SENIOR FIRST AID
Learner Guide

Meets the requirements of:

HLTAID003
(Provide First Aid)

Name: ____________________________
ABOUT LEARNERS GUIDE

This Learner Guide has been produced by The Royal Life Saving Society Western Australia Inc. to aid participants in the course HLTAID003 (Apply First Aid). It is not to be used to replace medical advice provided by a Qualified Medical Practitioner, Ambulance Officer or Nurse.

Learner Guide Version History

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<th>Next Review Date</th>
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<td>July 2014</td>
<td>July 2015</td>
<td>1</td>
<td>First Edition</td>
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<td>July 2014</td>
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<td>August 2014</td>
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<td>3</td>
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ASSESSMENTS

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METHODS OF ASSESSMENT

Methods of Assessment may include, but is not limited to any of the following:
- Written questioning – short answer, restricted essay, matching, identification etc.
- Work and skill samples, structured problems and tasks – checklists, research tasks, assignments
- Examination of evidence – portfolio submission
- Written/oral and / or practical examination.
- Ongoing assessment – (evidence that is collected through group work, simulations and scenarios.

ASSESSMENT REQUIREMENTS:
- Competence must be demonstrated working individually
- Competence must be demonstrated in all practical and theoretical components of the course
- You may apply for a second assessment within three months if you are unsuccessful on any part of your assessment

SKILLS RECOGNITION

Royal Life Saving provides clients with a skills recognition service. Skills Recognition provides people with recognition of the competencies that they have already acquired, through other areas of work life. Through these processes people may not be required to undertake training in areas where they are already competent. Individuals interested must contact Royal Life Saving to discuss the option of skills recognition.
RECOGNITION OF PRIOR LEARNING

The Royal Life Saving Society is a Registered Training Organisation and as such is required to ensure individuals have the opportunity to have their prior skills and knowledge assessed and formally recognised. Recognition of Prior Learning (RPL) is the formal acknowledgment of competencies (skills, knowledge and attitudes) held as a result of formal or informal training, work experience and/or life skills. Royal Life Saving accepts that individuals may have gained competencies from many sources. Royal Life Saving will provide individuals upon request with the opportunity to apply for and, if successful, be granted Recognition of Prior Learning for Units of Competence from its “Scope of Registration” as a Registered Training Organisation.

All individuals who enrol in a Royal Life Saving Society training program, or those who request it, will be provided with a current Code of Practice. The Code of Practice will detail how potential candidates can apply for Recognition of Prior Learning.

ACCESS AND EQUITY

Royal Life Saving has a Building Diversity Policy that ensures that people from all groups, such as aboriginal people, people with a disability, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, mature aged people, and women, have equal opportunity to get successfully into Vocational Education and Training to gain skills and knowledge that equips them for a reasonable working life.

COMPLAINTS GRIEVANCES AND APPEALS POLICY

Complaints
All participants in any training or assessment activity conducted by Royal Life Saving have the right to seek redress if they believe that they have been treated unfairly or if they are not satisfied with any process or relevance of the training or assessment activity.

Grievance Mechanism
Royal Life Saving has developed a Grievance Policy to ensure that participants and clients have access to a fair and equitable process for dealing with grievances.

Appeals Process
Royal Life Saving has developed an Appeals Policy to ensure that participants and clients have access to a fair and equitable process for dealing with complaints regarding final assessment outcomes. Any appeal on an assessment decision must be made by the participant within 10 working days after the participant was notified of the result.
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<td>1.3 Assess the casualty and recognise the need for first aid response</td>
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<td><strong>2. Apply appropriate first aid procedures</strong></td>
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<tr>
<td>2.1 Perform cardiopulmonary resuscitation (CPR) in accordance with Australian Resuscitation Council (ARC) Guidelines</td>
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<td>2.2 Provide first aid in accordance with established first aid principles</td>
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<td>2.6 Operate first aid equipment according to manufacturer’s instructions</td>
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<td>4.2 Participate in debriefing to address individual needs</td>
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FOUNDATION SKILLS

THE FOUNDATION SKILLS DESCRIBED THOSE REQUIRED SKILLS (LANGUAGE, LITERACY AND NUMERACY) THAT ARE ESSENTIAL TO PERFORMANCE.

- Oral communication – in order to make an accurate verbal report to emergency response services and workplace supervisor

The remaining foundation skills essential to performance are explicit in the performance criteria of this unit.
PERFORMANCE EVIDENCE

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies 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, Australian Resuscitation Council (ARC) guidelines and workplace procedures:

- Followed DRSABCD in line with ARC guidelines, including:
  - performed 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
  - performed 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
  - responded appropriately in the event of regurgitation or vomiting
  - managed the unconscious breathing casualty
  - followed single rescue procedure, including the demonstration of a rotation of operators with minimal interruptions to compressions
  - followed the prompts of an Automated External Defibrillator (AED)
- Responded to at least two simulated first aid scenarios contextualised to the candidate’s workplace/community setting, including:
  - conducted a visual and verbal assessment of the casualty
  - demonstrated safe manual handling techniques
  - post-incident debrief and evaluation
  - provided an accurate verbal or written report of the incident
- Applied first aid procedures for the following:
  - allergic reaction
  - anaphylaxis
  - bleeding control
  - choking and airway obstruction
  - envenomation, using pressure immobilisation
  - fractures, sprains and strains, using arm slings, roller bandages or other appropriate immobilisation techniques
  - respiratory distress, including asthma
  - shock
KNOWLEDGE EVIDENCE

The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- State/Territory regulations, first aid codes of practice and workplace procedures including:
  - ARC Guidelines relevant to provision of CPR and first aid
  - safe work practices to minimise risks and potential hazards
  - infection control principles and procedures, including use of standard precautions
  - requirements for currency of skill and knowledge
- Legal, workplace and community considerations including:
  - awareness of potential need for stress-management techniques and available support following an emergency situation
  - duty of care requirements
  - respectful behaviour towards a casualty
  - own skills and limitations
  - consent
  - privacy and confidentiality requirements
  - importance of debriefing
- Considerations when providing first aid including:
  - airway obstruction due to body position
  - appropriate duration and cessation of CPR
  - appropriate use of an AED
  - chain of survival
  - standard precautions
  - how to conduct a visual and verbal assessment of the casualty
- Principles and procedures for first aid management of the following scenarios:
  - abdominal injuries
  - allergic reaction
  - anaphylaxis
  - basic care of a wound
  - bleeding control
  - burns
  - cardiac conditions, including chest pain
  - choking and airway obstruction
  - crush injuries
  - diabetes
  - dislocations
  - drowning
  - envenomation
  - environmental impact, including hypothermia, hyperthermia, dehydration and heat stroke
  - eye and ear injuries
- fractures
- febrile convulsions
- head, neck and spinal injuries
- minor skin injuries
- needle stick injuries
- poisoning and toxic substances
- respiratory distress, including asthma
- seizures, including epilepsy
- shock
- soft tissue injuries, including strains and sprains
- stroke
- unconsciousness
- basic anatomy and physiology relating to:
  - how to recognise a person is not breathing normally
  - chest
  - response/consciousness
  - upper airway and effect of positional change
  - considerations in provision of first aid for specified conditions

**ASSESSMENT CONDITIONS**

Skills must be demonstrated working individually:

- in an environment that provides realistic in-depth, industry-validated scenarios and simulations to enable assessment of candidates’ skills and knowledge.

Assessment resources must include:

- adult and infant resuscitation manikins in line with ARC Guidelines for the purpose of assessment of CPR procedures
- adrenaline auto-injector training device
- AED training device
- placebo bronchodilator and spacer device
- roller bandages
- triangular bandages
- workplace First Aid kit
- workplace injury, trauma and/or illness record, or other appropriate workplace incident report form for written reports
- wound dressings

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

Assessors must satisfy the NVR/AQTF mandatory competency requirements for assessors.
PROVIDE FIRST AID - 16 Hour Program (Full Course) or 
8 Hour Program (Requalification Course) – adjust program accordingly.

Goal / Outcomes
To provide training and assessment in Provide First Aid

At the completion of the Resuscitation (CPR) Course candidates will be able to:

- Recognise emergencies and follow Danger, Response, Airway Breathing, Compressions, Defibrillation (DRSABCD) action steps
- Demonstrate their ability to perform CPR in accordance with Australian Resuscitation Council (ARC) guidelines
- Provide aftercare (life critical needs, personal needs, environmental needs) for casualty
- Notify and communicate with emergency services stating casualty's condition and first aid performed and complete if required incident report forms
- Demonstrate the ability to deal with a casualty who is choking/airway obstruction, bleeding, burns, envenomation, respiratory distress, seizure, shock, substance misuse, chest pain, abdominal injuries, allergic reaction, altered & loss of consciousness, casualty with no signs of life.
- Demonstrate the ability to deal with a casualty who is cold injuries, heat injuries, eye & ear injuries, head, neck, spinal injuries, sprains, strains, dislocations, fractures, cardiac conditions, epilepsy, diabetes, asthma, respiratory conditions, near drowning, poisoning & toxic substances.

