



HLTAID012

**Provide First Aid in an education
and care setting**



**Student
Learner Guide**

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Unit of Competency: HLTAID012 Provide First Aid in an education and care setting

This unit describes the skills and knowledge required to provide a first aid response to infants and children in line with first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies. This unit applies to a range of workers within an education and care setting who are required to respond to a first aid emergency, including asthma and anaphylactic emergencies. This includes early childhood workers and educators who work with school age children in outside school hours care and vacation programs.

Modification History

Not applicable

Application

This unit describes the skills and knowledge required to provide a first aid response to infants, children and adults in line with first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies.

This unit applies to a range of workers within an education and care setting who are required to respond to a first aid emergency, including asthma and anaphylactic emergencies. This includes early childhood workers and educators who work with school age children in outside school hours care and vacation programs.

This unit of competency may contribute towards approved first aid, asthma and anaphylaxis training under the Education and Care Services National Law, and the Education and Care Services National Regulations (2011).

Specific licensing/regulatory requirements relating to this competency, including requirements for refresher training should be obtained from the relevant national/state/territory Work Health and Safety Regulatory Authorities

Assessment Conditions

Each candidate to demonstrate skills in an environment that provides realistic in-depth, scenarios and simulations to assess candidates' skills and knowledge.

Due to the nature of this type of training, it is acceptable for the performance evidence to be collected in a simulated environment.

Compression and ventilation skills must be demonstrated on resuscitation manikins, following ARC guidelines for the purpose of assessment of CPR procedures.

Assessment must ensure access to:

- emergency action plans
- adult, child and infant resuscitation manikins following ARC guidelines for the purpose of assessment of CPR procedures
- adrenaline auto-injector training device
- AED training devices
- workplace first aid kit
- placebo bronchodilator and a spacer device
- different types of wound dressings and bandages
- blankets and items to treat for shock
- personal protective equipment (PPE)
- workplace injury, trauma and/or illness record, or other applicable workplace or site incident report form.

Simulated assessment environments must simulate real-life situations where these skills and knowledge would be performed, with all the relevant equipment and resources of that workplace/community environment.

Assessors must satisfy the Standards for Registered Training Organisations' requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit.



ELEMENTS Elements describe the essential outcomes	PERFORMANCE CRITERIA Performance criteria describe the performance needed to demonstrate achievement of the element.
1. Respond to an emergency situation.	1.1. Recognise and assess an emergency situation. 1.2. Ensure safety for self, bystanders and casualty. 1.3. Assess the casualty and recognise the need for cardiopulmonary resuscitation (CPR). 1.4. Seek assistance from emergency services.
2. Apply appropriate emergency first aid procedures	2.1 Perform cardiopulmonary resuscitation (CPR) in accordance with Australian Resuscitation Council (ARC) guidelines 2.2 Provide first aid in accordance with established first aid principles 2.3 Ensure casualty feels safe, secure and supported 2.4 Obtain consent from casualty, where possible 2.5 Use available resources and equipment to make the casualty as comfortable as possible 2.6 Operate first aid equipment according to manufacturer's instructions 2.7 Monitor the casualty's condition and respond in accordance with first aid principles
3. Communicate details of the incident.	3.1. Accurately convey incident details to emergency services. 3.2. Report details of incident in line with appropriate workplace or site procedures. 3.3. Complete applicable workplace or site documentation, including incident report form 3.4 Report details of incidents involving infants and children to parents or caregivers 3.5 Follow appropriate workplace or site procedures to report serious incidents to the regulatory authority 3.6 Maintain privacy and confidentiality of records and information in line with statutory or organisational policies
4. Review the incident.	4.1. Recognise the possible psychological impacts on self and other rescuers and seek help when required. 4.2. Contribute to a review of the first aid response as required.

Performance Evidence

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role.

There must be evidence that the candidate has completed the following tasks in line with State/Territory regulations, first aid codes of practice, first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies and workplace or site procedures:

- managed, in line with ARC guidelines, the unconscious, breathing casualty including appropriate positioning to reduce the risk of airway compromise
- managed, in line with ARC guidelines, the unconscious, non-breathing adult, including:
 - performing at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on an adult resuscitation manikin placed on the floor
 - following the prompts of an automated external defibrillator (AED) to deliver at least one shock
 - demonstrating a rotation of single rescuer operators with minimal interruptions to compressions
 - responding appropriately in the event of regurgitation or vomiting
- managed, in line with ARC guidelines, the unconscious, non-breathing child, including:
 - performing at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on a child resuscitation manikin placed on the floor
- managed, in line with ARC guidelines, the unconscious, non-breathing infant, including:
 - performing at least 2 minutes of uninterrupted single rescuer CPR (5 cycles both compressions and ventilations) on an infant resuscitation manikin placed on a firm surface



- managed casualties, with the following:
 - anaphylaxis
 - asthma
 - non-life-threatening bleeding
 - choking
 - envenomation, using pressure immobilisation
 - fractures, dislocations, sprains and strains, using appropriate immobilisation techniques
 - minor wound cleaning and dressing
 - nosebleed
 - shock
- responded to at least one simulated first aid incident contextualised to the candidate's workplace or site, where the candidate has no knowledge of the casualty's condition prior to starting treatment, including:
 - identifying the casualty's illness or injury through history, signs and symptoms
 - using Personal Protective Equipment (PPE) as required
 - providing appropriate first aid treatment
 - conveying incident details to emergency services or advising casualty on any required post incident action
 - providing an accurate verbal and written report of the incident
 - reviewing the incident

Knowledge Evidence

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- guidelines and procedures including:
 - ARC guidelines relevant to the provision of first aid to infants, children and adults
 - first aid guidelines from Australian national peak clinical bodies
 - potential incident hazards and risk minimisation processes when providing first aid
 - infection control procedures, including use of standard precautions and resuscitation barrier devices
 - requirements for currency of skill and knowledge
 - first aid codes of practice
 - appropriate workplace or site procedures relevant to the provision of first aid
 - contents of first aid kits
- legal, workplace and community considerations, including:
 - first aid requirements for services under the Education and Care Services National Law
 - State or Territory regulations covering first aid in an Education and Care setting
 - duty of care requirements
 - own skills and limitations
 - consent, including situations in which parental or caregiver consent is required
 - privacy and confidentiality requirements



- awareness of potential need for stress management techniques and available support for rescuers and children
- considerations when providing CPR, including:
 - upper airway and effect of positional change
 - appropriate duration and cessation of CPR
 - appropriate use of an AED, including specific considerations when using an AED on children
 - safety and maintenance procedures for an AED
 - chain of survival
 - how to access emergency services
- techniques for providing CPR to adults, children and infants including:
 - how to recognise that a casualty is unconscious and not breathing normally
 - rate, ratio and depth of compressions and ventilations
 - correct hand positioning for compressions
 - basic anatomy, physiology and the differences between adults, children and infants relating to CPR
- signs, symptoms and management of the following in children:
 - allergic reaction
 - anaphylaxis
 - asthma
 - non-life-threatening and life-threatening bleeding
 - breathing difficulties
 - burns
 - choking
 - diabetes
 - dehydration
 - drowning
 - envenomation - all current treatments
 - eye injuries
 - febrile convulsions
 - fever
 - fractures, dislocations, sprains and strains
 - head, neck and spinal injuries
 - hypothermia
 - hyperthermia
 - minor wounds
 - pain
 - shock
 - nose-bleed



- poisoning
- seizures
- vomiting and diarrhoea
- identification and management of a sick infant or child including:
 - general signs and symptoms of acute illness in children and infants
 - referral and advice services including recognition of signs or symptoms requiring immediate ambulance response
 - emergency action plans for known medical conditions including Asthma and Anaphylaxis
 - age-appropriate communication and distraction techniques
 - first aider response to basic physiological differences in children.



Introduction

Learner Instructions:

This '**Student Learner Guide**' is to guide and assist you with the information and learning content required to successfully complete the Pre-Course Assessment. This Student Learner Guide also provides the required information to prepare you with the required knowledge for the completion of the in-class practical assessments that will be conducted in the face-to-face course and verbal questions you will be asked to authenticate your knowledge and understanding.

Please take the time to read this Student Learner Guide and then complete the Pre-Course Assessment. There are **90 knowledge questions** in Pre-Course Assessment, comprised of multiple choice and short answer questions. To achieve satisfactory result, you need to pass **100%** of all questions.

It will take approximately 5 hours to complete the Pre-Course Learning and Assessment, which will prepare you for the in-class face to face course.

HLTAID0012 Provide First Aid in an education and care setting

To provide first aid in an education and care setting you will be required to:

1

- Respond to an emergency situation

2

- Apply appropriate first aid procedures

3

- Communicate details of the incident

4

- Review the incident



What is First Aid?

First aid is the first and immediate treatment given to the ill or injured. It is a way to preserve life and prevent the casualties' condition from deteriorating or further damage occurring until professional medical assistance is available.

The four aims of first aid are to:

- 1. Preserve life**
- 2. Prevent further injury**
- 3. Promote recovery**
- 4. Protect the unconscious**

Learning the basics of first aid, might one day provide you the ability to save the life of a loved one, colleague or stranger. First aid might involve a simple action, such as placing a person in the correct position so they can breathe freely or might be more involved, such as providing cardiopulmonary resuscitation (CPR) if they have stopped breathing.



DRSABCD

The DRSABCD primary survey entails:

D

- **DANGER**- you must check that there is no immediate danger to yourself or the person. You need to assess whether it is safe for you to enter the area to resuscitate them e.g. they are drowning

R

- **RESPONSE**- you need to check if they respond to stimuli – ask them questions such as: "can you open your eyes?" or "can you hear me?" Then, gently shake their shoulders and see if they respond. If they respond, you should leave them in their current position and summon help; monitor their vital signs and treat any conditions, such as wounds, until help arrives or they recover. If there is no response, you should shout for help and follow the steps below

S

- **SEND FOR HELP**- call 000 for an ambulance, or get someone else to make the call for you

A

- **AIRWAY**- now you should open the airway. Place one hand on the forehead and use two fingers to lift the chin (moving the tongue away from the back of the casualty's mouth). If need be, you may have to turn them on their back to open the airway. If there is foreign material in their mouth then open it, place them in the recovery position and clear their airway with your fingers

B

- **BREATHING**- put your cheek close to their mouth; look, listen and feel for up to ten seconds – you should be checking to see if:
 - their chest is rising and falling
 - you can hear them breathing
 - you can feel the breath on your cheek

C

- **CPR**- If they are not breathing then start CPR at a ratio of 30 chest compressions for two breaths. Continue this until help arrives, or the person recovers

D

- **DEFIBRILLATION**- if the patient is still not recovered then apply the defibrillator and follow the voice prompts



Early Childhood Legislation

Education and Care Services National Law

The National Quality Framework operates under the Education and Care Services National Law (WA) Act 2012 and the Education and Care Services National Regulations 2012.

Education and Care Services National Regulations

Regulation 136

The approved provider of a centre-based service must ensure that the following qualified people are **at all times in attendance** at any place children are being educated and cared for by the service and immediately available in an emergency:

- at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification.
- at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training.
- at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.

Services must have staff with current approved qualifications on duty at all times and immediately available in an emergency. One staff member may hold one or more of the qualifications.

From 1 October 2023, changes to the National Regulations will prescribe currency periods for first aid qualifications. The following qualifications are taken to be current if the qualification was attained or the training was undertaken within the previous three years:

- Approved first aid qualifications (except in the case of emergency life support training and cardio-pulmonary resuscitation training, which must be completed within the previous year to be taken as current)
- Approved anaphylaxis management training
- Approved emergency asthma management training

The certificate should state the date when the person completed the course and may also include information on recommendations for refresher training. The certificate may include multiple units of competency; however, currency periods apply to each individual unit of competency.

