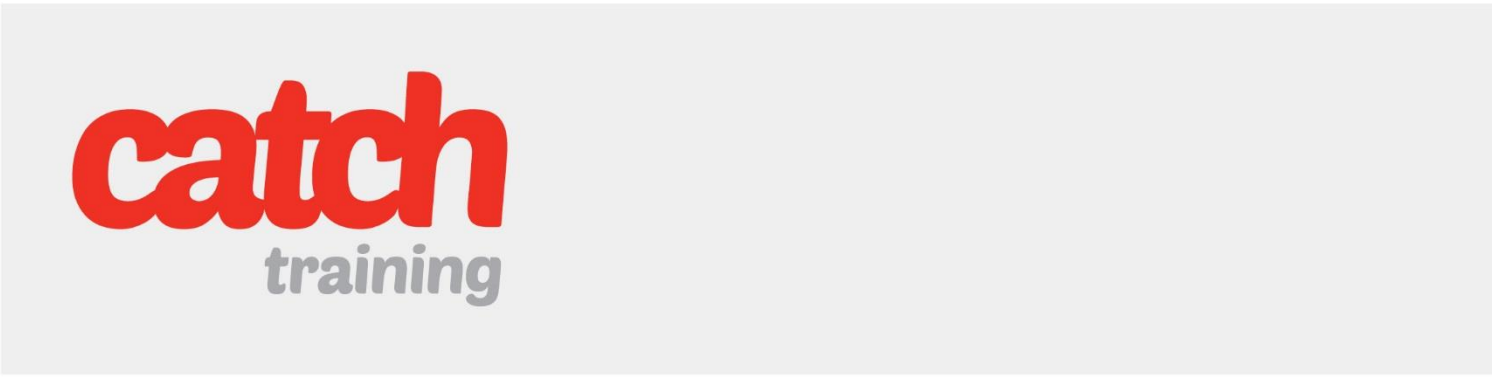

HLTAID003

Provide First Aid

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HLTAID004

Provide an emergency first aid response in an education or care setting

Learner Guide

Contents

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 by a worker to provide a first aid response to a casualty in a range of situations including community and workplace settings.

1.2 First Aid and Emergencies

The basic principles and concepts of first aid are to:

- Relieve pain and suffering.
- Avoid further illness or injury or worsening of illness or injury.
- Protect individuals who are unconscious.
- Encourage recovery.
- Prevent or reduce disability.
- Save lives.

Through First Aid training you will learn the skills you need to respond to a medical emergency so you can save lives and reduce pain and injury until qualified medical help takes over.

1.2.1 WHAT IS AN EMERGENCY?

An emergency is a situation where there is an immediate risk to health, life, property or environment and urgent action is needed to try to stop the situation from getting worse.

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

- Immediate threat to life, health, property or environment.
- Loss of life, health detriments, property damage or environmental damage.
- A high probability of escalation to cause immediate danger to life, health, property or environment.

It is important that you know and look out for signs of possible emergencies. Sometimes it can be hard to identify an emergency – using all your senses may help. Signs may include unusual noises, sights, smells and behaviours 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 who seems to be confused, in pain or having trouble breathing.
- Different or stronger smells than usual (be very careful in these situations as any fumes may be poisonous).

1.3 Legal, Workplace and Community Factors

As someone who is trained in first aid there are a number of legal, workplace and community factors you need to think about.

The information here is meant as a guide – always make sure that you are familiar with the particular requirements of your state/territory and organisation.

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

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

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

1.3.1 DUTY OF CARE

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

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

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

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

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

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

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

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

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

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

1.3.1.1 WHS Legislation and Guidelines

WHS legislation are the laws and guidelines designed help keep your workplace safe.

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

WHS legislation and regulations outline the responsibilities of a person conducting a business or undertaking (PCBUs) to provide first aid facilities and workers trained in first aid. The regulations may also detail the requirements of first aid kits and facilities based on the size of the organisation and the type of work environment.

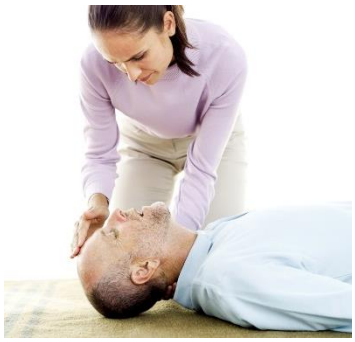
WHS guidelines for preventing accidents in the workplace should be found in the company's polices and standard operating procedures. It should have procedures on how to deal with a workplace accident.

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 WHS manual talk to the WHS officer.

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

1.3.2 CONSENT

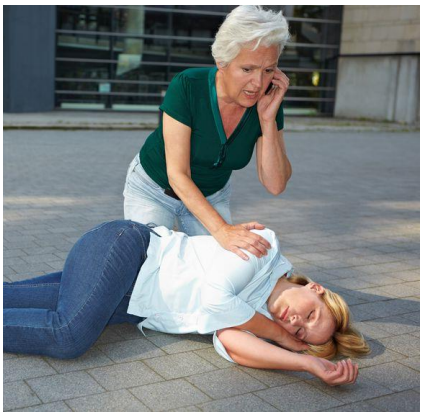
If you decide to go ahead with first aid, you must try to get consent from the casualty, and stop if they ask you to.



If the person doesn't give consent and you touch them or they think you will touch them you could be charged with assault or battery.

You may not always be able to get consent from an injured person, as they may be unable to communicate and/or unconscious.

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



Where the injured person is a minor (child) you should get consent from a parent or guardian.

If they are not available it can be assumed that consent for first aid would be given.

If you can't be sure that the injured individual has consented to receive first aid you may go ahead with the treatment if there is no outright refusal of assistance.

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

1.3.2.1 Showing Respect

It is important to be aware that individuals may have differing views and beliefs regarding receiving medical or first aid treatment. These may relate to cultural, religious or personal beliefs and customs.

Your life saving skills should be applied to the casualty in a way that doesn't force first aid procedures and respects the individual's beliefs. You should follow the guidelines for consent with every individual.

Also check the casualty for medical identification tags such as a bracelet or necklace. These will give you information like the name of the casualty, emergency contact, medical illnesses, allergies, and even what medical treatment they would refuse.

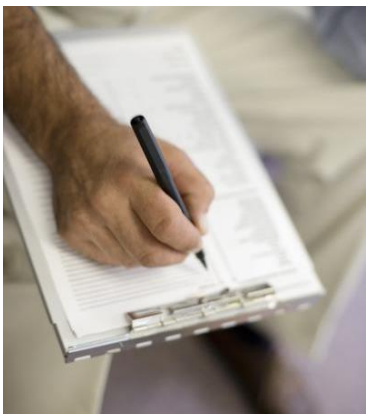
1.3.2.2 Negligence and Litigation

Most casualties are grateful for receiving first aid, but sometimes a person might take their rescuer to court for negligence.

This should only happen if you are not trained, qualified or authorised to carry out first aid.

The threat of negligence should not stop you 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 if something goes wrong and the casualty ends up with injuries caused by the actions of the first aider.

1.3.3 PRIVACY AND CONFIDENTIALITY



It is important to keep records of emergencies and injuries, including what happened and how it was addressed.

Recording keeping and reporting requirements can vary between states and territories, industries and organisations.

If you are acting as a first aid officer in your workplace make sure you follow the specific recording guidelines and procedures.

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

If providing first aid outside of the workplace you should make a record of the event, or at least keep notes about the first aid you gave.

Records should be clear and concise as they may be used as a legal document in court. Make sure that any first aid records are accurate, factual and only include your observations and actions, not your opinions.

You should also be aware of privacy and confidentiality legislation. This protects medical data from being circulated to the general public and ensures it is only handled by authorised workers and on a 'need to know' basis.

Each organisation will have policies and procedures for safeguarding sensitive medical information, including first aid details. Remember, if any patient information is leaked there are serious consequences and legal action could be taken.

1.3.4 YOUR FIRST AID SKILLS AND LIMITS

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

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

Your 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:

- Readiness to perform first aid.
- Level of physical fitness.
- General health.
- Disability.
- Barriers to actions (fear of failure or litigation).
- Motivation to perform first aid.

It is also a good idea to keep trying to improve your first aid skills.

Your organisation might provide training so you can keep your skills up to date. You could also do your own reading and research.

There will always be something that you can learn and therefore be a more effective first aider.

1.3.5 STRESS MANAGEMENT AND DEBRIEFING

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

After an emergency you should take part in any debriefing sessions or stress management support offered by your organisation.

Talking about what happened and what you did, and sharing experiences with others, will help you to cope with any stress or anxiety you may be going through.

It could also help you and others to improve the way first aid duties are carried out.

1.4 Risk Management

Before you start first aid treatment you need to check for any hazards or dangers in the area.

If you find a hazard or danger you need to do something to control it.

This will help to make the emergency situation safer.

1.4.1 IDENTIFY HAZARDS

Following an accident, there may be a range of hazards at the scene.

A **HAZARD** is the thing or situation that causes injury, harm or damage.

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

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

In order to identify hazards you need to:

1.4.2 CONDUCT A DYNAMIC RISK ASSESSMENT

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

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

This is called a risk assessment.

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

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

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

1. **Risk in an emergency situation is assessed before, during and after providing first aid.**
2. **You need to weigh up the benefits of going ahead with first aid against any risks that could be involved.**
3. **You should always think before you act rather than act before you think!**

1.4.3 MINIMISE RISK

Once you know what the hazards and risks are they will need to be controlled.

Control measures could include:

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

1.4.4 ISOLATE HAZARDS

You can isolate hazards to yourself and others by:

- Asking people not involved in the treatment process to make space and/or leave the scene of the accident.
- Moving the casualty to a place that doesn't have any hazards.

You must always 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.

You need to also make sure the process doesn't 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.

1.5 Principles of First Aid

When you are providing first aid it is important to understand the established first aid principles. The 4 principles are:

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

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

These guidelines are about:

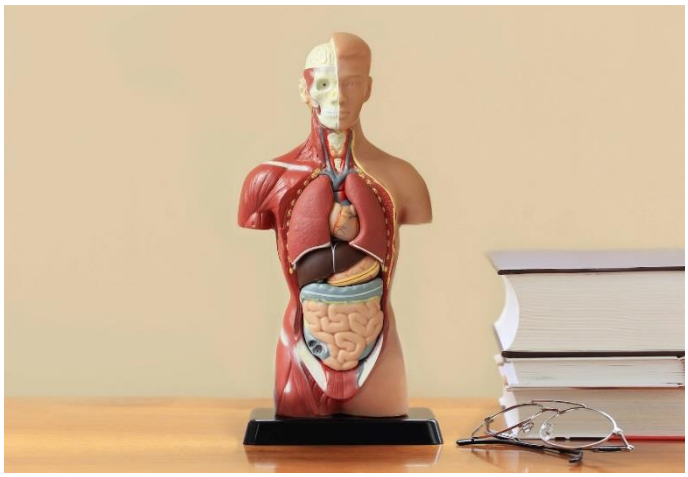
- First aid management of injuries.
- The basic life support system "DRS ABCD".
- First aid training requirements.

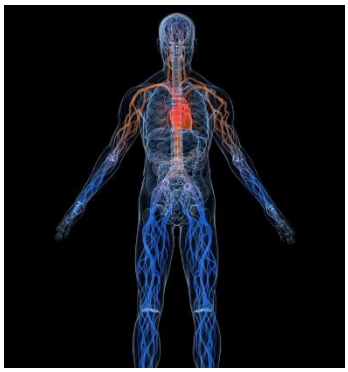
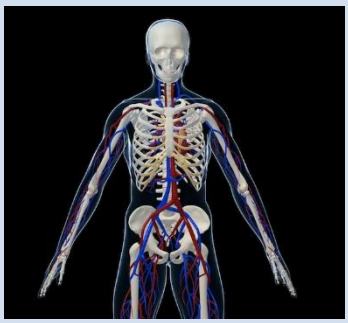
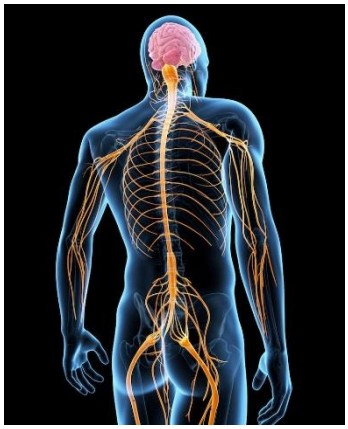
Following the ARC guidelines will also help you to meet legal obligations relating to providing first aid.

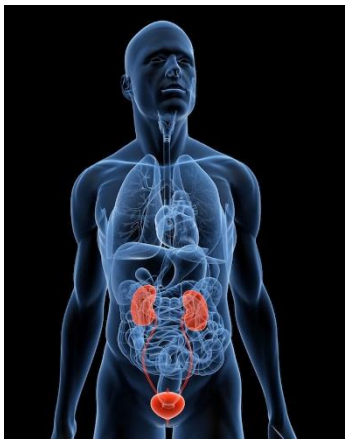
1.5.1 BASIC ANATOMY AND PHYSIOLOGY

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

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



Body System	Description
Integumentary System	This includes the skin, hair and nails. The skin is the first line of defence in the body and is the organ you will mainly be working with. Changes in the skin colour, temperature or texture should be noted. Wherever possible, cuts in the skin should be covered to avoid infection. 
Respiratory System	The respiratory system is concerned with breathing. It contains the lungs, mouth, nose and the windpipe. If a person can't breathe they may suffer brain damage in less then 4 minutes. 
Circulatory System	The circulatory system is how blood moves around the body. It involves the heart, veins and arteries. Abrasions and cuts to the skin will bleed and the rate of bleeding will show you whether a vein or artery has been injured. Blood coming from a vein will ooze or flow but blood coming from an artery will spurt. Arterial bleeding needs to be controlled urgently because a person can bleed to death very quickly. Pressure should be applied to any areas of bleeding. 
Skeletal System	The skeletal system is the framework of bones, tendons, ligaments and muscles that holds the human body together. You can usually see a broken bone as it will look deformed or out of shape. If you believe there is any chance of an injury being a broken or fractured bone, it is better to treat it as a break and immobilise the area until medical assistance arrives. Strains and sprains to the muscles can be painful, but are not life-threatening. 
Nervous System	The nervous system sends messages through every muscle, cell, bone and fibre of the body. Damage to the nervous system that you need to worry about is potential injuries to the spinal column. This can kill or cause permanent paralysis. 

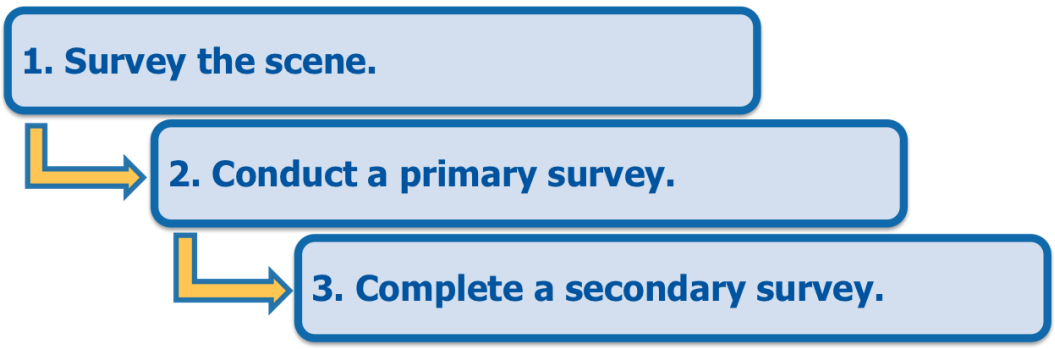
Body System	Description
Digestive System	The digestive system processes nutrients from the food provided to the body. The main digestive system issues for a first aid officer are: • Allergies. • Vomiting. • Diarrhoea. Ingestion of poisons and foreign substances. If a casualty has swallowed a foreign substance you will need to call for medical advice immediately. This is because different substances have different first aid responses. Don't give the ill person anything to drink unless a medical professional says you can. For allergies, a trained medical officer will have to give the person antihistamine. Food-related upsets, such as vomiting and diarrhoea, should also be treated by a doctor. Until they arrive, give the casualty some fluids to sip. Remember to take note of what fluids have been given, when they were given and how much. 
Urinary System	The urinary system enables the body to dispose of waste materials. As a first aid officer, you will mainly be dealing with dehydration of the casualty. The darker the urine, the more dehydrated the person will be. 

1.6 Assess the Scene and Casualty

Before you start any first aid treatment you must assess the scene for any hazards or risks to yourself, the casualty and others.

You also need to assess the casualty. This is so you can be sure about how to treat them.

The Emergency Action process can be followed to help you plan your response to an emergency and in providing first aid. The Emergency Action process steps should be followed to conduct the initial assessment. These steps are:



1.6.1 INITIAL ASSESSMENT

Once you arrive at the scene of an emergency, it's vital to do a thorough initial assessment of the scene.

1.6.1.1 Survey the Scene

The first stage in the initial assessment is to survey the scene of the emergency.

This will help you to see the type of accident and any immediate risks/hazards to the casualty, bystanders and treating workers.

Make sure you are not placing yourself at risk by trying to provide first aid.

While you are surveying the scene, you might come across some barriers to action. These barriers may be in the form of:

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

1.6.1.2 Primary Survey

The next stage in the initial assessment is to assess the casualty to work out how much and what sort of emergency care is needed.

This is called a primary survey because you are looking for any signs that the casualty is in a life-threatening situation and you may have to get help from emergency response personnel.

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

1. State of consciousness.

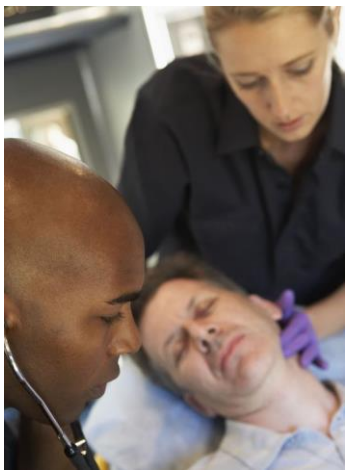
2. Airways.

3. Signs of life.

4. Severe bleeding.

Common questions that should be in a primary survey include:

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



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

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

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.

1.6.1.3 Secondary Survey

A secondary survey is done if the initial assessment found no life-threatening conditions.

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

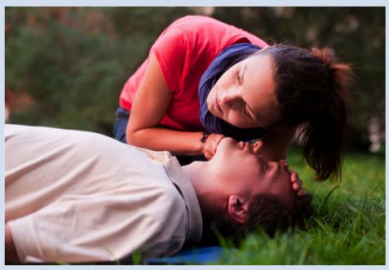
It involves carefully checking the casualty from head to toe.

To do the secondary survey follow these 3 steps:

Steps for Conducting a Secondary Survey

1. **Question the injured person and any bystanders.**
   - This can give a better picture of what happened and what you need to do.
   - Ask the person to describe how they are feeling, if they are in pain and where the pain is. Also watch them for any other signs of injury/illness.

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



3. **Check the person from head-to-toe.**
   - Start by telling them what you are about to do and ask them to remain still.
   - Try not to touch or move any painful areas. 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. Avoid any painful areas.
   - Look for signs such as bruising, swelling, blood or other body fluids, abnormal sounds, pain responses etc.

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

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

You must then put these assessments together to work out the appropriate course of action and care required by the casualty.

1.6.2 TRIAGE

If it is a major incident and there are a lot of casualties to treat, you need to prioritise treatment. Start with the casualties with the worst injuries.

This process is called 'triage'.

Triage means deciding who to help first. This will give the most people the best chance of surviving the incident.

At the incident scene you or someone else must quickly call for an ambulance or other emergency response services. The numbers to call are:

000	**Can be dialed from any fixed land line, mobile phone or pay phone.**
112	**Can be used from mobile phones.**
106	**Connects to the text-based relay service for people who have a hearing or speech impairment.**

All calls to the emergency numbers, whether from fixed, mobile, pay phones or VoIP services, are free-of-charge.

If a landline or mobile phone is not available, you could use other methods of communication such as:

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

1.7 Reassure the Casualty

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

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

If the casualty is conscious talk to them gently, without raising your voice or shaking them. If they are badly hurt, be honest but try not to scare them.

To make the casualty feel at ease it's important to give them information about what has happened, when it happened and what you are going to do to help them.

For example, if the person has had a car accident, tell them, "Your car rolled over and you've been injured for 2 hours now".

Once you are sure that an ambulance is arriving, you could say, "Don't worry, an ambulance will be coming soon to take you to a hospital."

Use words to reassure the casualty and it may help to speak slowly and calmly.

Be honest with the casualty about how you are going to help them.

1.7.1 MAKE THE CASUALTY COMFORTABLE

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

This could mean moving them to a sheltered place out of the sun, rain, wind or cold.

You could use coats, blankets or other things to keep them warm or shaded.

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

Pain management is important in keeping a casualty comfortable during first aid.

You need to find out where the pain is coming from and how bad it is. This is part of the primary and secondary survey of the casualty.

Remember that some people may not express their pain clearly. It could be worse than it seems.

Ask the person the following questions:

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

- Offering reassurance.
- Putting the person in a more comfortable position and/or supporting or immobilising the injured body part.
- Helping to maintain the casualty's dignity and privacy – help clean them up and cover exposed body parts if possible.
- Managing the environment – controlling onlookers, lighting and noise levels and adjust heating or cooling if possible.

• Distracting and relaxing the person – talking to them and encouraging them to stay calm and breathe slowly may help. Stop talking if they seem upset or annoyed with you.

• Helping the person take their prescribed medications (e.g. heart tablets) but you shouldn't give them analgesics (pain relief drugs).

Remember: Assess the pain regularly while waiting for medical help.

A person in pain may go in to shock – look out for signs of this and give the appropriate treatment.

1.8 Maintain Hygiene

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

Standard infection control procedures may include:

- Wearing protective gloves to maintain personal hygiene and to act as a physical barrier between you and the casualty.
- Covering any cuts, abrasions or skin conditions you may have.
- Cleaning away blood and other bodily fluids. If the person is bleeding and you haven't got any gloves or other protection you could ask them to help by applying direct pressure to the wound or placing a dressing or other clean cloth between your hand and the wound.
- Not touching your face, especially your mouth ears and eyes. Also avoid eating and drinking.

- Washing your hands thoroughly. Use soap and water or an antibacterial hand gel, both before and after providing first aid, even if gloves were used.
- Disposing of contaminated waste in biohazard containers. If these are not available put waste in a leak-proof/sealable bag or container and dispose of it carefully.
- Correctly disposing of contaminated sharp objects (such as needles). If possible use tongs to pick them up and put them into the 'sharps' container.
- Using a protective mask and following infection control best practice (ARC guidelines 9.6.2) before you perform resuscitation.

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

1.9 Use Manual Handling Techniques

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

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

To make sure you don't hurt yourself or the patient you should use techniques for safe manual handling.

You should always bend your knees and not your back when lifting. This will help to avoid straining your back.

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

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

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

There are different ways to move the casualty and you need to plan how you are going to do it. In planning the move you should think about:

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

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

1.9.1 EMERGENCY MOVES

Where there is an immediate threat of danger you may need to do an emergency move.

Emergency moves may be done with one person or two or more people.

1.9.1.1 One Person

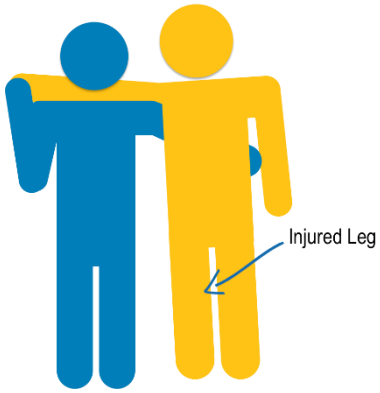
If there is no one to help you could carefully drag the casualty. For each of the following drags the casualty should be on their back.

One person drags include:	Description and when to use:
Ankle Drag	◆ Casualty is pulled by the legs, with the first aider holding ankles. ◆ Used for people too large to move in any other way. ◆ Best used on smooth surfaces. ◆ Doesn't protect the casualty's head and neck very well. ◆ Less risk for the first aider.
Arm Drag	◆ Casualty is dragged head first. ◆ Casualty's arms should be raised above their head. ◆ Hold on to the elbows, using the casualty's arms to cradle their head for some neck and spinal stability. ◆ Do not lift their head and arms/shoulders off the ground. ◆ If a head or neck injury is suspected use the arm drag. ◆ Could exhaust you and strain your back.
Clothes Drag	◆ Not recommended for suspected back/neck/spinal injuries. ◆ Open the top buttons of the casualty's shirt/jacket so you don't put pressure on their throat. ◆ Loose fabric should be gathered in tightly behind the casualty's neck for head/neck support. You could also cradle your hands around their head. ◆ Drag the casualty to safety, pulling on their clothing. ◆ Could exhaust you and strain your back.
Blanket Drag	◆ Preferred option if removing the casualty from a confined space. ◆ Blanket is placed alongside the casualty, with the side closest to them bunched up. ◆ Kneel beside the casualty. Roll them on to their side by pulling them towards your knees, then pull the blanket under them. Roll the casualty on to blanket and pull the bunched section over them. ◆ Grasp the blanket under the casualty's head and pull backwards.

Always try to drag the casualty lengthwise (head or feet first). Dragging or pulling them sideways could hurt them or cause more damage to the spinal cord.

If you are on your own you could also lift the casualty but you need to be strong to do it properly and support their back, neck and spine. Never try to lift the person if you think they have spinal injuries.

One person lifts include:	Description and when to use:
One-Person Arm Carry/ Cradle Carry	◆ Best for children and small adults. ◆ Carry the casualty with your arms under their legs and behind their shoulders/back.
Fire-Fighter's Carry	◆ Used for carrying over longer distances. ◆ Difficult to get in position from the ground and/or when you are alone. ◆ Casualty is carried over one shoulder. ◆ Your 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 the casualty's neck and spine than fire-fighter's carry. ◆ Both of the casualty's arms are placed over your shoulders. ◆ Cross the casualty's arms and grip the opposite wrist with one hand. ◆ Casualty's arm is pulled close to the chest. ◆ You bend slightly at the waist, balancing the load on your hips and supporting the victim with the legs.



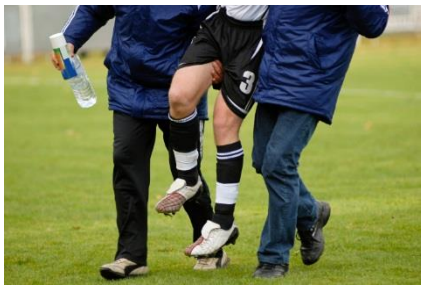
If the casualty is conscious and able, you could help them through a one-person assisted walk (some times referred to as a human crutch). However, this should not be used if the person has a shoulder, rib or upper arm injury.

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.

1.9.1.2 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 do a 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 casualty 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 reaches under the casualty's armpits to grasp the casualty's wrists (with their arms crossed).**
3. **From the side the other first aider places one hand and forearm under the thighs and knees, holding the thighs firmly. The other arm is placed around the person's back.**
4. **Using clear communication the first aiders stand, lifting the person and moving quickly to a safer location.**

1.9.2 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 give you the chance to stabilise any injured parts and if possible to practise the move.

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

- Seat carry.
- Two-handed.
- Four-handed.
- Chair lift.
- Wheelchair lift.
- Blanket lift.
- Stretcher lift.

1.9.2.1 Two-Handed Seat Carry

The two-handed seat carry is used for unconscious or disoriented persons.

It is also used for casualties with 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 walk with ordinary steps.

1.9.2.2 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 arms, or just one arm, to hold on to 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 hand, then grasping the other first aiders right wrist with their left hand.
3. Keeping their back as straight as possible the first aiders stoop/crouch beside the injured person and slide the seat under them.
4. The injured person is then 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.

1.9.2.3 Chair Lift

When a person does not have serious injuries a chair lift or carry can be used. This lift is good 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 are as follows:

1. Move any obstructions from the path of travel.
2. Check the chair is safe, sturdy, has secured 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 body position.
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.

1.9.2.4 Wheelchair Lift

A wheelchair lift can be done the same way as the chair lift, but you need to make sure that the wheelchair's brakes are on.

Also make sure 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.

1.9.2.5 Blanket Lift

It takes at least six people to safely carry out a blanket lift and keep the injured person stable.

You usually do a blanket lift 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 or four of the carriers should work together to roll/turn the injured person on to 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, 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 to ensure you give the best support to the injured person. This may be achieved initially through the carriers. The carriers can do this by 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.

1.9.2.6 Stretchers

A stretcher is the safest, smoothest way to move an injured person. It stops unnecessary movement, which can jolt the casualty and make their injuries worse.

There are different types of stretchers you can use, as well as specialist stretchers that emergency response services personnel may use.

A stretcher should always be tested before you use it to make sure it is safe and undamaged, and can carry 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 on to the stretcher follow the rolling technique 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 with the casualty's head level or slightly raised. If the casualty has hypothermia or is in shock, they must be kept horizontal at all times.

2.1 Provide First Aid Management

To be a good first aider you need to study, learn and be trained in first aid management.

You need to be able to recognise and manage life-threatening illnesses and injuries like loss of consciousness, heart conditions, allergies, bleeding, bites and many more.

This information will be available in your organisation's emergency and first aid policies and procedures.

You can also find useful and up to date information about first aid procedures and training for responding to these and other emergencies from the Australian Resuscitation Council (ARC) guidelines.

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

As a first aider you need these skills to:

- Save lives.
- Stop further injury and prevent the condition worsening.
- Promote recovery and healing.

You also need to communicate clearly and firmly. Make sure other people understand what you mean and get them to repeat any instruction back to you.

2.1.1 CORRECTLY OPERATE FIRST AID EQUIPMENT

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

- First aid kit, including bandages, eye washes, disinfectant, gloves etc.
- Personal Protective Equipment (PPE).
- Resuscitation mask or barrier.
- Puffer/inhaler/Bronchodilator and spacer device.
- Automated External Defibrillator (AED).
- Stretcher.
- Auto-injector e.g. Epi-pen.

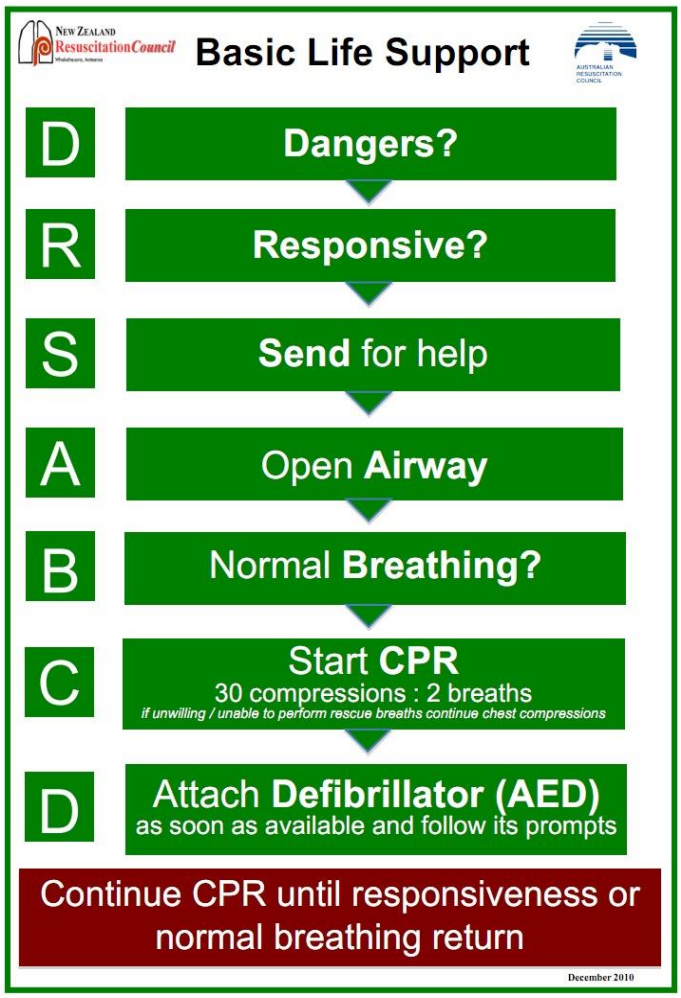
Always follow workplace procedures and the manufacturer's instructions for using first aid equipment.

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

You might also be able to get some training.

2.2 DRS ABCD Action Plan

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



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

2.2.1 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 won't hurt them more, and remember to protect yourself from back strain or other injuries.

2.2.2 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 keep monitoring them for at least 10-15 minutes before letting them move.

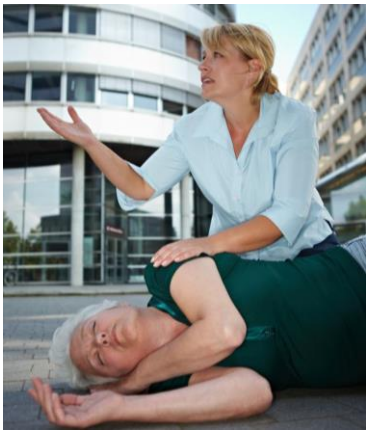
If you don't get a response call 000 immediately.

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

2.2.3 S – SEND FOR HELP

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

000	**Can be dialed from any fixed land line, mobile phone or pay phone.**
112	**Can be used from mobile phones.**
106	**Connects to the text-based relay service for people who have a hearing or speech impairment.**



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

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

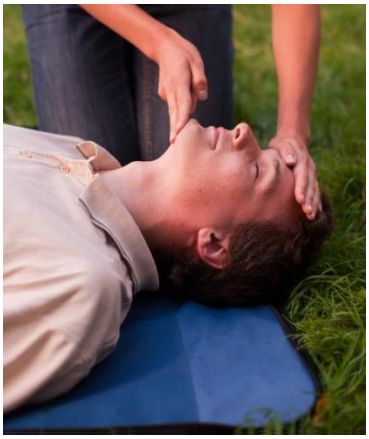
In an emergency at work you could ask your colleagues, supervisors or anybody close by to help. Someone might be able to take over the treatment if you get tired doing CPR.

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

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

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

2.2.4 A – AIRWAY



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

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 placed 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 the material to drain from the mouth.

An open airway is the most important thing, even if you think the casualty has a spinal injury.

2.2.4.1 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.

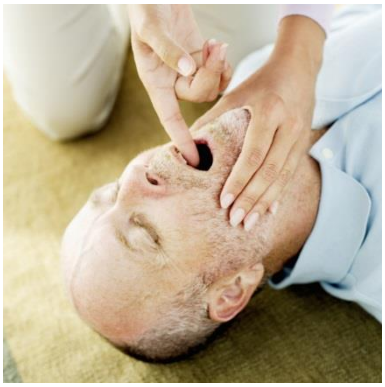
1. Kneel beside the person – they should still be on their back.
2. Place the person's arm furthest from you across their chest, with their hand on the opposite shoulder.
3. Position the arm that is closest to you at a right angle to their body, along the ground.
4. Lift the leg that is furthest from 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 fluid can drain out.
8. If necessary, remove any visible blockages with your fingers – 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 jawbone and opening the mouth slightly.

2.2.5 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. Also watch the chest and abdomen to see if they rise and fall with air movement.



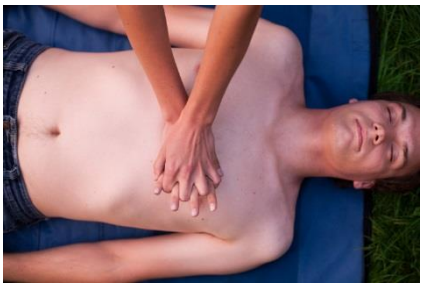
If the casualty is breathing normally, position them in the recovery position and again check their airway and head position.

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

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

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

2.2.6 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, body systems such as the brain and the heart are affected as oxygen is being pumped into the blood through the circulatory system.

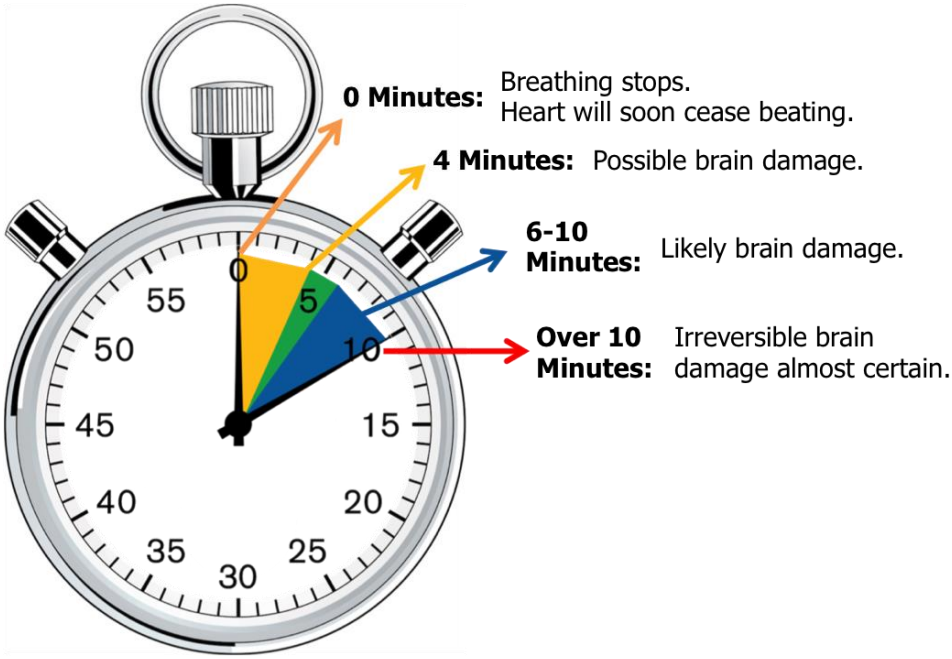
CPR can save lives or increase the chance of survival for the casualty until qualified medical help takes over.

You can check if CPR is needed by looking for signs of collapse or a life-threatening situation such as stopped breathing, no pulse and unconsciousness. If there is no response or vital signs are missing then you should start CPR immediately.

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

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

If CPR is not done quickly the casualty won't have enough oxygen. This could cause brain damage and death.



If the casualty is unconscious and not breathing you should immediately adopt the DRS ABDC 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 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 2 hands for an adult, 1 for a child and the pads of 2 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 your elbows locked – this applies to the elbow of the hand on the chest if holding the wrist and both elbows if interlacing the fingers. You won't get so tired as you will be able to use the weight of your upper body, rather than 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 2 rescue breaths.

2.2.6.1 Rescue Breaths

After every 30 compressions you 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 the chest rises and falls with the breath. This will show whether your breath has reached their lungs. It also stops you inhaling their exhaled breath and lets you 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.

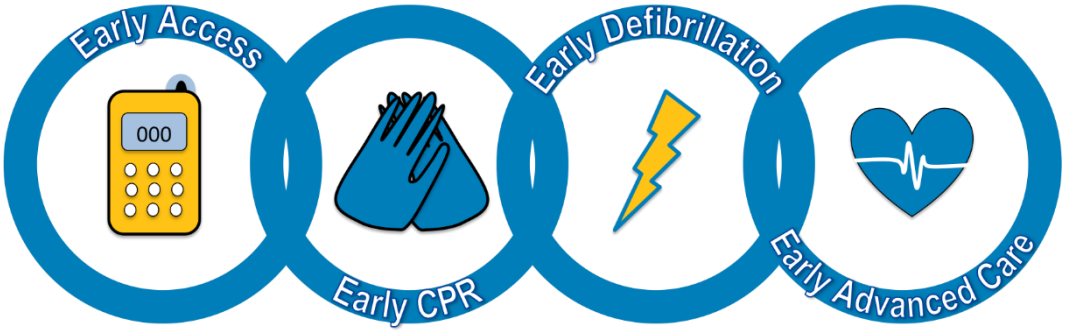
If you are unwilling to give mouth-to-mouth you should at least continue to administer chest compressions – **any resuscitation is better than none.**

DO NOT STOP until emergency help arrives.

2.2.6.2 The Chain of Survival

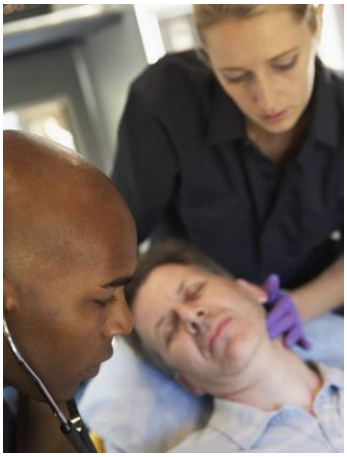
The chain of survival is the rapid administration of CPR in sudden cardiac arrest situations to maximize its life saving potential. Understanding the links in the chain of survival can improve the chances of survival from a cardiac arrest.