Competency Standards

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<td>o Theory</td>
<td>Legal Issues and Infection Control and notification of emergency services.</td>
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<tr>
<td>o Demonstration</td>
<td>Recovery Position and Recovery Position variations, Emergency Care Procedure including chain of survival</td>
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<tr>
<td>o Practical</td>
<td>Cardio Pulmonary Resuscitation (CPR).</td>
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<tr>
<td>o Theory</td>
<td>Demonstration and Practice including 2 Operator CPR Change Over.</td>
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<tr>
<td>o Practical</td>
<td>Infant &amp; Child Resuscitation Automated External Defibrillator Demonstration and practical.</td>
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<tr>
<td>o Theory &amp; Demonstration</td>
<td>Cardio Pulmonary Resuscitation (CPR) Scenarios with Ongoing Assessment.</td>
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<tr>
<td>o Theory</td>
<td>The Circulatory System, Cardiac conditions</td>
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<tr>
<td>o Theory</td>
<td>The Respiratory System including choking, asthma, respiratory conditions, including near drowning Shock Management of External &amp; Internal Bleeding.</td>
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<td>Management of eye injuries, abdominal injuries.</td>
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<td>Theory</td>
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<td>Management of head, neck &amp; spinal injuries.</td>
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<td>Management of burns including thermal, chemical, friction &amp; electrical.</td>
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<td>Management of heat injuries including heat exhaustion, dehydration, hyperthermia &amp; heat stroke.</td>
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<tr>
<td>Management of hypothermia</td>
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<td>Theory</td>
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<td>Poisoning &amp; toxic substances.</td>
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<tr>
<td>Management of envenomation, allergic reaction, substance misuse</td>
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<tr>
<td>Casualty management including first aid scenario ongoing assessment including report details of incident, completing incident report form. Evaluation of performance</td>
<td></td>
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<tr>
<td>Team management including multiple casualty scenario &amp; ongoing assessment.</td>
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<td>Theory assessment including multiple choice, fill ins, true/false &amp; written answer questions.</td>
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<tr>
<td>Self-evaluation and the importance of debriefing of first aid management. Course Closure including evaluation forms</td>
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RECOGNISING EMERGENCIES

What is First Aid?
________________________________________________________________________
________________________________________________________________________

What are the 4 aims of First Aid?
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Recognising an emergency is the first step when responding to an emergency. You may become aware of an emergency because of certain things you observe:

Unusual Noises
• Screaming/yelling/crying/groans
• Breaking glass
• Shouts for help

Unusual Smells
• Non recognisable or strange odours
• Odours that can be tasted

Unusual Sights
• Spilled medicine
• Spilled chemical containers
• Blood
• Crowds gathering
• Location of person

Unusual signs & symptoms of behaviour
• Unconsciousness
• Noisy or laboured breathing
• Clutching at chest or throat
• Slurred, confused or hesitant speech
• Drowsiness, irritability, confusion
• Profuse sweating for no reason
• Unusual skin colour or limb position
• Obvious deformity to body parts

It is essential to recognise an emergency before any action can be taken by emergency personnel.
RESPONDING TO EMERGENCIES

Barriers to Action
At times people recognise an emergency but are reluctant to act.
People have various reasons for hesitation:

Presence of bystanders
The presence of bystanders can cause confusion at an emergency scene. It may not be easy to see casualties or to identify if anybody is assisting the injured. Often, if there are a lot of bystanders observing the accident, the first aider can be reluctant to step forward and give emergency care to the injured.

At the scene of an emergency, you may need to ask bystanders to stand back so that emergency personnel can reach the injured. Bystanders can also be useful - they can give you information about how the accident happened, assist you with first aid or call an ambulance.

Uncertainty about the casualty
Most accidents occur in or around the home so you are more likely to give first aid to a family member or friend than a stranger. If you do not know the casualty you may feel uncomfortable touching them. The casualty may be a different age, race or gender. These things should not stop you from giving care - think of yourself in the casualties' position.

Nature of the injury or illness
At the scene of an emergency you may be confronted by disturbing sights. The presence of blood, vomit, burning skin, or unpleasant odours may initially prevent you from giving first aid. It is important that you assess the situation and determine where you can help. If you feel that you can not assist the injured due to the severity of their injuries, there are still many things you can do to help. These include removing dangers or bystanders, calling an ambulance and reassuring casualties involved in the emergency.

Fear of disease transmission
Due to the presence of blood and body fluids whilst performing first aid, some people are concerned about the risk of transmission of diseases. Some of this concern has stemmed from fear of the transmission of the HIV virus and also the various types of Hepatitis. This is understandable; however the transmission of disease is rare and avoidable. To prevent disease transmission during resuscitation, pocket masks or other barrier devices can be used.

Fear of doing something wrong
Everybody responds in different ways to the anxiety of performing first aid. Whether trained or untrained some of us are afraid that we will perform first aid incorrectly and make the situation worse. If you are unsure of what to do, call an ambulance.
The Australian Resuscitation Council (ARC)

The Australian Resuscitation Council is a voluntary co-ordinating body which represents all major groups involved in the teaching and practice of resuscitation. The council produces guidelines on CPR and first aid principles that are produced after consideration of all available scientific and published material and are only issued after acceptance by all member organisations.

National Health and Medical Research Council (NHMRC)

The National Health and Medical Research Council (NHMRC) is Australia’s peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research.

Health.gov.au

Australia’s health system is world class, supporting universal and affordable access to high quality medical, pharmaceutical and hospital services, while helping people to stay healthy through health promotion and disease prevention activities. Eg Public health, including health protection, and medical research, Health promotion and disease prevention, Primary health care

Australian Council on Health Care Standards

An independent, not-for-profit organisation dedicated to improving quality in health care. Our Council represents governments, consumers and peak health bodies from throughout Australia. They are Australia’s leading health care assessment and accreditation provider. Their mission is to improve the quality and safety of health care. They develop performance measures with industry and deliver quality improvement programs.

Education and Care Services National Law

ACECQA is an independent national authority, one of ACECQA’s many roles is to educate and inform the wider community about the importance of improving outcomes in children’s education and care. We also provide governments, the sector and families with access to the most current research to ensure NQF policy and service delivery is in line with best practice across the country.

First aid training must be updated at least every three years from the date of completion. The first aid certificate may specify additional requirements to keep it valid.
Emergency asthma management training must be updated every three years from the date of completion.

Anaphylaxis management training must be updated every three years from the date of completion.

**Australasian Society of Clinical Immunology and Allergy (ASCIA)**

The Australasian Society of Clinical Immunology and Allergy (ASCIA) is a professional medical organisation, comprised predominantly of clinical immunology and allergy medical specialists. The ASCIA membership also includes other medical practitioners, scientists and allied health professionals (mainly nurses and dieticians) who work in the areas of allergy and immunology.

ASCIA is a member society of the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI) and the World Allergy Organisation (WAO).

**Asthma Foundation National and state based organisations**

For over 50 years Asthma Australia and Asthma Foundations have been the leaders in asthma health care and research. Asthma Australia and member Foundations deliver high quality support to people with asthma and their carers. Asthma Australia delivers evidence-based preventative health strategies to over 200,000 people every year. They offer support, training and resources to the primary health care sector and when treatment is required they ensure patients and their carers have the skills, information and power to be actively engaged in the decision making process. We fund vital basic science and population health research contributing to national and international understandings of asthma and how best to manage the disease.
LEGAL CONSIDERATIONS

CONSENT

Consent should be sought from the casualty whenever possible prior to applying first aid. Treatment given without the person’s consent could be constituted as assault. A casualty has the right to withdraw consent at any stage of treatment.

Consent can be implied or expressed:

- It is implied when a person attends a first aid room for treatment
- Consent is expressed when oral or written permission is given

In some circumstances a person cannot give consent for treatment and a person may administer treatment to save the persons life.

- If the casualty is unconscious
- A person with a severe intellectual disability – gain consent from guardian or carer where able
- Where injury or illness has affected the person’s ability to make an informed choice eg head injury, drug and alcohol consumption
- A child if there is no legal parent or guardian available to provide consent and the treatment required is considered a medical emergency or necessity. In all other cases parental consent should be sought.

PRIVACY AND CONFIDENTIALITY

The Privacy Act 1988 (Privacy Act) is an Australian law which regulates the handling of personal information about individuals. This includes the collection, use, storage and disclosure of personal information.

Who we can provide information to during and after an incident

Doctor
Nurse
Ambulance Officer
Other health professionals
Parents
Supervisors
Other first aid officers
DUTY OF CARE

In the case of an emergency, the law does not require a first aider to render assistance unless that person already owes a duty of care to the injured or ill (for example a school teacher responsible for their students). Once first aid is commenced, a duty of care has been assumed. If a person in your care becomes ill or injured, you must help them by doing something within the scope of your training that assists that person. The first aider, who owes a duty, must apply their first aid skills and knowledge in a responsible and reasonable manner.

RESPECTFUL BEHAVIOUR TOWARDS CASUALTY

- Cultural awareness is required to treat casualties from diverse backgrounds. You may be assisting someone from a non-English speaking background, which may require a combination of verbal and non-verbal communication. Ensure sensitivity is used at all times to assist in identifying issues that may cause conflict or misunderstanding.

- Effective communication is of the utmost importance. The aim is to gain trust and provide reassurance. When treating a casualty, it is important that you explain what you are doing and why you are doing it. Remember, they are probably scared and may become aggressive or tearful, and you as the first aider need to be able to stay calm and reassure the casualty at all times.

NEGLIGENCE

Negligence is the most likely allegation in a lawsuit. Negligence means carelessness, or the failure to behave in the manner accepted by the community when dealing with others. The key concern is determining when fault exists in the legal sense.

A court will look at all the circumstances to determine what is reasonable in any given situation. Upon rendering assistance, a person is under a duty of care to do everything reasonable in the circumstances. A first aider will be judged according to the level of first aid training and experience that they have and the conditions that prevailed at the time.

In order to be found negligent in a court of law, three things must be determined:

The First Aider owed the casualty a duty of care;
The First Aider breached that duty of care; and
Personal injury was suffered by the casualty as a result of that breach.
GOOD SAMARITAN

Volunteers are generally protected if acting in a bona fide manner, and do not need to fear litigation if they come to the aid of a fellow human in need. No ‘Good Samaritan’ or volunteer in Australia has ever been successfully sued for consequences of rendering assistance to a person in need.

A ‘Good Samaritan’ is defined in legislation as a person acting without expecting financial or other reward for providing assistance. Volunteers acting as ‘Good Samaritans’ are under no legal obligation to assist a fellow being, however, the ARC encourages the provision of assistance to any person in need. Having decided to assist however, a standard of care appropriate to their level of training is expected.

RECORDING

In the event of any dispute, it will be helpful to the first aider to have a record made at the time of the incident. The importance of accurately recording and retaining written facts cannot be underestimated. When authorities investigate serious accidents, all written details are carefully examined. Such records are referred to and used as evidence at inquests and court cases.

The following guidelines may be of assistance in the preparation of a first aid report:

- Write in ink only
- Sign and date any alterations
- Do not use correction fluids
- Keep the contents strictly confidential, clear and concise
- Make sure that the record is factual and based on your observations
OCCUPATIONAL SAFETY & HEALTH

OCCUPATIONAL SAFETY AND HEALTH ACT 1984
- Employers must ensure employees are not exposed to hazards at work
- Employees must take reasonable care to protect themselves and others in the workplace

EMPLOYEE AWARENESS
- Location of first aid boxes and rooms
- Names, work locations and contact numbers of first aider
- Procedures to be followed when first aid is required
- Standard precautions for the control of infection

REPORTING
Occupational Health and Safety legislation requires that injuries occurring in the workplace are reported to WorkSafe WA. Injuries that require a report to WorkSafe WA:
- Fractured skull, spine, pelvis
- Fractures of any bone in the arm (other than wrist or hand)
- Fractures of any bone in the leg (other than ankle or foot)
- Amputations of arm, hand, finger, joint, leg, foot, toe
- Loss of sight of an eye
- Unable to work within 10 days (in the opinion of a medical practitioner)

INFORMATION TO REPORT:
- Employer name and address
- Employee name, gender and occupation
- Address where injury occurred
- Date and time of injury
- Brief description of how the injury occurred
- Any equipment involved
- Nature of the injury
- Place to which employee was taken

Occupational Health and Safety Legislation also requires employers and employees are aware of their duties and obligations in the workplace. This includes:
- The emergency response procedure of the organisation
- The location of first aid equipment
- The method of disposal of first aid equipment after use
HAZARD AND RISK ASSESSMENT

A hazard is a situation in the workplace that has the potential to harm the health and safety of people or to damage plant and equipment. The situation could involve a task, hazardous substances, dangerous goods and chemicals.

A risk is the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard.

AS/NZS ISO 31000-2009 Risk Management

Risk assessment is the process where you:

Identify hazards.

Analyse or evaluate the risk associated with that hazard.

Determine appropriate ways to eliminate or control the hazard.

In practical terms, a risk assessment is a thorough look at your workplace to identify those things, situations, processes, etc that may cause harm, particularly to people. After identification is made, you evaluate how likely and severe the risk is, and then decides what measures should be in place to effectively prevent or control the harm from happening.

HAZARD AND RISK MANAGEMENT IN THE COMMUNITY SETTING

There may be many different types of hazards in the community setting depending on what the first aid situation is. You may not complete a documented risk assessment as above however you will go through the same process of

Identify hazards

Analyse or evaluate the risk associated with that hazard.

Determine appropriate ways to eliminate or control the hazard

REMEMBER: You may not move past DANGER in your DRSABCD based on this assessment. Call 000, reassures the casualty if you can and wait for help to arrive.
How to use the risk matrix

Determine the hazards

Determine the likelihood of the hazard causing an injury or illness

Determine the consequence (how minor or serious the injury would be if it were to occur)

Determine the risk by matching the likelihood to the consequence in the risk matrix

Document any response actions, resources and responsibilities to eliminate or reduce the risk

Complete a post risk assessment as above to determine if the risk has reduced

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
<tr>
<td>Likely</td>
<td>Moderate</td>
<td>Moderate</td>
<td>High</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
<tr>
<td>Possible</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
<td>Extreme</td>
</tr>
<tr>
<td>Unlikely</td>
<td>Low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Rare</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
</tbody>
</table>
## Description of Hazards and Risk

### PRE RISK MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>CONSEQUENCE</th>
<th>RATING</th>
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### RESPONSE ACTIONS TO ELIMINATE OR DECREASE RISK

<p>| | | |</p>
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### RESOURCE REQUIREMENT TO ELIMINATE OR DECREASE RISK

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### RESPONSIBILITIES

<p>| | | |</p>
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</tbody>
</table>

### POST RISK MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>CONSEQUENCE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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October 2014 Next review July 2015
Moving / Transfer of casualty

In order to move a casualty where possible ensure you employ the safest method of moving. This will reduce the load on your person and reduce the risk of a secondary injury to self.

1 Verbal Command
   Be firm in your instruction. Tell the casualty why they need to move and you cannot move them by your self. Take your time, guide the casualty with simple instruction and praise for their effort. The more assistance the casualty gives you there is the immediate transfer of risk is reduced.

2 Team / bystander
   Where possible use more than one person to move the casualty. Give clear instruction to the person assisting you. Ensure you give basic step by step instruction, breaking down the requirements of assistance. Image 1

3 Single Person Transfer
   It is acceptable to transfer patient by dragging by their legs. Image 2. Other options can be under the arms or placing a blanket under the causality and dragging
RECOVERY POSITION – one method to perform recovery position

Casualty on their back

1 the direction you are rolling the casualty, extend their arm to 90°. Image 3

2 the arm closest to you, place across the casualty chest Image 3

3 the leg closest to you, lift the casualty knee Image 3

4 place your hand under the casualty shoulder and on the bent knee and push the casualty away from you until they are in the position in image 4

5 bring the casualty leg up and tilt the head back to open the airway

Image 3

Image 4
HOW TO CALL FOR HELP

When possible, the person with the best first aid knowledge should stay with the casualty while someone else calls for the emergency assistance.

1. To call for the Ambulance, Police or Fire Service, use 000 from all phones, including mobiles. (Mobiles just need to have a signal and do not need credit to be able to dial 000.)

2. When the emergency operator answers, state clearly which service is required.

3. Stay calm and speak clearly to convey the message. Be ready to answer any questions.

4. State the following:
   - The exact address or location with any clear landmarks or closest street cross reference
   - An outline of the emergency
   - The number of casualties involved
   - Any information about the condition of the casualty(s)
   - Any hazards relevant to the area, such as fire, chemical, spill, fumes
   - The telephone number where the caller can be contacted in case further information is needed

5. Wait until the operator tells you to hang up.

6. Ask someone to stay in a prominent position to direct the emergency service vehicle to the correct area.
INFECTION CONTROL

Communicable diseases are those diseases that can be spread from one person to another such as:

- Colds
- Influenza
- Measles
- Mumps
- Glandular Fever
- HIV
- Tuberculosis
- Some forms of Meningitis
- Some skin infections
- Hepatitis A, B & C

How these diseases can be passed on to the first aider by:

Blood, body fluids such as saliva, vomit, pus, urine and faeces. These may enter the First Aider’s bloodstream through cuts, grazes or the mucous membranes.

Because the risk to the First Aider is low, it is advised that First Aid should not be withheld.

Steps to take before management of casualty

Whenever possible:

- Cover exposed cuts and grazes with waterproof dressing
- Wear disposable plastic or rubber gloves
- Goggles
- Use antiseptic hand gel
- Wash hands with warm soapy water for 15 seconds before and after

Steps to take after management of casualty

1. If splashed by blood or other body fluids, skin should be washed thoroughly with soap and running tap water, and alcoholic hand gel if available

2. If skin is punctured by a sharp object, eg needle stick injury, which may be contaminated, wash the area thoroughly with soap and running tap water, or hand gel and seek medical advice as soon as possible.

3. If a mask is used, soak for 30 mins in bleach or disinfectant, and then wash with detergent and dry it. Dispose of any contaminated materials (such as bandages) and replace first aid kit with new ones.
# EMERGENCY CARE PROCEDURE

<table>
<thead>
<tr>
<th>D</th>
<th>DANGER</th>
<th>Check for Danger to yourself, bystanders and the casualty. Can whatever caused the problem, harm you or others? Check up down and all around to casualty.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>RESPONSE</td>
<td>Assess the level of consciousness. Check if the casualty is conscious by asking questions and squeezing their shoulders. If no response, get bystander to call for help.</td>
</tr>
<tr>
<td>S</td>
<td>SEND for help</td>
<td>Call “ 000 ”</td>
</tr>
<tr>
<td>A</td>
<td>AIRWAY</td>
<td>Check, clear and then open the airway. 1. Open the mouth and look inside for any Foreign Matter. (Do Not Tilt Head) 2. Roll onto side if foreign matter is seen then remove by scooping downwards with fingers. 3. If no foreign matter is seen then Tilt head back/ chin lift to open airway.</td>
</tr>
</tbody>
</table>
| B | BREATHING | Check for breathing:  
Look, Listen, Feel for 10 seconds  
Look down the chest, listen for breath and feel it on your cheek. Rest your hand on the person’s diaphragm and feel for breathing. Minimum of 2 Breaths need to be recognised for Normal Breathing within 10 Secs. If Normal Breathing is NOT present, Start CPR. If the casualty is breathing but unconscious, place in the recovery position and monitor ABC. Seek emergency assistance. |
| C | COMPRESSIONS | Complete 5 rounds of 30:2 in 2 minutes. If another first aider is available complete a maximum of 2 minutes of compressions and swap over. Continue swapping every 2 minutes to ensure compressions remain effective |
| D | DEFIBRILLATION | Attach an AED as soon as possible  
Follow the directions of the AED. |
Normal range of values by age

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Respiratory Rate (breaths/min)</th>
<th>Heart Rate (beats/min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>30 - 60</td>
<td>100 - 160</td>
</tr>
<tr>
<td>6-12</td>
<td>18 - 30</td>
<td>70 - 120</td>
</tr>
<tr>
<td>&gt;12</td>
<td>12 - 16</td>
<td>60 - 100</td>
</tr>
</tbody>
</table>


**TYPES OF RESPONSE**

**Conscious**- Person respond normally to your questions, makes eye contact, obeys commands (eg take a deep breath for me)

**Semi-conscious**- May respond with some sounds, inappropriate answers, may respond slowly to commands

**Unconscious**- No response from casualty verbally or physically

**ABNORMAL BREATHING**

- Excessively fast or slow
- Agonal breathing- The body is trying to draw oxygen into the lungs, the person is not breathing normally. This is commonly seen as the last few breaths a person may take. It is generally seen in cardiac arrest casualties.
- Bubbling, gurgling or absence of breathing
- Shrill, harsh, wheezing, high pitched

**WHEN CAN YOU STOP CPR?**

CPR should be continued until:

- Casualty begins Normal Breathing
- A more qualified person offers to take over (e.g. Paramedic, Doctor)
- You physically cannot continue
- A health care professional directs that CPR be ceased (Registered Nurse, Doctor, Paramedic, Australian Defence Force Medic)
RESUSCITATION CHART

The following chart is a guide of the technique and timings required to resuscitate adults, children and infants.

<table>
<thead>
<tr>
<th>Adults &amp; Children</th>
<th>Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Tilt</td>
<td>FULL</td>
</tr>
<tr>
<td>Hand Placement</td>
<td>CENTRE OF CHEST</td>
</tr>
<tr>
<td>Ratio</td>
<td>30:2</td>
</tr>
<tr>
<td>Compressions per min</td>
<td>100</td>
</tr>
<tr>
<td>Compression Depth</td>
<td>1/3 OF CHEST</td>
</tr>
<tr>
<td>Technique</td>
<td>2 HANDS</td>
</tr>
<tr>
<td>Breaths</td>
<td>Full – 1/2</td>
</tr>
</tbody>
</table>

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METHOIDS OF RESUSCITATION

AIRWAY

A casualty should not be routinely rolled onto their side to assess airway and breathing. The exceptions are:

- If there is an airway obstruction – roll the casualty onto their side and use the finger sweep method to clear any foreign material
- The most common cause of airway obstruction is the tongue

HEAD TILT AND JAW SUPPORT

Once you have cleared any foreign material from the airway, a head tilt should be applied to open the airways. This can be achieved by placing one hand at the top of the head (hair line) and the other on the chin (pistol grip), and gently tilting the head back.
RESCUE BREATHING

Wherever possible, a barrier should be used to avoid direct contact between you and the casualty. The following techniques can be applied to effect rescue breathing on a casualty:

- **Mouth to Mouth** – Open the casualty’s mouth and cover it with your mouth. Seal the nose with your cheek, or with a nose pinch

- **Mouth to Mask** – Use a resuscitation mask to provide a barrier. Ensure correct head tilt is maintained and apply adequate pressure on the mask to maintain a complete seal

- **Mouth to Nose** – Close the casualty’s mouth using the pistol grip and seal the nose with your mouth. Apply rescue breathing as normal

- **Mouth to Stoma** – A person who has had a laryngectomy may breathe through a small hole in their neck. Simply create a seal over the stoma with your mouth and apply rescue breathing

RESUSCITATION DURING PREGNANCY

When resuscitating a casualty believed to be pregnant, complications may occur resulting from pressure on the stomach, diaphragm and lungs from the baby. To provide an optimal situation for resuscitation, padding should be placed under the right buttock of the casualty, to create a ‘left lateral tilt’, ensuring reduced pressure on blood vessels and therefore unrestricted flow of blood back to the heart.

COMPLICATIONS OF RESCUE BREATHING

If the chest does not rise, check:

- Head tilt and jaw support
- Mouth and nose seal
- Any obstruction of the airway
- Adequate volume of inflation

If a casualty begins to vomit or regurgitate:

- Vomiting is an active process, often indicative of recovery
- Regurgitation is a passive process involving the outflow of stomach contents
- Turn the casualty on their side
- Clear the mouth using a finger sweep
- Check for breathing
- If no breathing is present, continue CPR

If there is air in the stomach:

- It may be caused by a partially blocked airway or over inflation
- Check the head tilt, jaw support and reduce the volume and force of inflation

**COMPRESSIONS**

- The location of the compression point is in the centre of the chest. This can be found by direct visualisation or by the “Xiphoid Method”.
- Compressions should always be 1/3 of the depth of the chest of the casualty
- Compression rate is approximately 2 compressions every second or 100 per minute

**TWO OPERATOR RESUSCITATION**

If a second person is available to assist with resuscitation, you should first instruct them to call for help (if not already done), and locate a Defibrillator (if in an area likely to have one). Once the second rescuer returns:

- Continue 1 operator CPR as you instruct them how to perform the compressions
- Guide their hand placement and help them count / obtain a rhythm
- Once competent, 2 operator CPR can be performed with one person completing each role (i.e. one delivering rescue breaths, and one delivering compressions).

**Infant 12 months and under**

![Infant CPR illustration]
DEFIBRILLATION

WHAT IS DEFIBRILLATION?

- An electric shock delivered across the heart
- A process designed to resume the coordinated rhythm and pumping action of the heart
- The effective treatment for Ventricular Fibrillation (VF) and Pulseless Ventricular Tachycardia (VT)

THE ROLE OF THE AED PROVIDER

- Recognise the emergency
- Initiate the emergency care procedure (DRSABCD)
- Call for emergency assistance
- Verify the need for resuscitation
- Access and attach an Automated External Defibrillator (AED)
- Follow the instructions and prompts of the AED
- Provide appropriate aftercare

WHY USE AN AED?

- Application of an AED in the first few minutes following a cardiac arrest can dramatically increase the chance of survival of the casualty
- Early access is essential – it is thought the chance of survival decreases approximately 10% for each minute an AED is not attached
- It is part of the emergency care procedure (DRSABCD)
- The devices are cost effective, low on maintenance and easy to use
- The AED provides prompts to the operator and can assist with remembering the emergency care procedure

- Cut all clothing off the top half of the casualty including bras. Be mindful of dignity for patient and cover their chest if able
- Do not stop CPR to place the AED pads on the casualty
- Do not remove jewellery, push it out off the way
- Place pad 8cm away from pace maker
- AED can be used on a wet surface, metal surface and a pregnant casualty
OPERATION OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

There are many brands and models of defibrillators on the market. While they may differ in design, all are very similar in operation.

A typical AED could look like these:
SECONDARY SURVEY

Once a Primary Survey has been carried out and the breathing, circulation and severe bleeding has been controlled a secondary survey is required.

A Secondary Survey is designed to determine if the casualty is suffering from any other injuries that require treatment. Complete a full secondary survey of a casualty before treating the injuries so you can prioritise them from most life threatening to least life threatening injuries.

- A secondary survey on a conscious casualty should be completed visually and verbally
- A secondary survey on an unconscious casualty should be completed visually using bystanders to assist you to gather further information about the situation
- Do not allow the casualty to move during the survey
- Speak calmly and reassuringly to the casualty and ask them or a bystander

**History:** What happened & previous injuries/illness (this will give an indication to possible new injuries)

**Medications:** Are they taking any medication? What are they?

**Allergies:** What are they allergic to, record this information;

**Medical alert** bracelet / necklace or even a tattoo
EMERGENCY CARE PRIORITIES

BASIC TRIAGE

When approaching a first aid situation where there are numerous casualties, it is important to perform some basic triage to ensure attention is given to the most severe/time critical casualty first.

Ambulance services use a similar system when deciding how to prioritise their responses to 000 calls.

<table>
<thead>
<tr>
<th>TOP PRIORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Airway obstruction, difficulty breathing or unconsciousness</td>
</tr>
<tr>
<td>- Chest pain, and other circulatory problems like severe bleeding or severe shock</td>
</tr>
<tr>
<td>- Major injuries of the head, chest or abdomen</td>
</tr>
<tr>
<td>- Major burns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECOND PRIORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Burns or scalds</td>
</tr>
<tr>
<td>- Abdominal pain</td>
</tr>
<tr>
<td>- Concussion or altered state of consciousness</td>
</tr>
<tr>
<td>- Open fractures (where there is a visible wound)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIRD PRIORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Major fractures (closed)</td>
</tr>
<tr>
<td>- Eye injury</td>
</tr>
<tr>
<td>- Hand injury</td>
</tr>
<tr>
<td>- Spinal injury</td>
</tr>
</tbody>
</table>

It is essential that all casualties at the scene of an accident receive attention, however utilising bystanders may be a good way of ensuring the more qualified first aiders can attend to the more serious conditions first, to ensure maximum chances of survival.
The chain of survival describes the sequence of critical intervention stages in the initial care of a Cardiac Arrest Patient.

The critical stages are:

- **Early Call for Help**
  It is essential to attend the casualty and call for help as soon as possible.

- **Early CPR**
  This will increase the casualty’s chance of survival by encouraging oxygenated blood flow to the brain.

- **Early Defibrillation**
  The restoration of an adequate heart rhythm is necessary for the casualty to survive a cardiac arrest.

- **Post Resuscitation Care**
  Transportation of the casualty to hospital by ambulance should not be delayed to enable further treatment and monitoring of their condition.
CIRCULATORY SYSTEM

Circulatory System consists of:

- Heart
- Blood
- Blood vessels
  - Arteries
  - Veins
  - Capillaries

Blood flows continually around the body in a vast network of blood vessels. The heart is the pump that drives blood through the arteries, which carry oxygen rich blood to all organs and tissues. The oxygen is exchanged for carbon dioxide in a network of capillaries before the oxygen depleted blood returns to the heart and lungs through the veins.

A smaller circulation system exists between the heart and lungs where carbon dioxide is removed in the alveoli and oxygen added to the blood in readiness for the next circuit around the body.
ANGINA ATTACK
Caused where the casualty has a narrowing of the arteries that supply oxygenated blood to the heart (symptoms are often triggered by exertion and exercise).

HEART ATTACK
Damage caused to the heart muscle due to lack of oxygen. The severity depends on the location of the blockage.

Signs and Symptoms
- Mild, moderate or severe crushing chest pain (may radiate to the neck, jaw, shoulders, the back, either or both arms)
- Shortness of breath
- Pale, cold & clammy skin
- Sweating
- Nausea/vomiting
- Sudden collapse

Treatment
- Rest & reassurance
- Assist with prescribed medication if angina (call 000, if no benefit after 10mins or casualty deteriorates)
- Call 000 straight away for heart attack
- Consider aspirin (1x300mg), if not on anticoagulants, not asthmatic or allergic to aspirin
- Prepare for CPR
- Seek defibrillator
CARDIAC ARREST

A cardiac arrest occurs when the normal rhythm of the heart is suddenly disrupted, drastically reducing the heart’s capability to pump blood around the body. It is vital that defibrillation and cardiopulmonary resuscitation (CPR) are given as soon as possible, along with calling Triple Zero (000), to provide the best chance of surviving a cardiac arrest.

A cardiac arrest can be a result of various causes, with the most common cause being an acute episode of underlying heart disease, such as a heart attack. For some people, the first warning sign of heart attack may be a cardiac arrest.
ASTHMA

Asthma is a condition of the airways. People with asthma have sensitive airways in their lungs which react to triggers which activates their asthma. When asthma is triggered, as examples; pollen, dust and pollution, the casualty develops symptoms which make breathing. When the trigger activates the airways to swell, mucus is produced which blocks an already constricted airway and the muscle around the airway constrict.

**Signs and Symptoms**
- Wheezing
- Rapid breathing
- Difficulty breathing
- Coughing

**Signs of a severe asthma attack include some or all of the following:**

- Gasping for breath (may have little or no wheeze due to little movement of air).
- Severe chest tightness.
- Inability to speak more than one or two words per breath.
- Feeling distressed and anxious.
- Little or no improvement after using “reliever” medication.
- ‘Sucking in’ of the throat and rib muscles, use of shoulder muscles or bracing with arms to help breathing.
• Blue discolouration around the lips (can be hard to see if skin colour also changes).
• Pale and sweaty skin.
• Symptoms rapidly getting worse or using reliever more than every two hours.

As well as the above symptoms, young children appear restless, unable to settle or become drowsy.
A child may also ‘suck’ in muscles around the ribs and may have problems eating or drinking due to shortness of breath.
A child also may have severe coughing and vomiting.
An asthma attack can take anything from a few minutes to a few days to develop.

What to do
Assist casualty into comfortable sitting position with arms supported
Assist with prescribed medication, 4 puffs (with 4 breaths between each puff)
Wait 4 mins, if no improvement give another 4 puffs
If little or no improvement, Call 000
Continue with 4x4 medication method until ambulance arrives

| ASTHMA |

Reliever

Asthma reliever is a blue grey colour and goes by the name pharmaceutical manufacture names; Ventolin, Asmol, Airomir, Bricanyl. These medications relax the constricted muscle around the airways.

Spacer

A spacer is a chamber the ventolin is placed on one end of the chamber and the casualty breaths on the other end. The chamber is the most effective way of delivering the reliever to the causality.
Asthma First Aid

1. Sit the person upright
   - Be calm and reassuring
   - Do not leave them alone

2. Give 4 puffs of blue reliever puffer medication
   - Use a spacer if there is one
   - Shake puffer
   - Put 1 puff into spacer
   - Take 4 breaths from spacer
   Repeat until 4 puffs have been taken
   Remember: Shake, 1 puff, 4 breaths

3. Wait 4 minutes
   - If there is no improvement, give 4 more puffs
     as above

4. If there is still no improvement call emergency assistance (DIAL 000)*
   - Say ‘ambulance’ and that someone is having an asthma attack
   - Keep giving 4 puffs every 4 minutes until emergency assistance arrives
   *If calling Triple Zero (000) does not work on your mobile phone, try 112

Call emergency assistance immediately (DIAL 000)
   - If the person is not breathing
   - If the person’s asthma suddenly becomes worse, or is not improving
   - If the person is having an asthma attack and a puffer is not available
   - If you are not sure if it’s asthma
Blue reliever medication is unlikely to harm, even if the person does not have asthma
CHOKING

Difficulty breathing due to mild or severe blockage

**Mild Airway Obstruction** – Depending on the severity of the blockage, air flow may still pass in and out, the casualty may be able to talk

**Signs and Symptoms**
- Difficulty breathing
- Coughing or gasping
- Clutching at throat
- Red face and watering eyes
- Anxiety and agitation

**What to do for a Mild Airway Obstruction**
- Assess severity
- If an effective cough is present, encourage coughing
- Rest & reassure
- Call an ambulance if they are unable to cough object out

**Severe Airway Obstruction** - there is no airflow in or out and they are unable to talk

**Signs and Symptoms**
- Silent
- Clutching at throat
- Frantic or quiet
- No air is getting into the body
- May collapse

**What to do**

**If conscious**
- call 000
- 5 back blows
- 5 chest thrusts
- Alternate if unsuccessful

**If Unconscious**
- call 000
- Commence CPR
CHOKING FLOW CHART

Upper airway obstructions (foreign body airway obstructions) need to be dealt with swiftly to avoid a casualty becoming unconscious. There are two scenarios involving upper airway obstructions:

Assess Severity of obstruction

Ineffective Cough
Severe Airway Obstruction

Unconscious
Call Ambulance
Commence CPR

Conscious
Call Ambulance
Give 5 back blows
Then 5 chest thrusts

Effective Cough
Mild Airway Obstruction

Encourage coughing
Continue to check casualty
Until recovery or deterioration
Call Ambulance Dial 000

HYPERVERVENTILATION

Difficulty breathing due to an imbalance in the levels of oxygen and carbon dioxide in the body.

Signs and Symptoms
- Rapid and shallow breathing
- Feeling dizzy/light headedness
- Tingling and Severe spasms
- Anxiety

What to do
- Rest & lots of reassurance
- Advise to lower breathing rate
- May have to remove casualty from the situation
- Seek medical advice if condition worsens
DROWNING

Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid.

The most important consequence of drowning is interruption of the oxygen supply to the brain. Early rescue and resuscitation by trained first responders or first aiders at the scene offer the victim the best chance of survival (ARC guidelines March 2014)

**Signs and symptoms**
- Coughing
- Difficulty breathing
- Vomiting or regurgitation
- Laryngeal spasms
- Unconsciousness

**What to do**
- Remove casualty from water as soon as possible
- Follow basic life support
- Treat for hypothermia
- Rest and reassure casualty
- Commence CPR if required
- Call an ambulance

**Use of the AED**
If available, the AED should be attached and the prompts followed. Dry the victim’s chest before applying pads. Although the rhythm deterioration in drowning is usually to a non-shockable rhythm, the AED may be lifesaving in ~6% of drowning victims who, on initial assessment, are found to have a shockable cardiac rhythm. (ARC Guideline March 2014)

**Compression-only CPR is not the recommended resuscitation method**
The primary cause of cardiac arrest in drowning is a lack of breathing. Compression-only CPR circulates oxygen-poor blood and fails to address the victim’s need for immediate ventilation. It is not the recommended resuscitation method in a victim of drowning and should only be used temporarily if the rescuer is unable or unwilling to perform rescue breathing before the arrival of a barrier device, face mask or bag-valve-mask device. (ARC Guidelines march 2014)

**DO NOT**
- Attempt to empty the stomach of water by pressing on it

**All casualties immersed in water should be assessed in hospital.**
SHOCK

Shock is a loss of effective circulation which leads to a lack of oxygen and nutrients being delivered to the tissues and can lead to organ failure.

Some of the main causes of shock are:

Loss of blood volume (Hypovolemic shock)
- Severe blood loss
- Burns
- Excessive sweating and Dehydration
- Diarrhoea and vomiting
- Major or multiple fractures or trauma

Cardiac (Cardiogenic shock)
- Heart attack

Abnormal dilation of blood vessels (distributive shock)
- Severe infections
- Allergic reaction
- Severe brain/spinal injuries

Signs and symptoms include:
- Pale, cold & clammy skin
- Restlessness
- Dizziness
- Nausea
- Anxiety
- Thirst
- Rapid but shallow breathing
- Change in body temperature (typically feeling too cold)
- Change in conscious state

Treatment for a casualty suffering from shock:
- If unconscious follow basic life support procedures
- Treat the cause (e.g. bleeding, fracture, burn, fluid loss)
- Lay the casualty down, and raise their legs slightly if possible
- Protect the casualty from extremes of temperature
- Call for ambulance
BLEEDING

EXTERNAL BLEEDING
Blood is lost from the blood vessels through a break in the skin barrier

**P**  =  Pressure (direct)

**E**  =  Elevation

**R**  =  Rest

- Have the casualty apply pressure directly onto wound using a sterile pad
- Apply a pressure bandage over the pad & bandage toward the heart
- Check circulation by applying pressure to the nail bed and watch colour return
- Continue to monitor the casualty and treat for shock
- Seek medical attention if blood loss is severe or is continuous

INTERNAL BLEEDING/ABDOMINAL INJURIES
Blood is lost from the blood vessels into the open spaces of the body.

**Signs and Symptoms**
- Rapid and weak pulse
- Rapid and gasping breaths
- Signs of internal bleeding could be frothy red blood coughed up from the lungs, red or rust-coloured urine or dark faeces (like tar)
- Pain, tenderness and discolouration at site
- Anxiety or restlessness
- Nausea or vomiting
- Bruising and/or swelling to site

**What to do**
- Rest and Reassure the casualty, call 000
- Lay down, elevate legs if possible
- Cover the casualty
- Monitor conscious state
WOUNDS

Wounds are injuries to the skin, which sometimes involve underlying soft tissues. Wounds are visible signs of injury – even when there is no external bleeding.

What steps would you take to treat the following?

Abrasion:

__________________________________________________________________

Puncture wound:

__________________________________________________________________

Nose bleed:

__________________________________________________________________

Crush injury:

__________________________________________________________________

Amputations:

__________________________________________________________________

Embedded object:

__________________________________________________________________

Sucking chest wound:

__________________________________________________________________
MUSCULOSKELETAL

The system consists of:

- Muscles
- Bones
- Ligaments
- Tendons

FRACTURES AND DISLOCATIONS

FRACTURE
A fracture is a break or disruption to bone tissue.

DISLOCATION
Occurs where a bone has been displaced from its natural position at a joint.

Signs and Symptoms
- Pain – severe or moderate, depending on the location of the injury
- Loss of normal function of the injured part
- Obvious deformity
- A wound if it is an open fracture
- Discolouration of the skin and bruising
- Swelling
- Symptoms and signs of shock
- Altered sensation, e.g. pins and needles
- Nausea

What to do – Immobilisation
- Reduces pain
- Prevents further damage to soft tissue and bones
- Reduces the risk of serious bleeding
- Reduces the chance of circulation restriction to injured part
- Prevents a closed fracture from becoming an open fracture
MUSCLES, TENDONS AND LIGAMENTS

SPRAINS
A sprain is a partial or complete tearing of ligaments and tissues at a joint.

![Sprained ankle image]

STRAINS
A strain refers to the stretching or tearing of muscle or tendon fibres

Signs and Symptoms
- Pain at the site of an injury
- Loss of power in the injured area, especially with a sprained joint
- Swelling of injured area
- Nausea
- Feeling faint or giddy
- Pale, cold and clammy skin due to shock

What to do
- Rest
- Ice
- Compression
- Elevation
- Referral
EYE INJURIES

Signs & Symptoms
- Pain in, or behind the eye
- Spasm of the eyelids
- A continuous flow of tears from one eye
- Reduced or altered vision, or even loss of sight
- Blood visible in the eye, or bleeding around the eye

MINOR EYE INJURIES

Treatment
- Ask casualty to blink, to try to remove with tears
- If it is visible on the white part of eye, use the soft corner of moistened tissue to remove (1 attempt only)
- If unsuccessful, gently flush eye with sterile saline or water
- If unsuccessful cover with sterile pad & seek medical advice

MAJOR EYE INJURIES

Treatment
- Rest & reassure the casualty
- Lay casualty down with head slightly raised
- Advise them to avoid any movement of the head & keep eyes still
- Cover the injured eye with sterile pad (don’t cover both eyes)
- Call 000
ALTERED CONSCIOUS STATES

**Fully Conscious:** Responds normally to questions or requests  
**Semi-Conscious:** Partly responsive, shows confusion, disorientation  
**Unconscious:** No response at all to command or touch

**DIABETES**

Diabetes is a medical condition where the body struggles to maintain normal blood glucose levels due to an irregularity in the production of insulin.

**HYPOGLYCAEMIA**

Hypoglycaemia, also called low blood glucose or low blood sugar, occurs when blood glucose drops below normal levels – Rapid onset.

**Signs and Symptoms**
- Altered conscious state
- Pale, cold & clammy skin (Moist)
- Rapid pulse
- Sweating / shaking
- Unconsciousness

**HYPERGLYCAEMIA**

High blood sugar levels due to low insulin production or ineffective insulin production – slow onset.

**Signs and Symptoms**
- Deep & rapid breathing
- Fruity acetone breath
- Abdominal pain
- Nausea/vomiting
- Warm/dry skin & sunken eyes
- Drowsiness/coma

**What to do**
- If casualty is CONCIOUS and Hypoglycaemic OR if you are unsure if they are Hypoglycaemic give the casualty something sweet (cordial, juice, lollies)
- Call 000 if no improvement or casualty deteriorates
- If unconscious, place the casualty on their side and monitor ABC. An ambulance should be called at this stage
- Reassure the casualty frequently during recovery because they may be confused until fully recovered

**Important Note!!**
The signs and symptoms of too much sugar and too little sugar are very similar. It is always best to assume a **low blood sugar** is present (hypoglycaemia) because that is the more serious condition and is more likely to occur than a high blood sugar level.
STROKE

Stroke is a condition caused when part of the brain is affected by an interruption to the normal blood supply.

**Causes:** A clot in a blood vessel, or a burst blood vessel

**Signs and Symptoms:**
- Moderate to severe headache
- Tingling, weakness or numbness down one side of the body
- Loss of muscle tone of the face muscles, with dribbling from one side
- Nausea and/or vomiting
- Unequal pupils; blurred or double vision
- Loss of bladder or bowel control
- Loss of speech or the uttering of meaningless sounds
- Loss of balance and coordination
- Deteriorating conscious state or unconsciousness

**What to do:**

**Unconscious**
- Recovery position
- ABC
- Treat injuries
- Maintain body temperature
- Be ready to perform CPR
- Call for an ambulance

**Conscious**
- Position of comfort (laying or half sitting, keep head raised)
- Reassure and comfort the casualty
- ABC
- Loosen tight clothing
- Maintain body temperature
- Call for an ambulance

*How do you know if someone's having a stroke? Think... F.A.S.T.*

- **F**ace: Has their face drooped?
- **A**rms: Can they hold both arms up?
- **S**peech: Is their speech slurred?
- **T**ime: Is it critical? Call 000 immediately!
CONVULSIONS AND SEIZURES

FEBRILE CONVULSION
is a form of seizure in infants or young children from 6 months to 6 years caused by overheating.

EPILEPSY
is a condition caused by the ‘misfiring’ of electrical activity in the brain, interrupting the normal flow of information

Signs and Symptoms
- Absence seizure – persistent state of ‘staring’ or ‘daydreaming’
- Partial – continual twitching or repetitive muscular movements
- Tonic Clonic – forced cry, full contraction of muscles, frothing at the mouth, loss of bladder or bowel control, clenching of jaw

What to do
- Protect them during the seizure by removing any objects that may cause injury to the casualty
- **DO NOT RESTRAIN**
- Assess the casualties level of consciousness
- Attempt to protect the head from injury
- Reassure and comfort the casualty
- Place into recovery position, allow casualty to sleep if exhausted following seizure—continually monitor ABC

Call medical help if any of the following:
- If seizure lasts for more than 2 minutes or repeated seizures occur
- Injury occurs
- Casualty is pregnant, diabetic, infant or child
- No previous history of seizures
- Seizure occurs in water
- Casualty remains unconscious
- Resuscitation has been performed
- If in doubt
HEAD INJURIES

CONCUSSION
Concussion is caused by a violent shaking of the brain.

Cerebral Compression
Cerebral Compression occurs when pressure within the skull increases, due to swelling (fluid build up) on the brain.

Signs and Symptoms
- Headache, loss of memory
- Dizziness, drowsiness and confusion
- Scalp or facial wounds, bumps
- Nausea, vomiting
- Unequal pupils
- Loss of balance, earache
- Altered conscious state
- Altered vision, blurred vision
- Blood and/or clear fluid loss from nose and ears

What to do
- If unconscious, place casualty on their side and monitor their ABC
- Any blood or fluid from the ear, lay injured side down DO NOT APPLY PRESSURE DRESSING
- An ambulance should be called at this stage
- If conscious, help the casualty to a comfortable position and monitor their ABC
- Seek emergency assistance if:
  o Headache and nausea do not improve
  o Blood or clear fluid leaks from the ears or nose
  o Casualty unable to walk or talk
  o Pupils appear unequal in size

For all head injuries, no matter how minor, seek medical help.
SPINAL INJURIES

Signs and Symptoms
History of injury
Pain at site of injury
Numbness and tingling in the extremities
Partial or complete loss of movement
Tenderness at the site of injury
Loss of feeling in limbs
Loss of awareness

What to do
If unconscious, CAREFULLY place the casualty on their side using the log roll (2 or more people are needed for this) and monitor their ABC. An ambulance should be called at this stage. (If on your own, you must carefully put in the recovery position)
Resuscitation should be commenced if required, as with any unconscious casualty. (Use jaw thrust technique to open airway)
If conscious, DO NOT MOVE, maintain the casualty in a comfortable position and call for an ambulance. Permanent paralysis and other serious injuries may result from movement.
Provide continual reassurance to the casualty to avoid shock
Maintain body temperature
1. Appoint one person in your rescue group as leader. This should be the most experienced or knowledgeable person among you, and not be afraid to take command of the situation. The leader will provide instruction, it is imperative that all the others do exactly what is ordered.

2. The team will all kneel on one side of the casualty or the single person. Hand placement – 1 shoulder and hip, 2 Hip and knee, 3 knee and ankle. All arms will cross over, *image 5*.

3. The leader will then place their hands under the casualty shoulders with thumbs over the collar bone; the leader will have their forearms on the casualty’s ears, *image 5*.

4. Leader will call the team to roll the casualty towards them by a 3 count. There must be a consistent motion, keeping the spine in line is crucial for a successful log roll, *image 6*.

*Image 5*

*Image 6*
BURNS

Causes of burns:
  Heat - Temperature, fire, friction
  Chemicals - Acids & Alkalis
  Electrical - Low voltage or prolonged current, high voltage
  Radiation - Sun, nuclear

Signs & Symptoms
  o Severe pain
  o Red, peeling / blistered skin, white charred skin
  o Shock

Types of burns and scalds

<table>
<thead>
<tr>
<th>Superficial Burn</th>
<th>Partial Thickness Burn</th>
<th>Full Thickness Burn</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1&lt;sup&gt;st&lt;/sup&gt; degree) Affects only the top layer of skin</td>
<td>(2&lt;sup&gt;nd&lt;/sup&gt; degree) Damages deeper layers of skin</td>
<td>(3&lt;sup&gt;rd&lt;/sup&gt; degree) Damages the skin and deeper tissues, such as muscle</td>
</tr>
</tbody>
</table>
BURNS - WHAT TO DO

1. Cool the injured area
   a. Immediately cool the affected area for at least 20 minutes using cold running water from a tap or shower. Do not burst blisters as it increases the chance of infection
   b. Hold the injured area close to the stream of water to avoid further pain
   c. If any clothing is wet with hot liquid or affected by a chemical splash, remove it quickly and carefully
   d. Remove any tight clothing, watch, rings or jewellery from the injured area because of the risk of swelling and heat transfer of metals

2. Treat casualty for shock
   a. If the casualty is feeling faint or looking shocked and needing to lie down, place the injured part in a bowl or bucket of cold water or apply burn aid
   b. Raise both legs on several pillows, a rolled blanket or seat of a chair

3. Apply a sterile dressing
   a. After cooling the injured area, apply a sterile dressing
   b. Use a non-adherent dressing or a special burn dressing that contains sterile ointment to soothe the pain and reduce the risk of infection

4. Apply a light bandage
   a. Keep the sterile dressing in place with a loosely applied conforming cotton bandage (Sheet(s), triangular bandage)
   b. Check the bandage frequently to make sure it is not too tight if swelling occurs

Most burns require medical treatment.

In particular, seek medical attention in the following situations:

- A flame or scald injury greater than the size of the casualties palm (1%) or any size if it involves the face, hands or perineum, or if in doubt

N.B. All infants and children with burns should be medically assessed.
HEAT INDUCED ILLNESS

HEAT EXHAUSTION

Occurs when the casualty becomes slightly dehydrated due to the constant loss of water through perspiration.

**Signs and Symptoms**
- Muscle cramps, dizziness and weakness
- Cool and clammy skin, becoming flushed and red
- Rapid and weak pulse
- Rapid and noisy breathing
- Shock and heavy sweating

**What to do**
- Stop the person from continuing with the activity
- Lay in cool place, loosen tight clothing or remove excess clothing
- Sponge body with cool water & give sips of water
- If casualty vomits or can’t keep fluids down – seek medical attention
- Apply wrapped ice packs to armpits, groin and head/neck area
- If unconscious, recovery position, monitor ABC’s

HEAT STROKE

Occurs when the body is overwhelmed by heat and eventually vital organs stop functioning.

**Signs and Symptoms**
- Sweating stops
- Rapid raise in body temperature
- Altered consciousness and convulsions
- Body systems shut down
- Shock

**What to do**
- Cool the body
- Give sips of water if conscious (not too cold)
- Minimise shock
- Seek urgent medical attention
- Apply wrapped ice packs to armpits, groin and head/neck area
COLD INDUCED ILLNESS

HYPOTHERMIA

Hypothermia occurs when the body temperature drops

Signs and Symptoms
- Shivering (may stop in later stages)
- Slow, irregular pulse or breathing
- Irritable, irrational or confused behaviour
- Apathy and decreasing levels of consciousness
- Abnormal coordination
- Coldness, numbness, cramps

What to do
- Move to warm, dry place is possible
- Warm casualty gradually
- Give warm fluids if conscious
- Seek medical attention urgently
- Stay with casualty
- DO NOT give alcohol
- DO NOT rewarm too quickly
- DO NOT rub or massage the casualty
SAFETY DATA SHEET

MSDS are the key to working safely with chemicals. MSDS are prepared by the manufacturers and importers, and describe the chemical and any health hazards or precautions for safe handling and use.

**The four main sections are:**
1. Identification
2. Health hazard information
3. Precautions for use
4. Safe handling information

---

### 1. IDENTIFICATION OF THE MATERIAL AND SUPPLIER

**Product Name:** CUSSONS MORNING FRESH DISHWASHING LIQUID

<table>
<thead>
<tr>
<th>Supplier Name</th>
<th>PZ CUSSONS PTY LTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>262 - 300 Hammond Road, Dandolo, VIC, AUSTRALIA, 3175</td>
</tr>
<tr>
<td>Telephone</td>
<td>(03) 9794 3333</td>
</tr>
<tr>
<td>Fax</td>
<td>(03) 9794 3331</td>
</tr>
<tr>
<td>Emergency</td>
<td>(03) 9794 3333</td>
</tr>
<tr>
<td>Synonym(s)</td>
<td>005603 - PRODUCT CODE - CUSSONS MORNING FRESH DISH WASHING LIQUID - ORIGINAL - CUSSONS MORNING FRESH DISH WASHING LIQUID (ORIGINAL) - MORNING FRESH DISH WASHING LIQUID</td>
</tr>
<tr>
<td>Use(s)</td>
<td>DETERGENT • DISHWASHING DETERGENT • DISHWASHING LIQUID</td>
</tr>
</tbody>
</table>

### 2. HAZARDS IDENTIFICATION

**CLASSIFIED AS HAZARDOUS ACCORDING TO ASCC CRITERIA**

**RISK PHRASES**
- R38 Irritating to skin.
- R41 Risk of serious damage to eyes.

**SAFETY PHRASES**
- S23 Do not breathe gas/vapours/steam (where applicable).
- S46 If swallowed, contact a doctor or Poisons information Centre immediately and show container or label.

**NOT CLASSIFIED AS A DANGEROUS GOOD BY THE CRITERIA OF THE ADG CODE**

<table>
<thead>
<tr>
<th>UN No.</th>
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<td>Packing Group</td>
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<td>Hazchem Code</td>
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<tr>
<td>EPG</td>
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### 3. COMPOSITION/ INFORMATION ON INGREDIENTS

<table>
<thead>
<tr>
<th>Ingredient</th>
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<th>Content</th>
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<tr>
<td>ETHANOL</td>
<td>C2-H5-O</td>
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<tr>
<td>1,2-EENZ/SOTHIOAZOLIN-3-ONE</td>
<td>C7-H5-N-O-5</td>
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<td>ADDITIVE(G)</td>
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<td>DYE(G)</td>
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### 4. FIRST AID MEASURES

**Eye**
If in eyes, hold eyelids apart and flush continuously with running water. Continue flushing until advised to stop by a Poisons Information Centre, a doctor, or for at least 15 minutes.

**Inhalation**
If inhaled, remove from contaminated area. Apply artificial respiration if not breathing.

**Skin**
If skin or hair contact occurs, remove contaminated clothing and flush skin and hair with running water.

**Ingestion**
For advice, contact a Poison Information Centre on 13 11 26 (Australia Wide) or a doctor (at once).

**Advice to Doctor**
Treat symptomatically

**First Aid Facilities**
Eye wash facilities should be available.
POISONING

A poison is a substance that can cause injury, illness or death if it enters the body. Poisons could be liquids, solids, gas or vapour fumes.

Poisons can enter the body by:

- **INGESTION** through the mouth and digestive system (includes household poisons and pills)
- **INHALATION** of fumes through the mouth (smoke inhalation, chemicals)
- **ABSORPTION** of a chemical or plant extract through the skin (includes chlorine, hydrochloric acid and acetate)
- **INJECTION** of drugs or toxins from venomous creatures (includes snake bites and drugs such as heroin)

**Signs and Symptoms**

- Nausea or vomiting
- Diarrhoea
- Profuse sweating
- Abdominal pain
- Unconsciousness or deteriorating conscious state
- Seizures
- Breathing difficulty

**What to do**

- Check for safety before approaching the casualty
- Check the casualties level of consciousness
- Call the poisons Information Centre on 131126
- Call for ambulance for emergency
- Find out what there taken, how much and how long ago
- Remove to fresh air if inhalation
- If chemical, wash and avoid any contamination to yourself

POISONS INFORMATION CENTRE

131126
BITES AND STINGS

TREATMENT CHART FOR BITES AND STINGS:

<table>
<thead>
<tr>
<th>Heat</th>
<th>Ice</th>
<th>Vinegar</th>
<th>P.I.T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stone fish</td>
<td>Red back</td>
<td>Box Jellyfish</td>
<td>Funnel web</td>
</tr>
<tr>
<td>Stingray</td>
<td>White tail</td>
<td>Irukandji</td>
<td>Snakes</td>
</tr>
<tr>
<td>Bull rout</td>
<td>Bees</td>
<td></td>
<td>Blue ringed octopus</td>
</tr>
<tr>
<td>Blue bottle</td>
<td>Jelly fish</td>
<td></td>
<td>Cone shell</td>
</tr>
<tr>
<td>Cobbler</td>
<td>Centipede</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sea urchin</td>
<td>Scorpion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anything with spines</td>
<td>Stop swelling</td>
<td>All stings above the tropics</td>
<td>To slow down poison</td>
</tr>
</tbody>
</table>

PRESSURE IMMOBILISATION TECHNIQUE – (P.I.T)

- Apply crepe bandage over site to maintain pressure
- Firmly bandage entire limb from extremities up
- Check circulation
- Immobilise limb with splint or sling and rest casualty
- DO NOT move unless necessary
- Call 000
- Monitor ABC
ANAPHYLAXIS

Anaphylaxis (or anaphylactic shock) is a severe allergic reaction that may be triggered by exposure to a number of substances such as:

- Peanut products
- Seafood products (particularly shellfish)
- Eggs
- Bee stings
- Medication (e.g. penicillin)
- Latex

An anaphylactic reaction will usually occur within minutes of exposure, however in some rare cases can be delayed up to several hours.

**Signs and Symptoms**

- Swelling, particularly around the airways
- Difficulty breathing (could be evident through wheezing / coughing)
- The appearance of hives / rash – or change in skin colour
- Increased heart rate
- Change in conscious state

The recommended treatment is the administration of adrenaline. Many individuals known to be prone to severe allergic reaction will carry an auto-injector device (such as EpiPen or Anapen), which contains a single dose of adrenaline (0.3mg for adults, 0.15mg for children).

**What to do**

- Stay with the casualty & ensure total rest
- Rest & reassure – follow the person’s allergy action plan (if available)
- Assist them to take any medication they may have (if they have an EpiPen). As per the ARC Guidelines if there is no symptom relief after 5 minutes assist casualty to administer another epipen. If symptoms return and another epipen is available assist casualty to administer another dose of adrenaline.
- Call 000
- Be prepared to commence CPR

It is important to note that even after a dose of adrenaline, the signs and symptoms may return – constant observation is essential while waiting for the ambulance to arrive.
HOW TO ADMINISTER EPI PEN

1. Sit or lay the casualty down

2. Form a fist around the EpiPen and remove blue cap

3. Press the orange end firmly against the thigh until you hear a click and hold in place for 10 sec

4. Orange shaft drops to prevent needle stick. Get casualty to hospital
SUBSTANCE ABUSE

Substance abuse is the deliberate and excessive use of a substance without regard to health or accepted medical practices.

The abuse and misuse of drugs causes:
- Dependency
- Addiction
- Tolerance
- Overdosing

Substance Abuse General Care
- Survey the scene
- Carefully place any exposed needles in a hard container such as glass or plastic jar with lid.
- Carry out primary survey and care for life threatening conditions
- Try to identify substance, how much has been taken and how long ago
- Be calm, reassure and maintain body temperature
- Withdraw if casualty becomes violent
DEBRIEFING/STRESS MANAGEMENT

First aiders are well trained in their skills, however, they are still human, and as such they may experience feelings of anxiety, wondering if they could have done more, or if they have done the right thing.

It is important for a first aider to talk to others and debrief (such as friends, colleagues, manager etc) after an incident to ensure a full picture of what happened is recorded, and that there is an ‘end’ to the incident. This can assist to manage any stress associated with the incident.

A first aider experiencing ongoing feelings of guilt, sadness, worry, fear or anxiety, inability to sleep and/or mood swings should consult their GP in order to gain professional advice and referral to assist with stress management.

Always remember that if you have applied your first aid skills carefully, to the best of your ability within the scope of your training, you have done your best.
This section has been blacked out as it is not required to be completed for this level first aid course.
Course Evaluation Form

Name: ______________________ (Optional)  Course: Apply First Aid
Date: ______________________  Location: ______________________

What was the best aspect of the course for you?
__________________________________________________________________
__________________________________________________________________

What aspect of the course would you like to see changed?
__________________________________________________________________
__________________________________________________________________

Are there any further comments you wish to make?
__________________________________________________________________
__________________________________________________________________

How would you rate the?  (Please tick)

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<td>Learner guides/workbook</td>
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<td>Quality of feedback throughout</td>
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<td>Instructors knowledge of course content</td>
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<td>Instructors presentation skills</td>
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<td>Instructors level of preparation</td>
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<td>Instructors approach to the group</td>
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<td>Administration service received</td>
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Why are you participating in the course?

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<tr>
<td>Gain employment</td>
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<td>Requirement of Employment / Studies</td>
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<td>Personal Satisfaction</td>
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How did you find out about the course?

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Other: ☐

Thank you for participating in our course and taking the time to complete this evaluation. Simply tear out the evaluation form and return to your First Aid Trainer.

Your feedback will help Royal Life Saving Society WA to continually improve our courses.

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RLSSWA – Leaner Guide HLTAID003 Provide First Aid v5
October 2014 Next review July 2015