Approved providers have until 1 April 2024 to undertake any necessary training to ensure first aid qualifications and anaphylaxis and asthma management training are current, as per the above timeframes.

Please contact your training provider to check any information about your training and speak to your employer to confirm your workplace requirements.

Website: [First aid qualifications & training | ACECQA](#)



Australian Resuscitation Council (ARC)

The Australian Resuscitation Council is a voluntary organisation that acts as the peak body to represent all major groups involved in the teaching and practice of resuscitation.

The Australian Resuscitation Council produces Guidelines to meet its objectives in fostering uniformity and simplicity in resuscitation techniques and terminology.

Guidelines are produced after consideration of all available scientific and published material and are only issued after acceptance by all member organisations. This does not imply, however, that methods other than those recommended are ineffective.

The Australian Resuscitation Council (ARC), which is overseen by the Australian and New Zealand Committee on Resuscitation (ANZCOR), provides guidelines for the delivery of CPR on an individual who is unresponsive and not breathing normally.

The guidelines state:

- The compression-to-ventilation ratio should be 30:2 for all ages.
- Chest compressions should be provided at a rate of approximately 100-120 a minute.
- The person performing CPR should aim to minimise disruptions to chest compressions.

The ARC also stipulates that CPR should be continued until:

- The casualty begins breathing normally again and/or becomes conscious
- Authorised personnel tell you to stop
- Authorised personnel arrive to take over
- You physically cannot continue due to exhaustion.



Complete ARC guidelines can be found on the Australian Resuscitation Council website. You should access and read these thoroughly to further inform your learning. They are available by accessing the below link.

Website: [ARC Home - Australian Resuscitation Council](#)



Currency Requirements

Both the Australian Resuscitation Council and the Safe Work Australia First Aid in the Workplace [Code of Practice](#) recommend that all those trained in CPR should refresh their CPR skills at least annually.

The Safe Work Australia First Aid in the Workplace recommends that first aiders attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid.

Safe Work Australia recommends that first aid qualifications, anaphylaxis management training and emergency asthma management training should be renewed every three years.

Website: [Welcome | Safe Work Australia](#)

Work Health and Safety (WHS) Act

The WHS Act was established to provide a framework to protect workers in terms of health, safety, and welfare.

It does this by:

- Eliminating and minimising risks in the workplace
- Ensuring appropriate and fair consultation on resolving health and safety issues
- Encouraging unions and employer organisations to act upon consultation
- Assisting workers and businesses to achieve healthy and safe working environments
- Promoting information, education, and training on work health and safety
- Providing compliance and enforcement measures
- Delivering continuous improvement.

It ensures that all workplaces should have trained first aid personnel on hand – they needn't be extra employees but can merely be existing ones who you train up and give the extra responsibility to. The 'First Aid in the Workplace' Code of Practice (drawn up by Safe work Australia) 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.

The Workplace Health and Safety Act is preventative legislation that has been created for the purpose of minimising the likelihood of emergency situations arising. However, such situations can still arise and you need to be prepared in case they do. A breach of Workplace Health and Safety can cause harm to another and leave a lasting hazard for anyone attempting to provide them with medical assistance.

Link to: [Work Health and Safety Act 2020 - \[00-d0-00\].pdf \(legislation.wa.gov.au\)](#)



Safe Work Practices

Upholding health and safety in the workplace is the best way to prevent an emergency and thus, the need to administer CPR. Having rigorous policies and procedures underwritten by law should ensure that the likelihood of an emergency occurring is minimal.

In the workplace, all employees including employers are required to always apply safe work practices. The evidence that the workplace is safe is demonstrated by conducting regular risk assessments. Risk assessments identify risks to safe working environments. The results of a risk assessment should enable employers to make decisions about establishing appropriate prevention and control measures.

Please refer to the policies and procedures in your service relating to safe work practices and risk assessments.

Duty of Care

Duty of care is a legal obligation for you as a First Aider to protect yourself and your casualty when providing first aid. When a First Aider has made the decision to provide first aid to a casualty and they have commenced the treatment, this means that they are committed to provide a duty of care to the casualty. Duty of care in first aid means that you will provide reasonable treatment to the casualty to the best of your ability and to the level of training you have had.

The First Aider is committed to providing duty of care until:

- Another or more experienced First Aider takes over.
- Medical aid arrives.
- You are physically unable to continue to provide first aid; or
- The situation becomes unsafe to do so.

A duty of care can be breached by either action or inaction (for example, if you do nothing and the person in your care gets worse). In the workplace the employer has a duty of care to ensure that appropriate numbers of First Aider(s) have been appointed.

1. When giving first aid, stay within the scope of your training.
2. Once you commence giving first aid, you automatically take on a duty of care.
3. Complete required documentation and keep it confidential.
4. Maintain your skills and knowledge. Every year the HLTAID009 (CPR) unit is recommended to be refreshed and every three years the full HLTAID012 (First aid in an education and care setting) requires to be completed.
5. Maintain first aid kits and equipment in the workplace.



Privacy and Confidentiality

Any personal information obtained during CPR procedures needs to be kept confidential and access to it only provided to the authorised personnel.

The types of information required include:

- Name and address of casualties
- Medical conditions of patients
- Types of treatment provided.
- Results of any tests.

Personal information should be protected and only disclosed professionally. It is part of duty of care and applies to all casualties, regardless of their status. Therefore, it includes casualties with mental illnesses, physical or mental disabilities, drug/alcohol problems, and those who are difficult to deal with.

Organisation policy on confidentiality may relate to:

- Access to records
- Carriage and storage of records
- Collection and use of client's personal and health information
- Destruction of records
- Release of information.

Ways to ensure confidential information is kept safe include:

- Keeping it in locked filing cabinets
- Keeping it 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.

CONFIDENTIAL

Circulation of information

Clients will need to give permission (normally in writing) for their information to be released to others; if they are unable to do this through disability or death, advocates can grant permission.

Clients also have a right to view their records. If access is denied the client should be informed why and given details of when the decision can be reviewed.



There should be policies in place to deal with workers who breach confidentiality – these will depend on your specific industry. Breaching confidentiality can, however, give clients a right to open legal action against you and if the individual or organisation is found responsible, accreditation and awards could be removed from the culprit.

First aid staff must be versed in all confidentiality legislation, organisational policies, and which information should be treated as confidential. They need to know the policies and procedures for every possible situation, so regular training is essential.

Privacy laws

You need to be able to protect client data and respect the relationships you have. If you fail to do this, they will probably move to your competitors.

Privacy is governed by the Privacy Act 1988 (Privacy Act), which regulates the handling of personal information.

As of March 2014, the following privacy legislation amendments came into effect:

- Privacy Amendment (Enhancing Privacy Protection) Act 2012
- Privacy Regulation 2013
- Credit Reporting Privacy Code.

There are 13 Australian Privacy Principles that apply to the handling of personal information, contained in Schedule 1 of the Privacy Act:

1. Open and transparent management of personal information
2. Anonymity and pseudonymity
3. Collection of solicited personal information.
4. Dealing with unsolicited personal information
5. Notification of the collection of personal information
6. Use or disclosure of personal information.
7. Direct marketing
8. Cross-border disclosure of personal information
9. Adoption, use or disclosure of government related identifiers.
10. Quality of personal information
11. Security of personal information
12. Access to personal information
13. Correction of personal information.



Consent

Obtaining consent

There is a legal obligation to obtain client consent. Clients have the right to decide on what care is appropriate for them as long as they have the ability to make that decision e.g., they are not under the influence of alcohol or drugs, or they have the cognitive capacity i.e., not suffering from a mental illness. This is even the case where death or serious injury may be the consequence of refusal.

Two types of consent:

- **Verbal consent** – the client states agreement e.g., nods head or says 'yes'.
- **Implied consent** – client follows instructions of the first aider or if the casualty is unconscious, mentally incapable of making decisions, intoxicated, or delusional

You need to get the consent of any people you provide first aid to before administering treatment (if possible), regardless of their age, health, mental status, or ability. If you act without obtaining consent, you may face legal action in the future.

If the casualty is unconscious, mentally incapable of making decisions, intoxicated, or delusional then implied consent applies and there is no legal danger. However, if a parent or guardian is present for a child and is not unconscious mentally incapable of making decisions, intoxicated, or delusional, then consent must be obtained from them. It might also be necessary to obtain consent from caregivers of registered medical practitioners in childcare or educational environments.

Adults who are in a competent state are entitled to refuse treatment, even if it is lifesaving. Parents and guardians also have this legal right for children, but only in the 'best interests' of the casualty.

Children and consent

Adults are presumed to be capable of making their own decisions when it comes to care. Usually, children until the age of sixteen are not seen as capable of making their own decisions; they may refuse treatment that could save their life because it will be uncomfortable, or they are afraid.

You should try to give children autonomy where possible as this can help gain a child's trust. This is mostly the case when there are options that are not essential, for example, a child refuses a plaster for a small wound. It is preferable that they have the plaster, but if it is going to cause distress, then you may need to respect their choice.

When children reach sixteen, they can sometimes make their own decisions regarding treatment if found to be capable. If not, responsibility is given to parents/guardians or local authority.

Can you treat a child without consent?

Yes, here are situations where treating a child without consent is acceptable:

- In an emergency/life threatening case
- When parents have neglected the child
- When parents have abandoned the child
- When parents cannot be found.



When a child between sixteen and eighteen is found to be capable and mature enough to make their own decisions and refuses treatment, they can sometimes be overridden. This is sometimes the case when they refuse life-saving treatment.

The Good Samaritan Law protects those who aid without any expectation of reimbursement or reward, and in good faith. As long as the person doesn't act recklessly and avoids further harm, they needn't fear legal repercussions from anyone – most Australian territories and states have this protection but check your location's laws for exact details.

Respectful Behaviour

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 be 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 ensure that the casualty doesn't make the situation worse through their own anxiety if you provide necessary reassurance.

These steps should be taken:

- Being honest with the casualty but not disclosing medical information when it necessary
- Informing the casualty that first aid assistance is coming
- Telling the casualty if an ambulance has been called
- Remaining with the casualty
- Finding out the casualty's name and addressing them in a friendly manner
- Demonstrating confidence and remaining in control of the situation.



You shouldn't do the following:

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

It may also be necessary to provide reassurance to family members and other workers who have been involved in the first aid process. Some people may feel guilty or worried that they didn't do enough to help the casualty. However, you should recognise and state the importance of any contributions that are made.



Making the Casualty Comfortable

Using the available resources and equipment, the casualty should be made as comfortable as possible during their first aid treatment and until emergency services arrive.

Simple measures to do this include:

- Placing pillows under their head/injured limbs
- Keeping them warm using blankets and clothes
- Providing pain relief (using medication or bandages/slings)
- Using heat or cold packs for muscles or bumps.



The types of resources you may have available at the scene are:

- First aid kit:
 - bandages
 - slings
 - gauze
 - cleaning equipment
 - emergency blankets
- Adrenaline auto-injector
- AED device
- Bag-valve-mask
- Eye patch
- Placebo bronchodilator and spacer device
- Roller bandages
- Thermometer
- Hot and cold pack
- Triangular bandages
- Wound dressings
- 'Make do' equipment:
 - rolled up jumpers (pillow)
 - towels (blanket)



- coats (blanket)
- torn t-shirts (bandages).

Comfort can not only refer to physical comfort, such as warmth, but also emotional comfort. As a first aid trained individual, you can easily provide this alongside medically orientated assistance.

The casualty may be understandably scared, upset, or anxious; so, providing emotional support can be incredibly comforting and help calm the casualty prior to an ambulance arriving.

Actions you can take to provide emotional comfort include:

- Staying next to the casualty until the emergency services arrive
- Giving verbal reassurance by using phrases such as ‘I’m going to stay with you’, ‘Try not to worry’ and ‘Help is coming’
- Hold the casualties’ hand if it is wanted and in line with their wishes
- Acting confidently to build the casualty’s trust in your actions
- Talk to the casualty where possible, find out their name and use it in any communication with them.

Skills and Limitations

A limitation is a form of restriction where you provide first aid within the extent of your first aid training.

When providing CPR or any first aid application to an individual, you should always act in accordance with your own limitations and any policies and procedures you are bound by, either legally or from your organisation. Any actions carried out should always be done with sincere intentions to help preserve life, in a non-reckless and caring manner.



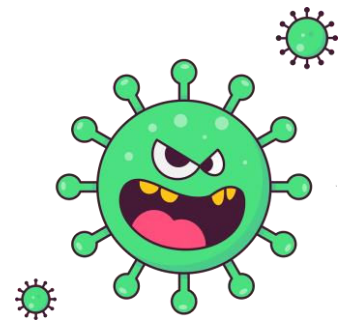
Infection Control

Infections are caused by pathogens including bacteria and viruses meeting the body, either internally or externally. Not all infection is apparent immediately and it can take time to see symptoms of infection on a person. Infection control procedure in the workplace is governed by the Occupational Health and Safety Act (2004) and aims to prevent pathogens being spread in the first place. Infections can be a serious hazard to the health and safety of individuals and so steps must be taken to control the risk both from a basic hygiene perspective and in the event of an emergency.

When a person is harmed at work, providing them with CPR must be done with consideration of any infection control procedures that are in place and maintaining the health and well-being of the persons involved.

Infections can be transmitted via:

- Air e.g., influenza
- Contaminated objects and food, e.g., salmonella
- Skin to skin contact such as herpes simplex (cold sore)
- Bodily fluids, for example, HIV.



To reduce to risk of infections spreading during the administration of CPR:

- Wear gloves to prevent contact with the victim's saliva
- Wear safety glasses to protect your eyes from vomit, blood, or any other bodily fluids
- Use a barrier device so that you do not need to come into direct contact with the victim's mouth.

Hazards and Risks

A hazard is something that has the potential to harm a person, such as machinery, manual work tasks, chemicals, or cramped workspaces. A risk is the likelihood that harm might occur because of the hazard.

Example:

- The use of chemicals in the workplace is a hazard.
- The possibility of spills, chemical burns or fume inhalation are the risks.

Identifying, assessing, and managing immediate hazards

As well as recognising when first aid is required, you need to identify, assess, and manage any hazards that could pose immediate safety risks to people.

Identifying hazards



To identify hazards, you must:

- Inspect the environment
 - is the space safe? E.g., no obstructions, loose wiring, spills, etc.
 - if in a workplace, are tools and equipment fit-for-purpose and well-maintained?
- Consult others (verbally or via survey)
 - have there been any occurrences of near-misses or unreported incidents?
- Review available information
 - what information has been published by regulators, industry associations, unions, technical specialists, safety consultants, etc. about this environment or activity?

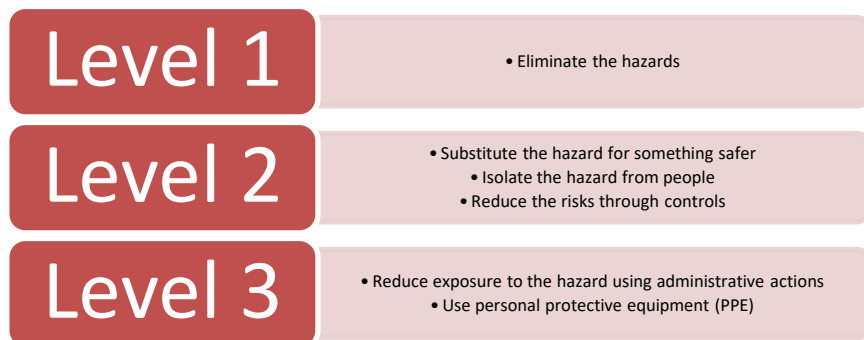
Assessing risk

A risk assessment may be carried out in situations where the risk of a hazard is unknown, or where there is no legislation, code of practice or well-known and commonly used risk controls that can be implemented. It may also be carried out to determine what type of risk of how great a risk may be present, or how different hazards might interact to create new or greater risks.

You may have access to a risk assessment template that is used in your workplace or community environment which will provide guidelines for how to assess hazard risk.

Managing risk

Risk must be managed in accordance with the hierarchy of risk control, as pictured below:



Types of hazards

Before you act and administer any first aid, you need to check for any immediate danger.

The types of issues you need to look out for include:

- **Gas** – risk of explosion, deprivation of oxygen (asphyxiation)
- **Electricity** – are any pools of water live? 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.

Safe Manual Handling Techniques

As a first aider, you may be required to engage in manual handling tasks to reposition or move casualties or equipment.

To lift heavy items of equipment safely, you should lift from the legs with straight arms and back.

For non-serious injuries and conditions, the rescuer may ask the person to move themselves or to assist the rescuer to move them.

For serious injuries and incidents, the person should not be moved unless absolutely necessary, as this may cause further harm.



What is an emergency?

An emergency is one which poses an immediate risk to the health and life of individuals or risk to the environment or property. Most emergency situations require intervention to stop the situation from becoming worse. Unfortunately, in some situations, this is not possible and so care after the calming or end of the situation is the only possibility.

Recognising an emergency situation

It is important to know how to recognise an emergency as this will enable an appropriate response that potentially, could save the life of another. You must know the difference between a medical emergency and an injury as the appropriate response to these can differ greatly.

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
 - 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
 - fumes (other than everyday ones e.g., petrol)
 - out of the ordinary/strong smells
- Sights
 - crashed vehicles
 - spillages
 - broken things
 - evidence of scuffles/disturbances/commotion
- Abnormal behaviour
 - sudden collapsing





- slurred, hesitant or muddled speech
- difficulty breathing
- clutching of chest/throat
- confused/distressed behaviour
- abnormal skin colour (flushed, pale, bluish)
- sweating (for no apparent reason).

Examples of Emergency Situations

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

Examples of emergency situations include:

- | | |
|--|--|
| <ul style="list-style-type: none"> ➤ Unconscious patients ➤ Heart attacks ➤ Motor vehicle accidents ➤ Abdominal pain ➤ Breathing difficulty ➤ Severe back pain ➤ Choking ➤ Industrial accidents ➤ Suicide attempts ➤ Severe vaginal bleeding | <ul style="list-style-type: none"> ➤ Diabetes ➤ Electrical shock ➤ Burns ➤ Convulsions/seizures/fitting ➤ Drowning ➤ Stroke ➤ Severe trauma ➤ Hyperthermia ➤ Hypothermia ➤ Severe headaches. |
|--|--|



Recognising an individual who has a medical emergency that requires CPR

To provide cardiopulmonary resuscitation (CPR) effectively and appropriately, you need to know the signs exhibited (or not exhibited) by an individual that indicate the individual needs that form of emergency medical assistance.

Signs that someone requires CPR include:

- They do not respond when you talk to them or touch them firmly (unconsciousness)
- Their breathing is not normal when you tilt their head back (neutral head alignment for infant), and listen, feel or look for normal signs of breathing.
- They are not breathing at all (no breathing when head is tilted, chest is not rising and falling)

If you have established that CPR is required, then you should call the emergency services on 000 and request an ambulance. If you are the only person in the vicinity trained to provide CPR, then getting someone else to call the services can mean that you can begin CPR even more quickly.

Assessing consciousness, breathing and non-breathing

Knowing whether an individual is conscious or not and whether they are breathing are the key factors in establishing whether CPR needs to be administered.

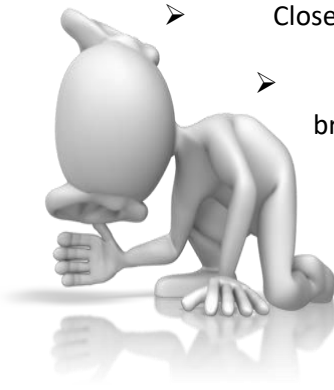
When assessing any casualty, you should carry out the DRSABCD Primary Survey. This will enable you to establish the level of assistance needed, identify the nature of the problem, and begin implementing the chain of survival.

When an individual appears unresponsive you can:

- Attempt to rouse the person with a loud noise, most commonly this is through yelling to the casualty such things as ‘what is your name?’
- If the casualty does not respond, then the next step is to apply a physical stimulus to the body by squeezing the shoulders. If neither of these actions produces a conscious response from the individual, then this can indicate that the casualty is unconscious.

To ascertain the status of a casualty’s breathing:

- Closely monitor their chest to see if it is rising and falling consistently
- Place your ear next to their mouth or nose and listen carefully for sounds of breathing. You may also be able to feel their breath on the side of your face
- If listening for breathing, always position your gaze to their chest as this is the easiest way to check for breathing, especially if you are in an emergency and there is lots of commotion.
- If the casualty is non-responsive and does not appear to be breathing properly if at all, then it is highly likely they need CPR.



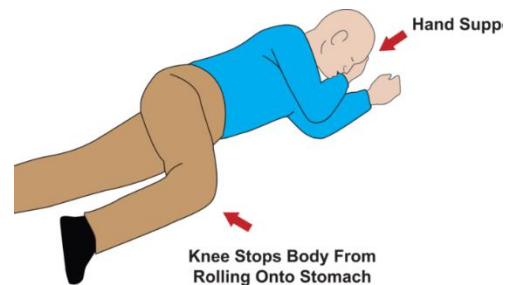


The Recovery Position

This is the position that you should place all unconscious but breathing people into if they have no life-threatening conditions present and it has been established that CPR is not necessary. It ensures that their airway remains open and prevents choking from vomiting or other fluid.

To successfully place an individual into the recovery position:

- Kneel beside the casualty
- Place the arm furthest to you at a right angle to their body
- Place their other arm across their chest, palm down on shoulder. Check the surface you are rolling them on to – check pocket
- Bend the knee closest to you at a right angle
- Pull on the bent knee to roll them onto their side; the bottom arm will stop you rolling too far. Unhitch their foot and pull up their knee towards their body
- Check mouth and airway again for any obstruction, re-gurgitation
- Tilt their head back and lift their chin to open the airway, (neutral head alignment for infant)
Check breathing for 10 seconds
- Stay with the person and monitor their breathing and airway until help arrives
- Complete Secondary Survey, checking for other injuries
- Cover with a blanket, treating for shock





Chain of survival

The 'chain of survival' refers to the series of steps that, together, will give the best chance of survival to a casualty who has experienced a cardiac arrest (a heart that's stopped beating) the greatest chance of preserving their life. Recognising an emergency is the starting point of the chain.

The four links in the chain are:

- **Early access** – contacting the emergency services swiftly to ensure the casualty can receive specialist medical care
- **Early CPR** – assessing the need for CPR and administering it quickly greatly increases the chance of survival following cardiac arrest and it maintains blood flow to vital organs
- **Early defibrillation** – use of a defibrillator can prevent an unusual heart rhythm and also enable the heart to regain a normal beat
- **Early ALS** – advanced care life support is the process of paramedics giving casualties specialist cardiac drugs to help stabilise them and provide them with assistance prior to arriving at a hospital.

Implementing and aiding in the chain of survival being successfully carried out can drastically increase the chance of a casualty surviving a cardiac arrest.

These steps are represented in the following graphic:



If the person appears to have suffered a cardiac arrest, these are the steps you should follow to give them the best chance of survival.



Seek assistance from emergency services

Phoning an ambulance

Emergency services are a resource to be used when there is a life-threatening situation with the person you are treating or if the situation is beyond the capabilities and training of your first aid personnel.

If this is the case, the first aider should arrange for someone else to fetch the required resources and phone the ambulance – they should focus their efforts on first aid procedures. However, if they are alone, they will need to make the call themselves.

The numbers to call are:

- 000 – from all landlines, mobile phones, and payphones
- St John First Responder App

To make the call:

- Dial 000 from a safe place and remain calm
- State the service you require when asked by the operator
- Provide location information, if requested. This includes:
 - street name, house number, nearest cross street, and relation to other locations
 - distance from landmarks and roads (for rural areas)
 - wait outside an arranged meeting point for emergency services – assist them in finding the location
 - if the call is made when travelling in a car – tell them the direction you are travelling and any exits or towns you passed through close to the incident (to narrow down the location)
- Tell the nominated emergency service operator the details of the incident
- Remain on the phone, speak as clearly as possible and answer any questions asked.



Relaying information

When calling the emergency services, be prepared to provide accurate information about the situation, the casualty, and their condition. This will ensure that the emergency services can reach you quickly and be prepared to take over from you upon their arrival.



When talking to the emergency services, stay calm, don't shout, and speak slowly and clearly to make sure that the handler on the other end of the line is receiving accurate information.

Information that may be requested by the call handler could include:

- Location
- When casualty was identified
- Sex of casualty
- Approximate age of casualty
- Any visible injuries
- Nature of emergency, if known
- Medical assistance already delivered
- Vital signs
- State of consciousness
- Medical history of the casualty, if known.



Following instructions

Once you have provided information about the situation and the individual to the emergency service personnel, they may request that you stay on the phone whilst they relay instructions. If this is the case, then make sure you listen carefully and stay calm, doing what they say as they say it.

They may also require you to stay on the phone if they believe that the casualty's condition is not stable, and they need constant updates about the situation. When this is necessary ensure that you are monitoring the individual closely and explaining any changes as accurately as possible.

They may also end the conversation but request that certain actions are undertaken so that they can reach the casualty as quickly and as easily as possible once they reach your location.

Requests they may make include:

- Calling again if the casualty's condition changes
- If for any reason, your location changes
- Ensuring doors are open and there is a clear indication of where paramedics are needed:
 - individual at the entrance to the premises
 - large house/premises number easily visible from the road
 - lights on if it is dark
- Gathering any medication they may have with them
- Writing down the address of the casualties GP
- Ensuring that if a lift must be used it is waiting at the floor the paramedics will need to enter on
- Removing any obstacles and making sure there is a clear path to the casualty.

If you are required to move obstacles for the casualty to be accessed quickly and properly, ensure you employ the correct manual handling techniques.

It is important that you think about your own safety and use safe moving and handling principles:

- Keep your back straight and bend at the knees when lifting



- Do not stoop, kneel beside the casualty when rolling them into recovery position
- Try not to lean over or twist awkwardly
- Get assistance from other people.

Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary resuscitation, also known as CPR, is the process of chest compressions and rescue breaths which temporarily maintain blood circulation in the casualty to preserve brain function until specialised treatment can be administered.

CPR is performed on people in need of resuscitation. It is a technique employed to pump oxygen around the body via chest compressions and rescue breaths.

According to ANZCOR Guideline 6 (Australian Resuscitation Council), unresponsiveness and absence of normal breathing will indicate the need for resuscitation.

The steps/aspects of CPR are as follows:

- Checking for response and normal breathing
- Recognising abnormal breathing
- Opening and clearing the airway
- Using correct hand location, compression depth rate in line with the ARC recommended ratio of compressions and ventilations
- Acting in the event of regurgitation or vomiting
- Following single rescuer procedure, including the demonstration of a rotation of operators with minimal interruptions to compressions.



Performing CPR

Checking for response and normal breathing

The first thing you need to check is if the person is unconscious.

To do this, you must complete the DRSABCD check:

- **Danger** – you must check that there is no immediate danger to yourself or the person. You need to assess whether it is safe for you to enter the area to resuscitate them e.g., they are drowning



- **Response** – you need to check if they respond to stimuli – ask them questions such as: "open your eyes?" or "can you hear me?" Then, firmly squeeze their shoulders and see if they respond. If they respond, you should leave them in their current position and summon help; monitor their vital signs and treat any conditions, such as wounds, until help arrives, or they recover. If there is no response, you should shout for help and follow the steps below
- **Send for help** – call 000 for an ambulance, or get someone else to make the call for you
- **Airway** – now you should open the airway. Place one hand on the forehead and use two fingers to lift the chin, neutral head alignment for infant (moving the tongue away from the back of the casualty's mouth). If need be, you may have to turn them on their back to open the airway. If there is foreign material in their mouth, open it, place them in the recovery position and clear their airway with your fingers
- **Breathing** – put your cheek close to their mouth; look, listen and feel for up to ten seconds – you should be checking to see if:
 - their chest is rising and falling
 - you can hear them breathing
 - you can feel the breath on your cheek
- **CPR** – If they are not breathing, start CPR at a ratio of 30 chest compressions for two breaths. Continue this until help arrives, or the person recovers
- **Defibrillation** – if the patient is still not recovered, apply the defibrillator, and follow the voice prompts.

Rescue breaths

These should be performed if the person is lying unconscious and not breathing.

These are the steps for how to perform them:

- After 30 compressions
- Pinch their nose and lift their chin, (neutral head alignment for infant)
- Place your mouth over their mouth and or nose, make a seal
- Blow 2 breaths for adults and children, 2 puffs for infants. Make sure that the chest is rising with each breath. Breaths should take less than 5 seconds.
- Back to compressions and continue the process until they are breathing again (or emergency help arrives).

For infants, mouth-to-nose rescue breaths may be used. In this instance, the rescuer's hand should close the infant's mouth, and the breath should be delivered through the infant's nose. If there is an obstruction, the mouth-to-mouth method may be used.

Agonal breathing



After sudden cardiac arrest, the person may experience irregular gasps for breath. This should not be mistaken for normal breathing having resumed and chest compression and rescue breaths should be started as soon as possible.

Correct hand location and compression depth rate

You need to comply with Australian Resuscitation Council (ARC) guidelines when attempting chest compressions on unconscious persons.

First, you must locate the area for chest compressions – place your hands on the lower part of the sternum; place the heel of the hand in the centre of the chest with the other hand on top. For children, one hand compressions may be used. For infants, two fingers should be used for compressions instead of a hand.

You should avoid interruptions to chest compressions, complete them with the victim on a firm surface and maintain a rhythm (so there is equal time for compression and relaxation. You may even hear cracking or the breaking of ribs. Remember the concept of "life over limb" – it is more important that you save their life than worry about breaking any bones.

The lower half of the sternum should be depressed one-third of the chest depth per compression – on average, this is around 5 cms for children and 5cms plus for adults and four centimetres for infants.



For the rate of compressions, they should complete about 100 - 120 compressions per minute (nearly two each second). However, this is only the speed of compression as opposed to the actual number of compressions that will be completed – you need to allow time for rescue breaths. Going quicker than this speed delivers no advantage, however.

Chest compressions and rescue breaths

CPR should be started quickly but only after the area has been assessed for immediate dangers, the casualty has been thoroughly assessed and the emergency services have been called and informed of the situation.

To perform chest compressions:

- Place the casualty on their back
- Tilt their head back to open their airways by using your palm against their forehead and gently pushing their chin
- On the sternum of the casualty, place the palm of one of your hands approximately two inches above where the lower ribs meet. Ensure the palm is placed exactly between the nipples
- Palm down, place your second hand on top of the first hand and interlock your fingers
- Position yourself so that your body is directly above your hands. Make sure your arms are straight, elbows are locked, and you are using your body strength to push down



- Complete 30 chest compressions. These should each be around 5cm in depth and done in relatively quick succession.

To perform rescue breaths:

- Ensure the airways are still open by placing your palm on the casualty's forehead, your index and middle finger on their chin and gently tilting their head back
- Keeping the airways open, remove your fingers from the casualty's chin and use them to pinch their nose closed
- Make a seal over the casualty's mouth with your mouth (this can also be done with a barrier device)
- Breathe out slowly for 1 second and look for the casualty's chest rising
- Repeat this for a second time.

This CPR cycle of 30 chest compressions and 2 rescue breaths should be continued until medical help arrives. If during the rescue breaths, you cannot see the chest of the casualty rising and falling they may have an obstruction in their airways. There may be reasons that rescue breaths are not possible during CPR in which case chest compressions only are sufficient and should be continued at a rate of 100 - 120 per minute.

Anatomical differences between babies, children and adults

Those performing CPR should be aware of the anatomical differences between children and adults.

It should be known that:

- Infants have more flexible bones, which tend to bend instead of break
- The heart and organs of infants fill a greater portion of their abdomens and chest cavities; this makes it harder for them to take deep breaths when in respiratory distress, causing them to breathe faster instead
- Infants are more prone to hypothermia because their body surface area-to-volume ration is greater than that of an adult.

In addition, it should be known that infants are more prone to choking because:

- Infants have larger tongues (in ratio to their mouths)
- Infants have narrower airways (tracheas)
- Infants' epiglottis (the flap of skin under the back of the tongue) is more prone to swelling.



The above points constitute differences between an infant's airway and an adult one.

In addition, the infant respiratory system differs from an adult one, as:

- Infants and young children have fewer fatigue-resistant fibres in their respiratory muscles, which causes them to exhaust more quickly than adults.
- Their ribs are positioned more horizontally, so when they breathe, their ribs move only up, instead of up-and-out
- The diaphragm is very important in an infant's respiratory system
- Young children have a higher oxygen demand than adults.

CPR considerations for children

As children's airways are narrower and more prone to obstruction than adults', it means that more care must be taken when administering CPR. Do not tilt the head too far backwards on a child, as this can block the airway further. Your rescue breaths should also be gentler.

Compressions should be shallower than those you would apply to adult patients. The depth of compression for a child (aged one to eight) around 5 cms.

CPR considerations for babies

You should never shake a baby to check for consciousness, as babies are fragile, and this will cause them harm. Instead, gently stroke the baby, or tap the soles of the feet to check for a response.

As with children, babies' heads should not be tilted far back to administer rescue breaths. The head should only be tilted back very slightly, to what is known as the neutral head alignment.

Compressions on babies should be administered with only two fingers, and compressions should be at a depth of around 4 cms.

Infant resilience

Children and babies are more likely to need CPR due to an airway blockage than due to a cardiac arrest. This gives them a much greater chance of survival when they receive CPR than an adult patient. You should always give CPR to a child or baby immediately when the need has been identified, as a quick response can be lifesaving.

CPR on Children and Babies

If the casualty is a baby, you still need to perform chest compression and rescue breaths but in a slightly different manner in consideration of the size of their frame and risk of injury.

Babies



When performing CPR on a baby, they should be placed on their back, on a hard surface as with adult casualties and it should be ensured that their airways are clear.

You should then:

- Commence 30 chest compressions which are done by pressing down on the sternum with 2 fingers. The compressions should be at least one-third of the chest depth, approximately 4 cms.
- Make a seal over the baby's nose and mouth, perform two rescue puffs
- Repeat the process until help arrives.

If the baby begins breathing normally, you will need to place them in the recovery position. To do this cradle them in your arms with their head tilted at a downward angle to prevent choking.

Children

30:2 ratio of compressions to rescue breaths. Chest compressions should be done using the palm of one hand, ensuring the fingers do not touch the ribs of the casualty.

Vomiting and Regurgitation

Vomiting and regurgitation are not interchangeable terms and your reaction to their occurrence during CPR is important. Regurgitation is when food and fluid that has never reached the stomach travels back up the oesophagus. It can be difficult to spot as it generates no noise and there is no obvious muscle activity. Vomiting is when the stomach contents travel up the oesophagus and exits via the mouth. This is evident due to the expulsion of stomach contents, the recognisable sound, and muscle contractions. Even though vomiting and regurgitation are different when they happen during CPR they are dealt with in the same way; the casualty should be placed on their side, their airways should be cleared manually, and CPR should be resumed.

Standard Precautions

Standard precautions are those actions that should be undertaken before, during and after the administration of CPR to reduce the likelihood of infections being spread and any other harm being inflicted on yourself or others.

Infection control was outlined in earlier in this resource and whilst this is encompassed under standard precautions for the delivery of CPR, there are other considerations to make to ensure the health and wellbeing of all involved is maintained as best as possible.

Standard precautions include:



- Antiseptic
- Personal hygiene practices especially washing and drying hands (e.g. before and after casualty contact)
- Use of personal protective equipment (PPE) or improvising if none is to hand, e.g., using a towel or plastic bag
- Techniques to limit contamination
- Surface cleaning and management of blood and body fluid spills
- Safe handling of sharps
- Safe disposal of sharps and other clinical waste
- Appropriate reprocessing and storage of reusable instruments.

Automated External Defibrillator (AED)

Automated external defibrillators (AED) are an important electronic medical device and being able to use them correctly can have the potential to save lives. They can accurately recognise heart rhythms and establish whether they need shocking in order to return the rhythm to normal. Whilst anyone can use a defibrillator and they can be located within public places undertaking formal training in their use makes it more likely that you will be able to use the equipment with speed and efficiency.

CPR should always be continued up until an AED is completely ready to be used. Never stop administering CPR to go and fetch defibrillator equipment as this could be incredibly detrimental to the casualty.

Follow manufacturer's instructions

Manufacturers will have instructions on how pieces of equipment should be used and maintained. These will include any restrictions on the equipment and what the equipment should not be used for, or in what situations equipment should not be used. Ensure that you use all first aid equipment according to instructions provided by the manufacturer and don't try to use them for anything other than their intended use.

Designers and manufacturers of equipment have a duty to ensure that their products meet safety standards and give clear instructions for the use of their products/equipment. First aid workers then have a duty to use that equipment as intended. This means that you should not modify products or equipment in any way, even if you think it would work better with a modified design. If this is the case, you should seek professional help.

Maintaining equipment will help to prevent breaking down of equipment and injuries or health problems.

Hazards



Just as you should do before administering CPR, it is necessary to check the surrounding areas for hazards to ensure the safety of the casualty and yourself. As AEDs provide electrical shocks to the recipient, you must make sure that there are no puddles or areas of surface water in the immediate vicinity.

You also need to remove any other electrical conductors – especially on the casualty.

This includes:

- Jewellery
- Underwired bras
- Piercings.

You should also check for signs of an implanted device or pacemaker so that you do not deliver a shock too close to these areas.

Reasons for defibrillation

Defibrillation will be required if the casualty is in sudden cardiac arrest (SCA) The most common form of this is ventricular fibrillation (VF). When the heart is in a state of ventricular fibrillation, it means that the heart is still receiving nerve impulses from the brain. However, these impulses are being sent so hectically that the heart cannot produce a proper beat. In other words, the heart cannot expel enough blood to keep the circulatory system flowing through the body. This is an emergency as after 4-6 minutes, brain cells that have been starved of oxygen begin to die.

Ventricular tachycardia (VT) is when the heart is beating at more than 100 beats per minute and there are more than 3 irregular beats within the same timeframe. It is the result of tangled electrical signals between the brain and the heart. This type of cardiac problem can also warrant use of an AED.

Following defibrillator instructions

Once the area and the casualty have been assessed for hazards, you should turn on the AED and follow the instructions it provides. Most commonly the AED will have a voice prompt that does this.

Instructions should be followed prior to attaching the device to the casualty and during any further actions taken. Once the defibrillator pads have been successfully placed on the body and the AED electrodes have been attached to them, you should press the analysis button which will establish if the patient requires shocking. Ensure that during analysis and shocking if required that no other person is touching the casualty as the AED could pick of their heart rhythm as well as provide a shock to anyone touching the casualty.

Pad placement

To place defibrillator pads effectively, you will need to expose the chest and ensure that it is dry. If the casualty is hairy, then you may need to shave the chest area to ensure that the pads have full contact with the skin. Some AED devices have razors included for this purpose. All pads will have a diagram that indicates where they should be placed. Standard pads should be used on any individual over the age of 8. Anyone younger than this should be



defibrillated using paediatric pads. Pads should always be placed at least 2.5cm away from any piercings that cannot be removed or implanted devices.

AEDs work by sending an electrical shock from one pad to the other to promote a regular heart rhythm, so it is important that you follow instructions and place them on the casualty properly and in the right location.

Resuming CPR

Between each shock given by an AED device to the casualty, CPR should be resumed and carried out as previously documented within this learning resource. After two minutes if there are still no signs of life then AED prompts should be followed with CPR then performed afterwards until medical assistance arrives.

Rotating CPR Personnel

To prevent fatigue and maintain the effectiveness of chest compressions over an extended period of time, it may be necessary to rotate operators. This is common practice in hospital emergency rooms; if you are with someone else who is trained in CPR, switching between compression cycles and rescue breaths is a good guide (or every two minutes).

Conveying Incident Details

Once you involve the emergency services, it is vital that you provide an accurate verbal report of the incident – convey only the facts and do not offer speculative details. Emergency response professionals will use the information you give them to inform treatment. Accurate details give them the best picture of what is going on and what needs to happen next.

Examples of important information to provide to emergency response team:

- Time of the initial event
- Description of injury/illness
- Incident details
- First aid management
- Symptoms or effects of the injury that you have noticed
- Length of certain symptoms, for example, length of a seizure or period of unconsciousness
- Vital signs
- Any allergies or other circumstances that may affect treatment decisions



- The casualty's name, age, and other pertinent personal information
- For a child, information from their medical release form, as needed:
- Fluid intake/output, including fluid loss via:
 - blood
 - faeces
 - urine
 - vomit
- Administration of medication including:
 - type
 - purpose
 - dose
 - time
 - response.

Written Reports

As well as the initial verbal report a written report is also useful documentation. You should try and take notes wherever possible. This is because during the possibly stressful situation your memory may fail you when trying to recall it to emergency personnel. It is useful if your organisation has official CPR report forms to fill out immediately after the event. This allows you to have access to details, should they be required in the future.

Workplaces will also have incident forms that need to be filled out and kept on record – these must be completed in accordance with workplace policy and procedures, state/territory legislation, and privacy and confidentiality conditions. They will need to be passed on to the workplace supervisor and stored in the company records.

Organisations are legally required to report and keep records of serious accidents, emergencies, or health incidents that occur. Accurate records provide information to administrators and others that may need them to communicate with authorities or others about the event. Some incidents may require action from legal authorities. For example, if a child died as a result of a motor vehicle accident.

Confidentiality of information is still required in the case of an emergency or serious event. Certain details should only be shared with those who need to know, such as relatives of the casualty, administration, medical professionals, and authorities.



Depending on the nature of the incident different people may need to be alerted. If an incident occurs involving a child, there should be specific protocol for who needs to be alerted and how. This is often done through specific forms that are filled out by the staff witnessing the incident.

Incident report forms

Complete an incident report for all injuries. Keep the writing objective. Write the details exactly as they happened, without judgments, or assumptions.

The following questions should be answered in an incident report:

- Who?
 - Who is reporting the incident?
 - Who is affected by it?

- What?
 - What happened?
 - 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 everything that is needed but exclude flowery descriptions, abbreviations can be used sparingly as they can also cause confusion 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 – the identities of those who were involved and where it took place should not be revealed in the ‘what happened’ box as this must be sent to the Department of Health.



Verbal Reports

Once you involve the emergency services, it is vital that you provide an accurate verbal report of the incident – convey only the facts and do not offer speculative details.

The types of details you need to include are:

- The time of the incident
- The events that unfolded
- The treatment provided
- The response to the treatment.

Only offer extra details or embellish on these facts if asked to. The quicker you can communicate the vital details to the emergency response team, the quicker the casualty can receive the appropriate treatment during the handover.

Debriefing

Although not only related to the relaying of information to a supervisor taking part in debriefings is important following an incident that required CPR and the use of an AED. Some first aid situations may evoke strong emotions among those involved, especially if they are traumatic events. They can, in turn, affect the health, performance, and well-being of people in the workplace. There are no set guidelines for what is traumatic – what one person can brush off with ease, another person may find extremely distressing.

In a few cases, the symptoms of distress can develop into chronic illness, which may need long-term treatment. Be aware that this can be the case for any traumatic incident. The symptoms won't necessarily become apparent in the immediate aftermath of the event – it can take months or years for them to appear, as well as manifesting immediately or days after it.

Debriefing is important as it can help people to process and come to terms with traumatic events. Debriefing is not counselling but a 'structured voluntary discussion aimed at putting an abnormal event into perspective'. Ideally, debriefing should be conducted near to the site of the event and within 3-7 days of it happening.

'Trained debriefers help the workers to explore and understand a range of issues, including:



- The sequence of events
- The causes and consequences
- Each person's experience
- Any memories triggered by the incident
- Normal psychological reactions to critical incidents
- Methods to manage emotional responses resulting from a critical incident'.

Source: <https://www.betterhealth.vic.gov.au/health/healthyliving/workplace-safety-coping-with-a-critical-incident>

Following debriefing, it may be established that there are some individuals who need further support in order to address their feelings surrounding the incident. This may be something relatively simple such as moving from working in a lone office to a group space or may be something which is more in depth such as counselling or psychological first aid.

Review the Incident

Go back over the situation. Were there things that you could have done better? Was there anything you couldn't do because you had forgotten or never learned something? Be honest with yourself.

If you think you could have done better, you can gain objective feedback from an outsider who may place your efforts in proper perspective. Always be on the lookout to improve your skills.

Evaluating your performance may be the only way you can identify how to provide better first aid before it's too late. Your workplace can also learn from your experience and develop methods to improve emergency response techniques. Your workplace may need to review and amend workplace policies and procedures, based on your feedback about the incident.

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



Allergic Reactions and Anaphylaxis

An allergic reaction happens when the body falsely recognises a foreign body as harmful. The immune system then creates antibodies to fight it. Depending on the allergen and where it enters the body, different symptoms may appear. It can range from mild skin irritation and/or sneezing to anaphylaxis.

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening when a person becomes sensitised to food, medication, insect venom etc. In some instances, anaphylaxis is preceded by signs of a mild to moderate allergic reaction.

The symptoms of allergies vary between people and can cause skin irritations, digestive issues (food allergies), swelling, congestion and runny eyes and nose. These can mostly be treated with over-the-counter antihistamines and decongestants (in the form of tablets, nasal sprays and eye drops). Other treatments include ice and topical creams containing corticosteroids, as well as acetaminophen.

The symptoms of anaphylaxis include nausea, a weak pulse and light-headedness. Airways can swell, causing breathing problems and, if untreated, it can cause loss of consciousness and cardiac arrest. The treatment for this is epinephrine, which can be administered by emergency personnel. If the person has experienced anaphylaxis before, their doctor may have prescribed them an emergency epinephrine "EpiPen" or "Anapen". Check to see if they have it on their person – if so, inject it into their thigh.

Persons who have a known allergy should also have an allergy or anaphylaxis management plan. Find out more about these plans here [ASCIA Action Plan: Anaphylaxis - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)



If the person loses consciousness, you will need to check their airway, breathing and circulation; and, if need be, perform CPR procedures and rescue breathing.

Other causes of allergic reactions are exposure to poisonous plants and animal venom. Make sure people don't scratch, as this will only spread the reaction. Don't use soap to wash the affected spot, as this will irritate it further. For plants, hydrocortisone creams and antihistamines may be effective. Depending on the type of animal venom, you may need different treatments – they can be fatal, if not treated correctly (think snake and spider venom). You should seek qualified medical consultation for this case. However, for minor insect stings, remove the stinger using an object with a straight edge (e.g., a credit card). In this case, you can wash the site with soap and water; applying ice will decrease the swelling and acetaminophen will help with the pain.

EpiPen JR

Jellyfish stings are another cause for concern. They can cause swelling and redness, as well as pain and itchiness. You need to wash the site seawater or vinegar for 30 minutes to neutralise the toxin; ice will also soothe your skin and lessen the pain. Hydrocortisone cream and antihistamine will reduce the swelling. However, urinating on the stinging site will not help and may make it worse (despite the popular wisdom).

The first aid kit at work should contain all of the over-the-counter treatments, so that you can deal with as many of the situations as possible.

Website: [Allergy and anaphylaxis - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)



Asthma

Asthma is a serious respiratory condition that causes difficulty in breathing. In most cases, asthma is a manageable condition, and people can live a full and uninhibited life unhindered by its symptoms.

Asthma affects people of all ages, from childhood to adulthood, and it can appear at all ages and stages of life. Just because you don't have symptoms, it doesn't mean the asthma is gone. The symptoms of asthma include wheezing, breathlessness, shortness of breath, coughing and chest tightness. This is because the airways are narrowed temporarily. People with asthma often experience their symptoms at night, early in the morning or after activity. Everyone is different. With the right medication and a daily management plan in place, people with asthma can control their condition and live their lives fully.

An asthma episode is when the muscles in the airways narrow, making it difficult for the casualty to breathe.

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

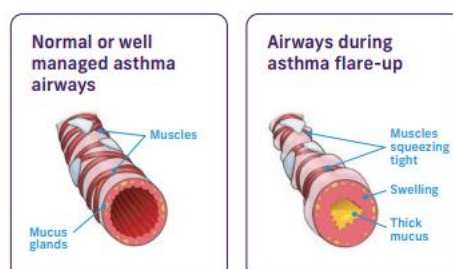
Asthma can be triggered by:

- 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, changes in weather (especially temperature)

Asthmatics may experience the following symptoms:

- Shortness of breath
- Wheezing
- Tightness of the chest
- Excessive coughing

To treat asthma, sufferers may use inhalers and should have an asthma management action plan. There are two types of inhalers – long-acting anti-inflammatory inhalers that deliver a low dose of steroids to the lungs; and fast-acting bronchodilator inhalers that immediately open the airways during an asthma episode.



Website: [Home - Asthma Australia | The nation's peak consumer body](#)



ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



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

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
 - Repeat until **4 separate puffs** have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- 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



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say '**ambulance**' and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives



Bricanyl: Give 1 more inhalation **every 4 minutes** until emergency assistance arrives



1800 ASTHMA
(1800 276 462)
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Choking

Choking is severe difficulty in breathing due to an obstruction in your windpipe, blocking the flow of air to your lungs. There are two types of obstructions:

- **Partial obstruction-** the windpipe is only partly blocked. If the casualty can still breathe, they may be able to move the object by coughing forcefully.
- **Full obstruction-** the object blocks the windpipe completely and the casualty cannot breathe, it's a medical emergency.

A person with a partial obstruction can still breathe, speak or cough. Symptoms include:

- Panicked and distressed behaviour
- Inability to talk in complete sentences or at full volume.
- Frantic coughing
- Unusual breathing sounds, such as wheezing or whistling.
- Clutching at the throat
- Watery eyes
- Red face.

If the person has a full obstruction and they cannot breathe, speak or cough at all, they will show some or all of the above symptoms including vigorous attempts to breathe, then turning pale and then blue due to lack of oxygen (cyanosis), before collapsing into unconsciousness.

First aid treatment:

- Encourage them to cough
- Deliver five firm blows to the casualties back between the shoulder blades using the heel of their hands.
- If this fails, perform up to five chest thrusts (checking to see if the airway has cleared after each thrust
- Continue the cycle of back blows and chest thrusts until the object is removed from their airway.
- If they lose consciousness, call the emergency services.





Envenomation

Envenomation is the process by which venom (poison) is injected into the body by sting, spine, bite or other venom apparatus usually by insects, reptiles and fish.

For systemic effects, containing the venom via pressure immobilisation (putting pressure around the affected area to stop it spreading to the rest of the body) is very helpful. If the venom has local effects, immobilisation may make it worse in this bitten area; however, it may mean that the total area affected is reduced.

Pressure Immobilisation is recommended for bites and stings from:

- All venomous Australian snakes
- 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.

Snakes and Bites

Snakes produce venom in modified salivary glands and the venom is forced out under pressure through paired fangs in the upper jaw. Snake venoms are complex mixtures of many toxic substances which can cause a range of effects in humans.

Many snakes found in Australia are capable of lethal bites to humans. These include taipans, brown snakes, tiger snakes, death adders, black snakes, rough scaled snakes and many sea snakes. The bite may be painless and without visible marks.

Signs and symptoms of a snake bite may include:

- paired fang marks, but often only a single mark or a scratch mark may be present.
- headache
- nausea and vomiting
- abdominal pain
- blurred or double vision, or drooping eyelids
- difficulty in speaking, swallowing, or breathing.
- swollen tender glands in the groin or armpit of the bitten limb.
- limb weakness or paralysis
- respiratory weakness or respiratory arrest.

The most common cause of death from snake bite is collapse with cardiac arrest.

Snake identification



Many of Australia's snakes are protected species. It is strongly recommended that no attempts be made to kill the snake due to the risk of multiple bites or another person being bitten. A digital photograph of the snake may be helpful in identification if safe to do so.

Antivenom is available for all venomous snake's native to Australia but must be given under health professional supervision in a properly equipped medical facility.

First aid treatment:

- Call an ambulance for any person with a suspected snake bite.
- Keep the casualty immobilised (still), calm, (to reduce stress-induced blood flow increase) reassured and monitor.
- Apply pressure bandaging with immobilisation (Keep the bitten area below the heart level and in a functional position (*if possible*) – you don't want any of the affected blood to return to the heart and other organs).
- Don't give them anything to eat or drink – this will speed up venom absorption. Stimulants and pain medications should also be avoided.
- Remove any constricting clothing or jewellery from around the bitten area.
- Commence CPR if person is unresponsive and not breathing normally. There is no risk of transmission of venom to rescuer by providing CPR.

DO NOT cut or incise the bite.

DO NOT use an arterial tourniquet.

DO NOT wash or suck the bite.

Spiders and Bites

The bites of many different Australian spiders may cause pain but only bites from some funnel-web spiders are an immediate threat to life, although the redback spider bite may be a threat to life in the very young or very old.

Signs and symptoms of a funnel-web spider bite may include:

- pain at the bite site, but little local reaction
- tingling around the mouth
- profuse sweating
- copious secretion of saliva
- abdominal pain
- muscular twitching
- breathing difficulty
- confusion leading to unconsciousness.



Note: Life threatening effects may occur within 10 minutes.

First aid treatment:

- Call an ambulance for any person with a suspected bite.
- Keep the casualty immobilised (still), calm, (to reduce stress-induced blood flow increase) reassured and monitor.



- Apply pressure bandaging with immobilisation (Keep the bitten area below the heart level and in a functional position (*if possible*) – you don't want any of the affected blood to return to the heart and other organs).

Signs and symptoms of a redback spider bite may include:

- immediate pain at the bite site which becomes hot, red, and swollen.
- intense local pain which increases and spreads
- nausea, vomiting and abdominal pain.
- profuse sweating, especially at the bite site
- swollen tender glands in the groin or armpit of the envenomated limb.



First aid treatment:

- continually monitor the casualty
- apply an ice pack or cold compress to lessen the pain (for periods of no longer than 20mins)
- transport the casualty to a medical facility, preferably by ambulance, if the person is a young child or collapse occurs or pain is severe.

All other spider bites should be treated symptomatically: apply ice or cold compress to lessen the pain.

Jellyfish and Stings

Stings cause immediate, sharp pain and an acute inflammatory skin reaction at the sting site consisting of redness, wheal and swelling which may progress to local skin destruction. Some stings cause rapid collapse. In Australia, life-threatening stings generally occur in tropical areas, with few in southern regions. Because of their smaller body size, children are greater risk of the effects of envenomation.

Since it is usually difficult to identify which species of jellyfish has caused a sting, first aid management is based on the risk of serious stings in the known geographical distribution of dangerous species.

Potentially fatal envenomation is caused by two jellyfish types in tropical Australian waters:

- Box jellyfish
- Irukandji

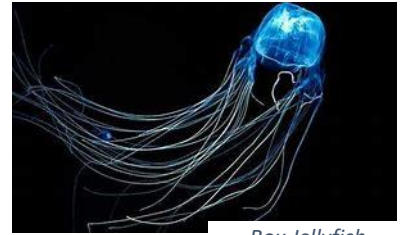
Signs and symptoms of jellyfish stings may include:

- A variety of skin markings are associated with the stings of various jellyfish species and could include the following:
 - an inconspicuous mark which may develop a red flare.
 - an inconspicuous mark with goose pimples or an orange-peel appearance
 - an inconspicuous mark with profuse sweating only at the sting site
 - an irregularly shaped blotchy wheal
 - white wheals with a surrounding red flare
 - multiple whip-like wheals on the skin or a “frosted ladder pattern” suggest a sting by a box jellyfish.
 - later blistering or darkening of the sting pattern.
- Pain:
 - skin pain is generally immediate and varies in intensity from mild irritation to very severe sharp or burning pain.
 - generalised muscle aches
 - severe muscle cramps in the limbs, chest and abdomen.



Severe signs and symptoms:

- difficulty or cessation of breathing
- cardiac arrest
- severe pain
- restlessness and irrational behaviour
- nausea and vomiting, headache
- physical collapse
- profuse sweating, sometimes only in the sting area.



Box Jellyfish

First aid treatment:

- Remove the victim from the water and restrain if necessary.
- If casualty has more than a localised single sting, or who looks and/or feels unwell, call an Ambulance and seek assistance from a lifesaver/lifeguard if available.
- Liberally douse the stung area with vinegar for 30 seconds to neutralise invisible stinging cells, then pick off remaining tentacles.
- If vinegar is unavailable, pick off any tentacles (this is not harmful to the rescuer) and
- rinse the sting well with seawater.
- Apply a cold pack or ice in a dry plastic bag for pain relief.



Irukandji

DO NOT allow or apply fresh water directly onto the sting.

In tropical coastal areas, hospitals keep, and ambulances carry antivenom.

Patients who initially appear stable but experience severe symptoms in the following 30 minutes may be suffering Irukandji syndrome and need urgent medical care.



Fractures, Dislocations, Sprains and Strains

Fractures

A fracture is a medical condition when a bone is cracked or broken usually caused by trauma. There are several different types of fractures, most commonly:

- **Open-** where the skin has been pierced by the broken bone.
- **Closed-** where the skin over the bone is intact.
- **Complicated-** where the bone is broken in multiple places and may damage surrounding tissue and vital organs.
- **Hairline or Stress-** a crack in the bone from repeated movement or stress.

Symptoms of a fracture could include:

- Snapping sounds of bones breaking
- Protruding bones
- Bone deformities
- Abnormal movement of the bone
- A grating sensation
- Difficulty moving the joint
- Swelling
- Discolouration
- Pain and tenderness.

First aid treatment:

- Immobilise the injured limb by using a splint or sling.
 - use broad bandages (where possible) to prevent movement at joints above and below the fracture.
 - support the limb, carefully passing bandages under the natural hollows of the body.
 - place a padded splint along the injured limb.
 - place padding between the splint and the natural contours of the body and secure firmly.
 - for leg fracture, immobilise foot and ankle.
 - check that bandages are not too tight (or too loose) every 15 minutes.
 - watch for signs of circulation loss to hands and feet.
- keep the injured limb elevated.
- take pain relief medication such as paracetamol.
- seek medical attention.

Dislocations

A dislocation is painful and immobilises the joint. Examples of affected areas include shoulders, elbows, fingers, ankles, knees, hips, and jaw.

Symptoms of a dislocated joint include:

- Pain
- Swelling
- Bruising
- Instability of the joint
- Loss of ability to move the joint
- Visibly deformed joint (bone looks out of place)

First aid treatment:



- Apply ice packs, if possible, directly over the joint
- Rest and support the limb with padding and bandages.
- Seek medical attention.

DO NOT attempt to put back into position.

Sprains

Sprains are stretched and or torn ligaments and blood vessels around a joint, caused by a fall or bad impact to the joint. They are identified by pain, swelling, tenderness, and discoloration around the joint area.

Strains

Strains are stretched or torn muscles caused by excessive effort or bad posture during movement; they are identified by stiffness, swelling and pain in the affected area.

First aid treatment for sprains and strains:

Apply the concept of RICE for sprains and strains – rest, ice, compression and elevation:

- Rest – try not to use the affected area, if possible
- Ice – apply ice to the affected area
- Compression – compress the area (you can combine this with Ice and apply a cold compress)
- Elevation – keep the affected area raised.

If the pain and swelling continues for two or more days, medical attention should be sought.

If you are unsure of whether it is a fracture or a sprain or a strain, treat it as a fracture, just in case.

Head, Neck, and Spinal Injuries

If the person may have a spinal injury, take care not to move them. The only time you should intervene is if their airway is obstructed – lift their jaw with your fingertips after gently placing your hands on either side of their face. Be careful to not move their neck while doing this. If it is necessary to move them, get assistance to roll them.

Signs of a neck and spinal injury include:

- Head injuries – especially if they are unconscious/have had a large impact on the back of the head
- Inability to move their neck
- A twisted neck/back
- Feelings of paralysis, weakness or numbness
- Loss of limb, bladder or bowel control
- Severe pain in the back or neck.

Head injuries include:

- Concussions – temporary loss/altered consciousness after a head injury. They may experience headaches, dizziness, loss of memory, confusion, nausea, vomiting and head wounds.

To provide first aid:

- Assess the spine, ears and eyes for function
- Monitor their condition – if it declines, seek emergency medical assistance.

Progressive head injuries can be defined as:



- A slow decline in consciousness after a head injury: the patient may become drowsy, display behavioural changes, slur their speech, feel sick, dilated pupils. If wounds are present, be aware that there may be a brain injury.

To provide first aid:

- Assess and manage their airway and breathing
- Keep the spine immobile and ensure their neck is cared for
- Control any bleeding
- Call an ambulance if the casualty loses consciousness at any point
- Seek further medical assistance after first aid.

Ear and Eye Injuries

Ear Injuries

Ear injuries include foreign objects, impact blows, ruptured eardrums, and infection. The symptoms will vary, but generally include pain and sickness.

First aid treatment:

- Call an ambulance for ruptured eardrums, severed ears or leaking liquids from the ear
- Monitor them until medical help arrives
- Calm and reassure the victim
- Turn their head so affected side is facing up if an insect is in the ear

DO NOT:

- block drainage from the ear
- try to clean the inside of the ear
- put any liquid in the ear
- attempt to remove foreign objects
- reach inside the ear canal with tweezers.



Eye Injuries

Eye injuries can be caused by chemical, impacts or foreign objects. They will appear red and irritated with possible, bleeding, sensitivity, tearing, swelling and discolouration.

First aid treatment:

- Prevent any loss of sight – be gentle and careful
- Ice packs can reduce pain and swelling
- Flushing can remove foreign objects
- Padding can control bleeding



- Seek medical attention
- Don't attempt to remove contact lenses.

Drowning

Drowning is a respiratory impairment from submersion/immersion in liquid. Drowning is the process of being unable to breathe usually because of liquid entering the lungs. The outcome from drowning is classified as either fatal or non-fatal drowning.

It is vital to make the rescue as soon as possible, to prevent the interruption of the oxygen supply to the brain. However, do not attempt to rescue beyond your swimming ability. If the casualty is conscious, use a solid, grab-able object to rescue them and support them with a buoyant object. If they are paralysed, support their neck and maintain their spinal alignment as you enter the water to rescue them. If they are unconscious, turn them face up and remove them from the water as soon as possible.

Signs and symptoms of drowning:

- blue colour on their skin and lips
- cold pale skin
- not breathing or difficulty breathing
- shallow rasping respirations
- vomiting, especially during recovery
- confusion
- loss of consciousness

First aid treatment:

- Roll them on their side and check their neck and airway
- Perform CPR (if necessary)
- Treat other injuries (if applicable)
- Seek medical assistance.

Hypothermia



Hypothermia 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
- Endocrine-related.



Signs and symptoms include:

- Mild (35-34 degrees Celsius) – severe shivering, pale skin, slurred speech, loss of concentration, dizziness, confusion, slowed breathing, irritable, unsteady.
- 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.

First aid treatment:

- Move the casualty into shelter
- Insulate their body from the ground
- Call for medical assistance/rescue
- Remove heat loss causes i.e. wet clothing
- Keep them still
- Dry them and cover their head with something warm
- Give them a warm non-alcoholic drink (if not vomiting)
- Use body to body heat to warm their body or a heat compress
- Don't put them in a warm bath or use a heater
- Monitor until help is present

Hyperthermia



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

The signs are 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:

- Calling an ambulance
- Moving the victim into a cooler area
- Laying them down, removing excess clothing and loosening tight clothing
- Assist cooling mechanisms
- Apply ice packs to neck, groin and armpits
- Give victim water to drink
- Monitor until help is present.

Fever

A fever is a temperature of 38°C or higher. Fevers are quite common in young children and are usually mild. Sometimes the causes of a fever will need urgent attention, but in most cases, they can be managed at home.

Signs and symptoms of fever can include:

- Feeling unwell
- Feeling hot and sweaty
- Shivering
- Chattering teeth
- Flushed face

The cause of fever is usually an infection of some kind. This could include:

- Viruses – such as colds or upper respiratory tract infections
- Bacteria – such as tonsillitis, pneumonia or urinary tract infections
- Some chronic illnesses – such as rheumatoid arthritis and ulcerative colitis that can cause fevers that last longer than two weeks
- Some tropical diseases – such as malaria, which can cause bouts of recurring fever or typhoid fever
- Heat stroke – which includes fever (without sweating) as one of its symptoms
- Drugs – some people may be susceptible to fever as a side effect of particular drugs

First aid treatment could include:

- Take paracetamol or ibuprofen in appropriate doses to help bring your temperature down



- Drink plenty of fluids, particularly water
- Avoid alcohol, tea and coffee as these drinks can cause slight dehydration
- Sponge exposed skin with tepid water. To boost the cooling effect of evaporation, you could try standing in front of a fan
- Avoid taking cold baths or showers. Skin reacts to the cold by constricting its blood vessels, which will trap body heat. The cold may also cause shivering, which can generate more heat
- Make sure you have plenty of rest, including bed rest

You should always seek medical assistance if the fever still persists.

Febrile Convulsions

Febrile convulsions are seizures in children brought on by the change in body temperature that happens with a fever. Around 1 in 30 children will have a febrile convulsion because of a fever, and most children will only ever have one. They usually happen between 6 months and 6 years old.

Even though it can be scary to watch, your child will usually not have any long-term effects from having a febrile convulsion. Giving your child medicines to reduce their temperature will not prevent a febrile convulsion but can make them more comfortable when they are sick.

First aid treatment:

- Remain calm
- Remove any hazardous objects from around them and check to make sure they are not in danger
- Take note of the time the seizure starts
- Remain with the victim
- Cushion their head if they are on the ground
- Don't hold the down
- 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.



Seizures

Seizures are caused by sudden and uncoordinated changes to electrical signals in the brain. This can cause temporary changes in behaviours, feelings, movements (such as sudden stiffening and jerking of the arms and legs), or a loss of awareness or changed awareness level.

You may have an 'aura' also known as a focal aware seizure, which is the feeling at the start of a seizure before the main seizure happens. An aura may involve odd smells, feelings of déjà vu (where you feel you have been in the situation before), tingling, vision changes, or fear or joy. This aura is actually the first part of a seizure.

Seizure symptoms experienced depend on the type of seizure. A person may be alert during the seizure, and able to remember it afterwards, or may not remember it at all.

Symptoms of seizures include:

- change of consciousness (awareness) during the seizure, or between seizures
- becoming unresponsive
- staring into space
- becoming vague, disorientated or confused
- numbness or tingling sensations
- hallucinations
- problems with thinking

Motor (movement) symptoms can include:

- stiffening movements (known as the 'tonic' phase) — this may cause a person to fall
- jerking movements (known as the 'clonic' phase)
- switching between stiffening and jerking (known as 'tonic-clonic')
- floppiness and loss of muscle tone (known as 'atonic') — this may also cause a person to fall
- tremor or shaking or strange postures
- sudden nod of the head
- repetitive movements, such as lip smacking or chewing

First aid treatment:

- stay with the casualty during the seizure, until it is over.
- Roll them into the recovery position during the seizure if they have fluid or vomit in their mouth.
- Put something soft under their head and shoulders.
- Remove any sharp or unstable objects from the area.
- Notice how long the seizure lasts and watch their breathing, so you can tell the person's doctor or emergency responder.

DO NOT try to hold the person down, or stop the jerking — just try to stop them from injuring themselves.

DO NOT move the person unless they are in danger.

DO NOT put anything in their mouth.



Minor Wounds

A wound is a break or damage to the skin surface. Minor wounds do not usually need medical attention and can usually be treated with first aid.

Ensure that you minimise the risk of infection by cleaning your hands before dealing with these and avoid breathing on the affected area. The types of skin injuries are abrasions, incised wounds, and chronic wounds.

First aid treatment:

- Avoid breathing, sneezing, or coughing on the wound.
- Clean the wound with a non-shedding material e.g., gauze soaked in clean water or saline.
- Don't scrub embedded dirt (see doctor if it can't be removed)
- Cover with a sterile dressing which is non-stick and non-allergenic.
- Change the dressing according to the manufacturer instructions.

Bleeding

Bleeding is defined as loss of blood. The loss can range from minor bleeding through to severe external and internal bleeding.

Signs and Symptoms:

- Pain
- Tenderness
- Pallor
- Sweating
- Faintness or dizziness
- Thirst and
- Visible blood loss, oozing, flowing or spurting.

Types of bleeding/wounds:

- **Abrasion** -a superficial wound where the skin is rubbed or scraped across a hard surface for example road or footpath and part of the epidermis (top layer of skin) is lost.
- **Laceration** -open wound from machinery, barbed wire, teeth, or claws. Skin, soft tissue and muscle may be damaged and have irregular edges.
- **Incision** -open wound from knife or glass. The wound is cut cleanly with regular edges.
- **Avulsion** (tear) -caused by severe force by things such as animal bites, accidents involving motor vehicles, guns, and explosives.
Note: in elderly people the skin becomes very thin and fragile and can tear easily, handle with care.
- **Puncture** -wounds from blunt, pointed instrument or gunshot wound, results in damage to skin, soft tissue, muscle, and any underlying organs.
- **Amputation** -Part of the body is cut or torn off for example finger, toe, hand, leg. Priority is to minimise blood loss and shock and preserve the injured part.

First aid treatment:

- Wear gloves to prevent infection.
- Follow DRSABCD
- Help the casualty to lie down. Remove or cut their clothing to expose the wound.
- Squeeze the wound edges together if possible.



- Apply direct pressure over the wound using a pad or your hands (use gloves if available). Ask the casualty to do this if possible.
- Raise and support the injured part above the level of the casualty's heart. Handle gently if you suspect a broken bone.
- Apply a pad over the wound if not already in place.
- Secure the pad by bandaging over the padded wound.
- If bleeding is still not controlled, leave the initial pad in place and apply a second pad and secure with the bandage.
- If bleeding continues through second pad, replace the second pad (only) and bandage.
- Check every fifteen (15) minutes that the bandages are not too tight and that there is circulation below the wound.
- Continue to check the casualty's breathing.
- Observe and treat the casualty for shock if necessary.

Internal bleeding is also loss of blood caused by trauma and severe injuries from internal organs. Mild internal bleeding can be seen as bruising (capillary damage). Severe internal bleeding involves veins and arteries and can be the result of violent blunt force such as car accident or penetration by an object like a knife, which can damage internal organs.

Signs and Symptoms:

- Weak, rapid pulse
- Pale, cool, moist skin
- Pallor
- Sweating
- Rapid, gasping breathing, restlessness
- Bruising
- Nausea
- Thirst
- Faintness, dizziness
- Confusion
- Loss of consciousness
- Distension (swelling) of the abdomen

Abdominal Injury first aid treatment:

- Follow DRSABCD
- Place the casualty on their back with knees slightly raised and supported
- Loosen clothing
- Cover protruding organs with aluminium foil or a large non-stick sterile dressing soaked in sterile saline or clean water
- Bandage the wound securely with a broad bandage (not tightly)
- Treat for shock, if required

Penetrating Chest Wound first aid treatment:

- Follow DRSABCD
- Place the casualty in a seated position with the affected side down.
- Cover the wound using the casualty's or your own hand to stop air flow in and out of the chest cavity.
- Dress the wound with a dressing such as plastic sheet, bag or aluminium foil. If not available use sterile dressing or pad
- Seal with tape on three (3) sides – NOT the bottom side
- Treat for shock, if required



Bleeding – Crush Injury first aid treatment:

- Follow DRSABCD St John Action Plan
- Remove the crushing object if safe to do so and as soon as possible.
- Control bleeding, then manage other injuries.
- Treat for shock, if required

Nosebleed

A nosebleed happens when one of the blood vessels in the lining of the nose bursts. Nosebleeds may be caused by infection, injury, allergic reaction, nose picking, or an object being pushed into the nostril. Another name for nosebleed is epistaxis.

Bleeding from the nose is common in children and is usually not serious. Seek medical attention if nosebleeds are severe, frequent, or prolonged.

First aid treatment:

- Sit the casualty forward and lean them forward, pinching the lower part of the nose for 10 minutes. Encourage the casualty to breathe through their mouth and spit out any blood in the mouth.
- After 10 minutes, they should rest for another 10 minutes. If the bleeding has not stopped after 20 minutes, they should seek medical aid.

Pain

Pain can be hard for a child to describe. An older child may be able to describe how the pain feels or tell you whether the pain comes and goes. A toddler may complain of pain or tell you that they don't feel well. But the signs of pain in an infant or a child who doesn't speak can sometimes be hard to recognise.

Signs and symptoms of pain may include:

- Changes in usual behaviour. A child may eat less or become fussy or restless
- Crying that can't be comforted
- Crying, grunting, or breath-holding
- Facial expressions, such as a furrowed brow, a wrinkled forehead, closed eyes, or an angry appearance
- Sleep changes, such as waking often or sleeping more or less than usual. Even children in severe pain may take short naps because they are so tired
- Body movements, such as making fists, protecting a part of the body (especially while walking), kicking, clinging to whoever holds your child, or not moving

Also look for signs of injury or illness, including:

- Swelling, bruises, or bleeding
- Fever, vomiting, diarrhea, or crying during feeding. Also check for an open pin sticking the skin or a red spot that may be an insect bite.

If pain persists, always seek medical aid.



Shock

Shock is a loss of effective circulation resulting in impaired tissue oxygen and nutrient delivery and causes life threatening organ failure. Any seriously ill or seriously injured person is at risk of developing shock.

Early recognition of the seriously ill or seriously injured person should alert the first aider to the risk of developing shock. The symptoms, signs and rate of onset of shock vary widely depending on the nature and severity of the underlying cause. Shock is a condition that may be difficult to identify.

Symptoms of shock include:

- Pale, clammy skin
- Weak pulse
- Hyperventilation
- Slow/shallow breathing
- Nausea (and vomiting)
- Dilated pupils
- Feelings of faintness/confusion
- Anxiety.

First aid treatment:

- Call an ambulance
- Check airways, breathing and circulation
- Keep the victim warm and comfortable – loosen clothing and cover them with a blanket or clothes
- If the casualty is conscious, place casualty into a position of comfort. If unconscious, place the casualty into the recovery position.
- Treat any injuries (if present).
- Small sips of water can be given





Burns

Burns are injuries to the skin and underlying tissues caused by heat, chemicals, electricity and friction. Burns are extremely painful and are a high risk for infection. Burn results in fluid loss, loss of temperature control and damage to tissues and nerves.

Children and infants' skin is much thinner and has a smaller surface, therefore the skin will burn quicker and deeper even at lower temperatures.

Types of burns

- **First degree-** Superficial burns – are mild compared to other burns
- **Second degree-** Partial thickness burns – affect the epidermis and the dermis (lower layer-skin)
- **Third degree-** Full thickness burns – go through the dermis and affect deeper tissues

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

The following steps will help treat the affected site:

- Stop the burning – remove the person from the site of the burning and, if flames are present, douse them with water or smother them with a blanket.
- Remove clothing and jewellery from the burnt area unless it is stuck to the burnt skin.
- Cool the burn with cool or lukewarm water for ten to 30 minutes, within 20 minutes of the burn incident. Don't use ice, iced water, creams, or greasy substances.
- Use a blanket or clothing to keep the person warm, but not on the site of injury – this will prevent hypothermia. This can happen if you are cooling a large burnt area, particularly young and elderly people.
- Cover the burn with cling film, in a layer (rather than wrapping it around a limb). A clear plastic bag can be used for burns on hands and feet.
- Use paracetamol or ibuprofen for pain relief.

After these steps, you need to determine whether any further medical treatment is necessary.


The following situations require urgent medical treatment:

- 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 have other injuries to treat
- 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. Affected persons need to visit the emergency department of a hospital. 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, in order to effectively treat it
 - 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
 - use paracetamol or ibuprofen to relieve the pain (if applicable)
 - 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
 - give them water to drink
 - loosen their clothing
 - if the symptoms persist, call 000 (as they may have developed heatstroke).



Dehydration

Dehydration is a dangerous loss of body fluid. Causes include illness, heat, excessive activity, insufficient fluid intake, excessive sweating or side effects from medication.

Signs and symptoms for dehydration in babies and children include:

- Dry mouth and tongue
- No tears when crying
- No wet nappies for three hours
- Sunken eyes, cheeks
- Sunken soft spot-on top of skull
- Listlessness or irritability

More so, signs and symptoms for dehydration in adults include:

- Thirst
- Dry or sticky mouth
- Not peeing very much
- Dark yellow pee
- Dry, cool skin
- Headache
- Muscle cramps

First aid treatment for dehydration is aimed at rehydration and restoring a balance of electrolytes in bodily fluids. Severe dehydration needs immediate medical treatment. Treatment for dehydration includes rehydrating, electrolyte replacement and, if needed, treating diarrhoea or vomiting.

Drinking may not be possible if the person is vomiting or has severe diarrhoea. In this case, rehydration fluids would be given intravenously — usually a mix of water and electrolytes through a small IV tube inserted in a vein in the arm or hand.

When the person can, drink water, as well as a rehydration drink containing electrolytes, would be recommended.

Be sure to use accurate measurements. Too much salt or sugar can be dangerous.

Avoid overly sweet drinks, soda, alcohol, and caffeine. These can exacerbate dehydration.



Diabetes

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

Most first aid deals 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
- Irritability
- Slurred speech
- Fitting
- Loss of coordination
- Loss of consciousness.

First aid treatment:

- For conscious people:
 - make them comfortable
 - give them high energy foods (sugar, honey, glucose tablets)
 - make them 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 casualty until help arrives.





Poisoning

Poisons can be ingested, absorbed, inhaled, injected, or splashed into eyes and can be fatal if taken in high enough quantities; they include drugs, alcohol and harmful food.

Symptoms of poisoning can include:

- Vomiting
- Loss of consciousness
- Pain/burning sensation
- Empty containers close to the victim.

For all poisons, if they are conscious:

- Ask them what they have taken
- Find out as much information about the poison
- Contact the Poisons Information Line 131126 in non-life threatening cases
- Dial 000 and call an ambulance.

If they are unconscious:

- Open their airway and check their breathing
- Apply CPR, if necessary
- Put them into the recovery position
- Dial 000 and call an ambulance.

Vomiting and Diarrhoea

Vomiting (throwing up) and diarrhoea (watery bowel movements) are common symptoms of gastroenteritis. Gastroenteritis is the inflammation and irritation of the stomach and intestines. Vomiting and diarrhoea can be harmful because they can cause dehydration. Dehydration occurs when you lose too much fluid.

Treatment could include:

- regularly drink small amounts of water to prevent dehydration once the vomiting has stopped
- drink oral rehydration drinks such as Gastrolyte® (available from pharmacies)
- if you feel like eating, eat bland foods such as crackers, rice or dry toast
- rest while you feel unwell



- complete any medications prescribed by your doctor
- wash hands diligently after using the toilet and prior to eating
- thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner
- immediately remove and wash any clothes or bedding contaminated with vomit or diarrhoea using soap and hot water.

Seek medical aid if symptoms persist.

Sick Children and Infants

The best guide to a child's state of health is their behaviour. Children who look, behave and act normally are unlikely to be very ill. A healthy child will generally have a good appetite and get a full night's sleep. They will also have plenty of energy and natural curiosity in their surroundings and generally act appropriately for their age. They will also have plenty of energy and natural curiosity in their surroundings and generally act appropriately for their age.

A sick child or infant may:

- be fretful or listless, or irritable when disturbed
- cry readily and not be easily comforted
- lose interest in playing or is unusually quiet and inactive
- be unusually quiet and inactive
- not want to eat
- feel hot to touch
- look tired and flushed or pale
- complain of feeling cold

The most common symptoms of childhood illness are fever, vomiting, diarrhoea, pain, rash, cough and headache. If an infant or child has one or more of these symptoms, it is recommended to seek medical assistance.



References

These suggested references are for further reading and do not necessarily represent the contents of this unit.

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