trauma but it has been widely documented that paramedics and medical and rescue workers involved in emergency incidents can have a higher risk of suffering from mental health issues such as Post-Traumatic Stress Disorder (PTSD).

Indications of psychological trauma include:

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

4.8.1 DEALING WITH STRESS

Strategies that may help with stress can be talking to a friend or co-worker who can offer support, talking to a counsellor, engaging in hobbies that have helped in the past such as walking or listening to relaxing music.

Eating well and getting sufficient sleep can also help.

Life Line 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 (http://www.beyondblue.org.au/) or telephone information line **1300 22 4636.**

Additional telephone counselling services can be found in the current White Pages directory under the “Advice and Assistance” section.

A GP (family doctor) can provide a medical evaluation in mental health issues and refer you to a qualified psychologist to provide counselling support.

Community mental health services also provide counselling.

There are methods other than counselling, which have been shown to help with stress such as meditation and relaxation classes (e.g. tai chi). These can be taken in general community health centres or centres can be located through local councils.

4.8.2 DEBRIEFING

As a first aider that has been personally involved in an emergency incident, there is an opportunity to participate in debriefing by talking to your supervisor, work colleague or counsellor. This enables you to raise any issues or concerns you have had about the emergency process.

In participating in a debriefing or evaluation session, you may learn more about your abilities such as your successes and failures in a crisis situation to improve the response in future emergency situations.

Debriefing may also provide closure on the incident for you.

4.9 EVALUATE YOUR OWN PERFORMANCE

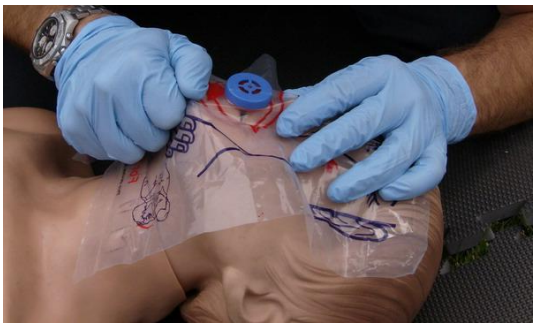
Go back over the situation in your mind. Were there things you could have done better? Was there anything you couldn't do because you had forgotten or never learned something?

Be honest with yourself. If you think you could have done better, you can gain objective feedback from an outsider who may place your efforts in proper perspective.

Always be on the lookout to improve your skills.

Evaluating your performance may be the only way you can identify how to provide better first aid before its too late.

Your organisation can also learn from your experience and develop methods to improve emergency response techniques.

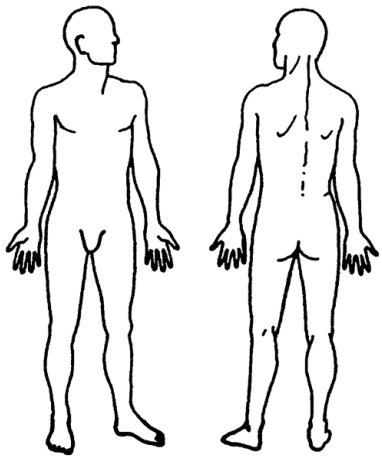


Your employer/PCBU may send you to relevant training courses to assist with professional development and update skills critical in becoming a better first aider.

If the incident occurred outside of the workplace, you may gain feedback from a health care professional. A discussion with the treating doctor may also bring closure to the incident.

APPENDIX 4A - FIRST AID/INCIDENT REPORT FORM

First Aid / Incident Report Form				
Casualty Details:				
Name		Home Address		Allergies/Medication
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	
First Aider Details:				
Name			Home Address	
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	
Witness Details:				
Name			Home Address	
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	
Incident Details				
Date	Time ____: ____ am / pm		Location Of Incident	

Description Of Incident				Location Of Injuries 
Description Of Injuries/First Aid Assessment				
Observations				
Time				
Consciousness				
Pulse				
Respiration				
Description Of Treatment				Referral ☐ Hospital (ambulance) ☐ Hospital (private transport) ☐ Own Doctor ☐ Other _____
First Aider Signature			Date/Time	

APPENDIX 4B - FIRST AID TREATMENT SELF EVALUATION FORM

First Aid Treatment Self Evaluation Form				
Name			Home Address	
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	

Rate Yourself On The Items Below	Rating Scale P = Poor A = Average G = Good VG = Very Good	Action To Be Taken
Ability to communicate effectively and provide instructions under stress.		
Ability to receive instructions under stress.		
Ability to cope under pressure.		
Ability to identify common injuries.		
Knowledge of treatments for common injuries.		
Ability to identify uncommon injuries.		
Knowledge of treatments for uncommon injuries.		
Ability to perform CPR.		
Ability to identify and competently operate first aid equipment.		
Knowledge of procedural documentation and reporting techniques and requirements.		
Ability to cope with ongoing effects of stress.		

Signature:	Date: