IMPORTANT

Good morning and welcome to your First Aid Course!

Please do not write in this book or remove it from the training room.

We have emailed you digital PDF copy of this learner guide via a downloadable link that you can keep forever, so you can always refer back to what you learnt today.

It was sent in your confirmation email when you initially booked this course, it will also be sent again in the email with your certificate after this class.

There is lined paper on the back of your assessment you can rip off to use for notes. Please go through your induction on page 2 and complete the induction questions in your assessment.

Enjoy your class 😊

National Courses

Learner Guide

First Aid Courses

HLTAID009 - Provide Cardiopulmonary resuscitation (CPR)

HLTAID010 - Provide Basic Emergency Life support

HLTAID011 - Provide First Aid

HLTAID012 - Provide First Aid in An Education and Care Setting

Course Induction

You are doing this course with National Courses Pty Ltd (RTO 41072). We trades as:

National White Card Courses | HCA Hospitality Courses Australia | National Courses | noc.edu.au | National First Aid Courses

1) Identification (ID)

You must provide one form of government or education issued identification

2) Student Handbook

The Student Handbook was sent with your booking confirmation email.
The student handbook is an important document that explains our processes and systems and includes the following information:

- **Your rights & responsibilities**
- **Complaints, appeals & feedback**
- **Code of conduct & what happens If you are caught cheating**
- **Support options**
- **Fees and refunds**
- **Privacy and data handling**
- **Certification & record keeping**

3) Training & Assessment Requirements

Your trainer will explain:

- How today's training and assessment will work
- Timeframes for assessment & assessment methods
- that training and assessment is completed in English

4) Certification Outcome

If you complete all assessment tasks satisfactorily, you will be deemed competent and you will receive a Statement of Attainment.

	CC	FA	CPR
HLTAID009 Provide cardiopulmonary resuscitation	✓	✓	✓
HLTAID010 Provide basic emergency life support	✓	✓	
HLTAID011 Provide First Aid	✓	✓	
HLTAID012 Provide First Aid in an education and care setting	✓		

5) The venue

Your trainer will explain:

- Toilets and facilities
- Emergency exits and procedures
- Where to refill water bottles
- Smoking/vaping must be done outside the venue.

6) Mobile Phones

During the assessment, mobile phones are strictly forbidden. All assessment answers must be completed in English without the use of a mobile phone.

7) Attendance

You are required to attend the full day of training in the classroom.

8) Physical requirements

Under ARC guidelines, students must be able to perform adult CPR from ground level. If you cannot do this, you cannot be deemed competent (mandatory ARC requirement). If you are unable to perform this for any reason, we can provide a full refund or issue a Certificate of Participation.

9) Questions & Support

If you have questions or need support, speak with your trainer at any time. Your Learner Guide was sent via email as a downloadable link.

Your enrolment should be complete. If not, you must complete your enrolment now. If you did not provide us with a USI on enrolment it is essential you have this to us today. Please do this in your own time today and supply it to the trainer by the end of the day to not hold up and delay the class. It is not possible to get your certification without having a USI. If you have issues with the USI not matching your name, please call **1300 857 536.**

Get a USI	Find My USI
SCAN ME	SCAN ME

Table of Contents

CODE OF PRACTICE

'First Aid in the Workplace'

The 'First Aid in the Workplace' Code of Practice (drawn up by Safe work Australia and updated in 2019) can be found at www.safeworkaustralia.gov.au – it is a model Code of Practice for providing workplace first aid in a safe manner and is approved under the WHS Act.
It outlines the recommended equipment, procedures, techniques, and protocols to follow when providing first aid and emphasizes the importance of personal safety and risk assessment before administering first aid.

According to this code of practice, first aiders (at a minimum) should hold a nationally recognised Statement of Attainment. This must be issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit of competency.

A higher level or further training may be required to ensure first aiders have the appropriate skills for risks identified in a specific workplace.

For example, additional training may be required where:

- A first aid room is installed in the workplace
- Children are present in the workplace
- Psychological risks have been identified.

First aiders should attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. Refresher training in CPR should be carried out annually and first aid qualifications should be renewed every three years.

RECOGNISING AN EMERGENCY

Unless you are present at the scene and are acutely focused on the person in need of emergency assistance, you may be unaware of the need for it. However, using your senses, you can identify signs that may require investigation, where there may be someone in need of emergency medical assistance.

The following are things to look out for:

- Noises, such as:
  - distressed noises – screams, cries, yells, calls for help, moans
  - alarming noises – breaking glass, screeching tires, crashing
  - loud, abrupt noise out of the blue
  - no noise when there usually is
- Smells, such as:
  - fumes (other than everyday ones, e.g. petrol)
  - out of the ordinary/strong smells
- Sights, such as:
  - crashed vehicles
  - spillages
  - broken things
  - evidence of scuffles/disturbances/commotion

- Abnormal behaviour, such as:
  - sudden collapsing
  - slurred, hesitant or muddled speech
  - difficulty breathing
  - confused/distressed behaviour
  - abnormal skin colour (flushed, pale, bluish)
  - sweating (for no apparent reason).

Examples of emergency situations.

There is a range of emergency situations that can cause harm to an individual and may require emergency service assistance. While these situations can be life-threatening, not all of them will require CPR.

Examples include:

- Allergic reactions and anaphylaxis
- Asthma attacks
- Life-threatening bleeding
- Breathing difficulties
- Burns
- Choking
- Drowning
- Envenomation
- Eye injuries
- Fractures, dislocations, sprains and strains
- Head, neck and spinal injuries.

D R S A B C D

When a First Aider recognises they are dealing with an emergency situation, it is important they immediately utilise the first aider's acronym DRSABCD

What is DRSABCD?

In an emergency, every second counts. If you find yourself in a situation where someone needs immediate assistance, knowing what to do can make all the difference. DRSABCD will guide you through an effective and safe process to provide medical assistance. Every letter in the acronym is equally important and should be followed in its correct order.

DRSABCD for Adult and Child over 12 months.

Danger: The first step is to assess the situation for any potential dangers such as bodily fluids, electricity, water or sharp objects. Ensure that you, the victim, and anyone else present are safe from harm. Assess all hazards and risks and respond appropriately/safely.

Response: Once the scene is safe, try to get a response from the person. Use both words and touch to get a response from the casualty. Some steps you can take include using the acronym "COWS" ("Can you hear me", Open your eyes", "What's your name", "Squeeze my hands"). If you are not getting a response move to the next step.

Send for Help: If you are getting no response ask a bystander to call 000. If you are on your own you can call in speaker mode as you continue with the first aid. It is crucial to get professional help on the way as soon as possible.

112 is an international emergency number. It will direct your call to the local emergency services of the country you are visiting.

Airway: Carefully open the person's airway by tilting their head backward and lifting their chin. Check that the airway is clear and there are no obstructions. If obstructions are present place the casualty in the recovery position whilst removing the foreign material. Once the airway is clear place them on their back and gently tilt their head back to open up their airway.

Breathing: Check if the person is breathing normally.

Putting your ear close to the casualty's mouth listen for breath sounds, feel for breath on your ear and look for chest rise and fall for at least 10 seconds. During these 10 seconds, an adult casualty should provide approximately two long even breaths.
If they are not breathing or normally, it is time to start CPR (cardiopulmonary resuscitation).
*Abnormal Breathing: Intermittent, Irregular or strange breathing, gurgling, gasping, wheezing sounds on an unconscious casualty is an indication that the victim requires immediate CPR.

**Children and infants have much higher respiratory rates than adults. Depending on their age, a child will give more than 2 breaths over the 10-second period. Long, even breaths are the key*.

CPR: Begin chest compressions and rescue breaths.

Compressions

Position yourself above the casualty's chest.

Place **the heel of your hand** on the lower half of their sternum, in the centre of the person's chest. Place your other hand on top of your first hand.

Keeping your arms straight use your body weight (not just your arms) to compress down on their chest. (Their chest should be compressed by about a third of the chest's full diameter). Release and ensure full recoil. Repeat.

Do 30 compressions. After 30 compressions, give two breaths.

Breaths

*PPE is recommended for providing breaths during CPR. Unprotected mouth-to-mouth CPR puts both the casualty and the rescuer at risk. Ensure your First aid kit contains a CPR mouth break mask or pocket mask. If PPE is not available and you are unwilling to proceed without it, compressions-only CPR is acceptable.

1. Open the person's airway by tilting their head back and lifting their chin. Place one hand on their forehead and pinch the soft part of their nose closed with your index finger and thumb. Place your other hand under their chin to open the mouth.
2. Breathe in and (using PPE when available) place your mouth over the mask and blow steadily into their mouth for about 1 second. Turn your head and watch for their chest to rise and fall.
3. Perform this action twice and then quickly return to compressions.
4. If the casualty recovers, place them in recovery position and monitor breathing until emergency services arrive and take over.

Children's bodies are more fragile than an adult body. Their bones are softer than adults. It is strongly recommended that when performing CPR compressions on a child, start cautiously by doing compressions with 1 hand only and determine if another is required to reach the 1/3 benchmark.

Defibrillation:

Apply an automated external defibrillator (AED) if one is available. Early application of an AED can significantly affect the casualty's chances of survival.

An AED is a machine that delivers an electrical shock to stop any irregular heart rhythm (arrhythmia) in an effort to re-establish a normal heart rhythm. The devices are very simple to operate. Just follow the voice prompts, instructions, and pictures on the AED and pads.

Listen carefully to the voice prompts. It is important not to touch the casualty during the analysis and shock stages. The AED will warn you when it is performing both stages.

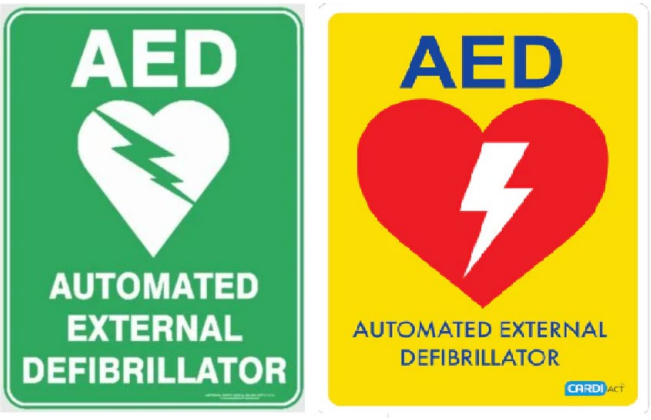
It may take up to two minutes for the heart to respond positively to an AED shock, so continue CPR after the shock and observe the casualty for any responses.

If the person recovers and is breathing normally, turn them onto their side and tilt their head to maintain their airway. Do not remove the defibrillator pads, they must be left on, unless emergency services ask to remove them to put their own pads on the victim.

AEDs are available in many public places, such as shopping centres, sporting fields, clubs, and organisations. They are easily identified with signs, as pictured below.

If the casualty is a child (ages 1-8), the defib may have a child button and/or child pads. Press the child button and follow those prompts. If a child button is not present, place one pad on the centre front and one pad on the centre back to defibrillate.

Do not use an AED on an infant under 1 year.



DRSABCD for an Infant.

D: The first step is to assess the situation for any potential dangers. Ensure that you, the infant, and anyone else present are safe from harm. Assess all hazards and risks and respond appropriately/safely.

R: Check if the infant is responsive. Use words, clapping and touch to get a reflex response from the infant. Rubbing the earlobes or tickling their feet often gets a response from infants

S: Send for help. 000 or 112 on mobile phones.

A: Clear the airway from obstruction.

- Place infant casualty face down on forearm with head supported, with mouth slightly downward. Encourage objects to fall out with gentle tapping on the back. If unsuccessful, clear foreign material from the airway with your little finger. Be careful not to push the obstruction further.

B: Check for breathing.

- WITHOUT tilting the head (this would close the airway of an infant and block airflow) put your ear close to the infant's mouth and listen for breath sounds, feel for breath on your ear and feel the abdomen for (infants can not use their diaphragm) rise and fall. Infants' respiratory rates are approximately double that of an adult.
- If breathing is regular, place the infant face down on the forearm in the recovery position. If breathing is non-existent or irregular, begin CPR.

CPR: Begin chest compressions and rescue breaths.

Compressions

Place 2 fingers over the lower half of the sternum and in the centre of the chest and press down on the infant's chest by about one-third depth. Release the pressure, ensuring full recoil and then repeat the action. Give 30 compressions.

Breaths

WITHOUT tilting the head (this would close the airway of an infant and block airflow) Place your mouth over the casualty's mouth and nose to form a seal. Blow **a small puff gently into the mouth (up to 1-second** puff), just enough to see or feel the chest rise. Give 2 puffs before returning to compressions. Infants, like adult and children, have a compressions/breath ratio of 30/2.

D: 

**Do not use an automated external defibrillator (AED) on infants under 12 months old.

SUMMARY CHART

	CPR	Baby 0-1 Years	Child 1-8 Years	Adult Over 8 Years
SAME	Compression Depth	1/3 Chest	1/3 Chest	1/3 Chest
SAME	Compressions Per Minute	100-120	100-120	100-120
SAME	Compression/Breath Ratio	30 / 2	30 / 2	30 / 2
CHANGE	Compress With	2 Fingers	One Hand	Two Hands
CHANGE	Breath Into	Mouth and Nose	Mouth	Mouth
CHANGE	Breath Size	Puff	Shallow	Full
CHANGE	Head Tilt	**NIL**	Full	Full

AGES ARE SIZE DEPENDANT. IF THE CHILD IS PARTICULARLY BIG, 2 HANDS MAY BE REQUIRED FOR EFFECTIVE CPR

While rescuers are permitted to do compressions only CPR if PPE is not available, ANZCOR strongly recommends breaths in CPR on drowning victims, children/babies and when resuscitation is started more than 4 minutes after the cardiac arrest.

It may be necessary to rotate operators to prevent fatigue and maintain the effectiveness of chest compressions over an extended period of time. This is common practice in hospital emergency rooms; if you are with someone else trained in CPR, switching operators every five compression cycles (or every 2 minutes) is a good guide. This will ensure that the rescuer maintains the 1/3 depth requirement needed to ensure blood reaches the brain.

DON'T GIVE UP

When you begin CPR you cannot stop untill emergency services take over. This may take longer than expected but this is not a reason to stop CPR. You are not legally qualified to determine that the casualty will not recover.

5 situations where you may legally stop CPR

- Someone more qualified arrives and takes over.
- When your life is in danger, and it is impossible to continue
- You are too physically exhausted, and compressions are no longer possible.
- The casualty is breathing normally
- The AED tells you to stop

Acting in the event of regurgitation or vomiting

Vomiting and regurgitation are not the same thing. Chest compressions and rescue breathing may cause regurgitation, which causes fluid to gather in the mouth and upper airway. Regurgitation is a passive action and not a bodily muscular reaction. However, vomiting is an active, muscular action caused by the stomach 'throwing up' its contents. Vomiting is a sign of recovery.

If the person vomits during CPR

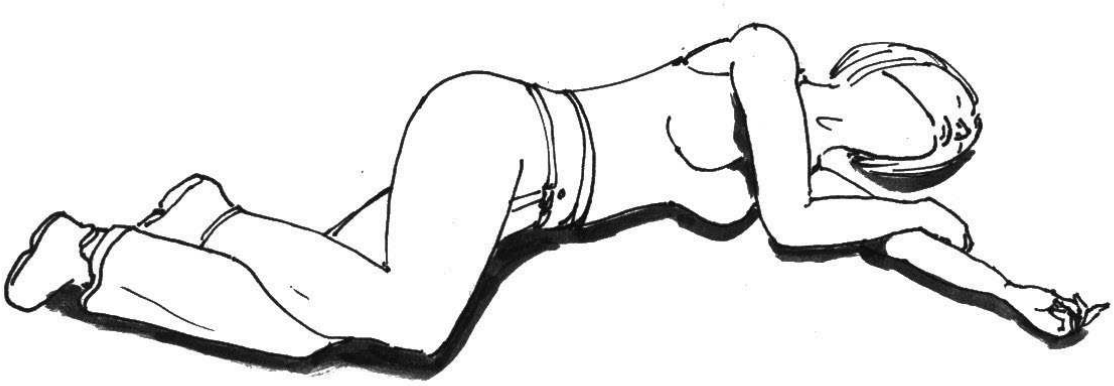
- Roll them onto their side and clear the airway.
- Reassess the ABCs (airway, breathing, circulation).
- If the vomiting continues and signs of revival are evident, put the casualty in the recovery position
- Monitor breathing untill emergency services arrive and take over

If they regurgitate during CPR, you should:

- Finish the thirty compressions
- Roll the victim onto their side and clear the airway
- Reposition the victim and resume CPR
- Do not pause and reassess vital signs as it is not a change in victim status.

RECOVERY POSITION

Adult/ Child



- Kneel beside the casualty
- Place the arm closest to you at a right angle to their body - the hand should face upwards to their head
- Place their other hand under their cheek, with the back of their hand touching the skin
- Bend the knee furthest away to a right angle
- Pull on the bent knee to roll them onto their side; the bottom arm will stop you rolling too far, and the other will support the head
- Tilt their head back and lift their chin to open the airway; check for blockages.
- Stay with the person and monitor their breathing until help arrives

Infant

Place infant casualty face down on forearm with head supported, cradle them in your arms with their head tilted at a downward angle to prevent choking. Use your other hand to regularly check breathing.

Spinal Injury

Signs of spinal injury

- pain in the injured region
- tingling, numbness in the limbs and area below the injury
- weakness or inability to move the limbs (paralysis)
- altered or absent skin sensation
  head or neck in an abnormal position
- loss of function in limbs
- loss of bladder or bowel control
- priapism (erection in males).

If you suspect the person may have a spinal injury, take care not to move them. The only time you should intervene is if they are vomiting as it is a choking hazard. This requires them to be moved to the recovery position using the trapezius grip and spinal roll.

Spinal Roll for Spinal Injury Victims

If it is necessary to move them, get assistance

With 4-5 people lined on their side, one fully supporting the head and neck with Trapezius Grip, roll them on their side while supporting head, neck and spine in a neutral position to prevent twisting or bending movements.

Pad the head so it is fully supported. Leave in the recovery position, fully supported, until emergency services arrive and take over.

HAND OVER

When the paramedics arrive. They will require information to facilitate the casualty's advance care when they arrive at the hospital.

The paramedics follow the Acronym IMIST-AMBO to obtain necessary information.

I is for identification. The patient's name, gender, and age.

M is for mechanism. How did this happen?

I is for injuries What injuries/health issues incurred?

S is for signs. Significant signs and symptoms?

T is for treatment. What treatment was administered by the first aider?

A is for allergies. Does the casualty have any known allergies?

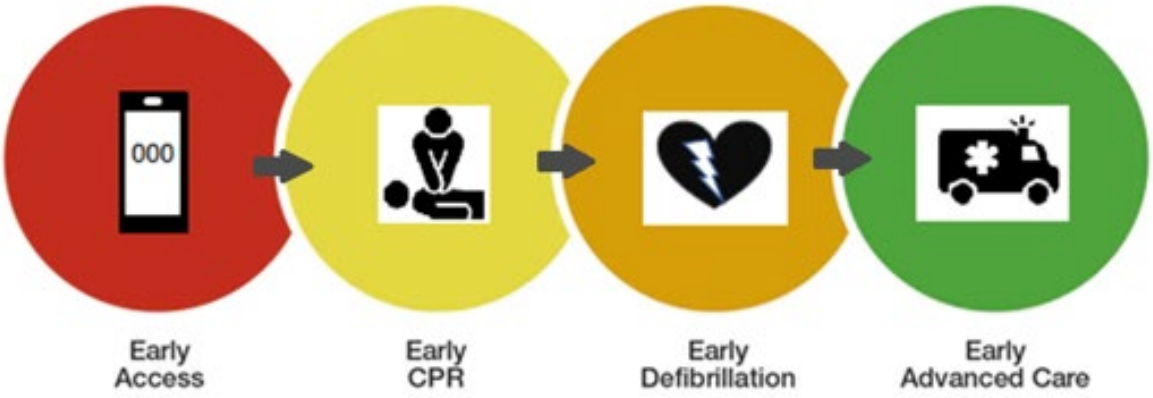
M is for medications. What medications does the casualty take?