The 4 links in the chain of survival:



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

2.2.6.3 Stopping CPR



You should only stop CPR if:

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

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

2.2.7 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, an electrical shock is sent to the heart, which can restore normal heart rhythm. People who need CPR have abnormal heart rhythms.

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

AEDs are easy to use so you don't need formal training.

Most have visual and/or verbal instructions that you should follow as different machines may vary slightly.

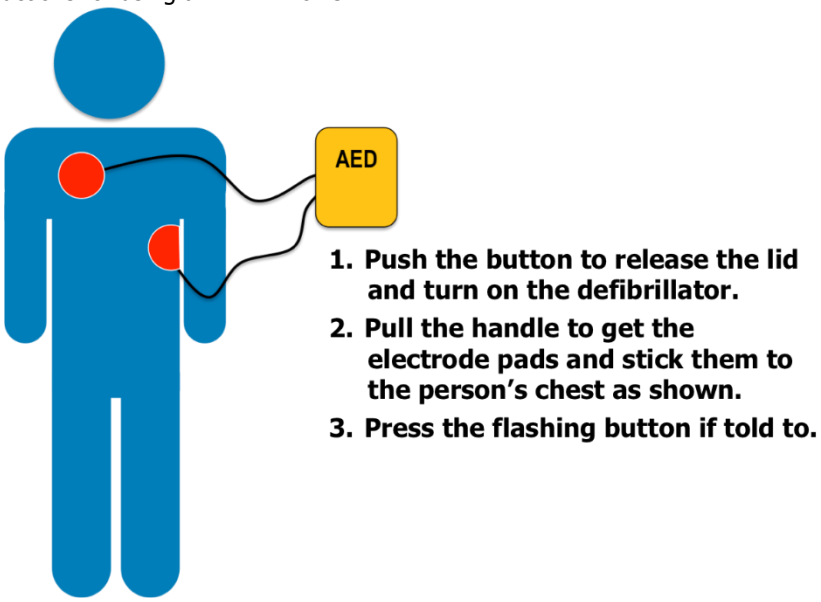
Once the pads of the AED have been attached to the casualty – this must be directly to the skin, which may need to be dried off – the device will detect the person's heart rhythm and then deliver an electric shock if required.

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

Do not use an AED when:

- You are under the influence of drugs or alcohol.
- You are in a flammable gas environment.

- General instructions for using an AED involve:



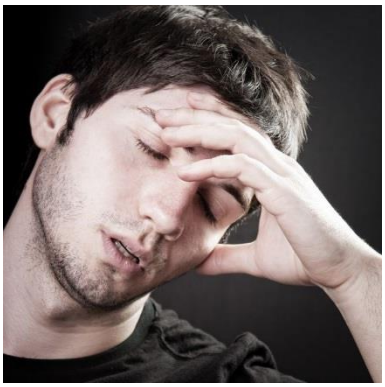
While there is not currently an Australian Standard for AED signage, the Australian Resuscitation Council has developed this sign to be used in Australia to identify and direct people to the location of an AED.

2.3 Shock

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

When a person goes into shock the body sends oxygen/blood to the vital organs first. This slows the blood flow to the limbs and digestive system, causing pale, cold, sweaty skin and 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 lose 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.
- Casualty may feel anxious, restless and very thirsty.
- Casualty may develop nausea/vomiting.
- Altered conscious state.

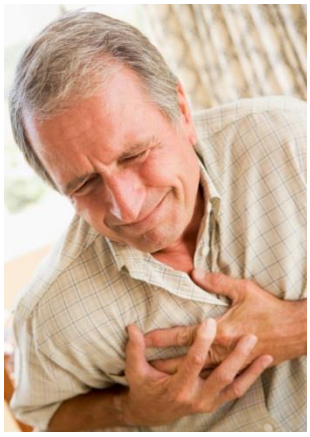
Treatment includes:

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

2.4 Chest Pain

Chest pain may be a sign of a cardiac emergency. Recognising chest pain:

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



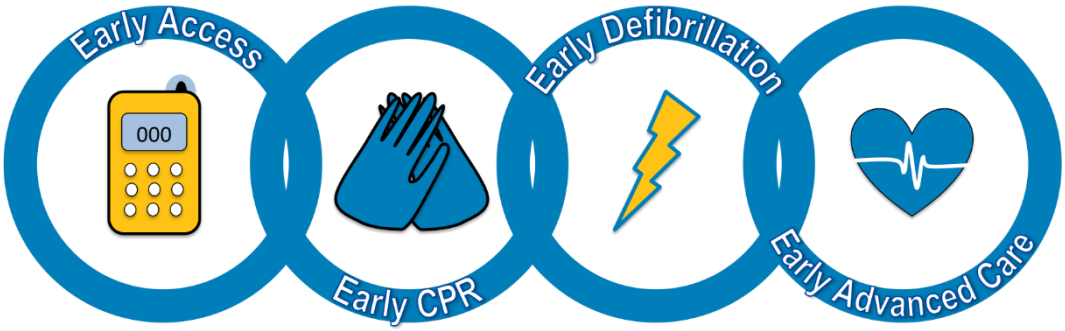
Common conditions associated with chest pain are:

- Sudden cardiac arrest.
- Heart attack.
- Angina.
- Congestive heart failure.

2.4.1 SUDDEN CARDIAC ARREST

When a heart attack is not promptly controlled and treated, it can get worse and turn into a sudden cardiac arrest with a loss of vital signs.

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



You can recognise signs of cardiac arrest when the casualty:

- Is unconscious.
- Has no signs of life.
- Will not respond to touch.
- Will not respond to questions.
- Is not breathing normally.
- Has no pulse rate.

Treatment 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.

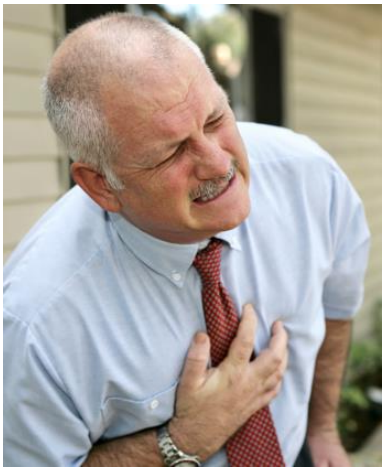
3. Call 000 or 112 for an ambulance.

2.4.2 HEART ATTACK

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

This is where fatty deposits have built up in the inner walls of the coronary arteries, causing a blood clot/s to form and slowing blood flow to the heart.

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:

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

- Treatment includes:

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

2.4.3 ANGINA

Angina can look like a heart attack but the chest pain can come and go and last less than 10 minutes. It will often occur during physical exercise.

A person with angina will still be conscious and have a pulse but it must be treated or it may lead to sudden cardiac arrest.

People who have been diagnosed with angina should have prescribed medication with them to relieve the condition.

Recognising angina (similar symptoms to a heart attack):

- A tight/heavy or dull pain or ache starts across the chest and comes and goes at different times.
- Pain can spread to the neck, jaw, shoulders or arms (usually the left arm).
- The person may develop nausea, vomiting, shortness of breath and they usually look pale, distressed.

Treatment includes:

If the patient is conscious:	If the patient is unconscious:
1. Ensure the person stops physical activity/exertion. **2.** Rest the patient in a comfortable position and give reassurance. **3.** Help the patient to 'self-administer' their prescribed angina medication. **4.** Be prepared as the patient may become unconscious. **5.** If medication does not work and there has been no relief after 10 minutes, call for an ambulance – Dial 000 or 112.	**1.** Commence DRS ABCD Basic Life Support. **2.** Call an ambulance on 000 or 112.

2.4.4 CONGESTIVE HEART FAILURE

Congestive heart failure describes when the heart is weak, doesn't function well and can't pump normally. It is usually due to old age or chronic heart disease.

A person with congestive heart failure may be well for most of the time but they can suddenly get worse, particularly when they get sick or don't take prescribed medications.

A person who is experiencing congestive heart failure will still be conscious and have a pulse. If it is not treated, the person could have a sudden cardiac arrest.

Recognising congestive heart failure:

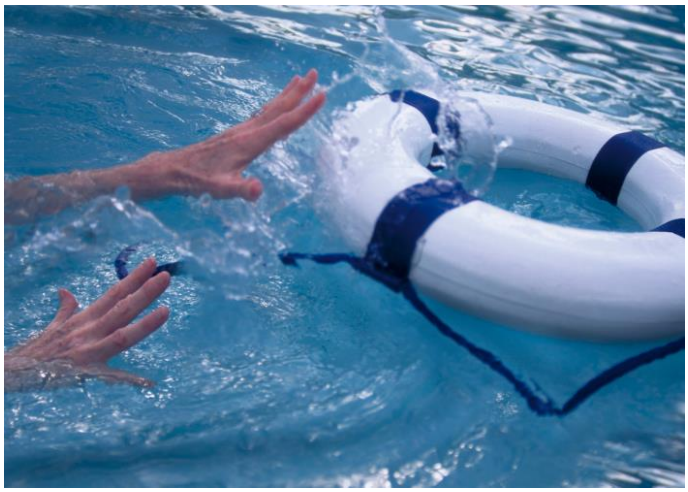
- Breathing difficulties – coughing, wheezing, sometimes with gurgling sounds.
- Swollen feet, ankles, legs, and abdomen.
- During exercise – general tiredness and breathlessness. May also occur during times of strong emotion.
- General feeling of ill health.

Treatment includes:

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

2.4.5 DROWNING

A drowning person can have a cardiac arrest and die. You could put your life in danger by trying to rescue the casualty from the water. If possible use an item that floats to help get the person out of the water.

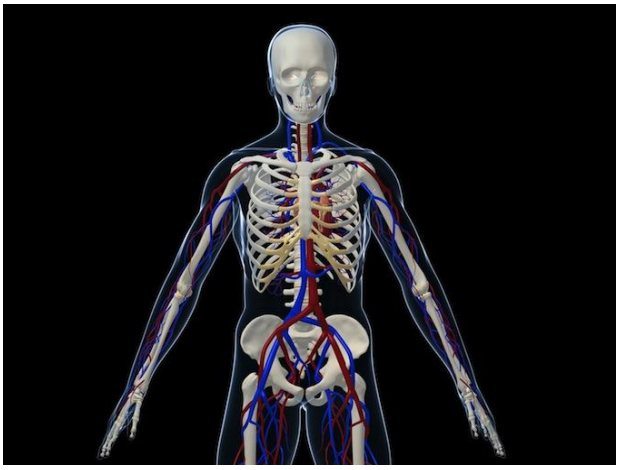


Check first that it is safe to do so and then:

- Have someone call 000 or 112 for an ambulance.
- Get the person out of the water using a flotation device, if available.
- When the casualty is out of the water turn them on to 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 services personnel arrive.

2.5 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.



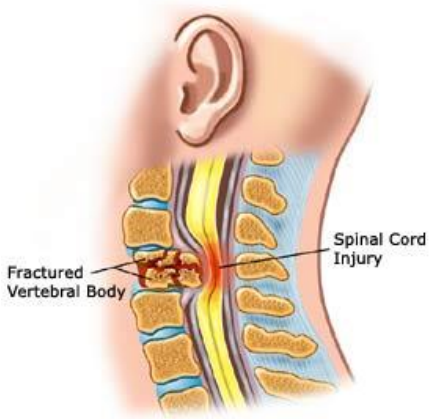
2.5.1 HEAD, NECK AND SPINAL INJURIES

In providing first aid management you 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, you should always treat the injury as 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 a 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 (hands and feet).
- Partial or complete loss of movement in any body part.
- Discharges or presence of blood or other fluids in the ears or nose.

- Bruising on the head, particularly around the eyes or behind ears.
- Nausea or vomiting.
- Impaired/difficulty breathing.
- Vision problems.
- Persistent headache.
- Loss of balance.
- Unusual bumps/depressions on the head and/or spine.

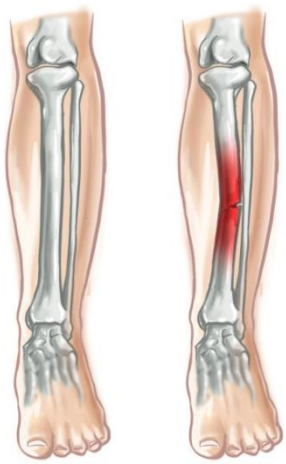
Head, neck and spinal injuries can result in paraplegia or quadriplegia, depending on the location of the injury. They can also be potentially life-threatening as breathing can stop.

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 or 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 without twisting, bending or moving the person's neck and back too much. If another person is able to help, one of you should move the body while the other supports the head, neck and spine.

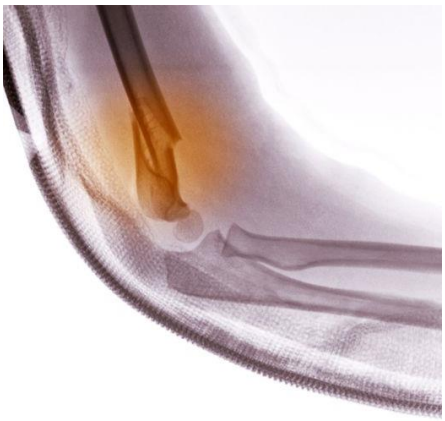
2.5.2 FRACTURES AND BREAKS

Fractures are breaks in bone tissue 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. The limb may be severely bent or an object may have penetrated the skin, breaking the bone.
- **Closed fractures** have no broken skin and are more common than open fractures.

Fractures can become life-threatening if there is severe internal or external bleeding and because of the risk of shock. If organs or major nerves or other structures/systems are also injured, the fracture, whether open or closed, is classed as 'complicated'.



Common signs and symptoms include:

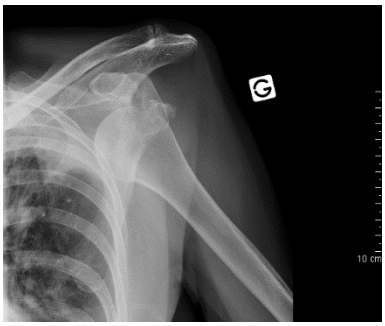
- Pain/tenderness – at or near the injury site.
- Deformity or abnormal position/twist of limb.
- Swelling.
- Loss of function.
- Discolouration, bruising of skin.
- Shock.

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 the casualty not to move the injured body part. **4.** Immobilise and/or support the fracture. **5.** Handle gently – move the limb/body part as little as possible to prevent making the fracture worse (e.g. a closed fracture may become an open fracture) and to lessen the person's pain. **6.** Seek medical aid.	**1.** Commence DRS ABCD Basic Life Support. **2.** Call an ambulance on 000 or 112.

2.5.3 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.

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.

First aid treatment may include:

If the patient is conscious:	If the patient is unconscious:
1. Complete primary and secondary surveys. **2.** Support and immobilise the injury. **3.** Treat for shock. **4.** Apply a cold compress/ice pack to the affected area 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 or 112.

2.5.4 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 their muscles and helps to relieve/reduce pain.
- Applying a splint. Splints may be soft, rigid or body splints, and may be improvised or a commercial product.
- Soft splints include towels, cushions or folded blankets along with bandages/slings.
- Rigid splints include metal strips, boards, folded magazines and papers along with bandages/slings.
- Body splints involve securing an injured body part to another body part, e.g. an injured arm being secured to the chest or securing an injured leg to the uninjured one. Also requires slings/bandages or other material to secure the injured body part.

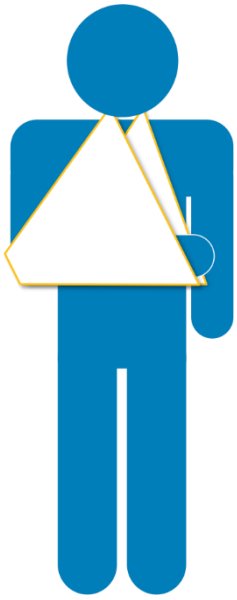
- Points to remember when supporting/slinging injuries:

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.

2.5.4.1 Common Body Splint/Slinging Techniques

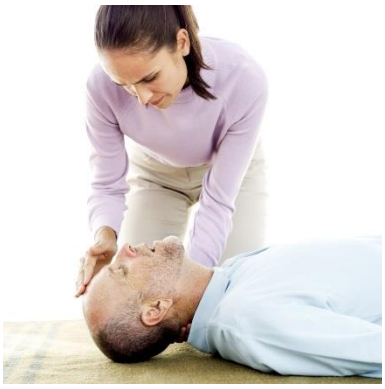
Some of the most common body splinting techniques are those for the arm, which are outlined in the table below.

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.
		

2.6 Altered Consciousness

If a person is unconscious or has an altered state of consciousness then it is a sign that something is wrong in the body. The ARC 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 enough blood flow for the brain.

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 need immediate attention.

Conscious states are classified in to 3 levels:

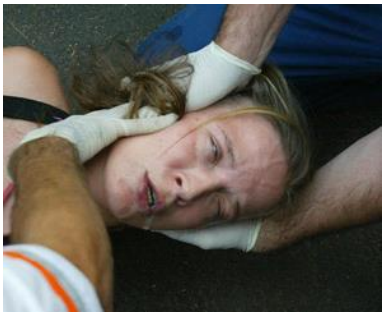
Conscious	**The individual responds normally to both questions and requests.**
Semi-conscious	**The individual shows confusion, disorientation and/or altered thinking in their response to questions/ requests.**
Unconscious	**No response to questions/requests or touch.**

If a person is unconscious, not breathing or not breathing normally you 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 unconsciousness/altered consciousness include:

- Head injuries, including:
- Concussion.
- Cerebral compression.
- Stroke.
- Fainting.



- Seizures, including:
- Epileptic seizures.
- Infantile/Febrile convulsions.
- Diabetic emergencies.
- Low blood sugar/Hypoglycaemia.
- High blood sugar/Hyperglycaemia.

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

2.6.1 HEAD INJURIES

It may not always be obvious that a person has a head injury, you might not see 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.

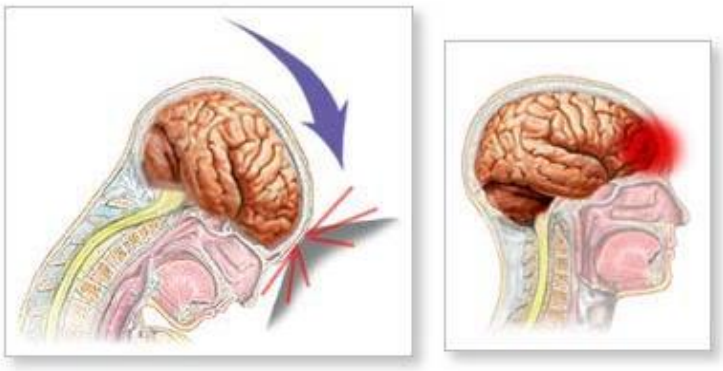
If you think a person has a head injury you need to watch them closely and regularly for signs of changes in their conscious state and take appropriate action.

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.

2.6.1.1 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.

For someone you think has concussion get medical help and watch them closely. 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 or 112.

2.6.1.2 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 flow/supply.

Cerebral compression is most likely to happen when head trauma/injury has occurred, although it can also be caused by a stroke, brain tumour or infection.

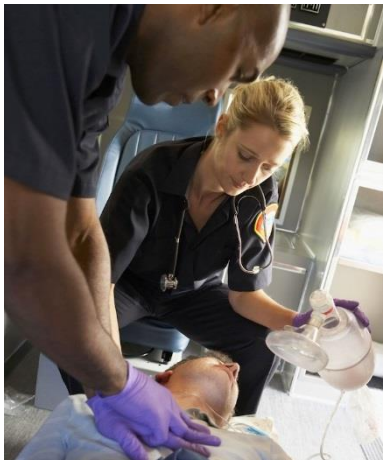
Common signs and symptoms (developing rapidly or gradually) include:

- 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 you must get the person to hospital and professional medical care as soon as possible.

If the patient is conscious:	If the patient is unconscious:
1. Call an ambulance on 000 or 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 the person on their side if consciousness deteriorates. **5.** Conduct secondary survey. **6.** Carry out any required first aid.	**1.** Call an ambulance on 000 or 112. **2.** Place the person in the recovery position. **3.** Commence DRS ABCD Basic Life Support.

2.6.2 STROKE



A stroke happens when blood flow to the brain is disrupted and brain tissue is damaged due to bleeding or a blood clot.

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 or 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.

You don't have much time so call an ambulance straight away.

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 or 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 the 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 or 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 the ambulance arrives.

2.6.3 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 having a seizure may appear to "tune out" for a short time and be unresponsive.

Other people have sudden, muscular contractions, called convulsions.

Seizures can look scary but you need to stay calm and keep the person safe.

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 from 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. (They could bite their tongue or cheek but this shouldn't cause too much bleeding).
Immediately after the seizure:
1. 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.
2. Keep them on their on side until fully conscious – they may be drowsy or disoriented after the seizure.
3. Conduct secondary survey.
4. Carry out any required first aid.
5. Reassure the person.
6. Ask bystanders not to crowd around.
7. If the person became incontinent during/after the seizure cover their clothing if possible.
8. Remain with the person until they are fully conscious and aware of their surroundings.

Call an ambulance (**000** or **112**) if:

- It is the first time the person has had a seizure/there is no history of seizures.
- The seizure 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.

2.6.3.1 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 the 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 the time the convulsions begin and end.
6. If convulsions last more than 5 minutes call an ambulance (000 or 112).
After the seizure:
1. Follow the guidelines as for regular seizures.
2. Call a doctor about treatment of the underlying illness.

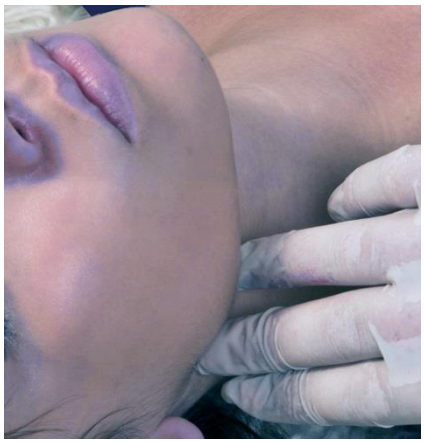
2.6.4 DIABETIC EMERGENCIES

If you aren't sure if the person has low or high sugar, give them a sweet drink.

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

2.6.4.1 Low Blood Sugar/Hypoglycaemia

Too much insulin, not enough sugar, not enough food or too much exercise or alcohol causes hypoglycaemia. Hypoglycaemia often starts more quickly 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 the 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 or 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 or 112. **3.** DO NOT give anything by mouth. **4.** Monitor ABC. **5.** Maintain normal body temperature and monitor for signs of shock.

2.6.4.2 High Blood Sugar/Hyperglycaemia

Hyperglycaemia occurs when there is too much sugar/glucose in the blood and not enough insulin. For people with diabetes, hyperglycaemia can happen when they miss insulin doses, they overeat, don't exercise and/or are under stress.

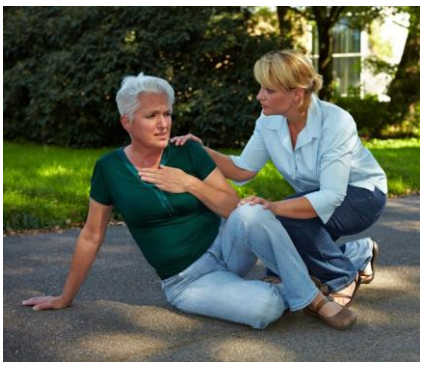
Common signs and symptoms of high blood sugar include:

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

Treatment for hyperglycaemia is the same as for hypoglycaemia because if the person already has an excess of sugar (hyperglycaemia) then more in the short term will not harm them. This means that you will not have to try and work out the best treatment option until an ambulance arrives.

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 the person for signs of recovery. **5.** If the person does not recover quickly/within a few minutes call 000 or 112 for assistance. **6.** If the person becomes unconscious follow the emergency phone operator's instructions.	**1.** Commence DRS ABCD Basic Life Support. **2.** Call an ambulance on 000 or 112. **3.** DO NOT give anything by mouth. **4.** Monitor ABC. **5.** Maintain normal body temperature and monitor for signs of shock.

2.6.5 FAINTING



Fainting occurs when the blood flow to the brain is temporarily reduced and can result in semi-loss 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. 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:
1. Leave the person lying flat. **2.** Check ABC. **3.** If possible elevate the legs/feet. **4.** Loosen tight clothing e.g. belt, tie. **5.** Do not give anything to eat or drink. **6.** Carry out secondary survey. **7.** Carry out required first aid for injuries. **8.** If the person is pregnant, place them on their side. **9.** Encourage the person to consult their doctor to check for cause/underlying conditions.	**1.** Place the person in the recovery position. **2.** Follow DRS ABCD Basic Life Support process.

2.7 Respiratory Distress/Conditions

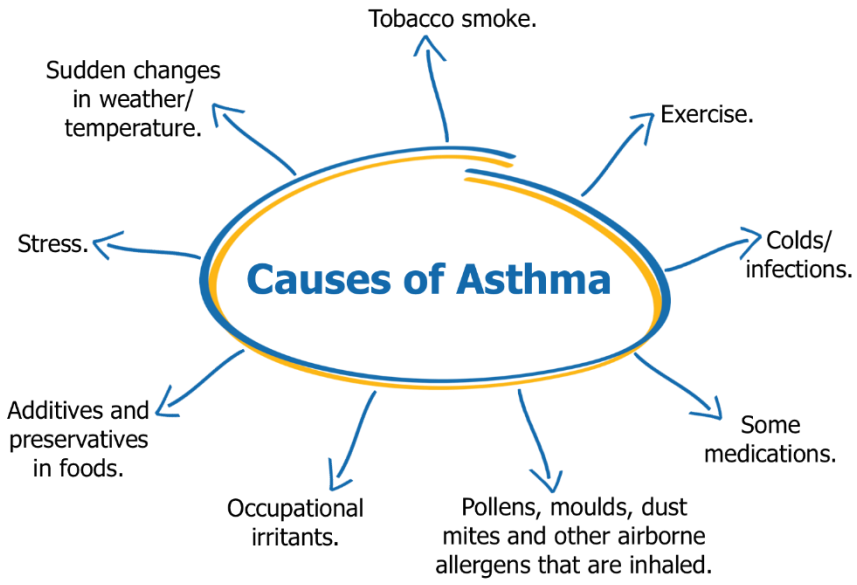
Respiratory distress is laboured breathing or shortness of breath. Other medical conditions that may trigger it are asthma, respiratory infections, drowning, choking, electric shock, heart disorders, poisons, and allergic reactions.

2.7.1 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 called 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. This usually includes steps to take to prevent asthma attacks, 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 has collapsed/is 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 4 puffs of the reliever (through a spacer device if available) over a period of 4 minutes. **3.** The person should rest and if possible receive oxygen given by a trained person. **4.** If there is little/no improvement, call 000 or 112 and continue to administer reliever in the 4x4 method.	**1.** If the patient is unable to use the reliever immediately call 000 or 112. **2.** If oxygen is available, have a trained person give 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.

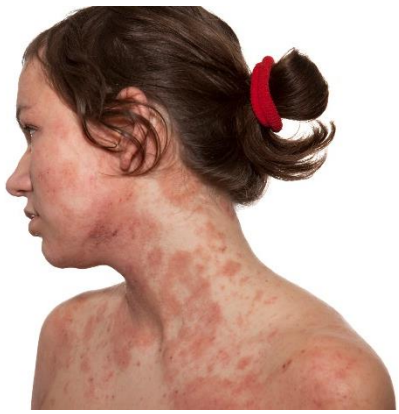
2.7.2 SEVERE ALLERGIC REACTIONS

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 causes (or triggers) include:

- Venom – from bee stings.
- Foods:
- Eggs.
- Milk products.
- Peanuts.
- 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.
- Unconsciousness.



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:

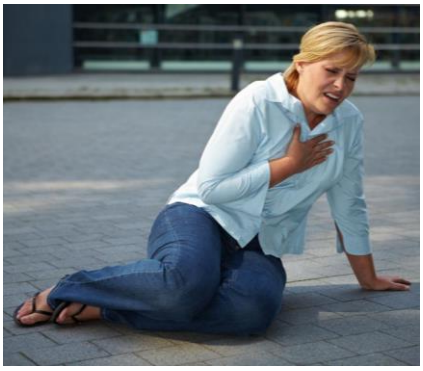
If the patient is conscious:	If the patient is unconscious:
1. Help the patient to lie down – if breathing becomes more difficult help them sit up. **2.** Remove the trigger/allergen to prevent further injury. **3.** Call 000 or 112. **4.** Follow the person's emergency action plan if they have one – 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 the 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 jewellery. **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 or 112 and follow emergency personnel instructions.

2.7.3 HYPERVENTILATION

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 faster.

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 or 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 or 112 and follow emergency personnel instructions.

2.7.4 CHOKING

Choking is the result of either a totally or partially obstructed airway – caused by swollen tissues or a foreign body or food/material entering the windpipe instead of the gullet.

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 or 112.	**1.** Call 000 or 112 for an ambulance. **2.** Have the person stand if able and lean on the back of a chair. **3.** Give 5 sharp, upward back 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 the object has been expelled. IF THE PERSON BECOMES UNCONSCIOUS: **7.** Lay the person on their side and try to clear the airway – check the mouth for visible foreign material. **8.** Use head tilt and jaw support to open the airway – look, listen and feel for breath signs. **9.** If the person is still not breathing, start DRS ABCD Basic Life Support process – try to blow air past the obstruction.	**1.** Lay the person on their side and try to clear the airway – check the mouth for visible foreign material. **2.** Use head tilt and jaw support to open the airway – look, listen and feel for breath signs. **3.** If the person is still not breathing, start DRS ABCD Basic Life Support process.
For an infant/child:		
1. Position the child face down over your lap to take advantage of gravity. **2.** Position the 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 your hand around the jaw. **5.** If unsuccessful give up to 5 chest thrusts. **6.** If the child becomes unconscious and stops breathing, start CPR.		

2.8 Bleeding, Wounds and Injuries

During the primary and secondary survey, you will need to find and treat:

- Bleeding.
- Wounds.
- Injuries.

2.8.1 BLEEDING

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

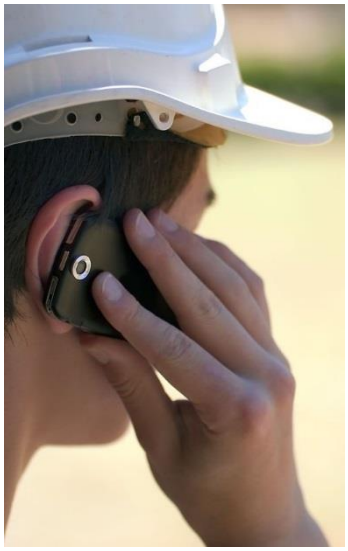
2.8.1.1 Internal Bleeding

Internal bleeding is harder to identify as it is under the surface of the skin. Common signs of internal bleeding include:

- History of an injury that causes internal bleeding.
- Medical conditions such as haemophilia or aneurysm.
- Pain/tenderness in soft tissue – may also include hardness, swelling and distension.
- Discolouration/bruising of skin in injured area.
- Anxiety, restlessness.

- Weak, rapid pulse.
- Rapid breathing.
- Cool/moist/bluish skin.
- Nausea/vomiting.
- Excessive thirst.
- Altered/deteriorating state of consciousness.
- Bleeding from orifices.

Internal bleeding usually needs immediate surgery so 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.

2.8.1.2 External Bleeding/Hemorrhaging

External bleeding or external hemorrhaging is easier to identify but may be life-threatening if there is blood spurting from the wound or if the blood doesn't clot.

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

First aid management for bleeding involves:

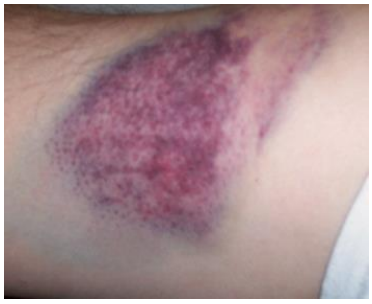
1. Try to protect yourself by using gloves or an improvised barrier between your hands and the blood/wound.

2. First check if there is any foreign object stuck 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 you don't have a sterile dressing, use an improvised dressing e.g. handkerchief, towel. ◆ If these are not available the person should use their hand. ◆ As a last resort use your own hand. **4.** If a broken bone is not suspected raise the injured area above the level of heart. **5.** Have the person rest comfortably. **6.** Apply a pressure bandage to hold the dressing in place – a triangle bandage or roller bandage is best for this. **7.** Immobilise the injured part using an appropriate body splint/slinging method. **IF BLEEDING CONTINUES**: **8.** Apply a second dressing pad over the first and a firmer bandage over top of all. **IF SIGNIFICANT BLEEDING CONTINUES**: **9.** Remove all bandaging and check for a missed bleeding site. **10.** Reapply a better dressing and bandages. Continue to monitor the person's ABC. **11.** Call an ambulance if necessary. **12.** Monitor for shock or condition getting worse. **DO NOT** disturb dressings once bleeding stops/is controlled.	**3.** Leave the object in the wound – it may be controlling the bleeding. **4.** Using sterile dressings, build up dressings around the wound, finishing above the object's height if possible. **5.** Secure the dressings in place with a roller bandage, wrapping diagonally above and below the object and lightly over the object. **6.** If the object is large and sticking out 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 the person's ABC. **9.** Call an ambulance on 000 or 112. **10.** Monitor for shock or condition getting worse.	**3.** Follow DRS ABCD Basic Life Support process. **4.** Call 000 or 112 and follow emergency personnel instructions.

2.8.2 WOUNDS AND INJURIES

Wounds may or may not bleed 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 under the skin, e.g. a bruise.
- **Open Wounds** – damage breaks the outer layer of the skin, e.g. scrape, cut. Usually involves bleeding.

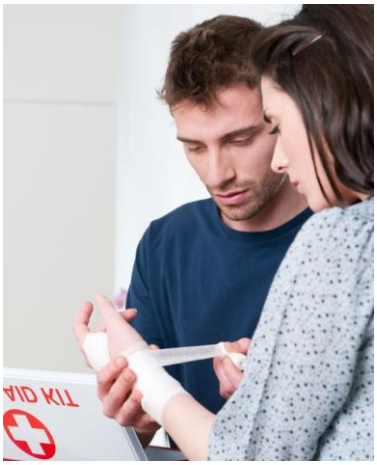
All wounds are considered major if:

- They are more than superficial (small).
- 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:
Put a dressing on the wound and control bleeding (as for external bleeding). Call an ambulance (000 or 112) or get the person to medical attention. DO NOT remove the bandage once bleeding has been controlled. DO NOT try to clean the wound – medical staff will do this. Continue to monitor the person closely. Be prepared to treat for shock. If the person becomes unconscious follow DRS ABCD Basic Life Support process.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call 000 or 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.

2.8.2.1 Nose Wounds

Often caused by a blow from a blunt object and leads to a nosebleed. May also be caused by changes in blood pressure, altitude and sneezing, picking or blowing nose.

Nosebleeds may cause breathing problems or vomiting if blood is inhaled or swallowed.

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 their nostrils together, breathing through the mouth.
3. Encourage the person to maintain this position for 10 minutes. If the nosebleed has occurred in hot weather or after exercise the position may need to be maintained for 20 minutes.
4. Ask the person to spit out any blood.
5. While the nostrils are held closed, clean around the nose and mouth area with a dressing dampened with water. **DO NOT** pack the nostrils with dressings.
6. After the bleeding has stopped tell the person not to blow, rub or pick the nose as this may restart the bleeding.

2.8.2.2 Abdominal Injuries

Abdominal wounds/injuries may be open or closed and are potentially life-threatening as there could be damage to internal organs.

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 into the abdominal cavity. Call an ambulance on 000 or 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 the wound to stop the internal organs from drying out or sticking to the dressing. NOTE: Clear plastic wrap may be used if a sterile dressing is not available. **4.** Secure the dressing using a broad bandage. **5.** Continue to monitor the person closely. **6.** Be prepared to treat for shock. **7.** If the person becomes unconscious follow DRS ABCD Basic Life Support process.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call 000 or 112 and follow emergency personnel instructions.

2.8.2.3 Crush Injuries

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

Common signs and symptoms include:

- Symptoms similar to 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 the heavy load removed from the patient. Only do so if it is reasonably safe and physically possible. **2.** Call 000 or 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 or 112.

2.8.2.4 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 or 112. **2.** Apply pressure to the wound – be gentle at first in case of skull fracture. **3.** If 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:** **6.** Apply direct pressure to the wound. **7.** Apply a dressing and keep it in place with your hand. **8.** Use a roller or triangular bandage to secure dressing. **9.** Assist the person into a comfortable position, lying down with head and shoulders raised. **10.** Continue to monitor closely. **11.** Be prepared to treat for shock. **12.** If the person becomes unconscious follow DRS ABCD Basic Life Support process.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call 000 or 112.

2.8.2.5 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.

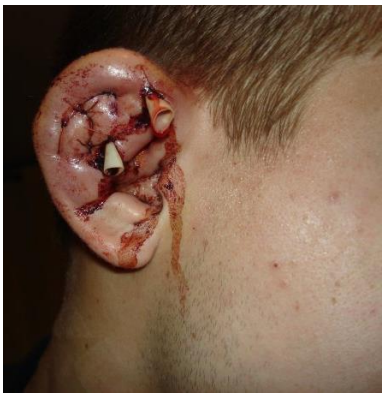
General first aid treatment for an eye injury/wound involves:

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 or 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 the unaffected eye closed to stop blood/dirt/fluid from entering it. **7.** Advise the 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:** **8.** Do not attempt to remove the object. **9.** Place a sterile dressing around the object. **10.** Stabilise the object in place as best as possible – a paper cup could be used, placing it over the object before applying the bandage. **11.** Bandage it in place. **12.** Ask the person to keep the unaffected eye closed to stop blood/dirt/fluid from entering it. **13.** Advise the 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 or 112 and follow emergency personnel instructions.

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

1. Tell the person to try to remove the foreign body by blinking several times – this will produce more tears, which may flush it out.
2. If this does not work, try flushing the eye with water – keep the affected eye lower so the unaffected eye does not become contaminated.
3. If this does not remove the object, cover the eye with a pad, taped in place, then seek professional medical attention.

2.8.2.6 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:

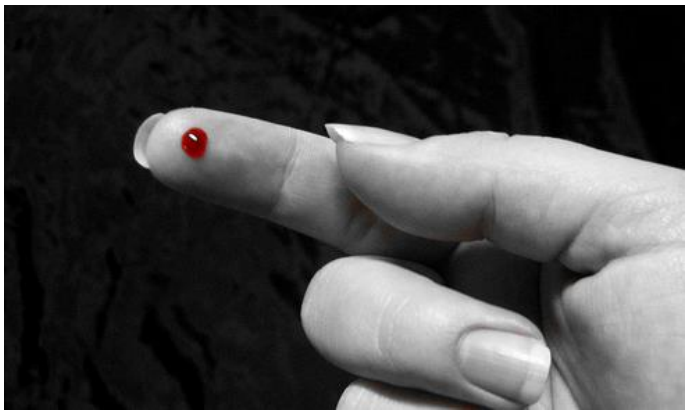
If the patient is conscious:	If the patient is unconscious:
1. Help the person in to a comfortable sitting position, tilting the head towards the side of the injured ear. **2.** Loosely cover the affected ear with a sterile pad and bandage it lightly. **DO NOT** plug the ear or try to stop the flow of 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 or 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 a toothpick, cotton bud etc.
2. Pull down on the earlobe and tilt the head to the affected side.
3. If either/both methods are unsuccessful seek medical attention.

2.8.2.7 Needle Stick Injuries

A needle stick injury occurs when a used needle punctures a person's skin. This puts the person at risk of infection of blood-borne diseases such as HIV, Hepatitis B and Hepatitis C.



General first aid treatment for a needle stick 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 sturdy container (with a lid) for later testing.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call an ambulance on 000 or 112.

2.8.2.8 Sprains and Strains

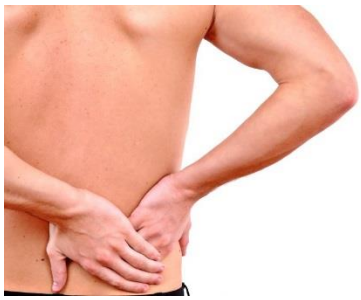
A sprain occurs when ligaments and other tissue at a joint are partially or completely torn.

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.

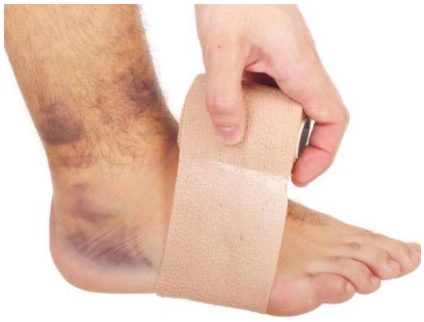


First aid treatment for sprains and strains uses the **RICER** acronym:

RICER stands for:	
Rest	Avoid movement/activities that cause pain for at least 48-72 hours. Assist the person into the most comfortable position – if head/neck/spinal injuries are suspected leave the person lying flat.
Ice	Control bleeding if applicable then apply a wrapped ice pack/cold compress for 20 minutes. Reapply every 2 hours for the first 48-72 hours. This helps to reduce swelling and relieve pain/discomfort.
Compression	Apply a firm, supporting bandage, giving even pressure over the area. Light padding may be used if pain is severe.
Elevation	If possible, raise the injured area above the level of the heart. This slows the blood flow to the area and reduces swelling. **DO NOT** elevate if a fracture is suspected.
Referral	Refer the person for further advice and treatment, e.g. their doctor or emergency department.

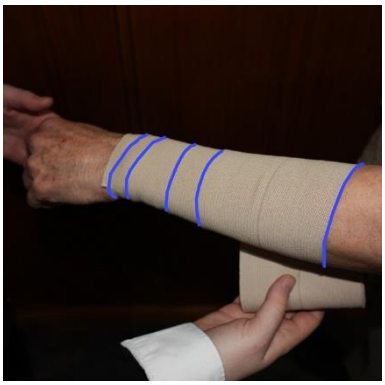
Compression With A Roller Bandage

Roller bandages can be found in most first aid kits and are available in a range of sizes and materials. They 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.

This helps to reduce swelling, over the injured area. Whilst the bandage should apply even pressure on the injured area you should ensure that it is not put on too tightly as this can cause circulation problems.

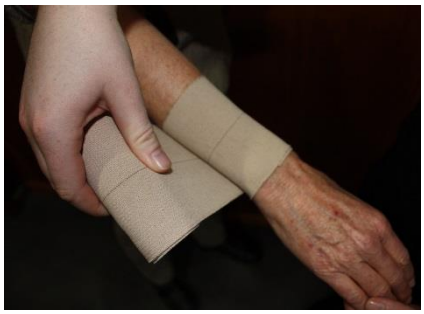


A roller bandage should be applied using the following steps:

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

2. Begin bandaging below the injury by completing 2 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.



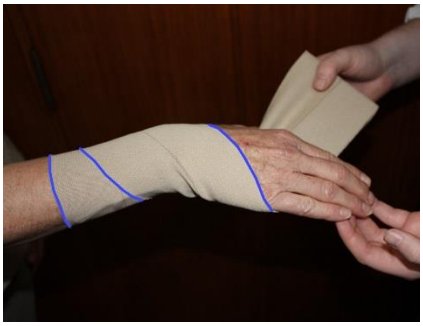
4. Finish the bandaging completing two whole, straight turns (as in step 2) and secure the bandage using a bandage clip, tape or a safety pin.

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.

Hand And Foot Compression Using A Roller Bandage



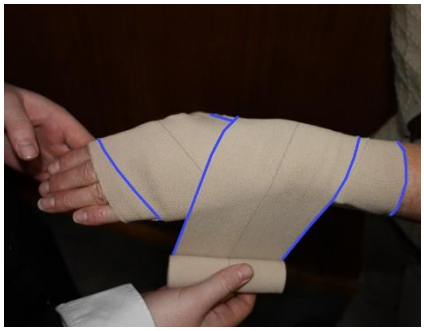
When using a roller bandage to manage an injury on the hand or foot you should use the following steps:

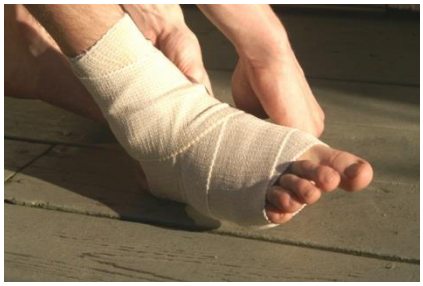
1. Ensure that the hand/foot is supported with the palm/heel down.

2. Begin bandaging by completing 2 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/ankleto 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.



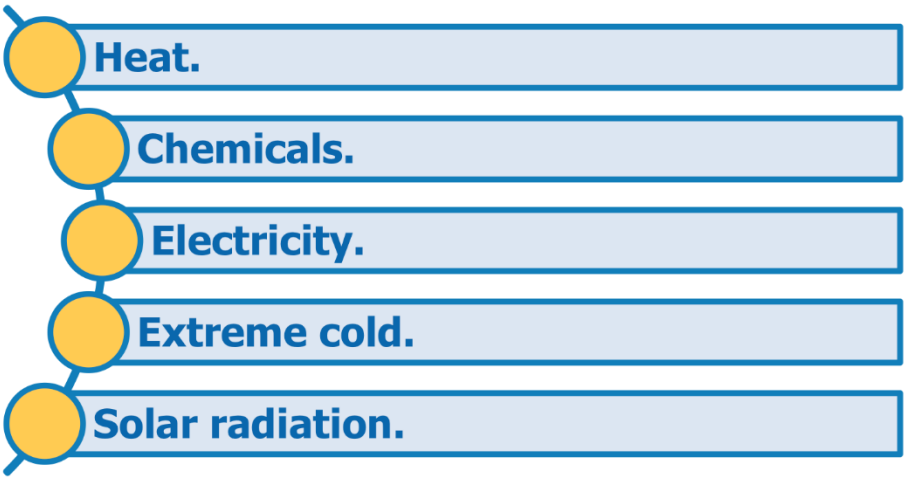


5. Finish the bandage by completing 2 whole straight turns around the wrist/ankle (as in step 2) and secure the bandage using a bandage clip, tape or a safety pin.

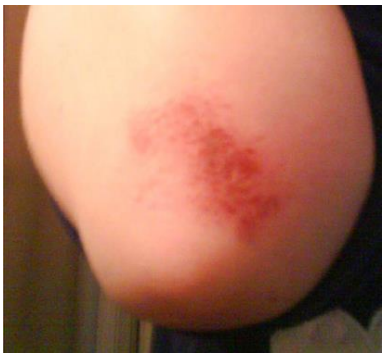
6. Check with the casualty that the bandage is not too tight or loose. The bandage may need to be modified if required.

2.9 Burns

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



2.9.1 HEAT BURNS



Heat burns from different sources, e.g. flame, friction, scalding or solar radiation, are generally treated in the same manner. This involves:

1. Cool the burned area under cold 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.

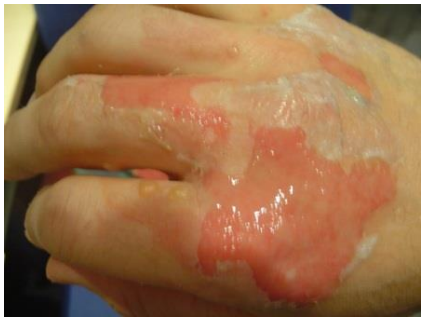
3. If the area cannot be immersed (kept under water) – such as the face – you can use a towel, sheets or clothes that have been soaked in water. Change/rewet these regularly as they will absorb heat from the burn.

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 or 112.

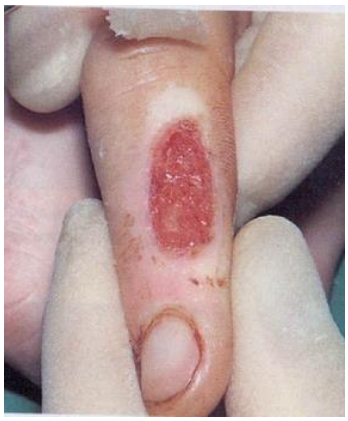
DO NOT use ointments, lotions, creams or powders on a burn – these will seal in heat and may contaminate the burn area.



2.9.2 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.

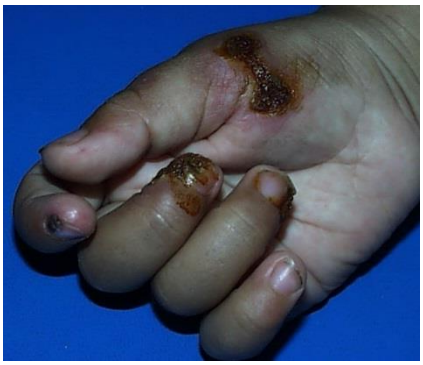


General first aid treatment for chemical burns involves:

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 on 000 or 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 or 112.

2.9.3 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 the 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. Call an ambulance. **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.** Call an ambulance. **2.** Place the person in the recovery position. **3.** Clear the 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.

2.10 Environmental Impact

Normal human body temperature is around 37 degrees Celsius. Usually the body can regulate itself to deal with changes in external temperatures but sometimes it can't deal with extreme cold or hot weather and the person becomes ill.

2.10.1 HYPOTHERMIA

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

Common signs and symptoms of hypothermia include:

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

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

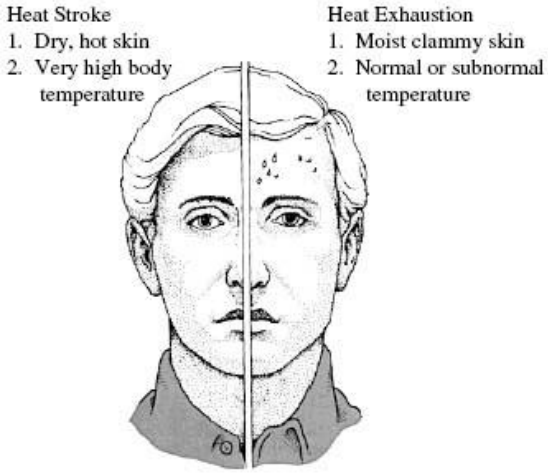
First aid treatment for Hypothermia involves:

If the patient is conscious:	If the patient is unconscious:
1. Call 000 or 112. **2.** Remove the person from the cold environment. **3.** Remove wet clothing and dry the person off. **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 the ambulance is delayed proceed with active rewarming using wrapped hot water bottles, heating pads (if the person is dry) or other heated sources. Apply heated sources to the groin, armpits, trunk and sides of the neck. Body-to-body contact may also be used. **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**).

2.10.2 HYPERTHERMIA

Hyperthermia includes heat stroke and heat exhaustion and occurs when the body can't 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 by giving the person small drinks of cool water.



2.10.2.1 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 to find a cool place or shelter to rest. **2.** Loosen/remove extra clothing. **3.** Moisten the skin – use a damp cloth, atomiser or fan. **4.** If fully conscious give small drinks of cool water. **5.** If unconscious follow DRS ABCD Basic Life Support process. **6.** Seek medical assistance.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call 000 or 112 for an ambulance.

2.10.2.2 Heat Stroke

More severe 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 symptoms 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.
- Partial or complete loss of consciousness.
- Pulse rate is fast and bounding.

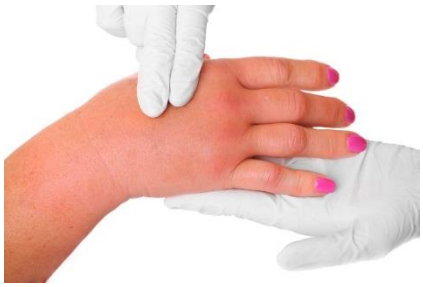
First aid treatment for Heat Stroke involves:

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. **4.** Loosen/remove tight, extra or sweaty clothing. **5.** Moisten the skin with damp cloths/atomiser etc. **6.** Apply wrapped ice packs on the groin, neck and armpits. **7.** If fully conscious give small drinks of cool water. **8.** Be prepared as the patient may become unconscious. **9.** If required resuscitate using DRS ABCD Basic Life Support process. **10.** Keep cooling until an ambulance arrives and/or body temperature falls to 38°C degrees Celsius.	**1.** Clear their airways and follow the emergency action plan DRS ABCD. **2.** Call 000 or 112 for an ambulance.

2.11 Envenomation

Envenomation is where venom (poison) gets into the body from bites or stings by spiders, snakes, marine creatures like jellyfish and insects like bees. The poison can be painful, disabling and potentially life-threatening.

2.11.1 INSECT BITES AND STINGS



Common signs and symptoms of stings from bees, wasps, etc. are:

- Pain at the 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 the insect from the skin surface. For bee stings, remove the venom barb (stinger) 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 ABC and if needed give CPR.	**1.** Clear their airways and follow DRS ABCD Basic Life Support process. **2.** Call 000 or 112 for an ambulance.

2.11.2 SPIDER BITES

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

2.11.2.1 Red-Back Spider

Red-back spiders are about 1cm long with a red or orange stripe on the back. Their 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 site – spreads, becoming red, swollen, sweating, hot – pain may also occur on opposite limb/away from bite site.
- Nausea/vomiting/stomach pain.
- Heavy sweating, swollen glands in the armpits and groin.

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 the person and monitor ABC. **3.** Immediately call for an ambulance – Dial 000 or 112. **4.** If you are in an isolated/remote area, transport the person to a medical facility. **5.** **DO NOT** apply pressure immobilisation technique.	**1.** Clear their airways and follow DRS ABCD Basic Life Support process. **2.** Call 000 or 112 for an ambulance.

2.11.2.2 Funnel Web Spider

There are many species of funnel web but they are generally greater than 2cm long and can cover an adult's hand with their legs.

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 the 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 splint to the affected limb. **DO NOT** apply pressure immobilisation if the bite is on the person's head or torso. **4.** Continually monitor the person and their 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 or 112. **8.** If you are in an 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 or 112 for an ambulance.

2.11.3 SNAKE BITE

People have different reactions to different snake bites but there are common signs and symptoms.

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. Conduct primary survey. **2.** Use pressure immobilisation technique if the bite is on a limb. **3.** Continually monitor the person and their ABC. **4.** Be prepared to give CPR if required. **5.** Reassure the patient and get them to rest and stay calm. **6.** Immediately call for an ambulance – Dial 000 or 112. **7.** If you are in an 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 or 112 for an ambulance.

Don't clean the bite site as venom left on the skin or clothes can be used to identify the type of snake and which antivenom should be used.

2.11.4 MARINE BITES AND STINGS

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

2.11.4.1 Bluebottle & Non-Box Jellyfish

Signs and symptoms of bluebottle and non-box jellyfish stings include:

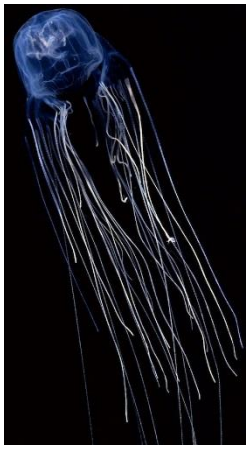
- Skin – welts appear, often white surrounded by red ring.
- Pain at the site of the sting.
- Pain in the lymph nodes – in the groin and armpits.
- Headache.
- Nausea/vomiting.
- Muscle and back pain.
- Respiratory distress/breathing difficulty.

First aid treatment involves:

If the patient is conscious:	If the patient is unconscious:
1. Rescue the patient from the sea and move to a dry area. **2.** Reassure the person and keep them calm and resting. **3.** **DO NOT** rub the stung area. **4.** Pick off any tentacles on the skin with your fingers (not dangerous for rescuer). **5.** Wash the area with sea water NOT fresh water.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call for an ambulance – Dial 000 or 112.

If the patient is conscious:	If the patient is unconscious:
FOR BLUEBOTTLE STING: **1.** Apply a hot compress over the area of the bite or immerse in hot water – be careful not to scald area. **2.** If pain is not relieved or hot water is not available use an ice pack/cold compress. **3.** Monitor the person and their ABC. **4.** Be prepared to give CPR. **5.** Call an ambulance if required 000 or 112.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call for an ambulance – Dial 000 or 112.
FOR OTHER JELLYFISH STINGS: **1.** Apply a cold/ice pack for pain relief. **2.** If pain is not relieved, or generalised pain develops, or the sting is over a large area: Call an ambulance and seek assistance from a life guard/lifesaver.	

2.11.4.2 Box Jellyfish



Signs and symptoms of box jellyfish stings include:

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

First aid treatment involves:

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

2.11.4.3 Blue-Ringed Octopus & Cone Shell

Signs and symptoms of a bite from a blue-ringed octopus or cone shell 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 – the 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 or 112. **4.** If you are in an isolated/remote area, transport the person to a medical facility. **5.** Continually monitor the person and their ABC. **6.** Be prepared to give CPR. Respiration may cease although the heart will still beat with CPR.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call for an ambulance – Dial 000 or 112.

2.11.4.4 Stonefish, Bull Rout & Stingray

Signs and symptoms of stonefish, bull rout and stingray stings include:

- 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 (only on a hand or foot) in hot water, as hot as the person can tolerate, being careful not to scald the patient. **2.** If pain is not relieved a cold/ice pack may be applied. **3.** Call for an ambulance on 000 or 112. **4.** If you are in an isolated/remote area, transport the person to a medical facility. Anti-venom is available for stonefish stings.	**1.** Follow DRS ABCD Basic Life Support process. **2.** Call for an ambulance – Dial 000 or 112.

2.12 Poisons

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

Poisons can be found in the house, food, plants in the garden, in 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.

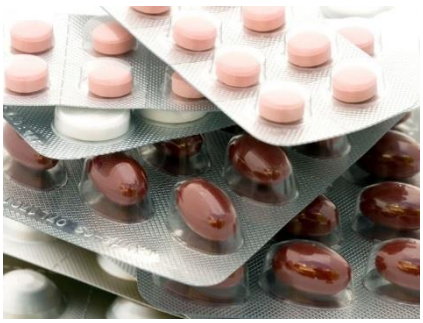
Poisons can enter the body by contact with the skin, ingested, injected or inhaled and they can be solid, liquid or gas (including fumes and vapours). Many poisons may only be harmful if exposed to larger quantities.

As with any medical emergency it is important to try and identify the source of the poison 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 body 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.
- Seizures.
- Presence of drugs.
- Sweating.
- Altered conscious state.
- Burns around the lips and tongue (if breathed in or swallowed).

- **General Treatment Principles**

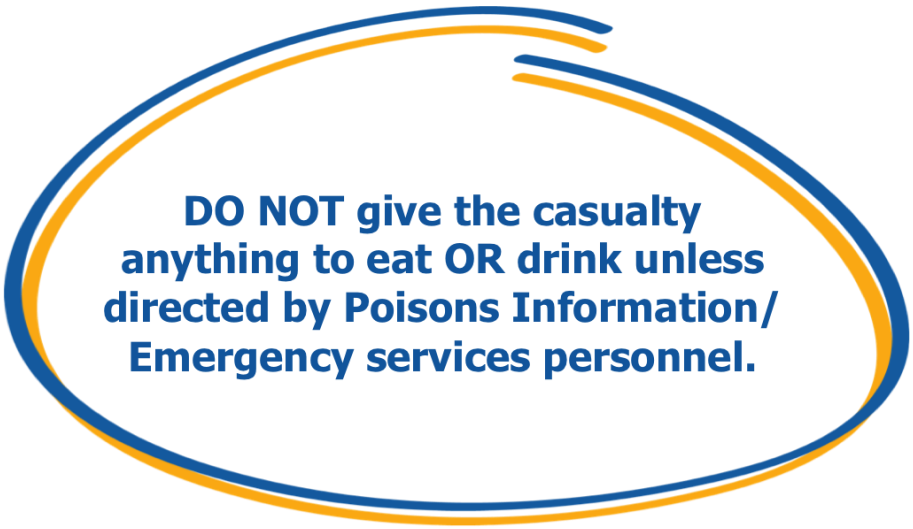
If the person is conscious and the scene is safe immediately call the Poisons Information Centre on **13 11 26**.

The operator will tell you what to do and whether an ambulance should be called.

If the person is unconscious call 000 or 112.

General steps for dealing with a poisons situation are:

If the patient is conscious:	If the patient is unconscious:
1. Survey the scene. i. If necessary move the person from the scene using one of the manual handling techniques. ii. If you think 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 or 112 immediately and wait for emergency service personnel to arrive. **2.** Conduct a Primary Survey and follow DRS ABCD if required. **3.** If the casualty is conscious conduct a secondary survey and gather extra information. **4.** Collect any relevant items – containers, etc. **5.** 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 or 112.



2.12.1 SUBSTANCE MISUSE – ALCOHOL & OTHER DRUGS

Any drug can be misused when it is taken outside approved medical uses. With over-the-counter or other commonly used drugs, there are strict instructions on the package of the drug that specifies the daily dosage.

Examples 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 (e.g. 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.

Since drug users can inject drugs into their veins, first aid management includes treating the patient for "needle stick injuries" as there may be multiple injection sites.

Alcohol overdose can be harmful and in extreme cases cause death.

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

Too much 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 a primary survey and address any life-threatening conditions. **3.** Call the Poisons Information Centre/local emergency number and follow directions. **4.** Conduct a 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 and calm and reassure them. **6.** Help maintain normal body temperature. **7.** If the person becomes violent or threatening you should remove yourself from the area. Tell ambulance personnel if you think the person has used a "designer drug" as this can require different treatment and can affect how they respond to the incident.	**1.** Check the person's airways and follow DRS ABCD Basic Life Support process. **2.** Call for an ambulance – Dial 000 or 112.

3.1 Monitor and Respond to Casualty's Condition

While you are treating the casualty you need to monitor their condition. You should also keep a record of any changes that you see as well as what first aid you have provided.

This could include medication taken, how long a person is unconscious, use of CPR, first aid procedures, breathing and circulation problems.

Keep monitoring the casualty's vital signs including:

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

It is important to monitor and record these vital signs as they can change rapidly with the casualty going in and out of consciousness. The casualty's condition can get better or worse according to the treatment you are providing.

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 you are in a remote area or unusual situation, you might be able to move the casualty to hospital yourself, as long as they are not in a life-threatening situation. Usually, though, a casualty should not be moved as this could make their condition worse or cause more pain.

3.2 Finalise First Aid Treatment

It is time to finalise your first aid treatment when you see and hear the ambulance arrive. You need to prepare for the hand over of the casualty to the emergency response services personnel who will take over treatment.

3.2.1 PROVIDING ASSISTANCE

When they arrive at the incident scene, the emergency services staff may need your help in providing further treatment to the casualty. You should do everything you can to assist.

This may involve:

- Continuing CPR.
- Washing your hands, cleaning and disinfecting the resuscitation mask and other PPE with antiseptic hand rub.
- Cleaning and packing away items that belong to the first aid kit.
- Providing an incident report or notes – verbally and/or in writing – at the time of treating the casualty (if possible) or right after you have finished while the information is fresh in your mind.

In reporting incident details after first aid treatment has finished you may need to complete documentation such as:

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

3.2.2 REPORTING INCIDENT DETAILS

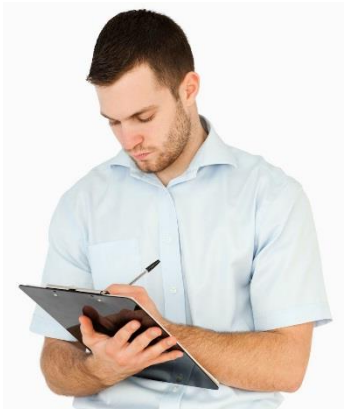
The paramedics, ambulance officers or other emergency services personnel will want some details about the incident and the casualty's condition.

You need to be accurate and stick to the facts about what has happened. If you are feeling anxious or stressed, try to stay calm and take a few deep breaths before you speak.

Answer any questions and give the information in a calm, clear and concise manner.

Incident and 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.

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

3.2.2.1 Reporting to Supervisors

You will also need to provide the same or similar details in a report to your workplace supervisor where appropriate.

Each company has its own incident forms but they should all record similar information about the incident and casualty and follow the privacy laws in your state. When you fill in and sign the form, it becomes a legal document.

See Appendix A for an example of a first aid/incident report form.

Reporting the incident to your supervisor may make your workplace safer by reducing the chance of other workers being injured by the same, or similar hazard.

Each organisation will have policies and procedures for making incident and first aid reports. These will be based on:

- Legislation relevant to providing emergency care.
- Legislation relevant to the organisation.
- Operational standard operating procedures.
- Operational performance standards.

3.2.3 MAINTAINING CONFIDENTIALITY

You will find out private medical information about the casualty and this must not be told to anybody except the emergency response service personnel who came to the incident scene.

Information in incident reports, notes taken, and conversations held between medical staff (paramedics, nurses and doctors) must be kept confidential.

Even after the incident, you should be careful when talking about it.

It doesn't matter how long ago the incident occurred. Laws say you must maintain confidentiality about the medical or personal details of any casualty you treat.

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 leaking any information. Each state in Australia has its own privacy legislation and regulations that must be followed.

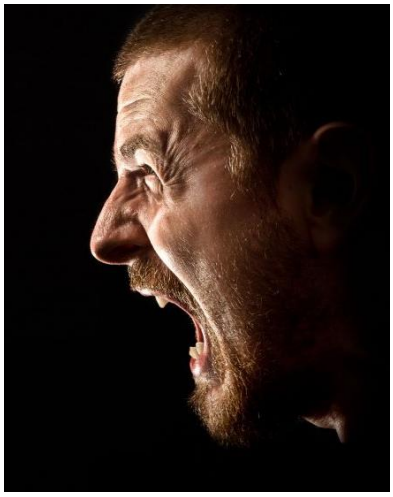
3.3 Evaluate Your Performance

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 during the emergency.

This includes recognising and dealing with any psychological impacts the incident might have had on yourself and the other rescuers.

3.3.1 RECOGNISING PSYCHOLOGICAL IMPACTS

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



The signs of trauma or stress may include:

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

3.3.2 DEALING WITH STRESS

To help you deal with stress you could try talking to a friend, co-worker or trained counsellor for support. This is called debriefing.

You might visit your GP (family doctor) who can refer you to a qualified psychologist if necessary.

Community mental health services also provide counselling.

Telephone counselling services can be found in the current White Pages directory under the "Advice and Assistance" section.

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 (www.beyondblue.org.au) or telephone information line **1300 22 4636.**

Apart from counselling, things like meditation and relaxation classes can help with stress. Check your general community health centres or local council for information.

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

3.3.3 DEBRIEFING AND SELF-EVALUATION

After the emergency incident it is important to take part in debriefing.

By talking to your supervisor, work colleagues or a counsellor you will be able to bring up any issues or concerns you might have had with the emergency response process, including first aid procedures.

Debriefing is also a chance to learn more about your own abilities and reactions in a crisis.

This is known as evaluating your performance. It helps you to look at how well you responded during the emergency and to work out how to provide better first aid next time.

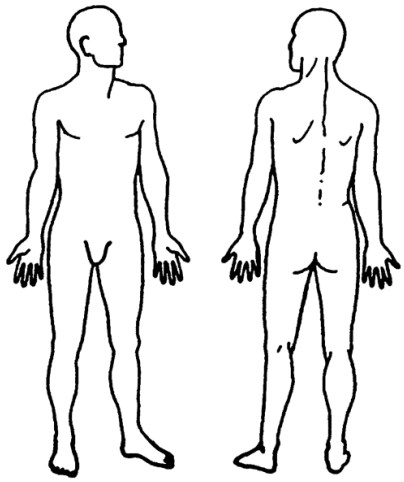
An example of a self-evaluation form can be found in Appendix B.

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 and always be on the lookout to improve your skills.

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

Your supervisor might decide to send you to relevant training courses for professional development and to update the skills needed to become a better first aider. Debriefing may also give you closure on the incident.

Appendix A – 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 B – 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: