ABC First Aid Guide

Clear & Simple First Aid Advice

International Emergency Numbers
Latest Guidelines

Dr Audrey Sisman
This book has been written based on current guidelines and requirements as defined by:

- Australian Resuscitation Council
- New Zealand Resuscitation Council
- European Resuscitation Council
- Epilepsy Association of Tasmania
- Roads and Traffic Authority
- National Heart Foundation of Australia
- Australasian Society of Clinical Immunology & Allergy (ASCIA)
- Asthma Foundation of Queensland
- WorkCover QLD

For more information about this book, and for the latest updates visit:


The information in this book contains, at the time of printing, the most current resuscitation guidelines. This book is designed to be an information resource and is not a substitute for attending a first aid course conducted by an approved provider. The author of this book accepts no responsibility for any injury or damage that may occur as a result of using this book in first aid management.
Introduction

Congratulations on taking positive steps towards learning first aid which is an essential life skill we should all learn in order to help others and possibly save a life.

The ABC First Aid Guide is written by a medical practitioner with experience in emergency medicine, hospital medicine, general practice and natural therapies.

The book contains clear, simple first aid advice which will assist you in handling most emergency situations.

Keep this book with your first aid kit at home, in your car or when travelling overseas.

How to use this book:

The ABC First Aid Guide is divided into four main colour coded sections:

- **Essential First Aid**
- **Trauma**
- **Medical Emergencies**
- **General First Aid**

Each subsection shows you step-by-step how to recognise and deal with an emergency situation.

Emergencies are recognised by **SIGNS & SYMPTOMS** which are contained in a red box.

Displayed in a green box is the **FIRST AID** management of an emergency situation.

☎ means dial your country’s emergency number.

A fold out World Map of international emergency numbers at the back of the book identifies emergency numbers across the world.

Also at the back, there is a First Aid Report Form which can be torn out and used in a first aid incident, and an Emergency Numbers page for writing local, national and international emergency numbers.
Unconsciousness is a state of unresponsiveness, where the casualty is unaware of their surroundings and no purposeful response can be obtained.

**NO RESPONSE**  
Follow Basic Life Support Chart

**NO Breathing or Abnormal Breathing**  
Recovery Position, Call ☎️, monitor

**Breathing Normally**

Causes of an **unresponsive (unconscious), breathing** state:
- A - Alcohol
- E - Epilepsy (Pg 25)
- I - Insulin (Diabetes Pg 26)
- O - Overdose (Poisons Pg 32)
- U - Uraemia (renal failure)
- T - Trauma (head/ spinal (Pg 20, 21)
- I - Infections (meningitis)
- P - Pretending
- S - Stroke (Pg 27)

Combinations of different causes may be present in an unconscious casualty eg head injury and diabetes.

**NO Breathing or Abnormal Breathing**

The recovery position:
- Maintains a clear airway - allows the tongue to fall forward.
- Facilitates drainage and lessens the risk of inhaling foreign material. (eg saliva, vomit)
- Permits good observation and access to the airway.
- Avoids pressure on the chest which facilitates breathing.
- Provides a stable position and minimises injury to casualty.

(An unconscious, breathing woman in advanced pregnancy should be placed on her left side).

**Step 1**
- Raise the casualty’s furthest arm above the head.
- Place the casualty’s nearest arm across the body.
- Bend-up the casualty’s nearest leg.
- With one hand on the shoulder and the other on the knee, roll casualty away from you.

**Step 2**
- Stabilise the casualty by flexing the bent knee to 90° when resting on the ground.
- Tuck the casualty’s hand under their armpit.
- Ensure the casualty’s head is resting on their outstretched arm.

**Step 3**
- Carefully tilt the head slightly backwards and downwards. This facilitates drainage of saliva and/or stomach contents and reduces the risk of inhalation which may cause pneumonia.

NB. The sense of hearing is usually the last sense to go, so be careful what you say near an unconscious casualty.

All unconscious casualties must be handled gently and every effort made to avoid any twisting or forward movement of the head and spine.
Essential First Aid

Unconsciousness is a state of unresponsiveness, where the casualty is unaware of their surroundings and no purposeful response can be obtained.

**NO RESPONSE**

Breathing Normally

Follow Basic Life Support Chart

(An unconscious, breathing woman in advanced pregnancy should be placed on her left side).

Recovery Position, Call ☎, monitor

Causes of an unresponsive (unconscious), breathing state:

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All unconscious casualties must be handled gently and every effort made to avoid any twisting or forward movement of the head and spine.

Combinations of different causes may be present in an unconscious casualty eg head injury and diabetes.

Airway management takes priority over spinal injury

NB. The sense of hearing is usually the last sense to go, so be careful what you say near an unconscious casualty.

**Response?**

- **NO RESPONSE**
- **NO Breathing or abnormal breathing**
- **Breathing Normally**

**Response?**

- **Obtain history, Monitor, Send for help**

**Send or go for AED**

Call ☎

**Compressions**

- Start CPR
- 30 x Compressions
- CPR 30:2
- 2 x Rescue Breaths

**Defibrillation**

- use AED

**1 Shock**

- Switch on
- Attach pads
- Follow voice prompts

**Shock Advised**

- **No Shock Advised**

**AED Analyses Rhythm**

In an EMERGENCY CALL ☎ or
**CPR**

**Hazards**
- Biohazards - blood, body fluids
- Chemicals - spills, fumes, fuel
- Electricity - power-lines
- Oncoming traffic
- Fire, explosion
- Unstable structures
- Slippery surfaces
- Broken glass
- Sharp metal edges
- Needle stick
- Aggressive behaviour

**Dangers**
- Survey Scene
- Remove or Minimise Hazards

**Response**
- Talk and touch

**Send** for help. Call ☎️

**Airway**
- Check - for foreign material which could be obstructing the airway.
- Open - use chin lift and backward head tilt to open airway.

**Breathing**
- Look - for rise and fall of lower chest/ upper abdomen
- Listen - for breath sounds
- Feel - for movement of chest and escape of air from mouth

If casualty is unresponsive and not breathing normally after the airway has been cleared and opened, the rescuer must immediately commence chest compressions then rescue breathing (CPR).

If unwilling or unable to perform rescue breathing, continue with compression only CPR.

NB. In the first few minutes of a casualty’s cardiac arrest, sounds of gurgling, sighing or coughing may be present, but this is ineffective breathing and CPR should be commenced.
**Compressions**

30 Chest Compressions : 2 Rescue Breaths = CPR

- **30 Compressions**
  - Depth = 1/3 of chest wall (~ 5 cms)
  - Rate = 100 per min (almost 2 compressions per sec)
  - Place heel of one hand in centre of casualty’s chest (which is the lower half of the sternum)
  - Place other hand on top, arms straight and press down on sternum at least 5 cm in adults
  - Allow complete recoil of chest after each compression  
  - Keep compressions rhythmical at a rate of 100 per min
  - Use 1 or 2 hands in children (Infants 2 fingers)

- **2 Rescue Breaths**
  - 2 breaths over 2 secs
  - Inflate until chest starts to rise.
  - Over-inflation forces air into the stomach causing regurgitation.
  - **Infants** - perform mouth to mouth/nose RB and inflate with puff of air from cheeks.
  - Use resuscitation mask or barrier protection if possible
  - If unwilling or unable to give RB, do chest compressions only.

**Defibrillation**

An AED (Automated External Defibrillator) delivers electric shock to reverse abnormal heart rhythms. Not all heart rhythms are reversible

- When there are 2 rescuers, continue CPR while one rescuer organises and attaches AED pads:
  - Expose chest - cut clothing.
  - Remove any medication patch, remove jewelry, wipe chest dry, remove chest hair with razor.
  - Switch on AED & attach pads – peel backing off first.
  - Follow voice/ visual prompts of the AED.
  - Nobody should touch casualty during analysis or shock delivery
  - DO NOT have casualty in contact with metal

**Chain of survival:** is the key to improving the survival rate from cardiac arrest. Time is the essence. The 4 steps required are: 1) Call Early 2) Begin CPR immediately 3) Early Defibrillation 4) Advanced cardiac life support by paramedics

**CPR**

- **30:2**
  - Cardio Pulmonary Resuscitation
  - Combines 30 Compressions with 2 Rescue Breaths (30:2) = 1 cycle

- **Same ratio for infant, child, adult**

- **Stop CPR when:**
  - Casualty responds or begins breathing normally
  - Exhaustion - can’t continue.
  - Health professional arrives and takes over.
  - Health professional directs that CPR be ceased

- **Rate = 5 cycles every 2 mins**

- **Rate = 100 per min (almost 2 compressions per sec)**
Drowning or near drowning is the process of experiencing respiratory impairment from immersion in liquid. Interruption of the oxygen supply to the brain is the most important consequence of drowning so early rescue and resuscitation are the major factors in survival.

**FIRST AID**

- Call ☎
- Roll casualty into recovery position for assessment of airway and breathing.
- Commence CPR if required (Pg 4,5)
- Roll into recovery position if vomiting or regurgitation occurs.
- DO NOT attempt to empty distended stomach by external compression.
- Treat for Hypothermia (Pg 29) - often associated with immersion.
- Give oxygen if available.
- All immersion casualties must be assessed in hospital as complications often follow.

**SIGNS & SYMPTOMS**

- Coughing
- Wheezing
- Difficulty breathing
- Noisy breathing
- Cyanosis (blue skin colour)

**Choking** Inhalation of a foreign body can cause partial or complete airway obstruction.

### Partial Airway Obstruction (Effective cough):

**SIGNS & SYMPTOMS**

- Coughing
- Wheezing
- Difficulty breathing
- Noisy breathing
- Cyanosis (blue skin colour)

**FIRST AID**

- Encourage casualty to keep coughing
- Reassurance
- DO NOT deliver back-blows if cough is effective
- Call ☎ If blockage doesn’t clear

### Complete Airway Obstruction (Ineffective cough):

**SIGNS & SYMPTOMS**

- Unable to breathe, speak or cough
- Agitated/distressed
- Grips the throat
- Cyanosis (blue)
- Rapid loss of consciousness

**FIRST AID**

- Deliver 5 back-blows.
- Check and clear mouth after each blow.
- Deliver 5 chest thrusts.
- Check and clear mouth after each blow.
- Repeat back blows and chest thrusts if obstruction not relieved.
- Call ☎.
- If unconscious, commence CPR (Pg 4,5).

DO NOT apply abdominal pressure – may cause internal injury.

**Back blows** are delivered standing or lying using the heel of the hand between the shoulder blades. If after 5 back blows the airway is still obstructed, use chest thrusts.

**Chest thrusts** are delivered standing or lying using one or two hands— a wall or firm surface is required. The elbow(s) are slightly bent and chest thrusts are sharper and slower than chest compressions (CPR). Check airway after each chest thrust.

**Back Blows** Back blows are delivered with the **infant** lying face down across the lap. Check airway after each back blow.

When giving Rescue Breaths in an attempt to blow past the obstruction, there will be resistance. If the obstruction is blown further down the airways, the obstruction can be removed later by bronchoscope.
Drowning

Drowning or near drowning is the process of experiencing respiratory impairment from immersion in liquid. Interruption of the oxygen supply to the brain is the most important consequence of drowning so early rescue and resuscitation are the major factors in survival.

**SIGNs & SYMPTONS**
- Coughing
- Chest pain
- Frothy sputum
- Clenched teeth
- Shortness of breath
- Blue lips and tongue
- Unconscious
- Irregular or no breathing

**A Drowning Victim**

The risk of regurgitation and inhalation is high following immersion. This is due to distension of the stomach from swallowing large volumes of water. The airway and breathing is assessed in the recovery position to minimise risk of inhalation.

**FIRST AID**

**On land or boat:**
- Call ☎️
- Roll casualty into recovery position for assessment of airway and breathing.
- Commence CPR if required (Pg 4,5)
- Roll into recovery position if vomiting or regurgitation occurs.
- DO NOT attempt to empty distended stomach by external compression.
- Treat for Hypothermia (Pg 29) - often associated with immersion.
- Give oxygen if available.
- All immersion casualties must be assessed in hospital as complications often follow.

**Rescuing a Drowning Victim**

- **If conscious:** throw a buoyant aid (life jacket, surf board) or drag from water using an umbrella, rope, towel, stick.
- **If unconscious:** Turn casualty face up and remove from water.
- Consider possibility of spinal injury - remove from water gently, maintaining spinal alignment as much as possible.
**Soft Tissue Injury & Fracture**

**Sprain:** Over-extension of a joint with stretching and tearing of ligaments.

**Strain:** Over-stretching of muscles and tendons with tearing of muscle tissue or tendon fibres.

**Dislocation:** Displacement of bone ends in a joint.

**Fracture(#):** Broken bone, classified as:
- **Closed:** Fractured bone doesn’t penetrate skin.
- **Open:** Fracture is exposed through open wound or penetrates skin.
- **Complicated:** Vital organ, major nerve or blood vessel is damaged by a broken bone.

The **Signs & Symptoms** and **First Aid** for a fracture and soft tissue injury are very similar.

**SIGNS & SYMPTOMS**
- Pain
- Tenderness
- Snap or pop at time of injury
- Restricted movement
- Discolouration
- Swelling
- Deformity*

* Indicative of fracture or dislocation

**FIRST AID**
- Control external bleeding or cover wound (Pg 12)
- Remove rings from fingers – swelling likely
- Support or Immobilise +/\ R.I.C.E
- Medical Assistance: X-rays are the only sure way of diagnosing the type of injury.
- Call ☎ if: Deformity as blood vessels and nerves can be damaged.

**Open Fracture:** Risk of blood loss and infection.

**Breathing difficulty**
- Monitor Vital Signs (Pg 37,40)

**Fracture Management:**
The main aim of fracture treatment is to support or immobilise an injured part which: • minimises pain • prevents further damage • minimises bleeding and • prevents a closed fracture becoming an open fracture.

**Support:**
- Leave injured part as found and pack around to give support.

**Immobilise:**
- Use **Splint, Sling** or **bandage** to prevent movement.
- Stabilise joint above and below fracture site.
- Apply triangular or broad bandages above and below fracture site.
- Check circulation every 15mins (Pg 11).
- **DO NOT** elevate a suspected fracture until it has been immobilised.

**Soft Tissue Management:**

**R.I.C.E:** Method used to treat soft tissue injuries (sprains/strains) and fractures.

**Rest:** Rest casualty and injured part; this prevents further damage and reduces bleeding.

**Ice:** Reduces pain, fluid and swelling by constricting blood vessels. Apply wrapped ice pack for 10 - 20mins - do not place ice directly on skin. Ice pack or frozen peas can be placed over a bandage. Continue to cool injury three times/day for 2-3 days after the injury.

**Compression:** Apply a firm supporting bandage to injured part. This restricts movement of injured part and reduces bleeding and swelling.

**Elevation:** Raise injured area above the level of the heart if possible. This slows the flow of blood and reduces swelling.

- Degree of pain is not a good indicator of injury type since pain tolerance varies in individuals.
- Never manipulate a dislocation - there may be an associated fracture.
- When in doubt, always treat an injury as a fracture.
- Check circulation (Pg11) after immobilisation ie after bandaging, splinting, sling.
- May need to slowly adjust position of limb if no circulation is present.
**Finger Splints**: Immobilisation reduces pain. After splinting, apply an elevation sling to minimise swelling.

- **Arm Sling**: Use a triangular bandage or improvise.
- **Improvise**: By using a belt or buttons on shirt
- **Arm Sling**: Use a triangular bandage or improvise.
- **Collar & Cuff Sling**
- **Rigid Splint**: Rolled up newspaper, tied either end with triangular bandages.

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**Upper Limb Injury**

<table>
<thead>
<tr>
<th>Pain in:</th>
<th>Could be:</th>
<th>Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td>• Fractured clavicle • Dislocated shoulder</td>
<td>• Allow casualty to adopt position of comfort.</td>
</tr>
<tr>
<td></td>
<td>• Fractured upper humerus • Sprain/ strain</td>
<td>• Apply sling which best suits casualty.</td>
</tr>
<tr>
<td>Upper Arm</td>
<td>• Fractured mid-humerus • Sprain/ strain</td>
<td>• Keep hand higher than elbow to reduce swelling</td>
</tr>
<tr>
<td>Fore Arm/ Wrist</td>
<td>• Fractured radius/ ulna • Sprain/ strain</td>
<td>• If unsure whether injury is a fracture or soft tissue injury, treat as for fracture (Pg 8)</td>
</tr>
<tr>
<td></td>
<td>• Fractured carpal bone</td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td>• Fractured/ dislocated metacarpal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fractured/ dislocated phalange</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sprain/ strain</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNS & SYMPTOMS**

- Pain
- Tenderness
- Snap or pop at time of injury
- Restricted movement
- Discolouration
- Swelling
- Deformity*

* Indicative of fracture or dislocation

**FIRST AID**

- Control external bleeding or cover wound
- Remove rings from fingers – swelling likely
- Support or Immobilise +/
- Medical Assistance: X-rays are the only sure way of diagnosing the type of injury.
- Call ☎ if: Deformity as blood vessels and nerves can be damaged.
- Open Fracture: Risk of blood loss and infection.
- Breathing difficulty
- Monitor Vital Signs

**Fracture Management**

- The main aim of fracture treatment is to support or immobilise an injured part which:
  - minimises pain
  - prevents further damage
  - minimises bleeding and prevents a closed fracture becoming an open fracture.

- **Support**: Leave injured part as found and pack around to give support.
- **Immobilise**: Use Splint, Sling or bandage to prevent movement.
  - Stabilise joint above and below fracture site.
  - Apply triangular or broad bandages above and below fracture site.
  - Check circulation every 15mins (Pg 11).
  - DO NOT elevate a suspected fracture until it has been immobilised.
  - Degree of pain is not a good indicator of injury type since pain tolerance varies in individuals.
  - Never manipulate a dislocation - there may be an associated fracture.
  - When in doubt, always treat an injury as a fracture.
  - Check circulation (Pg11) after immobilisation ie after bandaging, splinting, sling.
  - May need to slowly adjust position of limb if no circulation is present.

**Soft Tissue Injury & Fracture**

- **The Signs & Symptoms and First Aid for a fracture and soft tissue injury are very similar.**

- **SIGNS & SYMPTOMS**
  - Pain
  - Tenderness
  - Snap or pop at time of injury
  - Restricted movement
  - Discolouration
  - Swelling
  - Deformity*

- **FIRST AID**
  - Control external bleeding or cover wound
  - Remove rings from fingers – swelling likely
  - Support or Immobilise +/
  - Medical Assistance: X-rays are the only sure way of diagnosing the type of injury.
  - Call ☎ if: Deformity as blood vessels and nerves can be damaged.
  - Open Fracture: Risk of blood loss and infection.
  - Breathing difficulty
  - Monitor Vital Signs

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**Soft Tissue Management**

- **R.I.C.E**: Method used to treat soft tissue injuries (sprains/strains) and fractures.
  - **Rest**: Rest casualty and injured part; this prevents further damage and reduces bleeding.
  - **Ice**: Reduces pain, fluid and swelling by constricting blood vessels. Apply wrapped ice pack for 10 - 20mins – do not place ice directly on skin. Ice pack or frozen peas can be placed over a bandage. Continue to cool injury three times/day for 2-3 days after the injury.
  - **Compression**: Apply a firm supporting bandage to injured part. This restricts movement of injured part and reduces bleeding and swelling.
  - **Elevation**: Raise injured area above the level of the heart if possible. This slows the flow of blood and reduces swelling.
Lower Limb Injury

Pelvic Injury:

- Pain in hip or groin region
- Pain worse on movement
- Inability to walk
- Shock (Pg 14)

Consider internal bleeding from bladder, uterus, bowel damage.

Left leg appears shorter and is rotated outwards. Notice swelling over hip due to internal bleeding. This is the typical position of the leg with a fractured hip (fractured neck of femur) and is common in the elderly after a minor fall.

A 1.5 litre blood loss can result from a closed fracture of the femur. In this case a 3 litre blood loss could result in shock (Pg 14) and death. This type of injury is common in road traffic accidents.

Thigh Injury

R.I.C.E for a sprained ankle:
- Rest: Casualty doesn’t move ankle
- Ice: Cool injured area
- Compression: Use a crepe bandage
- Elevation: Place foot higher than hip

Knee Injury

R.I.C.E
- Support knee in position of comfort.
- Do not try to straighten knee if painful.

Ankle Injury

FIRST AID
- Call ☎
- Reassure casualty
- Control any external bleeding.
- Lie casualty flat with knees slightly bent and supported.
- Place padding between legs and on either side of hips (eg blanket, towel, pillow).
- ‘Figure-of-eight’ bandage around ankles and feet.
- Apply broad bandage above knees.
- Don’t attempt to move casualty.
- Discourage attempts to urinate.
- Maintain body temperature.
- Monitor vital signs (Pg 37,40)
**Immobilising Lower limb:**
- **A body splint** is an effective way to immobilise lower limb fractures.
- The key to immobilising leg fractures is a figure of 8 bandage around the feet.
- Place padding in natural hollows between legs.
- Stabilise joints above and below fracture site.
- Position all bandages before tying off.
- Apply broad bandages above and below injured area.
- Tie bandages off on uninjured side of body.
- If using a **rigid splint** (eg stick) ensure splint doesn’t extend further than length of legs.
- Ensure splint stabilises joints above and below injury.
- Pad over splint to make more comfortable.
- **Check circulation**

**SIGNS AND SYMPTOMS that a bandage is too tight:**
- Pain • Numbness • Cold to touch • Tingling • Pale or discoloured • Pulse weak/absent below injury

**Splints** can be classified as:
- **Body Splint:** Uses uninjured, adjoining body part to immobilise an injury. Lower limbs, fingers and toes are commonly strapped together as body splints.
- **Soft Splint:** Folded blankets, towels, pillows
- **Rigid Splint:** Boards, sticks, metal strips, folded magazines and newspapers

**Checking Circulation:**
- Check skin colour below injury - if pale or discoloured, there may be impaired circulation.
- Assess skin temperature by gently placing hand below level of injury. Compare to other side. If colder, there may be impaired circulation.
- Squeeze fingernail until nail turns white. Colour should return within a few seconds.
- Compare pulse below injury with other side - If weaker or absent, circulation may be impaired.

<table>
<thead>
<tr>
<th>Pain in:</th>
<th>Could be:</th>
<th>Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip/groin</td>
<td>• Fractured Pelvis • Fractured neck of femur • Dislocated head of femur • Sprain/strain</td>
<td>• Allow casualty to adopt position of comfort.</td>
</tr>
<tr>
<td></td>
<td>• Fractured femur • Strain: front of thigh (quadriceps) • Strain: back (hamstrings)</td>
<td>• If unsure whether injury is a fracture or soft tissue injury, treat as for fracture (Pg 8).</td>
</tr>
<tr>
<td>Thigh</td>
<td>• Fractured patella • Dislocated patella • Cartilage tear • Sprain</td>
<td>• Elevate a suspected fracture after it has been immobilised.</td>
</tr>
<tr>
<td>Knee</td>
<td>• Fractured tibia • Fractured fibula • Dislocation • Sprain/ strain</td>
<td>• Minimise movement to avoid further injury.</td>
</tr>
<tr>
<td>Lower Leg/Ankle</td>
<td>• Fractured tarsal/metatarsal/phalange • Dislocation • Sprain/ strain</td>
<td>• Check circulation after immobilisation (above).</td>
</tr>
<tr>
<td>Foot</td>
<td>• Fractured patella • Dislocated patella • Cartilage tear • Sprain</td>
<td></td>
</tr>
</tbody>
</table>

**Fracture site.**

Use triangular bandages, broad bandages, belts, clothing or sheets to tie legs together. Tie-off on uninjured leg, above and below fracture site.
Bleeding

Bleeding (haemorrhage) can be external and obvious or internal (within the body) and often not seen.

Bleeding is classified according to the type of blood vessel damaged:
- Arterial Bleed - damaged artery; bright red blood; spurting
- Venous Bleed - damaged vein; dark red blood; flowing
- Capillary - tiny blood vessels; bright red blood; oozing

Types of wounds associated with bleeding are:
- Abrasion • Incision • Laceration • Puncture • Embedded object • Tear • Amputation

Major External Bleeding:

- The aim is to reduce blood loss from the casualty.
- Direct, sustained pressure is the fastest, easiest, most effective way to stop bleeding.
- Apply direct or indirect pressure on or near the wound as appropriate.

**FIRST AID**
- Check for Dangers to self, casualty & bystanders.
- Use disposable gloves if available.
- **Direct Pressure Method:**
  - Quickly check for embedded objects (Pg 13)
  - Identify the bleeding point and apply firm direct pressure until bleeding stops.
  - Maintain pressure over the wound using hands or pad (sterile dressing, tea towel or handkerchief).
  - Bandage firmly to hold pressure pad in place.
  - **If bleeding continues** - apply another pad and a tighter bandage.
  - Elevate bleeding part, restrict movement, immobilise the part, advise casualty to rest
  - Call ☎️
  - Reassure casualty.
  - Monitor vital signs (Pg 37, 40)
  - Give oxygen if available.
  - DO NOT give casualty food, alcohol, medication.
  - **If major bleeding continues** - remove all pads to locate a bleeding point, then apply a more direct pressure over the bleeding point.
  - Treat for shock (Pg 14) if required.

**TOURNIQUET:** Used to control life-threatening bleeding (eg traumatic amputation of a limb).
- Use as a **LAST RESORT.**
- Use a wide bandage (>5cm wide).
- Apply high above wound.
- Ensure tourniquet is clearly visible.
- Tighten until bleeding stops.
- Note the time of application; write time of application on casualty.
- Continue to maintain direct pressure over wound.
- DO NOT apply tourniquet over a joint or wound.
- DO NOT remove tourniquet until casualty receives specialist care.
**Embedded Object:** eg knife, glass, stick or metal.

**Bleeding**

**FIRST AID**
- DO NOT remove the object - it could be plugging the wound.
- Build up padding around the object.
- Apply sustained pressure over the pad (indirect pressure).
- Bandage firmly over the pad.
- DO NOT apply pressure over the object.
- DO NOT shorten object unless its size is unmanageable.
- Elevate, immobilise, restrict movement of the limb.
- Advise casualty to remain at rest.
- Call ☎

**Internal Bleeding:** Signs, symptoms and management as for Shock (Pg 14)

- Suspect internal bleeding if a **large blunt force** is involved - road traffic accident, fall from a height; or a history of **stomach ulcers**, early pregnancy (**ectopic pregnancy**) or **penetrating injury**.
- Internal bleeding may be concealed or revealed.
- If a casualty is coughing up frothy blood, allow casualty to adopt position of comfort – normally half-sitting.
- First aiders can’t control internal bleeding but early recognition and calling ☎ can save lives.

**Concealed:**
Spleen, liver, pancreas, brain (no bleeding visible).

**Revealed:**

**Nose bleed**

**FIRST AID**
- Pinch soft part of nose just below the bone.
- Have casualty seated and leaning forward.
- Ask casualty to breathe through their mouth.
- Maintain pressure and posture for at least 10mins (longer may be required after exercise, hot weather or if casualty has high blood pressure or takes aspirin or warfarin tablets - maintain pressure for at least 20 minutes).
- If bleeding continues >20mins - seek medical assistance.
- Apply cold compress to forehead and neck.
- Advise casualty not to blow or pick their nose for a few hours.

**Amputation** Manage amputated limb as for major external bleeding (Pg 12). Amputation of a limb often requires a **tourniquet** (Pg 12) to control life-threatening bleeding.

- DO NOT wash or soak amputated part in water or any other liquid.
- Wrap the part in gauze or a clean handkerchief and place in watertight plastic bag.
- Place sealed bag or container in cold water which has ice added to it (the part should not be in direct contact with ice).
- Send to hospital with the casualty.
**Shock** Shock is a loss of effective blood circulation resulting in tissue/organ damage and is life threatening.

**CAUSES**
- Loss of blood volume: Bleeding or fluid loss
- Loss of blood pressure: Heart/pump failure or abnormal blood vessel dilatation.
  - Internal or external bleeding
  - Major or multiple fractures
  - Severe burns or scalds
  - Severe diarrhea and vomiting
  - Heat stroke
  - Heart attack
  - Anaphylaxis (severe allergy)
  - Brain/spinal cord injury

The total blood volume in the body is about **6 litres**. Blood loss of **>1 litre** (20%) may result in shock. Rapid blood loss leads to more severe shock.

**SIGNS & SYMPTOMS**
- Pale, cool, clammy skin
- Thirst
- Feeling cold
- Rapid, shallow breathing.
- Nausea/vomiting
- Confusion
- Reduced level of consciousness.
- Rapid, weak pulse
- Rigid, painful abdomen (from internal abdominal bleeding).

**FIRST AID**
- Control external bleeding (Pg 12)
- Call ☎️
- Lie casualty flat or in position of comfort
- Administer oxygen if available
- Maintain body temperature
- Reassure
- Monitor vital signs (Pg 37, 40).
- Give nothing by mouth (may cause vomiting and/or delay surgery).

**If Unconscious:**
DRSABCD (Pg 3)

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**Crush Injury** A heavy, crushing force to part of the body usually causing extensive tissue damage from internal bleeding, fractures, ruptured organs, or an impaired blood supply.

**FIRST AID**
- DRSABCD - ensure your own safety.
- Call ☎️
- If safe - remove crushing force as soon as possible.
- Control external bleeding (Pg 12).
- DO NOT use a tourniquet (Pg 12) to manage a crush injury.
- Manage other injuries.
- Comfort and reassure.
- Monitor vital signs (Pg 37, 40)

**Crush Injury Syndrome:**
- Is a complication of crush injury usually involving a thigh or pelvis (ie not a hand or foot).
- Toxins released from damaged tissue may cause complications but the risk of sudden death following removal of a crushing force is extremely small.
Trauma

**CAUSES**

- **Crush Injury**
- **Loss of blood pressure:**
  - **Loss of blood volume:**
- **Shock**
  - **Brain/spinal cord injury**
  - **Anaphylaxis (severe allergy)**
  - **Severe infection**
  - **Heart attack**
  - **Pump failure**
  - **Heat stroke**
  - **Severe diarrhea and vomiting**
  - **Fluid loss**
  - **Severe burns or scalds**
  - **Major or multiple fractures**
  - **Internal or external bleeding** or abnormal blood vessel dilatation.

**FIRST AID**

- DRSABCD
- Cool affected area with water for as long as necessary - usually 20mins.
- Remove rings, watches, jewelry from affected area.
- Cut off contaminated clothing - do not remove clothing contaminated with chemicals over the head or face.
- Elevate burnt limb if possible.
- Cover burnt area with a loose, non-stick dressing (sterile non-adherent dressing, plastic cling wrap, wet handkerchief, sheet, pillow case).
- DO NOT allow shivering to occur.
- Hydrogel products are an alternative if water is not available.

- **DO NOT** apply ice directly to burns.
- **DO NOT** break blisters.
- **DO NOT** apply lotions, ointments, creams or powders (except hydrogel).
- **DO NOT** peel off adherent clothing or other substances.
- **DO NOT** use “fluffy” dressings to cover burn (towels, tissues, cotton wool).

**Seek medical help for:**

- Chemical burns
- Electrical burns
- Inhalation burns
- Full thickness burn
- Infant, child or elderly
- Burns to hands, face, feet, major joints, or genital area
- Burn size > casualty’s palm
- Burns encircling limbs or chest
- Burns associated with trauma

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**Extensive burns may result in shock from fluid loss** (Pg 14).

**Burns**

Burns may result from: **heat** (flame, scald, direct contact), **cold, friction**, **chemical** (acid, alkali), **electrical** or **radiation** (sunburn, welder’s arc).

**FIRST AID**

- **Superficial Burn** (1st degree)
  - **Reddening** (like sunburn)
  - **Painful**

- **Partial Thickness Burn** (2nd degree)
  - **Red and Blistering**
  - **Very Painful**

- **Full Thickness Burn** (3rd degree)
  - **White or blackened**
  - **Not painful**

**Flame:**
- **STOP, DROP, COVER, ROLL** the casualty to put out flames
- Smother flames with a blanket, coat or rug and force casualty to lie on the ground
- Move to safety
- Call ☎

**Inhalation:** (See also Pg 32, Poisons)
- Inhalation of flames or heated air can cause severe damage to the airways resulting in swelling and possible airway obstruction
- DO NOT enter a burning or toxic atmosphere without appropriate protection
- Remove to a safe, ventilated area ASAP
- Look for evidence of inhalation injury around nose or face
- Coughing or hoarseness may indicate exposure
- Give oxygen if available
- Call ☎

**Chemical:**
- Acids and alkalis cause chemical burns
- Brush powered chemicals from the skin before cooling with water
- Do not neutralise either acid or alkali burns because this will increase heat generation and cause more tissue damage
- Call ☎

**Bitumen:**
- Bitumen holds heat therefore cool with water for 30mins
- DO NOT remove from skin unless it’s obstructing the airway
- If the limb is completely encircled, split the bitumen lengthwise as it cools
- Call ☎

**Electrical:**
- Burns are usually more severe than they appear and often associated with other injuries (Pg 16)
- Call ☎
Electric Shock

Electric shock may cause: • Respiratory Arrest • Cardiac Arrest • Burns

**FIRST AID**

• ENSURE SAFETY OF YOURSELF AND BYSTANDERS.
• Call ☎
• Disconnect electricity supply where possible (switch off at fuse box or main circuit breaker and/ or unplug appliance).
• If not possible, use non-conducting material (wooden stick, dry clothing) to move casualty from electrical supply.
• Commence CPR if required (Pg 4,5).
• Apply first aid to burns (Pg 15).

**DO NOT** touch casualty’s skin before electrical source is disconnected.

**BEWARE:** Water on floor and metal materials can conduct electricity from casualty to you.

• When **POWERLINES** are in contact with a vehicle or a person, there should be no attempt at removal or resuscitation of the casualty until the situation is declared safe by electrical authorities.
• Remain at least **6m** from energized material (car body, pool of water, cable).
• You can do nothing for a casualty within the danger zone! Protect yourself and others.

**Multiple Casualties/ Prioritizing** You may be faced with the dilemma of two or more casualties needing your care. In making a decision who to treat first, remember the goal is for the **greatest good for the greatest number of people**. In all cases remember the principles of safety to yourself, bystanders and casualty.

**PRIORITIES:** 1 = top priority, 5 = lowest priority

1. **ALWAYS** manage an **UNCONSCIOUS** casualty first. Opening the airway and rolling the casualty into the recovery position may be all that’s required initially.

2. • Severe bleeding (> 1 litre)
• Crush injury
• Shock
• Open chest wound
• Open abdominal wound
• Open fractures
• Burns to 30% of body
• Head injury, showing deterioration

3. • Moderate bleeding (< 1 litre)
• Spinal injury
• Multiple fractures
• Burns (10-30% of body)

4. • “Walking Wounded”

5. • Obvious death - decapitation, massive head or torso injuries

**Remember:** A casualty is always in a changing, non-static condition. This is especially important in head and abdominal injuries in which deterioration can occur.
Chest  Major chest injuries include fractured rib, flail chest (multiple rib fractures, producing a floating segment of ribs), and sucking chest wound. A fractured rib or penetrating injury may puncture the lung.

Fractured Rib/ Flail Chest:

**SIGNS & SYMPTOMS**
- Holding chest
- Pain at site
- Pain when breathing
- Rapid, shallow breathing
- Bruising
- Tenderness
- Blue lips (flail chest or punctured lung)
- Flail Chest – section of chest wall moves in opposite direction during breathing.
- Onset of shock (Pg 14)

**FIRST AID**
- Position casualty in position of comfort; half-sitting, leaning toward injured side, if other injuries permit.
- Encourage casualty to breathe with short breaths.
- Place padding over injured area.
- Bandage the upper arm on injured side to the body.
- If bandages increase discomfort, loosen or remove them.
- Apply a ‘Collar & Cuff’ sling to arm on injured side.
- Call ☎ for an ambulance
- Monitor for internal bleeding/shock (Pg 13, 14)
- **If Unconscious:** Recovery position, injured side down.

Sucking Chest Wound:

**SIGNS & SYMPTOMS**
- Pain
- Breathing difficulty
- Sucking sound over wound when casualty breathes.
- Bloodstained bubbles around wound when casualty breathes.
- Coughing up bloodstained frothy sputum.
- Onset of shock (Pg 14).

**FIRST AID**
- Position casualty in position of comfort; half-sitting, leaning toward injured side.
- If the object is still in place, stabilise with padding around the wound.
- If the wound is open, cover with plastic or non-stick pad taped on 3 sides: This allows air to escape from pleural cavity and prevents lung collapse (pneumothorax).
- Call ☎ for an ambulance.
- Monitor for internal bleeding/shock (Pg 13, 14).
Abdomen
An injury to the abdomen can be an open or closed wound. Even with a closed wound the rupture of an organ can cause serious internal bleeding (Pg 13, 14), which results in shock (Pg 14). With an open injury, abdominal organs sometimes protrude through the wound.

**FIRST AID**
- Call ☎
- Place casualty on their back with pillow **under head and shoulders** and support under **bent knees**.
- If unconscious, place in recovery position, legs elevated if possible.
- Cover exposed bowel with moist non-stick dressing, plastic cling wrap or aluminium foil.
- Secure with surgical tape or bandage (not tightly).
- Rest and reassure.
- Monitor vital signs (Pg 37, 40).
- Elevate legs if shock develops (Pg 14).

- DO NOT push bowel back into abdominal cavity.
- DO NOT apply direct pressure to the wound.
- DO NOT touch bowel with your fingers (may cause spasm).
- DO NOT give food or drink (this may delay surgery for wound repair).
Eye Types of eye injuries: • Burns • Foreign bodies • Penetrating injury • Direct blow

Burns:
- Chemical - acids, caustic soda, lime
- UV - Welder's flash, snow blindness (the eyes are red and feel gritty hours later)
- Heat - flames or radiant heat

Contact Lenses: • DO NOT remove if the surface of eye is badly damaged • Casualty should remove own lenses • Lenses may initially protect the eye but if a chemical or foreign body tracks under the lens, severe injury may occur.

FIRST AID
- IRRIGATE with cool running water or sterile eye (saline) solution for 20-30mins.
- Flush from the inside to the outside of eye.
- Irrigate under the eyelids.
- Lightly pad affected eye(s).
- Seek urgent medical assistance.
- If chemical burn, DO NOT waste time looking for neutralizing agent. (alkaline burn is worse than acid burn).

Foreign body: Grit, dust, metal particles, insects, eyelashes

FIRST AID
- Gently irrigate eye to wash out object – use sterile eye (saline) solution or gentle water pressure from hose/tap.
- If this fails, and the particle is on white of eye or eyelid, gently lift particle off using a moistened cotton bud or the corner of a clean handkerchief. (DO NOT attempt this if particle is on coloured part of eye – irrigate only)
- If still unsuccessful, cover the eye with a clean pad ensuring no pressure is placed over injured eye.
- Seek medical aid.
- DO NOT allow casualty to rub eye.

Penetrating Injury:

FIRST AID
- Lay the casualty flat
- Reassure
- Call ☎
- Place padding around the object.
- Place a paper cup over the object to stabilize it.
- Tape or bandage to hold in place.
- Advise casualty to avoid moving unaffected eye, because this will cause movement of injured eye.
- Cover the unaffected eye, but remove if casualty becomes anxious.
- DO NOT remove embedded object.
- DO NOT apply pressure over the object.

Direct Blow: Any direct blow to the eye such as a fist or squash ball can cause fracture of the eye socket or retinal detachment.

FIRST AID
- Rest and Reassure
- Place padding over eye
- Secure with tape or bandage
- Ask casualty to limit eye movement
- Seek urgent medical aid
Head Injury

Blood or fluid from the ear may indicate a ruptured eardrum or skull fracture:
- Position casualty injured side down to allow free drainage of fluid from the ear.
- DO NOT plug or bandage ear.

SIGNS & SYMPTOMS
- Headache or giddiness
- Nausea or vomiting
- Drowsy or irritable
- Slurred speech
- Blurred vision
- Confused or disorientated.
- Loss of memory
- Swelling and bruising around eyes.
- Bleeding into corner of eyes.
- Bruising behind ears.
- Straw coloured fluid or bleeding from nose or ear.
- Loss of power in limbs.
- Loss of co-ordination.
- Seizure
- Unequal pupils
- Loses consciousness, even briefly.

Concussion: “Brain Shake” is a temporary loss or altered state of consciousness followed by complete recovery. Subsequent decline (see signs and symptoms above) suggests a more serious brain injury.

Cerebral Compression: Brain swelling or bleeding within the skull shows deteriorating signs and symptoms (above). This is a serious brain injury and could be life threatening.
Spinal Injury

The key to managing a spinal cord injury: Protect airway & Minimise spinal movement

### Conscious:

**SIGNS & SYMPTOMS**
- Pain in neck or back.
- Pins and needles in any part of body.
- Numbness or weakness.
- Unable to move legs or arms.
- Uncontrolled penile erection.
- Onset of shock (Pg 14).

**FIRST AID**
- Prevent further injury by AVOIDING movement of patient - leave this to the experts.
- Advise casualty to remain still.
- Call ☎️
- Support the head and neck.
- Reassure casualty.
- Maintain body temperature.

**QUICK CHECK**
- Can you wriggle your fingers and toes for me?
- Can you make a fist?
- Can you shrug your shoulders?
- Can you pull your toes up towards you and point them away?
- Do you have pins and needles anywhere?
- Can you feel me touch your hands/ feet?

NB. If the casualty has neck or back pain-treat as a spinal injury. The pain may be due to an unstable vertebral fracture which may result in spinal cord damage if handled incorrectly.

**Unconscious:**

Any person found unconscious is potentially spinal injured until proven otherwise - turn casualty onto their side and maintain an open airway. REMEMBER, airway management takes priority over spinal injury.

**Suspect spinal injury with:**
- motor vehicle accidents, motor bike and cyclists, diving, falls from a height, minor falls in the elderly and sports injuries such as rugby and horse riding.

**Helmet Removal:** Helmets could be preventing further spinal or head injuries. If a full-face (motorcycle) helmet is impeding proper airway management in an unconscious casualty and/ or you intend to perform CPR, the helmet needs to be removed carefully. Otherwise leave helmet removal to the experts.

**FIRST AID**
- Recovery position with head & neck support
- Call ☎️
- Monitor Vital Signs every 5-10mins (Pg 37, 40)
- Control bleeding and cover wounds
- Support/ stabilize head and neck
- Keep warm with a blanket
- Prepare for possible vomit
Heart Conditions

Angina is a “cramping” of the heart muscle; relieved by rest, with no permanent muscle damage. Heart attack is caused by a blocked coronary artery, resulting in muscle damage which may lead to complications such as cardiac arrest. Cardiac arrest is a condition in which the heart stops beating and pumping effectively. The damage caused by a heart attack may cause abnormal rhythms (Ventricular Fibrillation) which result in cardiac arrest. Some abnormal rhythms can be reversed by an AED. Cardiac arrest is fatal without basic life support (Pg 3).

“Heart attack” and “Angina” are heart conditions which present with similar signs and symptoms.

SIGNS & SYMPTOMS – vary greatly, and not all symptoms and signs are present!
- Central chest pain – may be described as Crushing • Tightness • Heaviness
- Breathlessness or difficulty “catching the breath”
- Indigestion type pain in the upper abdomen (referred pain from the heart)
- Pain radiating to the Jaw • Neck • Shoulder • Left arm
- Heaviness or weakness in left arm
- Dizzy
- Nauseous
- Pale and sweaty
- Irregular pulse

NB. Casualties having a heart attack may present with breathlessness alone while others may have heaviness in the arm or believe they have indigestion.

FIRST AID
- STOP and REST – in position of comfort (usually sitting).
- Reassure and talk to casualty - Are you on prescribed heart medication?
- Do you have angina? Can you take Aspirin?
- If casualty has no heart medication and has never been diagnosed with heart problems – treat as for HEART ATTACK • Call ‘’ • Give Aspirin if directed • Monitor
- Assist casualty to take prescribed heart medication (Anginine tabs or GTN spray).
- If after 5 mins symptoms are not relieved, give another dose of heart medication.

ANGINA should be relieved by rest and medication (tablets or spray).
- If after 3 doses of medication over 10mins, the pain has not diminished, then the condition should be considered a HEART ATTACK

Warning signs:
Pain lasts > 10 mins
Pain gets suddenly worse

DON’T WAIT
ACT NOW

Call

Monitor vital signs
Give Oxygen if trained
Prepare for CPR

Vital Signs
(Pg 37, 40)

Give Aspirin (300mg) if directed by emergency services. Before directing you to give Aspirin, emergency services will want to know if:
- Casualty takes Warfarin (blood thinning medication)
- Casualty has a history of Asthma or Stomach ulcers
Asthma  Asthma is a disorder of the airways in the lungs. Spasm, inflammation and increased mucus production in the airways causes breathing difficulties. Asthma attacks can be triggered in sensitive airways by changes in the weather, exercise, emotional stress, pollen, dust-mite, food preservatives, smoke, fumes or cold and flu infection. An asthma attack can take from a few minutes to a few days to develop.

**SIGNS & SYMPTOMS**

**Mild:**
- Dry persistent cough
- Wheeze
- Breathless but speaks in sentences
- Chest tightness

**Severe: (Call ambulance straight away)**
- Gasping for breath (too breathless to speak)
- Wheeze inaudible (no air movement)
- Cyanosis (blue lips)
- Skin pale and sweaty
- Exhaustion
- Anxious/ Distressed
- Rapid pulse
- Collapse (respiratory arrest)

**Young Children may also demonstrate:**
- Severe coughing and vomiting
- Stop eating or drinking
- Restless or drowsy
- Muscles between ribs ‘suck in’

**FIRST AID**

- Sit casualty comfortably upright.
- Calm and reassure - stay with casualty
- Follow casualty’s Asthma Action Plan or give
- **Reliever Medication** *(4 puffs - 1 puff followed by 4 breaths)*
  - If no improvement, repeat after 4 mins
  - Call ☎ if no improvement
  - Give oxygen if available (8L / min)
  - Keep giving **4 puffs every 4 mins** until ambulance arrives or casualty improves significantly.
- **If Collapse:**
  - Commence DRSABCD *(Pg 3)*

**Rescue breaths** require much greater force due to narrowed airways. Slowly inflate with a steady pressure until chest begins to rise. Allow time for chest to fall during expiration.

Give **Reliever Medication** via spacer. Use puffer on it’s own if spacer not available.

Reliever Medication:
- **Blue - grey** coloured inhalers (puffers) eg Ventolin, Respolin, Atovent, Salbutamol.
- Borrow an inhaler if necessary.
- No harm is likely to result from giving a Reliever to someone who does not have asthma.

- Shake **inhaler (Puffer)**.
- Place mouthpiece in casualty’s mouth.
- Administer 1 puff as casualty inhales slowly and steadily.
- Ask casualty to take 4 normal breaths
- Repeat until 4 puffs have been given.
- Wait 4mins and repeat if no improvement
Croup / Epiglottitis

Croup and Epiglottitis are infections of the upper airways (larynx, pharynx and trachea) and occurs in young children. Both conditions start with similar signs and symptoms but epiglottitis progresses to a life-threatening state.

**SIGNS & SYMPTOMS**

**CROUP:**
- Cold-like symptoms
- Barking cough
- Noisy breathing
- Slight temperature
- Worse at night
- Breathing difficulties
- Cyanosis (blue lips)

**EPIGLOTTITIS:**
- Drools – can’t swallow
- Quiet, doesn’t cough
- Leans forward
- Won’t talk
- High temperature
- Skin flushed

**FIRST AID**

**CROUP:**
- **Mild**
  - DO NOT examine child’s throat – this may cause complete blockage.
  - Calm and Reassure.
  - Steamy shower room.
  - Paracetamol
  - Seek medical aid.

- **Severe**
  - Call ☎️
  - Comfort, reassure
  - Sit upright on your lap.
  - Lots of TLC until ambulance arrives.

**Epiglottitis:**
- Bacterial infection of the epiglottis (flap above the vocal cords) causing upper airway obstruction. It occurs in the 4 - 7yr age group and has a rapid onset over 1-2hrs. This is an emergency and requires urgent ambulance transport to the hospital.

Faint

Fainting is a sudden, brief loss of consciousness caused by lack of blood flow to the brain with full recovery. It often occurs in hot conditions with long periods of standing; sudden postural changes (eg from sitting to standing); pregnancy (lower blood pressure); pain or emotional stress (eg sight of blood).

**SIGNS & SYMPTOMS**

- Dizzy or light headed.
- Nausea
- Sweating
- Return of consciousness within a few seconds of lying flat.
- Pale and sweaty
- Mild confusion or embarrassment.

**FIRST AID**

- Lie casualty flat
- Raise legs
- Pregnant woman turn onto left side.
- Recovery position if unconscious > few secs.
- DO NOT give food or drink.
- Check for other injuries.
Seizure/ Epilepsy  A seizure is caused by abnormal electrical activity in the brain. Seizures vary from the briefest lapses of attention to prolonged convulsions (tonic-clonic or grand mal seizure). A seizure can occur in a person with • Epilepsy • Head Injury • Stroke • Meningitis • Fever (febrile convulsion) • Hypoglycaemia (diabetics) • Poisoning • Alcohol and • Drug Withdrawal.

SIGNS & SYMPTOMS
Tonic-Clonic Seizure (Grand Mal)
• Aura (warning sign: eg abnormal taste, smell, sound or sight).
• Cry out or make moaning sound.
• Collapse and momentary rigidity (tonic phase – lasts few secs).
• Eyes roll upwards or stare.
• Jerking movements of body (clonic phase – lasts few mins).
• Blue discolouration of face/ lips
• Excessive salivation
• Tongue biting may result in blood stained saliva.
• Loss of bladder or bowel control.
• Breathing ceases – resumes once seizure finishes.
• Drowsiness and lethargy follows.

FIRST AID
• Protect from harm – remove dangerous objects or protect head with cushion/ pillow.
• Note the time.
• AVOID restraining unless this is essential to avoid injury.
• DO NOT put anything into casualty’s mouth.
• Roll into Recovery position as soon as possible.
• Monitor Vital Signs (Pg 37, 40).
• Reassure casualty and allow to sleep under supervision at end of seizure.

• Call ☎ if:
• Seizure lasts longer than 5mins.
• Another seizure quickly follows.
• Casualty is pregnant or has diabetes.
• Seizure occurred in water.
• This is casualty’s first ever seizure.
• Casualty is injured or you’re in doubt.

A person known to have epilepsy may not require ambulance care and may get upset when one is called.

Febrile Convulsion
Febrile convulsions are associated with a high body temperature (>38°C). It is the rate of rise in temperature, not how high it gets, which causes the convulsion. They occur in 3% of all children between the age of 6mths and 6yrs.

SIGNS & SYMPTOMS
(Similar to epilepsy + fever)
• Fever
• Skin hot, flushed
• Eyes roll up
• Body stiffens
• Back and neck arches
• Jerking of face, limbs
• Frothing at mouth
• Blue face and lips
• Lethargy follows

FIRST AID
• Manage as for ‘Seizure/ Epilepsy’.
PLUS:
• Remove excess clothing
• Apply cold compress to forehead
• DO NOT allow shivering to occur
• DO NOT put in cold bath
Diabetes
• Diabetes is an imbalance between glucose and insulin levels in the body.
• The imbalance may result in Hypoglycaemia (Low blood sugar) or Hyperglycaemia (High blood sugar). Both conditions, if left untreated, result in altered states of consciousness which are medical emergencies.

SIGNS & SYMPTOMS - Both conditions share similar signs and symptoms:
• Appear to be drunk (Dizzy, drowsy, confused, altered level of consciousness)
• Rapid breathing  • Rapid pulse  • Unconscious

<table>
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<th>HYPERglycaemia (HIGH)</th>
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<td>Pale, cold sweaty skin</td>
<td>Warm, dry skin</td>
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<td>Fast progression</td>
<td>Slow progression</td>
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<td>Hunger</td>
<td>Acetone smell on breath (nail polish remover)</td>
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• The most common type of diabetic emergency is Hypoglycaemia.
• Hyperglycaemia is not common, as its slow onset allows diabetics to take corrective measures.

FIRST AID
Both conditions (Hypo and Hyperglycaemia) are managed the same way by first aiders.

Conscious:
• Give sweet drink/ food: 5-7 jelly beans, 2-4 teaspoons of sugar or honey, glass of fruit juice (not diet or low sugar type).
• Repeat if casualty responds
• On recovery assist with high carbohydrate food: sandwich, few biscuits, pasta or rice meal.
• Call ☎ if no improvement within a few minutes of giving sugar (could be hyperglycaemia or another medical condition).

Unconscious:
• Place in recovery position
• Call ☎
• DO NOT administer insulin – could be fatal
• GIVE NOTHING by mouth

Hypoglycaemia can occur if a person with diabetes:
• Takes too much insulin
• Fails to eat adequately
• Over-exercises ie burns off sugar faster than normal
• Becomes ill – viral infection eg. diarrhoea and vomiting
• Experiences great emotional stress

The reason sugar is given to diabetics with an altered state of consciousness is that most will be hypoglycaemic. The symptoms of hypoglycaemia progress more rapidly and must be addressed quickly.

If the casualty is hyperglycaemic, the small amount of sugar given by a first aider will not significantly raise blood sugar levels and will do no harm.

Don’t give diet or diabetic food/drink which contains artificial sweetener – this doesn’t correct low blood sugar.
Stroke
The blood supply to part of the brain is disrupted, resulting in damage to brain tissue. This is caused by either a blood clot blocking an artery (cerebral thrombosis) or a ruptured artery inside the brain (cerebral haemorrhage). The signs and symptoms of a “stroke” vary, depending on which part of the brain is damaged.

SIGNS & SYMPTOMS
- Confusion or dazed state
- Headache
- Unequal-sized pupils
- Blurred vision
- Drooping of one side of face
- Slurred speech
- Difficulty swallowing - drool
- Weakness or paralysis affecting one side of body.
- Loss of balance
- Incontinence of bladder/ bowel.
- Seizure
- Unconsciousness

**FAST** is a simple way of remembering the signs of a stroke:
- **F**acial weakness – Can the casualty smile? Has their mouth or eye drooped?
- **A**rm weakness – Can casualty raise both arms?
- **S**peech – Can casualty speak clearly and understand what you say?
- **T**ime to act fast - Call 📞

**FIRST AID**
- If casualty fails one of the FAST tests, act fast and **Call 📞**
- Adopt position of comfort
- Reassure
- Recovery position if unconscious
- Maintain body temperature
- Give oxygen if available
- Monitor Vital Signs (Pg 37, 40)

New drugs and medical procedures can limit or reduce damage caused by a stroke. Therefore, prompt action is essential for optimum recovery.

**TIA** (Transient Ischaemic Attack) is a mini-stroke with signs and symptoms lasting < 60mins. The risk of a stroke subsequent to a TIA is high, therefore early recognition and treatment is vital.

Hyperventilation
Hyperventilation syndrome is the term used to describe the signs and symptoms resulting from stress-related or deliberate over-breathing. The increased depth and rate of breathing upsets the balance of oxygen and carbon dioxide which results in diverse symptoms and signs.

**SIGNS & SYMPTOMS**
- Rapid breathing
- Light-headedness
- Tingling in fingers and toes.
- Blurred vision
- Spasms in hands and fingers.
- Severe Anxiety
- Chest discomfort
- Rapid pulse

**FIRST AID**
- Calm and Reassure.
- Encourage slow regular breathing - count breaths aloud.
- Seek medical aid – exclude other medical condition.
- **DO NOT** use a bag for rebreathing.

**NB. Other conditions** which may present with rapid breathing:
- Asthma attack
- Heart attack
- Collapsed lung
- Embolus (clot) in lung
- Diabetes
- Some poisons
Heat Exposure

Heat Exhaustion: occurs when the body cannot lose heat fast enough. Profuse sweating occurs in an effort to lower body temperature but this leads to fluid loss and decreased blood volume (mild shock). If not treated quickly, it can lead to heat-stroke.

Heat Stroke: occurs when the body’s normal cooling system fails and the body temperature rises to the point where internal organs (e.g., brain, heart, kidneys) are damaged: Blood vessels near the skin’s surface dilate in an attempt to release heat, but the body is so seriously dehydrated that sweating stops (red, hot, dry skin). Consequently, the body temperature rises to the point where internal organs (e.g., brain, heart, kidneys) are damaged: This is a life-threatening condition.

Heat Exhaustion
(Mild – Moderate Hyperthermia)
- Body Temp 37°C – 40°C

**SIGNS & SYMPTOMS**
- Sweating
- Pale, cold, clammy skin
- Headache
- Muscle cramps
- Thirst
- Fainting
- Nausea
- Rapid pulse
(Onset of mild shock due to fluid loss, Pg 8)

**Organs cook at 42°C**

Heat Stroke
(Severe hyperthermia)
- Body Temp > 40°C

**SIGNS & SYMPTOMS**
- NO Sweating
- Red, hot, dry skin
- Nausea and vomiting
- Visual disturbances
- Irritability/confusion
- Staggering/unsteady
- Seizures
- Unconscious
(Sometimes profuse sweating occurs)

**FIRST AID**
- Move casualty to cool, shaded, ventilated area.
- Lie flat with legs elevated.
- Loosen and remove excess clothing.
- Cool by: fanning • spraying with water • applying wrapped ice packs to neck, groin and armpits • draping wet sheet over body and fanning.
- Give cool water to drink if fully conscious.
- Seek medical help or Call ☎ if in doubt

Heat radiates from the body, especially the head into the surrounding air

During breathing, cold air is inhaled and warm air is exhaled

Heat is lost through evaporation (sweat) on the skin

Heat is lost through convection - warm air around the body is replaced with cold air - worse on windy days

Heat Exhaustion and Heat Stroke are usually caused by over-exertion in hot, humid conditions with poor fluid intake.

Body heat can be lost quickly in high, exposed areas

Frost bite
Cold Exposure

Exposure to cold conditions can lead to hypothermia (generalised cooling of the body) or frostbite (localised cold injury).

**Hypothermia:** is a condition where the body temperature drops **below 35°C**
- Hypothermia can be mistaken for drunkenness, stroke or drug abuse.
- Suspect hypothermia when conditions are **cold, wet and windy**, especially in the young and **elderly** or individuals under the influence of **alcohol** or **drugs**.
- As the core body temperature drops, so does the metabolic rate which means the cells require less oxygen. Hypothermia protects the brain from the effects of hypoxia so resuscitation should be continued until the casualty can be rewarmed in hospital.

<table>
<thead>
<tr>
<th>MILD Hypothermia</th>
<th>MODERATE Hypothermia</th>
<th>SEVERE Hypothermia</th>
</tr>
</thead>
<tbody>
<tr>
<td>35°– 34°C</td>
<td>33°– 30°C</td>
<td>&lt;30°C</td>
</tr>
<tr>
<td>Maximum shivering</td>
<td>Shivering ceases</td>
<td>Unconscious</td>
</tr>
<tr>
<td>Pale, cool skin, blue lips</td>
<td>Muscle rigidity increases</td>
<td>Cardiac arrhythmias</td>
</tr>
<tr>
<td>Poor coordination</td>
<td>Consciousness clouded</td>
<td>Cardiac arrhythmias</td>
</tr>
<tr>
<td>Slurred speech</td>
<td>Slow breathing</td>
<td>Pupils fixed and dilated</td>
</tr>
<tr>
<td>Apathy and slow thinking</td>
<td>Slow pulse</td>
<td>Appears dead</td>
</tr>
<tr>
<td>Irritable or confused</td>
<td></td>
<td>Cardiac arrest</td>
</tr>
<tr>
<td>Memory loss</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNS & SYMPTOMS**
- White, waxy skin
- Skin feels hard
- Pain or numbness

**Frostbite:** is the freezing of body tissues and occurs in parts exposed to the cold.

**FIRST AID**
- Call 📞
- Seek shelter - protect from wind chill.
- Handle **gently** to avoid heart arrhythmias.
- Keep horizontal to avoid changes in blood supply to brain.
- Replace wet clothing with dry.
- Wrap in blankets/ sleeping bag or space blanket and cover head.
- Give **warm, sweet drinks** if conscious.
- **IF NOT SHIVERING:**
  - Apply heat packs to groins, armpits, trunk and side of neck.
  - **Body-to-body** contact can be used.
- **IF UNCONSCIOUS:**
  - DRSABCD (Pg 3) - Check breathing/ pulse for 30- 45secs as hypothermia slows down everything.
  - If **no signs of life** - commence CPR while re-warming casualty.

**FIRST AID**
- Seek shelter • Treat hypothermia before frostbite • Gently remove clothing from affected area • Rewarm affected area with body heat - place in armpit (rewarming can be very painful) • DO NOT rub or massage affected area – tiny ice crystals in tissue may cause more damage • DO NOT use radiant heat • DO NOT break blisters • **NEVER** thaw a part if there is any chance of it being re-frozen. Thawing and refreezing results in far more tissue damage than leaving tissue frozen for a few hours.
### Bites/ Stings

<table>
<thead>
<tr>
<th>LAND ANIMALS</th>
<th>TYPE</th>
<th>FIRST AID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATAL</td>
<td>Snakes</td>
<td>Pressure Immobilisation Technique (PIT)</td>
</tr>
<tr>
<td></td>
<td>Funnel web Spiders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red back spiders/ others</td>
<td>COLD COMPRESS/ ICE PACK (PIT if allergic to bite/sting)</td>
</tr>
<tr>
<td></td>
<td>Bees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wasps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scorpion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ants</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEA CREATURES</th>
<th>TYPE</th>
<th>FIRST AID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATAL</td>
<td>Sea Snakes</td>
<td>Pressure Immobilisation Technique (PIT)</td>
</tr>
<tr>
<td></td>
<td>Blue-Ringed Octopus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cone Shell</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Box Jelly Fish</td>
<td>VINEGAR - Use salt water (not fresh water) if vinegar not available</td>
</tr>
<tr>
<td></td>
<td>Irukandji Jelly Fish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bluebottles</td>
<td></td>
</tr>
<tr>
<td>Tropics</td>
<td>Fish Stings</td>
<td>HOT WATER - Use cold compress if no pain relief with hot water</td>
</tr>
<tr>
<td></td>
<td>: Stingray</td>
<td></td>
</tr>
<tr>
<td></td>
<td>: Stonefish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>: Bullrouts</td>
<td></td>
</tr>
</tbody>
</table>

**Potentially Fatal Bite/ Sting:**

- Snakes
- Funnel web Spider
- Blue-Ringed Octopus
- Cone Shell

**SIGNS & SYMPTOMS:** similar for all 4 species with death from Respiratory Arrest within minutes to hours.

- Painless bite
- Droopy eyelids
- Blurred vision
- Difficulty speaking and swallowing
- Breathing difficulties
- Abdominal pain
- Nausea and vomiting
- Headache
- Tingling/numbness around mouth
- Profuse sweating
- Copious salivation
- Collapse

**FIRST AID:**

- DRSABCD
- Rest and reassurance
- Call ☎
- Pressure Immobilisation Technique
- Resuscitation if needed, takes priority over PIT

- DO NOT wash bite site (land animals)
- DO NOT suck venom from a bite
- DO NOT cut or incise bite site
- DO NOT use a tourniquet (Pg 12)
- DO NOT kill animal – identification of species is made from venom on skin.
**Box Jellyfish**

**SIGNS & SYMPTOMS**
- Severe immediate skin pain
- Frosted pattern of skin marks
- Collapse
- **Cardiac Arrest**
  (Anti-venom available)

**FIRST AID**
- DRSABCD • Remove casualty from water • Call ☎ • Reassure • AVOID rubbing sting area
- Flood sting with **VINEGAR** for 30 secs • If no vinegar—pick off remnants of tentacles and rinse with seawater (NOT freshwater) • If unconscious, commence CPR

**Non-Serious Bite/ Sticks:**
- **Fish stings:** Sharp barb • Painful wound • Bleeding • Place wound in hot water
- **Red Back Spider:** Intense local pain at bite site • Not life-threatening • Apply cold pack
- **Bee/Wasp/ Ant/ Tick:** Localised pain at site (tick bite not painful) • Remove insect from skin and move casualty to safe area • Immediately remove sting or carefully remove tick • Apply cold pack • If casualty has a history of allergy, follow anaphylaxis plan (Pg 33) • Refer casualty to hospital if stung on face or tongue

**Pressure Immobilisation Technique (PIT):** This method is used to treat a variety of bites and stings: • Snake • Funnel web spider • Blue-ringed octopus • Cone shell

1. Apply a pressure bandage over the bite area (firm enough NOT to easily slide a finger between bandage and skin).
   - **DO NOT** wash bite site
   - Mark “X” over bite site
   - **If only one bandage available:** start from fingers/ toes and wind as far up limb as possible covering the bite.

2. Apply a **second bandage** from fingers or toes extending upwards covering as much of limb as possible.
   - Bandage over the top of jeans/ shirts as undressing causes unnecessary movement
   - Mark “X” over bite site

3. **Splint** the bandaged limb, including joints either side of bite site.
   - Rest casualty and limb.
   - **DO NOT** elevate limb.
   - Bring transport to casualty
   - Check circulation (Pg 11)
   - **DO NOT** remove bandage and splint once it has been applied.

**PIT (Pressure Immobilisation Technique) slows the lymph flow and inactivates certain venoms by trapping them in the tissues.**
Poisons

A poison is any substance which causes harm to body tissues. A toxin is a poison made by a living organism (e.g., animal, plant, micro-organism). A venom is a toxin which is injected by a fang or sting (e.g., snake, spider, fish).

Poisons can be ingested (swallowed), absorbed, inhaled, or injected. The effect of a poison will vary depending on what the substance actually is and how much has been absorbed.

Ingested:
Swallowed substances can be broadly categorised into ‘corrosive’ or ‘non-corrosive’.
Corrosive: Burning substances eg dish washer detergents, caustics, toilet/bathroom cleaners and pertoleums.
Non-Corrosive: Non-burning substances eg medications (tablets/liquids) and plants.

**SIGNS & SYMPTOMS of a corrosive substance:**
- Pain in the mouth/abdomen
- Burns to lips/mouth
- Nausea/vomiting
- Tight chest
- Difficulty breathing
- Sweating
- Unconscious

**FIRST AID**
- Identify type and quantity of poison (from container/bottle).
- Establish the time of poisoning.
- DO NOT induce vomiting.
- DO NOT give anything by mouth.

**FOR ALL POISONING:**
- DRSABCD
- What? When? How Much?
- Call Poisons Information Centre for advice or Call ☎
- Monitor Vital Signs (Pg 37, 40)
- Send any containers and/or suicide notes with casualty to hospital.
- Send any vomit with casualty to hospital.

Absorbed:
Chemical splash from eg pesticide, weed killer.

**FIRST AID**
- DO NOT become contaminated yourself – wear gloves, goggles, protective clothing.
- Ask casualty to remove all contaminated clothing.
- Flood affected area with running water • Seek medical advice if required

Inhaled:
Toxic fumes from gas, burning solids or liquids. Inhaled poisons include: carbon monoxide (car exhausts); methane (mines, sewers); chlorine (pool chemicals, cleaning products); fumes from paints, glues, and industrial chemicals.

**SIGNS & SYMPTOMS**
- Breathing problems
- Headache
- Nausea
- Dizziness
- Confusion

**FIRST AID**
- Move casualty to fresh air
- Loosen tight clothing
- Give oxygen if available
- Call ☎

Injected:
As a result of a bite or sting (Pg 30, 31) or may be injected with a needle.
The most common type of drug overdose via injection are narcotics which cause respiratory depression (slow breathing), respiratory arrest (no breathing) or unconsciousness. The most common injection sites are: hands, feet, crease of elbow, between toes and fingers.
NB. Narcotic users may be carriers of Hepatitis B, C, and/or HIV (AIDS).
**Allergy/ Anaphylaxis**  
Anaphylaxis is a life-threatening allergic reaction which can be triggered by **nuts** (especially peanuts), **cow’s milk**, **eggs**, **wheat**, **insect stings/bites** (bee, wasp, ant, tick), **fish**, **shellfish**, and certain **drugs** (eg Penicillin). The airways rapidly swell and constrict, interfering with breathing, and the blood vessels widen, leading to **shock** (Pg 14). Casualties need an immediate injection of adrenaline. People who know they are at risk may wear a **medical alert bracelet** and carry their own injectable adrenaline.

**FIRST AID**
- Lay casualty flat, do not stand or walk. If breathing is difficult allow to sit
- Give adrenaline (record time adrenaline was given)
- Call ☎
- Administer oxygen if available
- Give asthma reliever medications for breathing difficulties (Pg 23)
- Further adrenaline should be given if no response after 5 mins
- Collapse or unresponsive - **DRSABCD** (Pg 3).

**SIGNS & SYMPTOMS**

**Mild to moderate Allergic reaction:**
- Swelling of lips, face, eyes
- Hives or rash (red, itchy)
- Tingling mouth
- Abdominal pain, vomiting (severe if reaction to insects)

**Severe Allergic Reaction (Anaphylaxis):**
- Difficult/ noisy breathing
- Wheeze or persistent cough
- Difficulty talking/ hoarseness
- Swelling/tightness in throat
- Persistent dizziness
- Pale and floppy (young child)
- Collapse or unconsciousness

**Use adrenaline when symptoms become severe.** EpiPen and Anapen are pre-loaded auto-injecting pens containing a measured dose of adrenaline (Epinephrine). It takes only 1- 2mins for a mild allergic reaction to escalate to anaphylaxis.

**Hives**

**Swelling**

---

**How to Use an EpiPen:**

1. Form fist around EpiPen and pull off blue safety-release.
2. Push orange end hard into outer thigh so it clicks and hold for 10 secs
3. Remove Epipen and massage injection site for 10 secs

**NB.** When the orange needle end is withdrawn from the thigh, the needle is automatically protected.

**How to Use an Anapen:**

1. Pull off Black needle shield.
2. Pull off grey safety cap from red button.
3. Place needle end firmly against outer mid-thigh (with or without clothing)
4. Press red button so it clicks and hold for 10secs

**BEWARE** of needle protruding from end after use.
Principles of First Aid | What is First Aid? It’s the immediate care of an injured or suddenly sick casualty until more advanced care arrives.

The aims of first aid are to:
• Preserve life - This includes the life of rescuer, bystander and casualty.
• Protect from further harm - Ensure the scene is safe and avoid harmful intervention.
• Prevent condition worsening - Provide appropriate treatment.
• Promote recovery - Act quickly, provide comfort and reassurance, get help, call ☎️.

Helping at an emergency may involve:
• Phoning for help • Comforting casualty or family • Keeping order at an emergency scene
• Administering first aid

There are many ways you can help, but first you must decide to act.

Reasons why people do not help:
• Fear of doing something wrong • Fear of disease transmission • Uncertainty about the casualty • Nature of injury or illness (blood, vomit, burnt skin can be unpleasant) • Presence of bystanders (embarrassed to come forward or take responsibility)

You may need to compose yourself before acting. Do not panic – a calm and controlled first aider gives everyone confidence. If you follow basic first aid procedures, you should deliver appropriate care, even if you don’t know what the underlying problem is. Remember, at an emergency scene, your help is needed.

Getting Help:
Call ☎️ for ambulance, fire or police. If ☎️ from a mobile phone fails, call ‘112’ or ‘911’.

If you ask for ‘ambulance’ a trained communications officer will ask you the following:
• What is the exact location of the incident? • What is the phone number from which you are calling? • Caller’s name • What has happened? • How many casualties? • Condition of the casualty(s)

Stay calm and respond clearly. The communications officer will provide you with first aid instructions and dispatch the ambulance and paramedics.

DO NOT hang-up until you are told to do so or the operator hangs up first.

If a bystander is making the ☎️ call, ensure they confirm with you that the call has been made and that the location is exact.

Legal Issues
No ‘Good Samaritan’ or volunteer in Australia has ever been successfully sued for the consequences of rendering assistance to a person in need. A ‘Good Samaritan’ is a person acting in ‘good faith’ without the expectation of financial or other reward.

Duty of care: In a workplace environment there is an automatic duty of care to staff and customers - a failure to act in a way that is consistent with an obligation to provide reasonable assistance, to the best of our ability, may result in negligence and possible litigation. In the community, you are under no legal obligation to provide first aid.

Consent: Before providing first aid, you must first gain consent from the casualty. If the casualty refuses help, you must respect their decision. If the casualty is unresponsive or of unsound mind and therefore unable to give consent, it is assumed they would give consent if they were conscious and/ or orientated. If the casualty is a child, the parent/guardian should be asked permission, but if no parent/guardian is present and the injury/illness is life-threatening, immediate first aid should be given.

Confidentiality: Personal information about the health of a casualty is confidential. This information includes details of medical conditions, treatment provided and the results of tests. Disclosure of personal information, without the person’s written consent is unethical and in some cases may be illegal.
Communication
The role of the first aider depends on gaining and honouring the trust of casualties. Maintaining trust requires attentiveness to body language, quality of listening and finding culturally appropriate ways of communicating that are courteous and clear. It may sometimes be necessary to communicate through verbal and non-verbal communication and you may need to identify issues that may cause conflict or misunderstanding. The first aider also needs to maintain respect for privacy and dignity and pay careful attention to client consent and confidentiality.

Reports
While waiting for help and if time permits, make a brief written report to accompany the casualty to hospital. This will reduce time spent at the scene for ambulance crew and further assist medical and nursing staff with initial patient management. A report can be written on a spare piece of paper and should include the following:

- **Date, time, location of incident**
- **Casualty details** - Name, DOB, Address.
- **Contact Person for casualty** - Family member, friend.
- **What happened** - Brief description of injury or illness.
- **First aid action taken** - What you did to help the casualty.
- **Other health problems** - Diabetes, epilepsy, asthma, heart problems, operations.
- **Medications/allergies** - Current tablets, medicines.
- **When casualty last ate or drank** - Tea, coffee, water, food.
- **Observations of Vital Signs** - Conscious state, pulse, breathing, skin state, pupils.
- **First Aider's name/ phone number** in case medical staff need any further information.

Record Keeping
In the workplace, it is important to be aware of the correct documentation and record keeping used in first aid situations. Every organisation has its own procedures and documentation so familiarize yourself with the correct process. All documentation must be legible and accurate and must contain a description of the illness or injury and any treatment given. Thorough and accurate medical records are essential in any court case or workers compensation issue. In addition:

- Write in pen (not pencil) • Never use correction fluid – cross out and initial any changes
- Sign and date the form • Keep contents strictly confidential

Self-help/ Evaluation
Each person reacts differently to traumatic events and in some instances strong emotions may affect well being and work performance. Symptoms may appear immediately or sometimes months later after an event and may develop into chronic illness. There is no right or wrong way to feel after an event but what a person experiences is valid for that person. It is useful to identify and work through these reactions/feelings as early as possible. Speaking to an understanding friend, counselor or medical professional may be beneficial in assisting you to cope with the situation.

In addition, seeking feedback from medical personnel about your first aid performance may assist with self-improvement and prepare you better for any future events.

Some Reactions/ Symptoms
- Crying for no apparent reason
- Difficulty making decisions
- Difficulty sleeping
- Disbelief
- Irritability
- Disorientation
- Apathy
- Sadness
- Depression
- Excessive drinking or drug use
- Extreme hunger or lack of appetite
- Fear/anxiety about the future
- Feeling powerless
- Flashbacks
- Headaches
- Stomach problems
- Heart palpitations
- Muscle aches
- Stiff neck
Safe Manual Handling

When lifting or moving a casualty it’s important the first aider protects him/herself from injury by using correct lifting techniques - bending the knees and using leg muscles will help protect against back injury. However, knowing your own limitations and asking for assistance if required is also important in preventing injury. In addition, learning the correct procedures for moving a casualty (eg rolling casualty into recovery position) further minimises injury to the casualty and first aider.

Needle Stick Injury

The risk of catching a serious infection (Hepatitis B, C and HIV) from needle stick injury is very low. **Reduce the risk of needle stick injury:**

- Never bend or snap used needles
- Never re-cap a needle
- Place used needles into a sharps approved container
- Hepatitis B vaccination for workers who regularly come in contact with blood/ body fluids

**NB. Disposable gloves will not protect against needle stick injury.**

Hygiene

Minimise the risk of cross infection to yourself, bystanders and casualty by taking appropriate precautions:

**Prior to treatment:**

- Wash hands with soap and water, or rinse with antiseptic.
- Cover cuts on your hands with a waterproof dressing before putting on gloves.
- Wear disposable gloves.
- Do not touch any unclean object when wearing gloves.
- Use a plastic apron and eye protection.
- Cover any adjacent areas likely to produce infection.

**During treatment:**

- Use a face shield/ mask, if available when performing resuscitation.
- DO NOT cough, sneeze or breath over a wound.
- Avoid contact with body fluids.
- DO NOT treat more than one casualty without washing hands and changing gloves.

**After treatment:**

- Clean up the casualty, yourself and immediate vicinity.
- Safely dispose of used dressings, bandages and disposable gloves
- Wash hands thoroughly with soap and water, even if gloves were used.
- Restock first aid kit.

### Recommended Contents of a Personal First Aid Kit

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive Strips (Band Aids)</td>
<td>10</td>
</tr>
<tr>
<td>Adhesive Tape</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol Swab</td>
<td>3</td>
</tr>
<tr>
<td>Combine Dressing - Large</td>
<td>1</td>
</tr>
<tr>
<td>Crepe Bandage 5cm</td>
<td>1</td>
</tr>
<tr>
<td>Crepe Bandage 7.5cm</td>
<td>1</td>
</tr>
<tr>
<td>Eye Pad - Sterile</td>
<td>1</td>
</tr>
<tr>
<td>First Aid Booklet/Guide</td>
<td>1</td>
</tr>
<tr>
<td>Gauze Swab</td>
<td>3</td>
</tr>
<tr>
<td>Gloves Disposable</td>
<td>2</td>
</tr>
<tr>
<td>Hand Towels</td>
<td>3</td>
</tr>
<tr>
<td>Non-Adhesive Dressing</td>
<td>2</td>
</tr>
<tr>
<td>Plastic Bag for Amputations</td>
<td>1</td>
</tr>
<tr>
<td>Resuscitation Mask</td>
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<tr>
<td>Safety Pins</td>
<td>5</td>
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<td>Scissors - Blunt/Sharp</td>
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<td>Splinter Probe</td>
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<tr>
<td>Sterile Eye (saline) Solution- 15ml</td>
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<tr>
<td>Triangular Bandage</td>
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<tr>
<td>Wound Dressing No. 14</td>
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</tbody>
</table>

First Aid Kits

- Keep a first aid kit at **home**, in your **car** and at **work** in a clean, dry location.
- Make sure it is kept in **easy reach** and that all family members and staff know where the kit is located.
- A regular **check** of contents is essential to ensure contents are present, not out of date and are in good condition.
- First aid kits will **vary** depending on the number of employees, and even the **industry** you work in. If living in a **remote** area the contents will vary from kits kept at homes in the **city**.
- Under **State and Territory legislation** first aid kits are required in all workplaces.
Casualty Assessment

When dealing with a person who is ill or injured, you need a clear Plan of Action:

1. Start with a Primary Survey (DRSABCD), (Pg 3) which enables identification and management of life-threatening conditions.
2. If there are no life-threatening conditions which require immediate first aid (severe bleeding, no response) then proceed to Secondary Survey.

Secondary Survey: is a systematic check of the casualty involving

- **Questions** • Examination • Clue Finding to help identify any problems that may have been missed.
- If the casualty is unconscious, the secondary survey is conducted in the recovery position. You may need to look for external clues and ask bystanders some questions.
- If the casualty is conscious, start with questions followed by examination. Remember to introduce yourself, ask for consent to help and ask their name.

**Questions**
- What happened?
- Do you feel pain or numbness anywhere?
- Can you move your arms and legs?
- Do you have any medical conditions?
- Do you take any medications?
- Do you have any allergies?
- When did you last eat?
- (Bystanders may be helpful)

**Medical Alert:** Casualties with medical conditions such as diabetes, epilepsy or severe allergy usually have a bracelet, pendant or card to alert people of their condition.

**Medications:** People on regular medication usually carry it with them.

**External Clues**

**Vital Signs:** are indicators of body function and provide a guide to the casualty’s condition and response to treatment.

- **Conscious State:** There are 3 broad levels -
  - Conscious
  - Altered consciousness
  - Unconscious
  
  Altered consciousness = uncooperative, aggressive, confused, drowsy.

- **Pulse:** The carotid pulse in the neck is the best pulse to check. Feel for rate, rhythm, force, irregularities.

  Normal pulse rates:  
  - Adults: 60-80 /min
  - Children: 80-100/min

- **Breathing:** Look, listen and/or feel for breathing rate, depth and other noises eg wheezing, noisy breathing.

  Normal breathing rates:  
  - Adults: 16-20 breaths/min
  - Children: 25-40 breaths/min

  (Check pulse/breathing for 15 secs then x by 4 to get rate/min. Use a watch)

- **Skin State:** Look at face and lips.

  Red, hot skin – fever, heat exhaustion, allergy
  Cool, pale, sweaty – shock, faint, pain, anxiety
  Blue lips (cyanosis) – airway obstruction, asthma, flail chest, collapsed lung, heart failure, hypothermia

- **Pupils:** Unequal, reactive to light

**Head to Toe:**

- Seek consent from the conscious casualty before you begin.
- Look and feel for bruises, cuts, deformities and painful areas.
- Start from the head and work down.
- Explain to casualty what you are about to do at each stage eg “I’m just going to move your arm”.
- Ask casualty for feedback at each stage eg “Does it hurt when I move your arm?”
Some natural remedies may be of benefit in first aid management.

<table>
<thead>
<tr>
<th>REMEDY</th>
<th>USE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Aloe Vera</td>
<td>Burns</td>
<td>Aloe vera gel (a Hydrogel) is very soothing when applied topically to superficial burns (eg, sunburn).</td>
</tr>
<tr>
<td>Arnica</td>
<td>Bruising</td>
<td>Arnica ointment or tincture applied topically to a bruised area assists healing. DO NOT apply to broken skin. Homoeopathic arnica taken orally is also effective.</td>
</tr>
<tr>
<td>Calendula</td>
<td>Antiseptic</td>
<td>Calendula tincture or ointment can be applied topically to minor cuts and grazes.</td>
</tr>
<tr>
<td>Cantharis</td>
<td>Burns</td>
<td>Homoeopathic cantharis dissolved under the tongue assists healing of all burn types.</td>
</tr>
<tr>
<td>Comfrey (Symphytum)</td>
<td>Fractures/ Soft Tissue Injury</td>
<td>Grind fresh comfrey leaf in a mortar/ pestle to form a rough paste. Apply paste to a dressing and secure in place over injury. Homoeopathic comfrey (Symphytum) under tongue also assists healing.</td>
</tr>
<tr>
<td>Epsom Salts</td>
<td>Soft Tissue injury</td>
<td>On day 3 or 4 after injury, soak injury for 20mins in bucket of Epsom salts and warm water to draw inflammation and swelling.</td>
</tr>
<tr>
<td>Hydrogen Peroxide</td>
<td>Antiseptic/ Throat Gargle</td>
<td>6% H2O2 kills infection in wounds when applied topically. Effective for sore throat when gargled - froths in mouth. NOT poisonous if swallowed.</td>
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<tr>
<td>Hypericum</td>
<td>Nerve Injury</td>
<td>Remedy for nerve injuries, especially crushed finger and toenails. Homoeopathic hypericum taken orally helps relieve pain and assist healing.</td>
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<tr>
<td>Mulla Mulla</td>
<td>Burns/ Fever</td>
<td>Mulla mulla, an Australian Bush Flower Essence, taken orally helps to lower fevers and heal burns.</td>
</tr>
<tr>
<td>Rhus Tox</td>
<td>Soft tissue injury</td>
<td>Homoeopathic Rhus Tox and Ruta Grav taken orally are effective for ligament and tendon injuries. Combine with homoeopathic Arnica and Symphytum for fracture and soft tissue injuries.</td>
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<tr>
<td>Ruta Grav</td>
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<tr>
<td>Peppermint</td>
<td>Fever/ Heat exhaustion</td>
<td>Peppermint essential oil rubbed onto soles of feet helps lower body temperature.</td>
</tr>
<tr>
<td>Sea Salt</td>
<td>Wound Cleaner</td>
<td>Clean wounds with sterile gauze swabs soaked in warm water and sea salt. DO NOT use cotton wool for cleaning - cotton fibres stick to wound.</td>
</tr>
<tr>
<td>Tea tree</td>
<td>Antiseptic</td>
<td>A few drops of tea tree essential oil mixed with Papaw ointment makes an effective antiseptic for minor cuts and grazes.</td>
</tr>
</tbody>
</table>

**Topical:** Apply to skin  
**Oral:** Homoeopathic and flower remedies are dissolved under the tongue
Aloe Vera Burns
Aloe vera gel (a hydrogel) is very soothing when applied topically to superficial burns (e.g., sunburn).

Arnica Bruising
Arnica ointment or tincture applied topically to a bruised area assists healing. DO NOT apply to broken skin. Homeopathic arnica taken orally is also effective.

Calendula Antiseptic
Calendula tincture or ointment can be applied topically to minor cuts and grazes.

Cantharis Burns
Homeopathic cantharis dissolved under the tongue assists healing of all burn types.

Comfrey (Symphytum) Fractures/Soft Tissue Injury
Grind fresh comfrey leaf in a mortar/pestle to form a rough paste. Apply paste to a dressing and secure in place over injury. Homeopathic comfrey (Symphytum) under tongue also assists healing.

Epsom Salts Soft Tissue Injury
On day 3 or 4 after injury, soak injury for 20 mins in bucket of Epsom salts and warm water to draw inflammation and swelling.

Hydrogen Peroxide Antiseptic/Throat Gargle
6% H₂O₂ kills infection when applied topically. Effective for sore throat when gargled – froths in mouth. NOT poisonous if swallowed.

Hypericum Nerve Injury
Remedy for nerve injuries, especially crushed finger and toenails. Homeopathic hypericum taken orally helps relieve pain and assist healing.

Mulla Mulla Burns/Fever
Mulla mulla, an Australian Bush Flower Essence, taken orally helps to lower fevers and heal burns.

Rescue Remedy Emotional Stress
Bach flower, 'Rescue Remedy' and Australian Bush Flower, 'Emergency Essence' taken orally are effective remedies for emotional stress.

Rhus Tox
Ruta Grav Soft Tissue Injury
Homoeopathic Rhus Tox and Ruta Grav taken orally are effective for ligament and tendon injuries. Combine with homoeopathic Arnica and Symphytum for fracture and soft tissue injuries.

Peppermint Fever/Heat Exhaustion
Peppermint essential oil rubbed onto soles of feet helps lower body temperature.

Sea Salt Wound Cleaner
Clean wounds with sterile gauze swabs soaked in warm water and sea salt. DO NOT use cotton wool for cleaning – cotton fibres stick to wound.

Tea tree Antiseptic
A few drops of tea tree essential oil mixed with Papaw ointment makes an effective antiseptic for minor cuts and grazes.
Casualty Examination: mark location of injuries on diagram and briefly describe injury eg cut, bruise, pain, swelling, burn.

Observations of Vital Signs:

<table>
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<tr>
<th>Time</th>
<th>Conscious State</th>
<th>Pulse rate</th>
<th>description</th>
<th>Breathing rate</th>
<th>description</th>
<th>Skin State Colour</th>
<th>Temp</th>
<th>Dry/Clammy</th>
<th>Pupils R L</th>
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First Aider’s Details:
(In case the hospital needs to contact you for more information regarding the incident).

Name:__________________________________________________

Phone:_________________________ Mobile:_________________________
Emergency Numbers

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<td>Australia</td>
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Dial ‘112’ or ‘911’ from a mobile phone with GSM coverage anywhere in the world and your call will be automatically translated to that country’s emergency number.

Local Emergency Numbers

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<th>Notes</th>
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<td>VEHICLE</td>
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<td>BREAKDOWN</td>
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</table>
Dial **112** or **911** from a mobile phone with GSM coverage anywhere in the world and your call will be automatically translated to that country’s emergency number.
Emergency Numbers

Most of Europe, Azores, Bali, Canary Islands, Columbia, Cyprus, Kuwait, Malta, Vanuatu

Bahamas, Belize, Bermuda, Botswana, Canada, many Caribbean Islands, Fiji, Hawaii, some South America countries, Tonga, United States (USA)

Beijing, Burma, Channel Islands, Falkland Islands, Ghana, Gibralta, Hong Kong, Kenya, Malaysia (Singapore 995), Mauritius, Niue, Qatar, Samoa, Seychelles, Sierra Leone, Solomon Islands, Sudan, Tanzania, Uganda, United Arab Emirates (UAE), United Kingdom (UK), Zimbabwe

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Country’s emergency number.
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<th>Date</th>
<th>Person/s Injured</th>
<th>Incident</th>
<th>First Aider name and Signature</th>
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### Incident Report

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<thead>
<tr>
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<th>Incident</th>
<th>First Aider name and Signature</th>
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ABC First Aid Guide is divided up into four main colour coded sections:

1. Essential First Aid
2. Trauma
3. Medical Emergencies
4. General First Aid

Each subsection shows you step-by-step how to recognise and deal with an emergency.

In conjunction with an approved first aid course, this book will assist you learn the skills to handle most emergency situations.

This book incorporates the latest Guidelines and is written for Australian conditions.

For training purposes, this book satisfies the Australian Health Training Package competency units:

- HLTFA311A: Apply First Aid
- HLTCP211A: Perform CPR
- HLTFA211A: Provide Basic Emergency Life Support

Keep this book with your first aid kit in the workplace, at home, in your car or when travelling overseas. This book contains international emergency numbers and is a useful resource no matter where you are in the world.