B is for background. Casualty's medical background. Current and past?

O is for other information. Ie: religious background or Last time they ate?

CHAIN OF SURVIVAL

The 'chain of survival' refers to the series of steps that, together, will give the best chance of survival to a person who has experienced a cardiac arrest.



1. Early Access

Recognising an impending cardiac arrest and calling for medical help immediately can increase the casualty's chances of survival. Every minute counts.

2. Early CPR

CPR given within 4 minutes of the heart stopping has a significant impact on survival rates.

3. Early Defibrillation

Early defibrillation is the link in the chain most likely to improve survival. When used within the first 3-5minutes of a cardiac arrest, an AED increases survival rates by up to 70%.

Every minute that passes without defibrillation reduces the survival rate by 10%.

4. Early Advanced Care

Early advanced cardiac life support by paramedics is another critical link in the chain of survival. Medical treatment such as giving medication and stabilising the airway, will increase the chance of survival.

REVIEWING THE INCIDENT

After an incident, you will need to contribute to a review of the first aid response.

This should include your personal experience of the events and the provision and access of first aid resources, procedures in place, and actions by other staff members.

Your contributions to the review will help improve systems, policies, procedures, equipment availability, etc., for the next first aider.

Other ways to check first aid responses are effective and adequate include:

- Checking with first aiders that they are familiar with procedures
- Carrying out consistent risk assessments when work type is changed
  Organising mock first aid emergencies for a range of situations to check first aid is still effective
- Checking first aid kits and first aid rooms are accessible and appropriate to the hazards uniquely found in your workplace
- Evaluating the effectiveness of first aid after a real incident and making changes as required
- Reviewing first aid measures when presented with new information about hazards.

Helpful first aid assessment questions include:

- Are the first aid kits suitable for the hazards found in the workplace?
- Is there an adequate space to perform first aid treatments (where possible)?
- Are more first aid kits or contents required?
- Are all first aid kits accessible to workers?
- Are the first aid kits easily identifiable and well maintained?
- Are first aid facilities well maintained?
- Do first aiders have current required skills and competencies for their job roles?
- Do colleagues know how to access first aiders?
- Does the organisation require more first aiders?
- Is always there a first aider available?
- Does everyone in the workplace know what to do in an emergency?
- Is there a clear access point for emergency services, e.g., a parking space for an ambulance?
- Do first aid procedures meet legal requirements?

CONSENT

There is a legal obligation to obtain casualty consent. People have the right to decide on what care is appropriate for them.

This is even the case where death or serious injury may be the consequence of refusal.

Two types of consent:

- **Explicit consent** – the client states agreement, e.g., nods head or says 'yes'.
  If you act without obtaining consent, you may face legal action in the future. Acting against the casualty's wishes can be considered assault or abuse, even if you have good intentions

- **Implied consent**– If the casualty is unconscious, mentally incapable of making decisions, intoxicated, or delusional, implied consent applies and there is no legal danger.

Other consent considerations include:

- ***If the casualty is under 18 years old***:

  Parental consent is needed to assist a child, if this is not available the child has a right to refuse assistance.

  However, Section 174 of the Children and Young Person's (Care and Protection) Act allows a Medical Practitioner to carry out medical treatment on a child (15 or under) or young person (aged 16 or 17) without the consent of the child or young person, or a parent of the child or young person, **if the Medical Practitioner is of the opinion that it is necessary, as a matter of urgency, to carry out the treatment on the child or young person to save their life or to prevent serious damage to their health.**
  consent-section-8.pdf

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ACTING AS A GOOD SAMARITAN

In NSW the Civil Liability ACT 2002, offers legal protection to people who give reasonable emergency assistance to those who are injured, ill or in danger. These laws are intended to reduce bystanders' hesitation to assist those in need, by providing protection from litigation to those who act in good faith.

Under the Civil Liability Act 2002 (NSW) a Good Samaritan does not incur any personal civil liability in respect of an act or omission done or made in an emergency when assisting a person who is apparently injured or at risk of being injured.

PRIVACY and CONFIDENTIALITY.

Any personal information obtained during first aid treatment needs to be kept confidential. Access can only be granted to authorised medical personnel Ie: Hospitals, paramedics and other medical services.

Privacy is governed by the Privacy Act 1988 (Privacy Act), which regulates the handling of personal information. Parts of this legislation are regularly reviewed and updated in line with modern-day advances. Keep up-to-date by checking the Office of the Australian Information Commissioner's (OAIC) website: https://www.oaic.gov.au/privacy/the-privacy-act/history-of-the-privacy-act/

The types of information include:

- Name and address of casualties
- Medical conditions of patients
- Types of treatment provided
- Background information

Ways to ensure confidential information is kept safe include:

- Keeping it in locked filing cabinets and away from unauthorised people
- Keeping it in locked rooms
- Having it password protected on computers
- Refraining from naming clients in public discussion
- Discussing things in soundproof rooms with authorised personnel.

ETHICAL CONSIDERATIONS

Display respectful behaviour towards a casualty

It is important that the first aider engage in ethical practices to ensure the casualty feels safe, secure and supported.

Ethics depend on cultural beliefs, moral reasoning, and the various laws in your state/territory. You must display respectful behaviour towards the casualty – respect their privacy, beliefs, dignity, and confidentiality; ensure that you obtain their consent (if possible) before performing any first aid manoeuvres.

Being culturally aware

In order to gain the trust of the casualty, you need to communicate with them and be attentive to their needs. Try to avoid causing conflict and cultural misunderstandings – think about the ways you communicate verbally and non-verbally and how these may need to be adapted to respect the values of different cultural beliefs.

Children

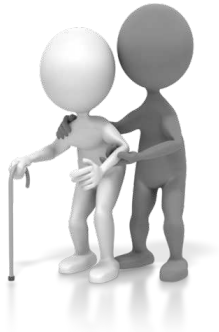
They may be frightened, as they may be being dealt with by a stranger. Reassure them, use a soft voice, try and distract them from the situation and give them something to hold while you treat them.

Adolescents

Treat them as adults. Avoid being judgmental or authoritarian. Respect their privacy and be mindful of their modesty.

Elderly casualties

Remember their reduced movement abilities and senses (hearing problems) – also, be mindful of their fragility and that bones may break easily, and skin may be easily damaged. Assist them with movement and put them in a comfortable position, while maintaining their dignity and being respectful.
Be careful to treat elderly persons with respect. Do not speak to them as you would a child. This often happens and causes offence.



OTHER CONSIDERATIONS

Looking after a casualty

If the casualty is conscious after an incident, then they should be reassured as much as possible. It is likely that they will be in pain and worried about their situation. However, there are several steps that you can take to ensure that they begin to feel safe, secure, and supported. You can make a real difference to the sense of pain and avoid the casualty making the situation worse through their anxiety.

These steps should be taken:

- Be honest, respectful and empathetic
- Inform the casualty that first aid assistance is here or on the way
- Explain what you are doing and the plan of action
- Ask for permission to enter their personal space
- Where possible, enlist their assistance and describe how they can help
- Tell the casualty if an ambulance has been called
- Remain with the casualty
- Find out the casualty's name and address them in a friendly manner (this develops rapport)
- Demonstrate confidence and remain in control of the situation
- Treat the person how you would wish to be treated yourself.

You shouldn't do the following:

- Inform the casualty of others who have been seriously injured or killed during the incident
- React in an inflated way to the situation

PSYCHOLOGICAL IMPACTS

You should be aware that involvement in workplace incidents may have a variety of negative psychological impacts on you and other rescuers.

It is important that you can identify such impacts and take necessary action for emotional well-being.

Individuals who have witnessed serious incidents may experience emotional trauma, which they struggle to overcome. They might have recurring thoughts about the events and blame themselves for not acting sooner.

Identifying Trauma and stress

First aid can be a stressful experience, as there can be cases where you are dealing with life and death situations. Therefore, stress management techniques and support must be made available to those involved in incidents.

First, you need to identify the symptoms of stress:

- **Physical** – headaches, fatigue, aches and pains, muscle cramps, flushing/sweating, frequent illness, insomnia
- **Emotional** – depression, anger, frustration, fear, worry, impatience, temper, anxiety, nervousness, irritability
- **Mental** – lack of concentration/memory, loss of sense of humour, indecisiveness, inability to think coherently
- **Behavioural** – crying, swearing, smoking, drinking, pacing, nervous habits, blaming, violent outbursts, yelling.

If these symptoms last longer than two months, you should seek help from a health care professional. Your doctor can refer you to a psychologist or suitable mental health practitioner.

Dealing with trauma and stress

Healthy ways of dealing with stress include the four As – avoid, alter, adapt and accept:

- Don't take on more than you can handle
- Avoid people who make you stressed
- Control your environment – if revisiting the scene of the incident triggers stress, take an alternative route
- If discussing it with colleagues' triggers stress, avoid this
- Give yourself a break and only complete necessary tasks until you recover
- Discuss your feelings, rather than keeping them bottled up
- Where the situation can't be avoided, try and reach a compromise
- Take control – deal with the problem head-on, rather than letting yourself be pushed around
- Manage time better – so that naturally stressful situations are avoided
- Look at situations positively, e.g., although the situation was disturbing, you saved a life or made them as comfortable as possible as they passed away
- Take perspective – if the situation was not your fault or minor in comparison to other problems, don't let it bother you

- Don't expect too much from yourself – no-one is perfect, so accept that you did your best in the situation
- Be positive in general – appreciate all the positive things in your life, as opposed to the negatives
- Don't stress over something beyond your control, like a freak workplace accident
- Try and learn from the situation – the upside is that you are better prepared for the situation now it has happened
- Talk to someone – simply expressing your feelings can be cathartic, even if there is nothing you can do to change the situation

This Concludes HLTAID009 – Provide CPR

FIRST AID PRINCIPLES

First aid principles

First aid is about providing immediate medical assistance to ill or injured people until full medical treatment can be achieved. It is not the same as the type of treatment you would receive in a hospital.

The 4 Aims of First Aid:

Preserve Life

Protect the Unconscious

Prevent the Condition from Getting Any Worse

Promote Recovery

→ **Take immediate action**

→ **Remain calm at all times**

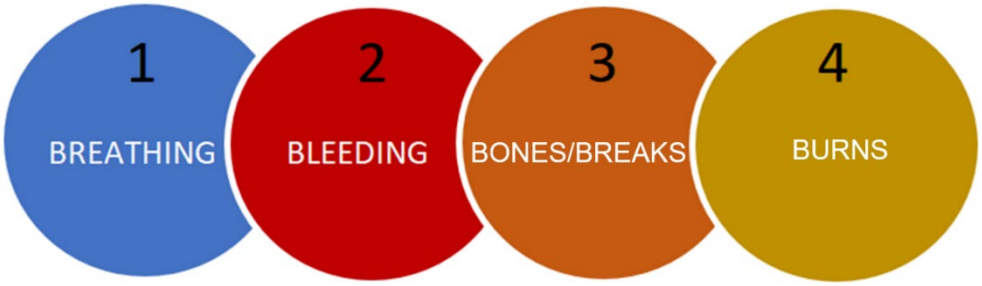
→ **Ensure actions are deliberate and performed with care**

→ **Protect yourself and others before anything else, assessing for danger before you act - think in terms of hazards:**

- gas – risk of explosion, deprivation of oxygen (asphyxiation)
- electricity – are any pools of water? is there a risk of electrocution?
- fire – is there fire between you and the victim? (Never open doors if you expect there is fire behind them – wait for emergency assistance)
- assault – is there an assailant who wounded the victim? are they nearby, and are people at risk of being attacked?
- blood – avoid all unnecessary contact with bodily fluids (wear gloves and face masks if possible)

→ **Assess your limitations – seek expert assistance, if necessary, by calling Health Direct 1800 022 222 or emergency services on 000.**

THE FOUR Bs of FIRST AID



The 4 Bs of First Aid help you prioritise care, especially if several people are injured. The 4 Bs can help you decide who to treat first.

Breathing

Your first priority should be casualties who are not breathing normally. Without first aid, they may only have several minutes left before their brain starts to die from a lack of oxygen.

Assistance could be providing basic airway supports such as the head tilt chin lift to help open their airway and restore normal breathing. If not, you may have to perform Cardiopulmonary Resuscitation (CPR).

Bleeding

Your next priority should be casualties bleeding from external wounds. Severe bleeding can kill quickly so it's vital you provide immediate first aid treatment rather than waiting for emergency services to arrive.

Breaks

This refers to casualties with suspected broken bones (fractures). Fractures can cause serious internal injuries and may also be bleeding if they are open.

Burns

Despite being at the end, burns can be very serious injuries depending on the size and the cause. You should work quickly to cool any burns.

The Following pages will discuss these in more detail.

BREATHING

Breathing issues in a conscious patient

Anaphylaxis

Our immune system protects us from invading organisms; often, your immune system has mistaken a harmless substance for an invader. Allergic symptoms appear because the immune system released large amounts of chemicals, such as histamine, that trigger many symptoms like:

- change in skin tone or color (redness)
- itchy and slightly swollen skin
- stuffy, runny nose/ sneezing
- itchy/watery eyes
- Hives

Mild allergic reactions can be treated with anti-histamines and cold packs to reduce swelling.

If symptoms become severe, they can be life-threatening; these are symptoms of Anaphylaxis.

- difficult or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- wheeze or persistent cough
- difficulty talking or hoarse voice
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain, vomiting – (signs of anaphylaxis for insect allergy).

What to do:

Follow the First Aid Plan for Anaphylaxis

1: LAY PERSON FLAT - do NOT allow them to stand or walk

• If unconscious or pregnant, place in recovery position - on left side if pregnant

• If breathing is difficult allow them to sit with legs outstretched

• Hold young children flat, not upright

2: GIVE ADRENALINE DEVICE

3 Phone ambulance - 000 (AU)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE Commence CPR at any time if person is unresponsive and not breathing normally

EpiPen Use Chart

Part of EpiPen	What to Do	Reminder
Blue Cap	Pull **OFF**	**Blue to the SKY**
Orange Tip	Press firmly into outer thigh	**Orange to the THIGH**
Hold	Keep pressed for **3 seconds**	Don't remove early
After	Call **000 emergency services**	Even if feeling better

ALWAYS give adrenaline device FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP

ASTHMA

What is asthma?

Asthma is a common condition that affects the airways in your lungs. People with asthma have sensitive airways that become inflamed when exposed to triggers making it difficult to breathe. Symptoms include tightening of the chest, wheezing, coughing or breathlessness.

Asthmatics will carry an inhaler in case of an attack. As a first aider, you may be required to help them take their medication – it will relax the muscles and expand the airways and ease the breathing of the victim. The attack may last for a few minutes – if it goes on longer, or if the inhaler is ineffective, you should call 000 and request an ambulance.

Asthma can be triggered by:

Exercise ▪ Allergens (food, mould, dust mites, pollen) ▪ Air pollution ▪ Smoking (include second-hand smoke) ▪ Drugs (beta-blockers, aspirin, NSAIDs) ▪ Anxiety and emotional stress ▪ Perfumes/fragrances ▪ Acid reflux ▪ Excessive singing, crying, or laughing ▪ weather changes (especially temperature).

People with Asthma may have an individual action plan provided by their doctor. Assist the casualty as they follow their action plan.

If an action plan is not available, follow the First Aid Action Plan for Asthma as follows.

First Aid Action Plan

1. **Sit the person upright**
   - Keep them calm and reassure them.
   - **Do NOT leave them alone.**
     Encourage slow, steady breathing.
2. **Give *four separate puffs*** of a *reliever inhaler* (usually a blue/grey salbutamol inhaler)
   - Shake the inhaler before use.
   - If available, use a **spacer device** — one puff at a time and the person takes **four breaths from the spacer after each puff**.
   - Use the person's own inhaler if possible, or a first aid kit inhaler if needed.
   - Reliever inhalers are unlikely cause harm , even to those without Asthma
3. **Wait 4 minutes.**
   - If the person's symptoms are not improving, give another **four puffs** of reliever medication using the same procedure.
4. **If still no improvement, call emergency services immediately — *Dial 000***
   - Continue giving **four puffs every four minutes** until help arrives.
   - If the person becomes unconscious or stops breathing, start life support (CPR) while waiting for emergency responders.

If using Bricanyl (5 years or older)

– Do not shake. Open, Twist the grip as far as it can go in one direction, then twist it all the way back until you hear a **click**. One dose is now ready. Take a deep breath in from the prepared inhaler.

– Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3 Wait 4 Minutes

If breathing does not return to normal, give 4 more separate puffs of reliever as above

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- Is not breathing
- Suddenly becomes worse or is not improving
- Is having an asthma attack and a reliever is not available
- Is unsure if it is asthma

If the casualty has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)

Choking and airway obstruction

•Partial airway obstruction: children and adults

With a partial airway obstruction, the casualty can still talk and cough.

Encourage the casualty to keep coughing, if this does not move the object call emergency services for assistance.
Do Not: Use back blows, provide drinks or food to swallow, do not use the Heimlich maneuver.

•Full Airway Obstruction: Adults

- Difficulty or absence of breathing
- Inability to speak or cough
- Agitation and distress - grabbing the throat
- Cyanosis

To provide first aid:

1. Try to keep the person calm. Ask them to cough to try to remove the object.
2. If coughing doesn't work, call triple zero (000) and ask for an ambulance.
3. Bend the person forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.
   After each blow, check if the blockage has been cleared.
4. If the blockage still hasn't cleared after 5 blows, give up to 5 chest thrusts. Place one hand in the middle of the person's back for support. Place the heel of the other hand on the lower half of the person's breastbone. Press hard into the chest with a quick thrust. (alternately, stand the casualty against a wall and press hard into the chest with 5 quick thrusts)
   After each thrust, check if the blockage has been cleared.
5. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts, until medical help arrives.
6. If the person becomes blue, limp or unconscious, start CPR immediately. Start with compressions, not breaths.

•Full Airway Obstruction: children over 1 year

Perform choking first aid:

1. If coughing doesn't work, call triple zero (000) and ask for an ambulance.
2. Bend the child forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand. (Smaller children can be positioned over your lap)

   After each blow, check if the blockage has been cleared.
3. If the blockage still hasn't cleared after 5 blows, give up to 5 chest thrusts. Place one hand in the middle of the person's back for support. Place the heel of the other hand on the lower half of the person's breastbone. Press hard into the chest with a quick thrust.

   After each thrust, check if the blockage has been cleared.
4. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts, until medical help arrives.
5. If the child becomes blue, limp or unconscious, start CPR immediately. Start with compressions, not breaths.

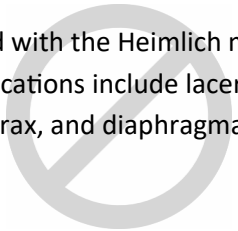
•Full Airway Obstruction: Infants

1. Lay the baby face down on your forearm with their head lower than their body, supporting their head and shoulders on your hand.
2. Hold their mouth open with your fingers.
3. Give up to 5 sharp blows to the back between the shoulders with the heel of one hand. **After each blow, check if the blockage has been cleared.**
4. Use your little finger to remove the object from their mouth
5. If the blockage has not cleared after 5 back blows, place the baby on their back on a firm surface. Place 2 fingers on the lower half of the breastbone and give up to 5 chest thrusts. **After each thrust, check if the blockage has been cleared.**
6. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.

If the baby becomes unconscious, start CPR immediately. Start with compressions, not breaths.

DO NOT USE THE HEIMLICH MANEUVER FOR CHOKING VICTIMS

Research has shown complications associated with the Heimlich maneuver, with rupture of the stomach as the most common complication. Other complications include laceration or contusion of the liver and spleen, pneumothorax, and diaphragmatic rupture.



BLEEDING

Minor wounds

A wound is any injury sustained by living tissue caused by a cut, blow, or any other impact. Generally, a wound will cause a break in the skin, such as a laceration or puncture.

When you are treating wounds, you should follow these steps:

- → **Wash your hands** - put on disposable protective gloves, if available
- → **Stop the bleeding** - Apply gentle pressure with a clean cloth or sterile bandage and elevate the wound **RID** = Rest + Direct Pressure
- → **Clean the wound using water** - clean around the wound with soap and a sterile cloth, but don't let soap get in the wound, as it may irritate it (use alcohol-cleansed tweezers to remove any debris or dirt from the wound)
- → **Use antiseptic cream/ointment** to keep the surface moist and limit the chance of infection (if it causes a rash, cease use)
- → **Cover the wound** with a bandage or plaster (if the wound is minor, there is no need to cover it)

These steps are important no matter how small the wound. Serious infections such as Cellulitis can develop from a wound as small as an insect bite or paper cut.

Major wounds

Embedded objects

1. Use gauze to make a doughnut bandage and apply pressure surrounding the protruding object to control bleeding
2. Use padding around the object to prevent the object from twisting or moving; bandage the padding to secure the foreign object and minimise movement.
3. Seek medical assistance. If the injury is severe or if you are unable to move the casualty safely; call triple zero (000)

DO NOT

Remove the embedded object as it may be preventing significant blood loss.
Removal of the object could also cause major structural and nerve damage
Embedded objects must always be removed by a professional

Needle Stick Injuries

Blood-borne diseases could be transmitted by a needlestick injury such as human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV).

- Encourage the wound to bleed by holding it under warm running water
- Wash the wound using running water and soap
- **Do not** scrub the wound while you're washing it
- **Do not** suck the wound
- Go to your doctor or nearest emergency department as soon as possible
- Take the offending needle (in a rigid safe container) to the ER with you.

Arterial Bleeds

Arterial tourniquets should only be used for life-threatening bleeding from a limb, if the bleeding cannot be controlled by direct pressure.

- Commercially manufactured windlass tourniquets such as those based on military designs are more effective than improvised tourniquets. However, lack of such equipment or time factors (time may not allow you to fetch the required equipment) will require you to make an improvised torniquet.

Improvised Tourniquet

- Using a long piece of fabric, non-stretch, (this could be a rolled triangle bandage, a scarf, sleeves of a shirt etc). tie the fabric firmly 5cms above the bleeding wound. knot a stick or rigid object, like a pen/ruler, on the outside layer of the tourniquet to create a torsion device. Twist the stick to tighten the torniquet. Continue twisting until bleeding stops. Reassure casualty as this will be very uncomfortable (painful) for the client
- the tourniquet **should not** be applied over a joint or wound.
- If bleeding continues, a second tourniquet should be applied 10 cm above the first.
- The time of tourniquet application must be noted and communicated to emergency services. This could be written on the injured person's limb if permanent markers are available.

The severed Limb

- Your priority is the bleeding stump using **R.I.D or Tourniquet**
- Place the amputated part into a sealed plastic bag
- Place bag into cold or iced water
- NEVER USE ICE TO PRESEVE A SEVERED LIMB – This puts the limb at risk of frostbite.

First aid management for nosebleeds

- Reassure the person, *especially children*, as crying increases blood flow.
- Sit the person up straight and tilt their head forward.
- Using finger and thumb, pinch the soft part of nostrils for at least 10 minutes.
- Encourage steady breathing through the mouth while nostrils are pinched.
- Place a cold pack over the casualty's forehead and one on the back of the neck; this will slow the bleeding.
- After 10 minutes, release the pressure on the nostrils to see if bleeding has ceased.
- If bleeding persists, seek medical assistance.
- DO NOT sniff or blow the nose for at least 15 minutes.

BONES

Dislocations

These bones have been dislodged from their joint and can't move. The most affected joints are the shoulders, elbows, kneecaps, hips, fingers, and ankles.

Symptoms are:

- Severe pain
- Deformity in the affected area
- Inability to move limb without pain
- Shortening of the limb.

To provide first aid:

- Seek medical assistance immediately
- Don't try to reattach, straighten or move the joint - This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels
- Stabilise the injury -**Splint the affected joint in its fixed position. Provide support for the affected area.
- Apply an ice/cold pack to reduce swelling
- Reassure victim and keep them warm while waiting for emergency services
- Don't allow them to eat or drink (in case they need surgery).

Strains, sprains and Fractures.

Sprains and fractures can have similar symptoms, making it difficult for you to determine which one has been sustained in an injury.

The difference between a sprain and a strain and fracture

- A sprain injures the bands of tissue that connect two bones.
- A strain involves an injury to a muscle or tissue attached to a bone.
- A fracture is a break or a crack in the bone.

** See ‘applying a splint’ on page 31.

First aid treatment Sprains and Strains
Follow the acronym **R I C E** for sprains and strains

- **R**est – try not to use the affected area.
- **I**ce – apply ice to the affected area
- **C**ompression – compress the area using a compression or conforming bandage
- **E**levate – keep the affected area raised.
- **R**efer – Sprains, strains, and fractures can have similar symptoms, making it difficult to determine which one has been sustained in an injury. Refer the casualty to a medical professional for precise diagnosis, ongoing care and treatment.

Fractures and breaks

Types of Fractures

- Closed - Bone is broken with skin unbroken.
- Open – The broken bone protrudes through skin.
- Complicated – there is an associated injury to a major nerve, blood vessel, or vital organ(s).

What to do

- Follow DRSABCD
- Control any bleeding and cover any wounds.
- Rest and reassure, ask the casualty to remain still.
- Immobilise the fracture in most comfortable position:

DO NOT attempt to force a fracture back into place.

Applying a Splint

- Use broad bandages (where possible) to immobilise the fracture.
- Place a padded splint along the injured limb, then bandage above and below the fracture site, leaving a five (5) cm space on either side of the fracture to prevent movement. Regularly check bandages to ensure they
- are not too tight (check circulation) or too loose.

DO NOT bandage over the fracture.

Seek medical assistance immediately

Making a sling

Slings are useful for a range of injuries to the arm, not just breaks. The sling serves to stabalise and protect the injury.

Simple sling

What you need

- Triangular bandage
- Safety pin or tape

Method:

- Open out the bandage and place under injured arm, short pointed edge near the elbow and long straight edge at middle of fingers so tips visible
- Tie ends of sling together at neck on same side as injured arm
- Bring point of bandage around elbow and pin/tape down

Collar and cuff sling

What you need

- Triangular bandage

What you do

- Fold the pointed edge of a triangular bandage to the long edge, fold 3-4 times to make a long narrow bandage
- Loosely tie the centre of the bandage around the casualty's wrist, allow room for swelling, tie both ends of the bandage behind the casualty's neck.
- If the injury is from elbow to fingertips – elevate toward the neck.
- If the injury is from shoulder to elbow – do not elevate.

Burns

The sooner you treat burns and scalds, the less damage there will be to the skin.

The following steps will help treat the affected site:

- Remove the person from the site of the burning
- Remove clothing and jewellery from the burnt area, **unless it is stuck** to the burnt skin
- Cool the burn with cool running water for ten to 30 minutes **do not** use ice, iced water, creams or oily substances. Cool running water only.
- After these steps, you need to determine whether any further medical treatment is necessary.

- Bandage minor burns to protect from infection. Do not bandage third degree burns as these burns need to be seen by a medical professional. Cool running water only.

The following situations require treatment in A&E:

- Large/deep burns (bigger than the hand of the victim)
- Full-thickness burns (causing white/charred skin)
- Partial-thickness burns (causing blisters) on the face, hands, arms, legs, feet, or genitals
- Chemical and electrical burns
- If they are pregnant
- If they are over 60 years old
- If they are under five years old
- If they go into shock
- If they have a medical condition, e.g., heart, lung or liver disease, diabetes
- If they have a weakened immune system – through AIDS, HIV, or chemotherapy
- If they have breathed in smoke or fumes.

Other types of burns include:

Electrical burns: these can be very severe, even if they don't appear to have any visual signs of damage – the damage may be internal. The affected persons need to go to the emergency department of a hospital as soon as possible.

- if they have been injured by a low voltage source (up to 240 volts), switch off the power supply and remove them from it using a non-conductive material
- if they are connected to a high voltage source (over 1000 volts), do not approach the victim

Chemical burns: these also require immediate medical attention in the A&E department - follow these steps immediately:

- you need to identify the chemical that caused the burn to treat it effectively. Locate the chemical container may as it may have specific first aid advice.
- remove any clothing that had contact with the chemical
- brush any dry chemical off their skin
- use running water to remove the rest of the chemical from their skin

Sunburn:

- move the victim inside or into shade
- take a cool bath or shower to cool the burnt areas of skin
- apply after-sun lotion to soothe and moisturise the affected areas
- drink lots of water to rehydrate the body
- watch out for signs of heatstroke or heat exhaustion, such as dizziness, vomiting or an increased pulse - if they develop heat exhaustion:
  - take the person to a **cool** place as soon as possible (not cold)
  - give them water to drink
  - loosen their clothing
  - if the symptoms persist, call 000 (as they may have developed heatstroke *see page 35).

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Eye burns and other eye injuries.

Burns

1. Open eyelid gently and wash eye with cold flowing water for 20 mins.
2. Place eye pad or light clean dressing over the injured eye only.
3. Ensure ambulance has been called – triple zero (000).

Other eye injuries

Wounds

1. With casualty on their back, Place light dressing over injured eye only.
2. Ask casualty to try not to move either eye. Focus on a single point.
3. Ensure ambulance has been called – triple zero (000).

Small object

1. Ask casualty to look up. Draw lower eyelid down. If visible, remove with corner of moist cloth.
2. If unsuccessful, wash eye with sterile saline or clean water.
3. If unsuccessful, cover injured eye and seek medical aid.

Penetrating

1. Place thick pads above and below injured eye.
2. Bandage the pads in place, making sure there is no pressure on eyelids.
3. Cover injured eye only.
4. Ensure ambulance has been called – triple zero (000).

Smoke

1. Wash eyes with sterile saline or cold tap water.
2. Seek medical assistance if not resolved.

HEART ATTACK vs Cardiac Arrest

What is a heart attack?

A heart attack is essentially a problem with the heart's "plumbing."

During a heart attack, one or more of the arteries that take blood to the heart's own tissue becomes blocked or narrowed. This means that less blood (and consequently less oxygen) is delivered to the heart muscle. The heart muscle in the area being fed by the blocked artery becomes damaged and can die.

The blockage in the artery can be because of a build-up of fat and cholesterol (a plaque), or sometimes it is due to a severe spasm of the artery wall that causes the artery to narrow temporarily, restricting blood flow to the heart muscle. Usually, the heart keeps beating during a heart attack.

Some of the most commonly experienced symptoms of a heart attack are:

- pain and tightness in the chest
- pain spreading to arm, jaw, neck, back
- trouble breathing
- coughing and/or wheezing
- nausea
- anxiety
- feeling faint.

Chest pain is the most common symptom of a heart attack, but you won't necessarily experience all of the symptoms – heart attacks are not always experienced the same way which is why it's important to know all the warning signs. Learn more about heart attack warning signs and order or download a warning signs action plan.

What is a cardiac arrest?

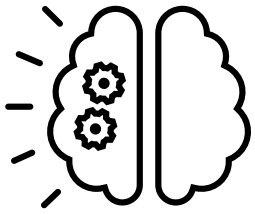
In the same way as a heart attack is a problem with the heart's "plumbing", a cardiac arrest can be thought of as an "electrical" problem. During a cardiac arrest, there is a problem with the signals that tell the heart when and how to contract. This means that it either stops beating or isn't beating enough to get your blood moving around your body as it should be. This can be caused by abnormal heart rhythms (arrythmias), cardiomyopathies, which affect the tissue of the heart, congenital heart diseases that are present from birth, or sometimes a traumatic event that causes a large amount of blood loss (a hemorrhage). The symptoms of a cardiac arrest are more uniform and present the same way in most people. They are:

- loss of consciousness
- not breathing at all or not breathing normally
- no pulse

If you suspect someone is having a heart attack or is in cardiac arrest, you must call 000 immediately.

Stroke

Strokes occur when blood flow to part of the brain is cut off, usually due to a clot in a blood vessel or a rupture that blocks blood flow to the brain. This can cause long-term damage as the lack of oxygen damages brain cells – damage levels can vary according to which part of the brain is affected, size of the area affected, and time taken to receive medical help.



You can use the acronym F A S T to determine if someone is having a stroke:

- **Face** – One side of their face will show weakness or blindness in one eye.
  Ask them to smile - if they only smile on one side of their mouth, this isn't normal
- **Arms** – ask them to raise both arms - if they can only lift one arm, this is not normal
  (one leg may also show weakness)
- **Speech** – ask them to talk - if they struggle to speak clearly, this is not normal
- **Time** – if any of the above are identified as 'not normal', call 000 for emergency help and inform the operator you think the person is having a stroke.

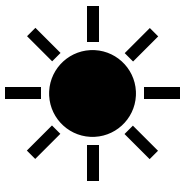
While you wait for help, keep the person in a comfortable position and check their breathing, and response levels. Don't give them food or drink as it may cause choking due to difficulty in swallowing.

HEAT STROKE

(Hyperthermia)

This is recognised by excessive body heating. It can also be caused by inadequate hydration, the failure of bodily cooling mechanisms, and changes in the body's internal temperature from illness, infection, or drugs.

The signs and aspects of it are heat cramps (muscular, after prolonged exertion), heat exhaustion (37-40 degrees Celsius internal temperature), and heat stroke (over 40 degrees Celsius internal temperature).



To Provide first aid:

- DRSABCD , Calling an ambulance
- Moving the victim into a cooler area (not to a cold room – cool only)
- Laying them down, removing excess clothing and loosening tight clothing
- Applying cool packs to neck, groin and armpits (do not use ice)
- Giving victim cool water to drink (no ice)
- For Heat Stroke, rapid cooling of the body and nil by mouth
- Monitor until help arrives.

HYPOTHERMIA

This is when the core body temperature falls below 35 degrees Celsius – this causes organ failure, cardiac arrest and even death. It can be caused by sudden cold exposure or can be gradual.

Causes can be:

- Environmental
- Trauma-related
- Drug-related
- Neurological
- Systemic illness-related

Symptoms are:

- Mild (35-34 degrees Celsius) – severe shivering, pale skin, slurred speech, loss of concentration, dizziness, confusion, slowed breathing, irritability, unsteadiness
- Moderate (33-30 degrees Celsius) – muscle stiffness, pulse and breathing slows, difficulty speaking, ceased shivering
- Severe (-30 degrees Celsius) – loss of consciousness, heart problems, dilated and fixed pupils, motionless.

To provide first aid:

- Move the casualty into shelter
- Insulate their body from the ground
- Call for medical assistance/rescue
- Remove wet clothing
- Dry them, cover their head with something warm (not hot)
- Use body to body heat to warm their body or a warm compress – do not use heat.
- Use a thermal blanket (space blanket)
- Don't put them in a warm bath or use a heater
- Monitor until help is present.

DIABETES

This is when insulin is not produced in sufficient amounts by the body to convert sugar (glucose) into energy. Instead, it stays in the bloodstream, which can be harmful to internal organs. It can be controlled with medication and some diabetics carry a medical alert bracelet, necklace, or card (as well as glucose sources for emergencies).

Hypoglycaemia

First aid deals mostly with **hypoglycaemia**, where blood sugar has dropped too low – this can be down to insufficient food intake, excess exercise or alcohol, as well as excess insulin or diabetes medication.

Symptoms are:

- Confusion
- Sweating
- Dizziness
- Weakness
- Headache
- Lack of focus
- Hunger
- Numbness (lips and fingers)
- Trembling or fitting
- Irritability
- Slurred speech
- Loss of coordination
- Loss of consciousness

To provide first aid:

- For conscious people:
  - make them comfortable
  - give them high energy foods (sugar, honey, glucose tablets)
  - Encourage them to eat a meal immediately when they recover
- For unconscious people:
  - put them in the recovery position
  - call an ambulance, stating a "diabetic emergency"
  - don't give them food or drink

  remain with the victim until help arrives.

HEAD INJURIES

Unconscious casualty

1. Follow DRSABCD
2. Place the casualty into the recovery position supporting the casualty's head and neck avoiding any twisting action.
3. If any blood/fluid is coming from the ear, place injured side down and allow the fluid to drain, place pad between the ear and the ground to monitor the amount of fluid lost.
4. Monitor the casualty, looking for any changes in signs, symptoms, and level of consciousness. Ensure the airway is kept clear and open.
5. Control bleeding, but **do not** apply direct pressure to the skull.

Conscious casualty

1. Rest and reassure the casualty.
2. If no neck or spinal injury is suspected, place the casualty in a comfortable position with the head and shoulders slightly raised. Seek advice from a medical practitioner. The casualty should be assessed for injuries such as concussion.
3. If neck or spinal injuries are suspected, protect the neck whilst maintaining a clear airway, keep the casualty flat and support the head on either side to stop movement; improvise using rolled towels, blankets or clothing. Call 000
4. Monitor the casualty for any changes and inform the dispatcher.

Concussion:

A concussion is a brain injury, usually caused by a knock to the head, face, or neck.
Concussion causes short-term changes to your neurological function.
Most adults who have concussion will get better on their own within 2 weeks if managed properly. (rest, limited brain activity – avoiding screen time)
In the past, concussion was seen as a mild injury that healed quickly. However, we now know that concussions are serious. An untreated concussion can lead to serious long-term health effects that range from physical difficulties to emotional and mental issues. Therefore, it is important that the casualty is observed by a medical professional if concussion is suspected.

SEIZURES

Convulsions

A seizure is a burst of uncontrolled electrical activity between brain cells causing temporary abnormalities like altered states of awareness with stiffness, twitching, or jerking.

Types of Seizures

Febrile Seizures

A febrile seizure can happen when the infant has a spike in temperature and/or has a fever.

Around 1 in 20 children will have at least one febrile seizure, mostly occurring between 6 months and 3 years.

The body usually becomes stiff, loses consciousness, and the arms and legs twitch. Some children may wet themselves.

It can last from 15 seconds to 3 minutes.

It is important that you DO NOT put the casualty in a cold bath – This can send their body into shock and cause death. Cool pack on forehead, underarms and groin, and paracetamol for children can be used to reduce the temperature and stop the seizures. Remove excessive clothing.

FOCAL ONSET

Happens when the seizure activity begins on one side of the brain. The casualty may just stare into space and be unresponsive. If convulsing, it may only mildly affect one side of the body, sometimes with repetitive actions like tapping.

- Guide them away from danger (such as roads or open water)
- Stay with them until they are fully recovered
- Be calm and reassuring
- Explain anything that they may have missed

Tonic Clonic

A sudden loss of awareness, casualty commonly falling to the ground, and with stiffening (tonic) then jerking (clonic) of the muscles

Seizure management plan

Remain calm

- Remove any hazardous objects from around them and check to make sure they are not in danger
- Cushion the head to protect it from injury
- TIME THE SEIZURE.
- Remain with the victim. Don't hold them down, do not try to ‘wake’ them, and don't put anything in their mouth
- After five minutes, call an ambulance if the seizure hasn't stopped
- After the seizure has stopped, put them in the recovery position and check for any airway obstructions and their breathing
- Stay with them until they are fully recovered.

Call triple zero (000) if:

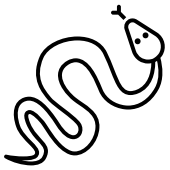
- a seizure continues for more than 5 minutes
- a second seizure quickly follows the first
- the person remains unresponsive 5 minutes after a seizure stops
- the person has been injured (before or during the seizure)
- the person is swimming or in water at the time of the seizure
- the person has diabetes or is pregnant
- If it is the person's first seizure (if in doubt call 000)

ENVENOMATION

Spiders: Australia has about 2,000 species of spider, but most are relatively harmless to humans. Venomous spiders in Australia include funnel-web, mouse, redback and white-tailed spiders. Since the introduction of antivenom, there have been no deaths from spider venom.

Snakes: Around 100 Australian snakes are venomous, but only 12 are likely to inflict a wound that could kill you. About 4 in every 10 snake bites in Australia are from a brown snake. Most snake bites occur when people try to kill or capture them.

Dry Bites: Both snakes and spiders can give dry bites, a warning bite without venom. These bites are still painful and cause swelling. Never assume your bite is a dry bite, seek medical assistance with all snake and spider bites.



IMMOBILISATION and a Pressure Immobilisation bandage is recommended for bites and stings from:

- All Australian snakes (snake breeds are hard to identify, treat every bite like it may be venomous)
- Blue-ringed octopus
- Funnel-web spider
- Cone shell
- Bee, wasp, and ant stings (if patient is allergic).

It is not recommended for:

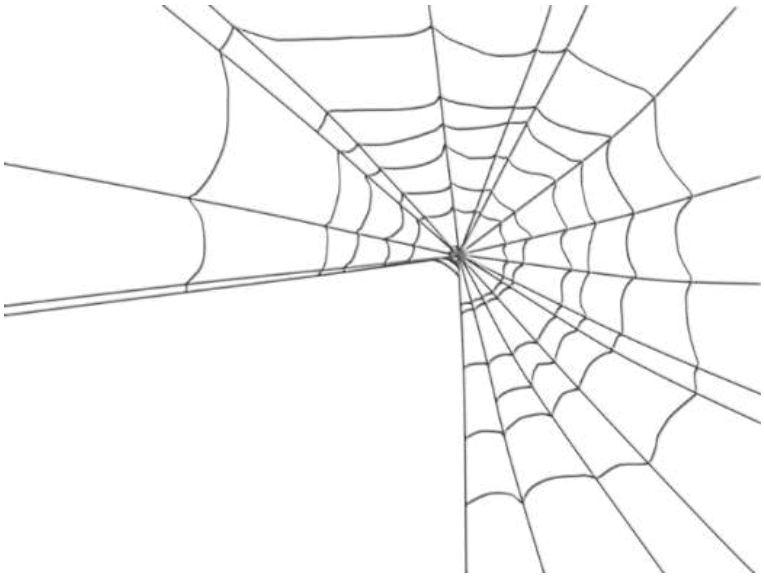
- Other spiders
- Jellyfish stings
- Fish stings
- Tick, scorpion, centipede, and beetle stings.

The Pressure Immobilisation Technique (PIT) :

- Instruct the casualty to remain still. Movement will cause the venom to travel via the lymphatic system. Movement will activate the lymphatic system carrying the venom.
- Call 000
- Where the victim is bitten or stung on a limb, apply a broad pressure bandage over the bite site as soon as possible. Do NOT clean the wound.
- Use elasticated bandages (10-15cm wide), which are preferred over crepe bandages
- Where bandages are not available, use clothing or other material
- Ensure the bandage is **tight** and firm (you should be **unable** to slide a finger easily between the skin and bandage).
- Apply a further pressure bandage over existing clothing and commencing at the fingers or toes of the bitten limb (extending upward to cover as much of the limb as possible)
- Keep the victim calm and make sure the limb is completely immobilised. A splint may also be added for immobilising.
- Monitor their condition as you wait for emergency services to arrive.

Never

Cut or excise the bitten area ▪ suck the venom from a bite site ▪ wash the bitten area ▪and **do not** apply an arterial tourniquet.



TICKS

Ticks are parasites that feed on human and animal blood. It is very important to kill the tick as soon as possible without causing it distress. When the tick is distressed, it releases venom into the host, putting the casualty at risk of long-term illness**.**

Treatment: Use an ether spray (Elastoplast cold spray or wart freeze). This will take several sprays to kill the tick but will shut down access to the venom very quickly. Allow the tick to drop off by itself. DO NOT try to forcibly remove a tick, as this may cause more allergen-containing saliva to be injected by the tick.
When the Tick falls off, apply antiseptic to avoid infection.

Venom from Australian ticks can cause illnesses such as:

- rickettsial diseases, including Flinders Island spotted fever
- Queensland tick typhus
- Lyme disease-like conditions, known as Debilitating Symptom Complexes Attributed to Ticks (DSCATT)

Remember : FREEZE IT DON'T SQUEEZE IT

BEES and WASPS.

First aid for bee stings: Remove the sting by sliding or scraping a flat object across it (fingernail, credit card, blunt knife) rather than pulling at it. Wash the area and apply a cold pack to manage the pain and swelling. If there is significant pain and swelling, over-the-counter pain medication or antihistamine may give some relief.

Jelly Fish

Non-tropical stings:

For non-tropical jellyfish, blue bottles, bull rout, stonefish, and stingrays. Remove tentacles. Apply very hot water (as hot as the casualty can endure without causing burns)

Tropical stings:

1. Follow **DRSABCD** (calling 000)
2. Reassure the casualty
3. Do not rub the stung area
4. Pour vinegar over the area for a minimum of 30 seconds (this offsets the stinging cells and shuts down envenomation)
5. Apply a cold pack if possible to manage the pain

Do NOT apply fresh water to the sting, this will cause additional nematocyst discharge from the stings

7. If you do not have access to vinegar, remove any remaining tentacles with an object (do not use your hand, wash with seawater
8. Monitor the casualty – CPR may be needed
9. Keep the casualty in a still position to decrease the possibility of toxins spreading

MONITORING THE CASUALTY

The casualty may improve or stabilise due to your first-aid efforts, in which case you may be able to stop. If they don't, you may need to engage emergency services. As time progresses, new symptoms may need to be treated. For example, if a casualty was bleeding heavily and you were able to stop it with bandages and compression, they might later begin to show signs of shock, at which point you would want to respond to those symptoms. A first aider needs to stay fully aware and monitor their casualty until full recovery or emergency services arrive.

Monitor the casualty by looking for the following signs:

- Allergic reactions
- Altered and loss of consciousness
- Bleeding
- Chest pain
- Choking/airway obstruction
- Increased or decreased heart rate
- Hypothermia or hyperthermia
- Respiratory distress (not breathing or not breathing normally)
- Seizures
- Shock.

First aid principles related to monitoring a casualty:

- Preserve life – for example, if a person was choking, and during your first aid response the casualty became unconscious, you would move from first aid for choking to performing CPR (i.e., you would direct your energy to the injury or situation that was most life-threatening)
- Provide pain relief—For example, if a child has fallen and you are waiting with them for an emergency medical response, they may begin to feel pain from injuries that they hadn't noticed at first due to adrenaline, shock, etc. As you monitor their condition, you can provide pain relief for these injuries, such as a cold pack or medication, as they become known. * Pain relief for a child requires approval from parents or medical professionals.

OTHER CONSIDERATIONS

Looking after a casualty

If the casualty is conscious after an incident, then they should be reassured as much as possible. It is likely that they will be in pain and worried about their situation. However, there are several steps that you can take to ensure that they begin to feel safe, secure, and supported. You can make a real difference to the sense of pain and avoid the casualty making the situation worse through their anxiety.

These steps should be taken:

- Be honest, respectful and empathetic
- Inform the casualty that first aid assistance is here or on the way
- Explain what you are doing and the plan of action
- Ask for permission to enter their personal space
- Where possible, enlist their assistance and describe how they can help
- Tell the casualty if an ambulance has been called
- Remain with the casualty
- Find out the casualty's name and address them in a friendly manner (this develops rapport)
- Demonstrate confidence and remain in control of the situation
- Treat the person how you would wish to be treated yourself.

You shouldn't do the following:

- Inform the casualty of others who have been seriously injured or killed during the incident
- React in an inflated way to the situation
- Leave the casualty by themselves
- Move the casualty without good reason
- Show a lack of emotional control.

INCIDENT REPORTS

You will be required to report any first aid incidents (no matter how small) in the workplace.
This will require you to complete an incident report. Keep the writing objective. Write the details exactly as they happened, without judgments or assumptions. An incident report should be filled out within 24 hours of the incident.

The following questions should be answered in an incident report:

- Who?
  - who is reporting the incident?
  - who is affected by it?
- What?
  - what happened? (No assumptions. Only that which was witnessed.)
  - what action did you take?
  - what was the severity of the incident? (you may use an incident severity scale)
  - what was the outcome?
- When?
  - when did the incident take place?
- Where?
  - where did the incident take place?
- How and why?
  - what were the elements that contributed to the incident?

A good incident report should be:

- Complete – it should cover all components in relevant detail
- Concise – it should include necessary details but exclude flowery descriptions, abbreviations can be used sparingly as they can confuse and detract from the writing
- Specific – it should refer to exact times, dates, and other facts
- Objective – it should not give opinions or inferences
- Confidential – identities and where it took place should not be revealed in the 'what happened' box as this has to be sent to the Department of Health.

CHILD CARE CONSIDERATIONS

IN FIRST AID

First Aid in a Child Care Setting, specialises in addressing the unique needs of children from infancy to adolescence. It acknowledges the considerable physical, physiological, and psychological differences between children and adults, requiring specific adjustments in first aid care delivery.

Anatomical/physiological differences in a child

- **Larger body surface area (BSA***)* - Children have a proportionately larger BSA than adults do. Therefore, children are at greater risk of heat stroke and dehydration due to excessive loss of heat and fluids.
- **Thinner skin -** Children have thinner skin than adults. Their epidermis is thinner and are at higher risk of agents that can be absorbed through the skin. Children are at higher risk of dehydration because they lose more fluid through their skin.
- **Rapidly dividing cells -** Children's cells divide more rapidly than adults to assist in their growth. As a result, children are more vulnerable to the effects of radiation.
- **Higher heart rate and respiratory rate** - Children have higher respiratory rates than adults. As a result, children may be more susceptible to agents absorbed through breathing than adults.
- **Higher metabolic rate—**Children are more sensitive to contaminants in food and water. They are at greater risk for increased water loss when they are ill or stressed. This is why medication doses are carefully calculated based on the child's weight and body size. Medication prescriptions should be closely followed.
- **Less Fluid-** Children have less fluid in their bodies; they suffer blood loss more rapidly than adults and are more vulnerable to dehydration.
- **Immature immune systems**—Children are at a greater risk of infection and have less herd immunity.

Acute illnesses vs Chronic illnesses

Acute illnesses typically develop suddenly and last only a short time, a few days or sometimes weeks. Examples of acute illnesses common to children are the common cold, ear infections, eczema, gastroenteritis, hand, foot and mouth disease

Chronic conditions develop slowly and can worsen over a long period— this could be months to years. Examples of chronic illnesses would be Asthma, diabetes, or epilepsy.

Signs your child could be suffering an acute illness

- Fever
- sore throat or headache
- blocked or runny nose
- sneezing or coughing
- a rash on their skin
- vomiting or diarrhoea
- glazed eyes
- drowsiness, tiredness or a low appetite

When to keep your child at home

- fever (a temperature above 38ºC)
- diarrhoea or vomiting
- sore eyes with pus or mucus

You should also consider keeping your child at home if they have:

- sore throat
- cough
- runny nose
- rash — this may be due to a viral infection

Especially if these occur with other concerning symptoms, such as:

- lethargy
- poor feeding
- reduced urine (wee) output
- irritability

When should I take my child to the doctor?

If symptoms do not improve after 2 days, it is best to take them to a doctor. Early intervention on an illness can prevent it from getting worse.

Signs that it may be time to see the doctor include when:

- paracetamol and ibuprofen aren't helping
- the child has on-going bouts of vomiting or diarrhoea
- they have a high fever for 2 full days
- they won't drink any fluids for more than 6 hours
- they have a rash
- they do not urinate as much as normal

When to seek urgent care

Seek medical care at your nearest hospital if your child:

- is very pale or is difficult to wake up
- is having trouble breathing
- has a fever with back or neck pain
- has a rash with red or purple ‘pin prick' spots or blotches that don't turn white when you press on them — this may be a meningitis rash
- Young babies are especially at risk from meningitis.

If you think your child might have meningitis rash, seek medical attention immediately or call triple zero (000). Ask for an ambulance.

→ If your child is less than 1 month old and has a fever, you should go straight away to an hospital.

→ If your child is less than 3 months old, you should see a doctor if they aren't feeding well or have a fever.

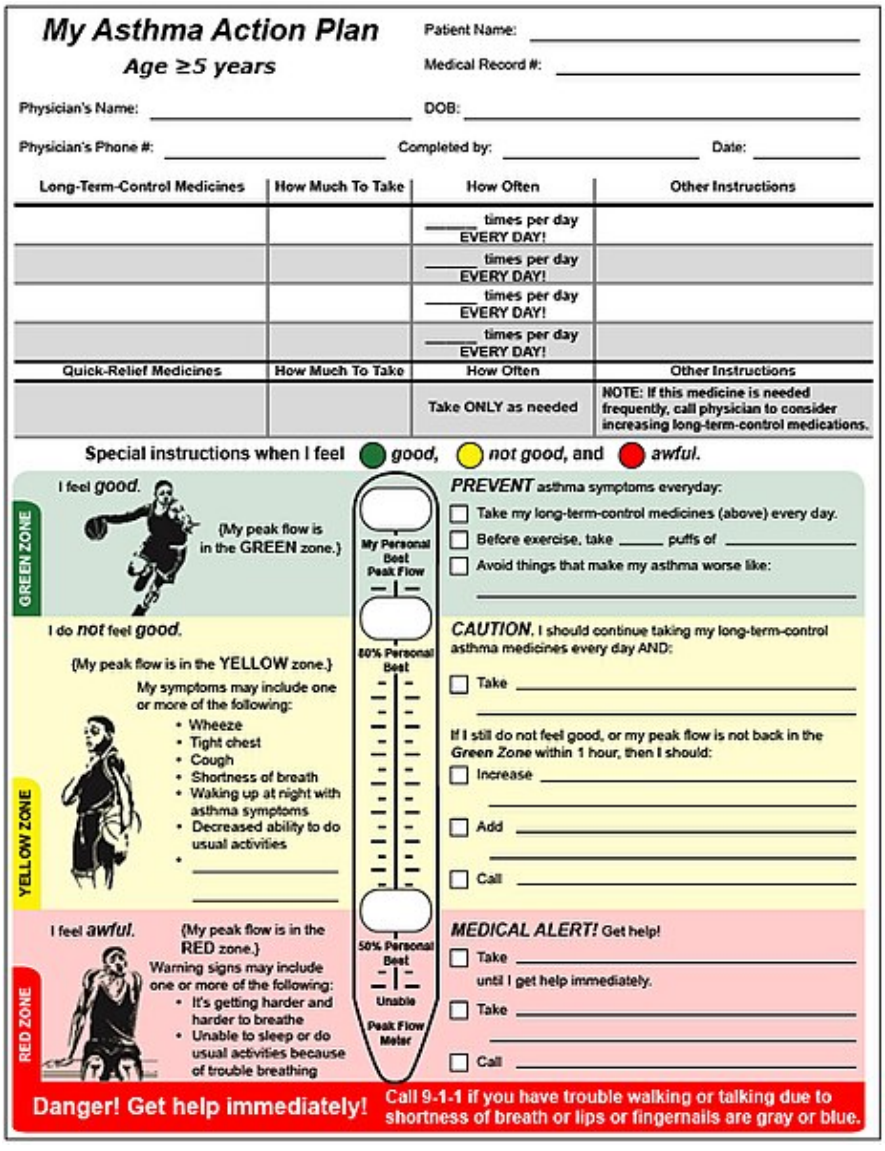
If in doubt call Health Direct on 1800 022 22 to speak to a qualified nurse (this is a free service)

Trusted Health Advice | healthdirect

Chronic Illnesses

When a child is diagnosed with a chronic illness, their doctor will provide them with an action plan for that illness. It will guide parents and all carers on how to manage a child's medical treatment regarding their diagnosed medical condition.

The parent/carer should provide an action plan for the carer that directly relates to their child's medical condition. A first Aider in childcare will not rely on their first aid training with chronic illnesses but follow only the child's action plan which will be more specific to the child's needs.



File:Asthma action plan.jpg - Wikimedia Commons

OTHER CONSIDERATIONS

If you are dealing with a child, make sure you are talking to them appropriately with a gentle and calm tone to your voice. Reassurance is essential here, and you should clearly explain your actions and the plan, making eye contact.

Effective Communication Techniques

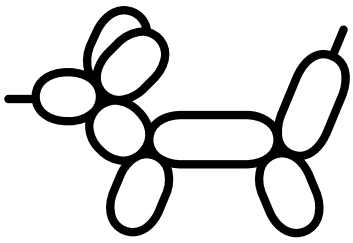
- Explain your process
- Encourage the child to ask questions.
- Use Positive words
- Be honest – do not offer false assurances
- Validate their emotions – 'it is OK to cry'

If the child appears completely unconscious, they should be treated as if they are conscious, keeping in mind that they might hear what you are saying. Explain what you are going to do, but do not discuss anything that would not be said in front of a conscious casualty, e.g., comments about injuries, appearance, other casualties.

Distraction techniques

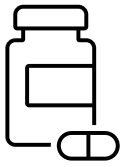
Distracting a child may help them cope better with the situation.

- Infants under six months:
    - rocking, gentle patting
    - rattles or other baby toys
    - singing
- Toddlers (six months to two years):
    - toys or books
    - singing a favourite song
    - reading a book
- Older children:
    - big belly breathing
    - counting games
    - mind pictures
- Adolescents:
    - music or mind pictures
    - relaxation and breathing techniques
    - humour or talk about an unrelated topic.



MEDICATION

Medication (including prescription, non-prescription, over the counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.



When medication has been prescribed by a medical practitioner the carer must follow the medical practitioners instructions

Medication must:

- Be in its original container
- Have a clear readable and original label
- Have the child's name clearly on the label
- Have any instructions attached
- Have verbal or written instructions provided by the child's registered medical practitioner

Medication must be stored in a locked medication box (inaccessible to children) A locked box suitable for the refrigerator can be purchased.

No medications are to be left in child's bag or within reach of children. If

With acute illnesses where a parent/carer cannot be contacted, a medical practitioner will be contacted and either written or verbal instructions will be followed.

Using the '6 Rights' for medication administration.

Avoid mistakes in medication by following the 6 rights

Before administering mediation check it is….

- The right person
- The right medication
- The right dose
- The right time
- The right route
- The right documentation

Medications should be signed off in the medication book. Where possible a second person should be present to co-sign when giving medication to a child.