FOR THE LEARNER —
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EMERGENCY

ST JOHN AMBULANCE AUSTRALIA

FIRST AID

First aid is the helping behaviours and initial care provided for an acute illness or injury.

First aid can be initiated by anyone in any situation.

A first aider is someone trained in first aid who should:

- recognise, assess, and prioritise the need for first aid
- provide care by using appropriate competencies
- recognise their own limitations, and seek additional care when needed.

The goals of first aid are to preserve life, alleviate suffering, prevent further illness or injury, and promote recovery.

Emergency first aid is a quick reference manual. It provides What to do action plans for the treatment of potentially life-threatening injuries and illnesses, ranging from unconsciousness and bleeding to asthma and heart conditions.

With St John first aid training, you will have the skills, knowledge and confidence to provide first aid care to your family, friends, colleagues and the Australian community.

Emergency first aid is your tool to assist you with that care. It will aid your management of a patient, as well as help you to prepare and protect yourself as a first aider.

Also see The first aider, page 61–62

Contents

Handling an emergency

DANGER

Check for danger and ensure the area is safe for:

- yourself
- bystanders
- the patient.

RESPONSE

Check for a response:

- ask name
- squeeze shoulders.

No response?

- Send for help.

Response?

- Make comfortable.
- Monitor breathing and response.
- Manage severe bleeding and then other injuries.

SEND FOR HELP

Call triple zero (000) for an ambulance or ask a bystander to make the call.

Stay on the line.

[If alone with the patient and you have to leave to call for help, first turn the patient into recovery position before leaving to calling for an ambulance.]

AIRWAY

Open the patient's mouth and check for foreign material.

Foreign material?

- Place in the recovery position and clear the airway.

No foreign material?

- Leave in position found.
- Open the airway by tilting the head back with a chin lift.

Also see The first aider, page 61; First aid, page 65

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BREATHING

Check for breathing.

- Look, listen and feel for 10 seconds.

Not normal breathing?

- Ensure an ambulance has been called.
- Start CPR.

Normal breathing?

- Place in the recovery position
- Monitor breathing.

CPR

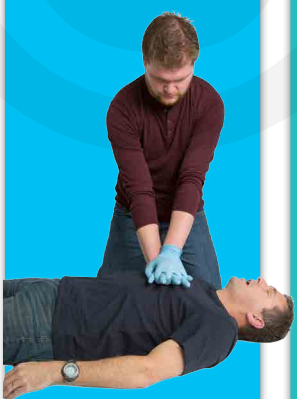
Start CPR

30 chest compressions

: 2 breaths

Continue CPR until:

- help arrives
- the patient starts breathing
- or you are physically unable to continue.



DEFIBRILLATE

Apply a defibrillator as soon as possible and follow the voice prompts.

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Danger

Check for danger to yourself, bystanders and the patient.

What to do

1. Before approaching the patient look and listen for any signs of danger.
2. Once you have carefully checked to make sure the area is safe, you can approach the patient and check for a response.

Examples of danger and an immediate threat to yourself or bystanders might include:

- electrical wires
- toxic fumes
- wet and slippery surfaces
- unstable structures.

Deep water is a particular hazard. If you are helping a drowning person, do not endanger your own safety. Throw a rope or something that floats and which may aid the victim in keeping their head above water. Call for help.

Note

Make sure that you do not become a patient too. You are no help to the patient if you become injured yourself.

Also see Managing an accident scene, page 69

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Response

As soon as you have determined that the situation is safe, you need to check if the patient is conscious by checking if they can respond to you.

What to do

1 Gently squeeze the patient's shoulders and ask:
- Can you hear me?
- Open your eyes!
- What is your name? (Remember 'COW')

Or ask the patient to squeeze your hands (both hands should be tried if a stroke is suspected).

Unconscious patient (no response)

1 For an unconscious patient, it is important to get help as quickly as possible.
2 Call triple zero (000) for an ambulance.

Conscious patient (response)

1 Leave the patient in the position in which you found them, provided there is no further danger.
2 Reassure the patient.
3 Manage any life-threatening injuries that need immediate attention, such as severe external bleeding.
4 Manage other injuries.
5 Call triple zero (000) for an ambulance if the injuries require it.

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Send for help

In an emergency, it is important that you call for help as soon as possible.

Call triple zero (000) for an ambulance, or ask another person to make the call.

Note

If the patient is unconscious and breathing and you are alone with them and have to leave the scene to call triple zero, place the patient in the recovery position first and then go and make the emergency call.

What to do

When you call

- You will be asked if you need police, fire or ambulance.
- Your call will be directed to the service you asked for.
- Speak clearly and answer the questions.
- Stay on the phone until the operator tells you to hang up.

Providing location information

- You will be asked where you are.
- Try to provide the suburb, street name, street number, nearest cross-street and your actual location.
- In rural areas, give the full address and distances from landmarks and roads, as well as the property name (and road number if there is one).
- If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed.

For more information, see www.triplezero.gov.au

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Airway

The patient's airway must be clear and open so that the patient can breathe. Ensure the airway is open before you treat any other injury.

The airway may be blocked by:

- the back of the patient's tongue
- solid or semisolid material, such as food, vomit or blood
- swelling or injury of the airway
- position of the neck (eg an unconscious seated person with their chin on their chest).

What to do

Checking the airway

Adult or child (over 1 year)

1 If the adult or child is lying on their back, leave them in that position.
If the adult or child is lying face down, turn them into the recovery position.
2 Open the patient's mouth and look for any blockage.
3 If there is a blockage:
- turn the patient into the recovery position
- tilt the patient's head back with the mouth slightly downwards
- clear the blockage with your fingers. Only remove dentures if they are loose or broken.

Infant (under 1 year)

1 Lay the infant down on a firm surface.
2 Clear their mouth of the blockage with your little finger.

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Airway

What to do

Recovery position

Adult or child (over 1 year)

1 With the patient on their back, kneel beside the patient and position their arms
   - Place the patient's furthest arm directly out from their body.
   - Place the patient's nearest arm across their chest.
2 Position the patient's legs
   - Lift the patient's nearest leg at the knee and place their foot on the floor so the leg is bent.

3 Roll the patient into position
   - Roll the patient away from you onto their side, carefully supporting their head and neck the whole time.
   - Keep the patient's leg bent with their knee touching the ground to prevent the patient rolling onto their face.
   - Place the patient's hand under their chin to stop their head from tilting and to keep their airway open.

Infant (under 1 year)

1 Lie the infant face down on your forearm.
2 Support the infant's head with your hand.

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What to do

Opening the airway

Opening the airway will ensure the patient can breathe. They can be either in the recovery position if you needed to clear the mouth of any blockage, or on their back.

Adult or child (over 1 year)

1. Place your hand high on the patient's forehead.
2. Place the thumb of your other hand over the patient's chin below their lip, supporting the tip of the jaw with the knuckle of your middle finger. Place your index finger along jaw line.
3. Gently tilt the patient's head backwards to bring their tongue away from the back of their throat. Avoid pressure on the neck and soft tissue under the skin.
4. Lift the chin, opening the patient's mouth slightly.

Infant (under 1 year)

The upper airway in infants is easily blocked because the trachea (windpipe) is soft and may be distorted by an excessive backward head tilt or chin lift. Therefore, to open an infant's airway the head should be tilted backwards very slightly with a gentle movement.

1. Place the infant flat on their back.
2. Tilt the infant's head back very slightly to open the airway.
3. Gently lift the infant's chin to bring their tongue away from the back of their throat. Avoid pressure on the soft tissue under the infant's chin.

Seated, unconscious patient

If a patient is found unconscious in a seated position (eg car accident or slumped in chair), simply tilting the head back, lifting the chin and moving the jaw forward will open the patient's airway.

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Breathing

After you have ensured the airway is clear and open, you should check if the patient is breathing normally. This will tell you whether or not to start CPR.

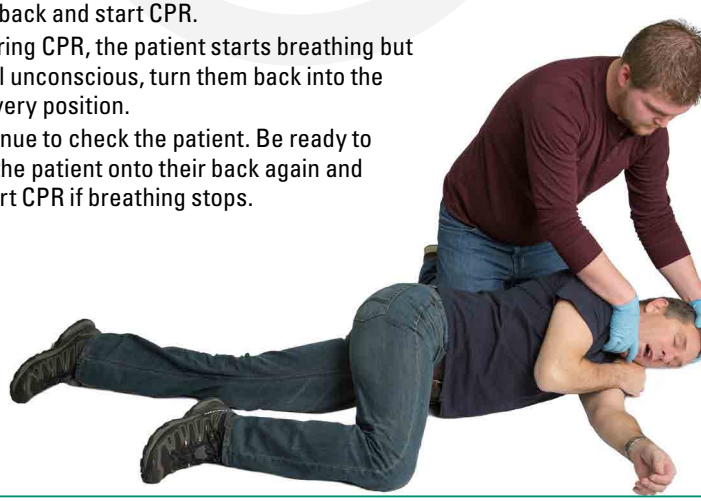
What to do

Check for breathing

1 Look and feel for chest movement.
   - Listen and feel for sounds of air escaping from the mouth and nose (an occasional gasp is not adequate for normal breathing).
   - Take no more than 10 seconds (2–3 breaths) to do this.

Unconscious breathing patient

1 Ensure an ambulance has been called - triple zero (000)
2 Ensure the patient's airway is clear and open.
3 Turn the patient into the recovery position.
4 Continue to check the patient for normal breathing until medical aid arrives.
5 If the patient stops breathing, roll them onto their back and start CPR.
6 If, during CPR, the patient starts breathing but is still unconscious, turn them back into the recovery position.
7 Continue to check the patient. Be ready to turn the patient onto their back again and restart CPR if breathing stops.



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Cardiopulmonary resuscitation

Note

Any attempt at resuscitation is better than no attempt at all.

If a first aider is unwilling or unable to give breaths, giving compressions only will be better than not doing CPR at all.

Children (1–8 years of age) should be managed as for adults.

Cardiopulmonary resuscitation is given to a patient when they are unconscious and not breathing normally.

CPR is the repeated action of giving 30 chest compressions followed by 2 breaths.

- Compressions should be given at a rate of 2 compressions per second (approx. 100–120 compressions per minute).
  Try to achieve 5 sets of 30 compressions and 2 breaths in about 2 minutes.
- The first aider should minimise interruptions to chest compressions.

Changing the person doing CPR

If two first aiders are present, or if a second person arrives to help, it is possible to change the person doing CPR, if necessary.

1. Before changing over, ensure that an ambulance has been called.
2. Change over smoothly with minimal interference to the resuscitation procedure.
3. Changes should be done frequently, approximately every 2 minutes, to minimise tiredness.

When to stop CPR

The first aider should continue CPR until any of the following conditions have been met:

- the patient begins breathing normally
- you are physically unable to continue.
- more qualified help arrives and takes over
- a health care professional directs that CPR be ceased.

Also see Infant, pages 12–13.

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Cardiopulmonary resuscitation

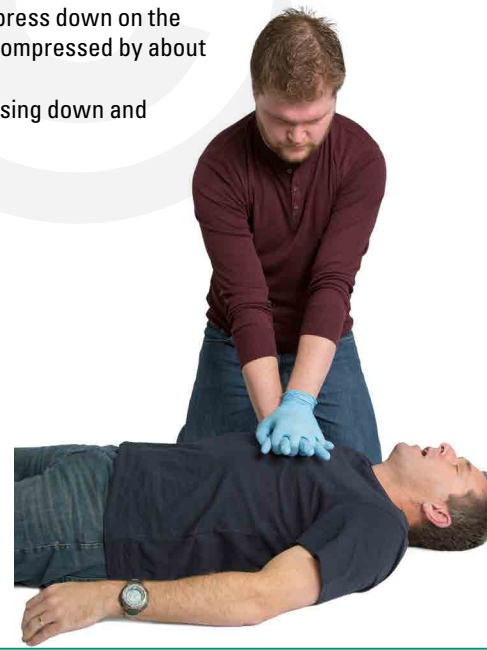
What to do

Compressions

Adult or child (over 1 year)

Give compressions with the patient on a firm surface.

1 Get into position.
   - Place the patient on their back.
   - Kneel beside the patient's chest.
   - Locate the lower half of the sternum (breastbone) in the centre of the chest.
   - Place the heel of one hand on the lower half of the sternum and the heel of your other hand on top of the first hand.
   - Interlock the fingers of your hands and raise your fingers.
2 Press down on the sternum.
   - Position yourself vertically above the patient's chest.
   - With your arms straight, press down on the patient's chest until it is compressed by about one-third.
3 Release the pressure. Pressing down and releasing is 1 compression.
4 Give 30 compressions.



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What to do

Giving breaths

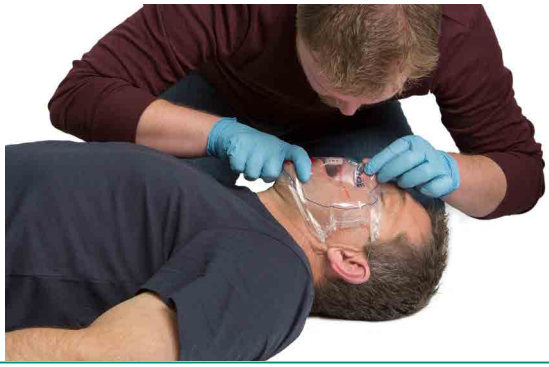
Adult or child (over 1 year)

If you are unwilling or unable to give breaths, compressions will be better than not doing CPR at all.

1 Open the airway using the head tilt and chin lift.
   - Place one hand on the patient's forehead or top of their head.
   - Use the other hand on the chin to tilt their head (not the neck) backwards.
   - Avoid pressure on the neck and soft tissue under the skin.

2 Give breaths.
   - With the head tilted backwards, pinch the soft part of the nose closed with your index finger and thumb, or seal the nose with your cheek.
   - Open the patient's mouth by placing your thumb over the chin below the lip and supporting the tip of jaw with the knuckle of middle finger. Place your index finger along jaw line. The chin is held up by your thumb and fingers in order to open the mouth and keep the airway clear.
   - Take a breath and place your lips over the patient's mouth, ensuring a good seal.
   - Blow steadily for about 1 second, watching for the chest to rise.
   - Turn your mouth away from the patient's mouth and watch for chest to fall, and listen and feel for signs of air being expelled. Maintain head tilt and chin lift.
   - Take another breath and repeat the sequence. This is now 2 breaths.

If the chest does not rise, recheck the mouth and remove any obstructions. Make sure the head is tilted and chin lifted, and ensure there is a good seal around the mouth (or mouth and nose).



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Cardiopulmonary resuscitation

What to do

Compressions

Infants (under 1 year)

Give compressions with the patient on a firm surface.

1. Get into position.
   - Place the patient on their back.
   - Place self beside the patient's chest.
   - Locate the lower half of the sternum (breastbone) in the centre of the chest.
2. Place 2 fingers over the lower half of the sternum
3. Press down on the patient's chest until it is compressed by about one-third.
4. Release the pressure. Pressing down and releasing is 1 compression.
5. Give 30 compressions.

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What to do

Giving breaths

Infants (under 1 year)

1 Tilt the infant's head back very slightly.
2 Lift the infant's chin to bring their tongue away from the back of their throat.
3 Avoid pressure on the neck and the soft tissue under the chin.
4 Give breaths.
   - Place your lips over the infant's mouth and nose, ensuring a good seal.
   - Blow steadily for about 1 second, watching for the chest to rise.
   - Turn your mouth away from the infant's mouth and watch for chest to fall, and listen and feel for signs of air being expelled. Maintain head tilt and chin lift.
   - Take another breath and repeat the sequence. This is now 2 breaths.

If the chest does not rise, recheck the mouth and remove any obstructions, and ensure there is a good seal around the mouth and nose.

Note

The upper airway in infants is easily obstructed because the trachea (windpipe) is soft and may be distorted by an excessive backward head tilt or chin lift.

In infants, therefore, the head should be kept neutral and maximum head tilt should not be used.

The lower jaw should be supported at the point of the chin with the mouth maintained open. There must be no pressure on the soft tissues of the neck. If this does not provide a clear airway, the head may be tilted backwards very slightly with a gentle movement.

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Cardiopulmonary resuscitation

What to do

Drowning patient

1 Remove the victim from the water as soon as possible, but do not endanger your own safety. Throw a rope or something that floats and which may aid the victim in keeping their head above water. Call for help.
2 Follow DRSABCD.
3 If the patient is unconscious and not breathing normally, start CPR.
4 If the patient is breathing, keep them in the recovery position and continue to check their breathing.
5 Call triple zero (000) for an ambulance for all drowning patients, even if the event is seemingly minor or the patient appears to have recovered fully.

Patient in a wheelchair

If the patient is in a wheelchair and requires CPR, carefully and safely take the patient out of the wheelchair and place them onto their back to start CPR.

Pregnant patient

If a woman in an advanced state of pregnancy requires CPR.

1 Place her on her back with her shoulders flat.
2 Place padding under her right buttock to tilt her pelvis to the left.
3 If there is not enough padding available to achieve a definite tilt, a second person should hold the patient's pelvis tilted to the left while CPR is performed.

Do not delay CPR to find padding.

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Note

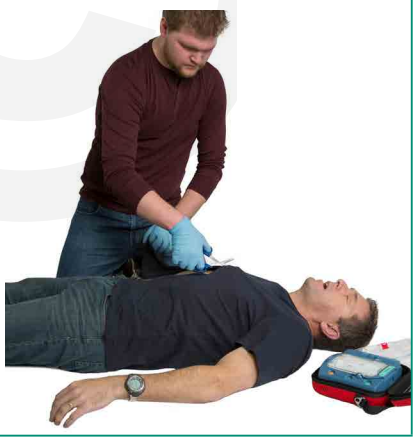
- CPR must continue while the defibrillator is being collected, opened and the pads are being attached.
- If you are alone with the patient, place the patient in the recovery position and collect the defibrillator (if available nearby).
- If two first aiders are present, one should collect the defibrillator while the other begins CPR on the patient.
- You can do no harm by connecting a defibrillator, because the defibrillator will detect if a shock is needed or not.
- The defibrillator will provide visual or vocal automatic instructions (depending on the make of defibrillator). Follow the visual or vocal voice prompts.

What to do

Prepare the patient

1. Expose the patient's chest, removing any clothes if necessary, including a bra.
2. If the patient's chest is damp or wet, wipe it down with a towel to ensure it is dry before applying the defibrillator pads.
3. Remove any medication patches located where the pads will be applied.
4. Remove or move any jewellery where the pads will be applied.
5. Check for pacemaker or implant scars, found between the collarbone and the top of the breast, or either side of the chest.

   If an implant is identified, place the pad at least 8 cm away from the site. Do not place the pad on top of the pacemaker or implant site.



Signs and symptoms

- Defibrillation is given to a patient whose heart has stopped beating normally.
- The patient is unconscious and not breathing normally.

Also see Sudden cardiac arrest, page 20

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Defibrillation

What to do

Apply the pads

- Open the defibrillator case.
- Follow the defibrillator's automatic prompts, which will tell you where the pads are to be placed on the patient's chest.
- If there is a second first aider, CPR should continue while the pads are being placed.

On an adult

1. Place one pad to the patient's right chest wall, below the collarbone.
2. Place the other pad on the patient's left chest wall, below the left nipple.

Check for pacemaker or implant scars, found between the collarbone and the top of the breast, or either side of the chest.

If an implant is identified, place the pad at least 8 cm away from the site. Do not place the pad on top of the pacemaker or implant site.

On a child under 8 years

Use a defibrillator with child pads.

1. Place one pad in the centre of the patient's chest, between the nipples.
2. Place the other pad in the centre of the patient's back, between the shoulder blades.

If child pads are not available, adult pads should be used. Place adult pads as you would on an adult, ensuring the pads do not touch.

If insufficient space on the child's chest, one pad can be placed on the chest, and the other on the back.

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What to do

Using the defibrillator

1 Once the pads are placed, the machine will provide visual or vocal automatic instructions (depending on the make of defibrillator).

2 It is important that no one touches the patient during the analysis and shock process.

If a person has been performing CPR, they should stop and move slightly away so they are not in contact with the patient.

3 The defibrillator will analyse the heart and determine whether a shock should be given.

4 After the shock is delivered, continue CPR until medical assistance arrives.

5 If the patient starts breathing normally, place them in the recovery position.

- DO NOT remove the pads.
- DO NOT turn off the defibrillator.

6 Continue to check the patient's breathing. Be prepared to begin CPR again if the patient stops breathing normally.

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Choking

What to do

Choking adult or child (over 1 year)

1. Encourage the patient to relax. Ask the patient to cough to remove the object.
2. If coughing does not remove the blockage, call triple zero (000) for an ambulance.
3. Bend the patient well forward and give up to 5 sharp blows on the back between the shoulder blades with the heel of one hand. Check if the blockage has been removed after each blow.
4. If the blockage has not cleared after 5 back blows, give up to 5 chest thrusts by placing one hand in the middle of the patient's back for support and the heel of the other on the lower half of the sternum. Thrusts should be slower and sharper than CPR compressions. Check if the blockage has been removed after each thrust.
5. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
6. If the patient becomes blue, limp or unconscious, call triple zero (000) for an ambulance and follow DRSABCD.

Warning

If the patient becomes blue, limp or unconscious, follow DRSABCD and call triple zero (000) for an ambulance.

Signs and symptoms

- clutching the throat
- coughing, wheezing, gagging
- difficulty in breathing, speaking or swallowing
- making a whistling or 'crowing' noise, or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness

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What to do

Choking infant (under 1 year)

1. Immediately call triple zero (000) for an ambulance. Stay on the phone.
2. Place the infant with their head downwards on your forearm, supporting the head and shoulders on your hand.
3. Hold the infant's mouth open with your fingers.
4. Give up to 5 sharp blows to the back between the shoulders with the heel of one hand, checking if the blockage has been removed after each blow.
5. If the blockage has come loose or been removed, turn the infant into the recovery position and remove any object that may have come loose with your little finger.
6. If the blockage has not been removed after 5 back blows, place the infant on their back on a firm surface.
7. Place 2 fingers on the lower half of the sternum and give up to 5 chest thrusts, checking if the blockage has been removed after each thrust. Support the infant's head with the other hand.
8. If the blockage has not been removed after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
9. If the infant becomes unconscious, start CPR.

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Sudden cardiac arrest

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Start CPR.
4. Decide to defibrillate if the patient:
   - is unconscious
   - is not breathing normally.
5. Continue CPR while the defibrillator is being collected and the pads applied.
6. Prepare the patient.
7. Apply the pads.
8. Use the defibrillator.
9. Continue CPR until the patient pushes you away or it is clear that they are breathing normally or responding, or until medical aid arrives.
   - DO NOT remove the defibrillator pads.
   - DO NOT turn the defibrillator off.

Warning

Sudden cardiac arrest can happen to anyone, anywhere, at any time. Many patients have no warning signs or symptoms.

The only effective treatment for cardiac arrest, outside of hospital, is using an automated external defibrillator to deliver an electric shock to the patient's heart.

You can do no harm by connecting a defibrillator, because the defibrillator will detect if a shock is needed or not.

Signs and symptoms

- unexpected collapse
- not breathing normally
- unresponsive

Also see Defibrillation, page 15

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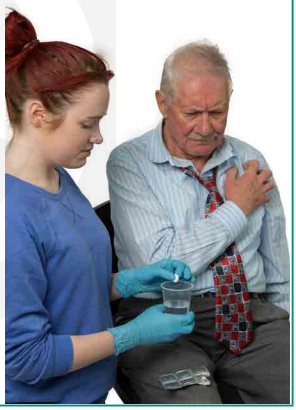
What to do

1. Encourage the patient to immediately stop what they are doing and rest.
2. Help the patient to sit or lie down in a comfortable position.
3. Reassure the patient.
4. Ask the patient to describe their symptoms.
   - Have they had these symptoms before? If yes, do they have angina medication?
   - If the patient has not had these symptoms before and they do not have prescribed medication, treat the patient as for a heart attack.
5. Help the patient to take their prescribed angina medication.
6. If symptoms are not relieved within 5 minutes, help the patient to take another dose of their medication.
7. If the pain settles quickly, recommend that the patient seek medical aid as soon as possible.
8. If any of the symptoms are severe, get worse quickly or have lasted 10 minutes, call triple zero (000) for an ambulance. Stay on the phone and wait for advice from the operator.
9. Stay with the patient until medical aid arrives.
10. Be prepared to give CPR if any of the symptoms worsen.



Signs and symptoms

- mild to severe tight, gripping or squeezing pain or discomfort usually in the centre of the chest
- pain that may spread from the chest to one or both shoulders, the back, neck, jaws, arms or hands
- pain in one or both shoulders, the back, neck, jaws, arms or hands, but not in the chest
- shortness of breath

Warning

If the patient has chest pain or discomfort similar to angina but it is not relieved by medication and rest, you should treat the patient as if they are having a heart attack.

Also see Heart attack, page 22–26

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Heart attack

Warnings

- Having one or more signs or symptoms of a heart attack means this is a life-threatening emergency.
- Call triple zero (000) for an ambulance immediately.

Signs and symptoms

The warning signs of heart attack vary. Symptoms can start suddenly, or develop over time and get progressively worse.

People may have just one symptom or a combination of symptoms. The patient may feel discomfort or pain in the centre of the chest.

This pain may:

- start suddenly, or start slowly over minutes
- be described as tightness, heaviness, fullness or squeezing
- be severe, moderate or mild
- spread to the neck and throat, jaw, shoulders, the back, and one or both arms.

However, not all patients feel chest discomfort. The patient may also:

- feel short of breath
- have a choking feeling in the throat
- feel that their arms are 'heavy' and 'useless'
- feel nauseous
- have a cold sweat
- feel faint or dizzy.

Many women will only experience non-typical symptoms such as breathlessness, nausea, and arm or jaw pain.

What to do

Unconscious patient

1. Follow DRSABCD.
2. Place the patient in the recovery position.
3. Call triple zero (000) for an ambulance. Stay on the phone.
   It is not recommended that you drive the patient to the hospital yourself, as you may need to perform CPR.
4. Stay with the patient until medical aid arrives.
5. Be prepared to give CPR if symptoms worsen.

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What to do

Conscious patient

1 Follow DRSABCD.
2 Encourage the patient to immediately stop what they are doing and rest.
3 Help the patient to sit or lie down in a comfortable position.
4 Reassure the patient.
5 Loosen any tight clothing.
6 If the patient has been prescribed medication such as a tablet or mouth spray to treat episodes of chest pain or discomfort associated with angina, help them to take this as they have been directed.
7 Ask the patient to describe their symptoms.
8 If any of the symptoms:
- are severe
- get worse quickly
- have lasted 10 minutes

call triple zero (000) for an ambulance. Stay on the phone. Wait for advice from the operator.

It is not recommended that you drive the patient to the hospital yourself, as you may need to perform CPR.

9 Give 300 milligrams of aspirin (usually one tablet) unless the patient is allergic to aspirin or their doctor has warned them against taking aspirin.
10 Stay with the patient until medical aid arrives.
11 Be prepared to give CPR if symptoms worsen.

Stroke

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Reassure the patient. The patient may not be able to clearly communicate which may cause them extreme anxiety.
4. Help the patient to sit or lie down in a comfortable position. Support the patient's head and shoulders on pillows.
5. Loosen any tight clothing.
6. Keep the patient warm, with a blanket if necessary.
7. Wipe away any secretions from the patient's mouth.

Note

If you recognise the following signs of a stroke, act FAST:

F – facial weakness

A – arm weakness

S – speech difficulty

T – time to act fast

Signs and symptoms

- feeling of numbness in face, arm or leg
- disturbed vision
- loss of balance
- weakness or paralysis, especially on one side of the body
- faintness, dizziness
- confusion
- loss of consciousness
- difficulty speaking or understanding

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A medical emergency

What to do

General guidelines to follow if you are faced with someone who suddenly suffers a medical emergency.

1. Follow DRSABCD.
2. Prevent further injury; protect the patient.
3. Provide reassurance to the patient.
4. Provide any specific care that will help the condition, or assist the patient with their action plan if they have one.
5. Help the patient to rest comfortably.
6. Monitor breathing and response.
7. If necessary call triple zero (000) for an ambulance.

People live with conditions such as asthma, diabetes and epilepsy without a noticeable effect on their lifestyles.

However, a medical emergency can arise unexpectedly from complications of these disorders, and the cause is not always immediately evident.

Patients may have items with them that give vital clues about the emergency. Medical warning items such as a Medic-Alert® bracelet, puffer, or an adrenaline auto-injector can all be clues as to what has caused the emergency.

It is often difficult for the first aider to decide when to send for emergency medical help. If the problem does not resolve itself quickly or you have doubts about its severity, it is better to err on the side of caution and call triple zero (000) for an ambulance.

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Allergic reaction - severe (anaphylaxis)

What to do

Unconscious patient

1. Follow DRSABCD.
2. Administer an adrenaline auto-injector immediately, if available.

Conscious patient

1. If the patient is carrying an adrenaline auto-injector, it should be used immediately.
2. Ask the patient if they need your help to use the injector. Only help the patient if they request it. If the patient is unable to give verbal consent, administer an adrenaline auto-injector immediately.
3. Do not allow the patient to stand or walk. Help the patient to lie down flat or if breathing is difficult, allow the patient to sit in a comfortable position.
4. Call triple zero (000) for an ambulance.
5. Monitor the patient. If there is no improvement after 5 minutes, give another adrenaline auto-injector, if available.
6. If breathing stops, follow DRSABCD.

Warning

- Anaphylaxis is potentially life-threatening.
- People diagnosed with severe allergies should have an anaphylaxis action plan and an adrenaline auto-injector. They may also wear a medical alert device (eg a bracelet).
- In a severe allergic reaction, you should use any available adrenaline auto-injector.

Signs and symptoms

The following signs and symptoms of a mild to moderate allergic reaction may precede anaphylaxis:

- swelling of face and tongue
- hives, welts or body redness
- tingling mouth
- abdominal pain, vomiting, diarrhoea

The main symptoms of a severe allergic reaction are rapidly developing breathing and circulation problems.

Other signs and symptoms may include:

- wheeze or persistent cough
- difficult or noisy breathing
- difficulty talking or a hoarse voice
- swelling or tightness in throat
- faintness, dizziness
- confusion
- loss of consciousness
- pallor and floppiness (in young children)

Also see Bite and sting, page 57–61

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Allergic reaction - severe (anaphylaxis)

What to do

How to give EpiPen® or EpiPen Jr® auto-inectors

1 Form a fist around the EpiPen® and PULL OFF THE BLUE SAFETY RELEASE.

2 Hold the patient's leg still and PLACE THE ORANGE END against the patient's outer mid-thigh (with or without clothing).

3 PUSH DOWN HARD until a click is heard or felt, and hold in place for 3 seconds.

4 REMOVE the EpiPen®.

All EpiPens® should be held in place for 3 seconds regardless of instructions on the device's label.

For more information, see www.allergy.org.au

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Asthma emergency

What to do

1. Follow DRSABCD.
2. Help the patient to sit down in a comfortable position.
3. Reassure and stay with the patient.
4. If requested, help the patient to follow their action plan.

How to give medication (4:4:4)

Use a spacer if available.

1. Give 4 separate puffs of blue/grey reliever puffer:
   - Shake the inhaler
   - Give 1 puff
   - Take 4 breaths
   - Repeat until 4 puffs have been given.
2. Wait 4 minutes
   - If there is no improvement, give 4 more separate puffs of blue/grey reliever as above
3. If the patient still cannot breath normally, call triple zero (000) for an ambulance.
4. Keep giving 4 puffs every 4 minutes (as above) until medical aid arrives.

Warning

- An asthma emergency is potentially life-threatening.
- Most people who suffer asthma attacks are aware of their asthma and should have an action plan and medication. They may wear a medical alert device.
- In an emergency or if a patient does not have their own reliever, use another person's reliever or (where permitted under local state or territory regulations) one from a first aid kit.
- If the patient is having difficulty breathing but has not previously had an asthma attack, follow **What to do** (above).

Signs and symptoms

Mild to moderate asthma attack

- increasingly soft to loud wheeze
- persistent cough
- minor to obvious difficulty breathing

Asthma emergency

- symptoms get worse very quickly
- little or no relief from inhaler
- severe shortness of breath, focused only on breathing
- unable to speak normally
- pallor, sweating
- progressively more anxious, subdued or panicky
- blue lips, face, earlobes, fingernails
- loss of consciousness

Diabetes emergency

Signs and symptoms

High blood sugar

- excessive thirst
- tiredness
- blurred vision
- hot, dry skin
- smell of acetone on breath

Low blood sugar

- weakness, shaking
- sweating
- headache
- faintness, dizziness
- lack of concentration
- teariness or crying
- irritability or altered behaviour
- hunger
- numbness around the lips and fingers

These may progress quickly to:

- slurred speech
- confusion
- loss of consciousness
- seizures.

What to do

High blood sugar (hyperglycaemia)

1. If the patient has medication, ask if they need assistance administering it. Only help the patient if they request it.
2. Encourage the patient to drink water.
3. Seek medical aid if symptoms worsen.
4. If the patient has not yet been diagnosed with diabetes, encourage them to seek medical aid.

Low blood sugar (hypoglycaemia)

1. Help the patient to sit or lie in a comfortable position.
2. Reassure the patient.
3. Loosen any tight clothing.
4. Give the patient sugar, such as a soft drink (not 'diet' eg Coke Zero, Pepsi Max), fruit juice, sugar, jellybeans or glucose tablets.
5. Continue giving sugar every 15 minutes until the patient recovers.
6. Follow with carbohydrates, eg a sandwich, milk, fresh or dry fruit, or dry biscuits and cheese.
7. If there is no improvement in symptoms or the patient becomes unconscious, call triple zero (000) for an ambulance.

Note

If you are unsure whether the patient has low or high blood sugar, give them a drink containing sugar (DO NOT use 'diet' soft drinks, eg Coke Zero, Pepsi Max).

Giving any form of sugar can save a patient's life if blood sugar is low, and will not cause undue harm if blood sugar is high.

First aiders are advised to be guided by the person with diabetes, and to follow the patient's own action plan if one exists for the management of both hypoglycaemia and hyperglycaemia.

For more information, see www.diabetesaustralia.com.au

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Epileptic seizure

What to do

During the seizure

1. Protect the patient from injury by removing any objects that could cause injury.
2. Protect the patient's head by place something soft under their head and shoulders.
3. Time the seizure.

After the seizure

4. Put the patient in the recovery position as soon as jerking stops, or immediately if they have vomited or have food or fluid in their mouth.
5. Manage any injuries resulting from the seizure.
6. DO NOT disturb the patient if they fall asleep, but continue to check their breathing.
7. Calmly talk to the patient until they regain consciousness. Let them know where they are, that they are safe and that you will stay with them while they recover.
8. Call triple zero (000) for an ambulance if:
   - the seizure continues for more than 5 minutes or a second seizure quickly follows
   - the patient remains unresponsive for more than 5 minutes after a seizure stops
   - the patient has been injured
   - the patient has diabetes or is pregnant
   - you know, or believe it to be the patient's first seizure.

Warning

During a seizure:

- DO NOT try to restrain the person or stop the jerking
- DO NOT put anything in their mouth
- DO NOT move the person unless they are in danger.

Signs and symptoms

A patient having an epileptic seizure may:

- suddenly cry out
- fall to the ground, sometimes resulting in injury
- stiffen and lie rigid for a few seconds
- have rhythmic jerking muscular movements
- look very pale and have blue lips
- have excessive saliva coming out of their mouth
- sometimes bite the tongue or cheek, resulting in blood in the saliva
- lose control of their bladder or bowel
- be extremely tired, confused or agitated afterwards.

For more information, see © Epilepsy Australia — www.epilepsyaustralia.net

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What to do

People usually recover from fainting quickly, often within seconds, without any lasting effects.

1. Follow DRSABCD.
2. Lie the patient down on their back with their legs elevated.
3. Loosen any tight clothing.
4. Ensure plenty of fresh air – open a window if possible.
5. Treat any injury resulting from a fall.
6. If fainting is the result of an underlying medical condition, advise the patient to seek medical aid.

Fainting is a partial or complete loss of consciousness caused by a temporary reduction of blood flow to the brain.

Fainting can occur at any time and may be triggered by:

- emotional shock
- pain
- overexertion
- exhaustion
- lack of food
- sight of blood
- low blood pressure
- standing still in hot conditions.

Warning

DO NOT sit the patient on a chair with their head between their knees.

Signs and symptoms

- pale, cool, moist skin
- numbness in the fingers and toes
- nausea
- faintness, dizziness
- confusion
- loss of consciousness

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Febrile convulsion

What to do

During the convulsion

1 Place the patient on their side for safety.
2 DO NOT restrain the patient.

After the convulsion

1 Follow DRSABCD.
2 Remove excess clothing or wrappings.
3 Seek medical aid.

Warning

DO NOT cool the child by sponging or bathing, but do remove excess clothing.

Signs and symptoms

A rapid rise in body temperature can cause convulsions. This occurs most often in children aged 6 months to 5 years, and can occur with a temperature change from the normal 37°C to as little as 38.5°C.

Symptoms include:

- fever
- muscle stiffening
- twitching or jerking of face or limbs
- eyes rolling upwards
- blue lips, face, earlobes, fingernails
- loss of consciousness.

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Signs and symptoms

Initial shock

- pale face, fingernails and lips
- cool, moist skin
- faintness, dizziness
- nausea
- anxiety

Severe shock

- restlessness
- thirst
- weak, rapid pulse, which may become weaker or slower
- shallow, fast breathing
- drowsiness, confusion
- blue lips, face, earlobes, fingernails (this is a late sign and means the patient is very sick)
- unconsciousness

What to do

1. Follow DRSABCD.
2. Help the patient to lie down. DO NOT raise their legs.
3. Reassure the patient.
4. Manage severe bleeding then treat other injuries.
5. Loosen any tight clothing.
6. Keep the patient warm with a blanket or similar. DO NOT use any source of direct heat .
7. Give the patient small amounts of cool water to drink frequently if they are conscious, do not have abdominal trauma and are unlikely to require an operation immediately.
8. Place the patient in the recovery position if they have difficulty breathing, become unconscious or are likely to vomit.
9. Seek medical aid or call triple zero (000) for an ambulance if the patient's injuries require it.

Warning

- Any health condition or trauma can cause shock.
- Shock is a life-threatening condition.
- It is important that you treat the injury or illness that is causing the shock, as well as treating the shock and the person as a whole.

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Severe external bleeding

What to do

1. Follow DRSABCD.
2. Help the patient to lie down.
3. Remove or cut the patient's clothing to expose the wound.
4. Apply firm, direct pressure on or around the bleeding wound. Ask the patient or the bystander to do this. Use a pad or hands.
5. Squeeze the wound edges together if possible.
6. Apply a pad over the wound if not already in place.
7. Secure the pad by bandaging over it. Ensure the pad remains over the wound.
8. If bleeding is still not controlled, leave the initial pad in place and apply a second pad and secure it with a bandage.
9. If bleeding continues through the second pad, replace the second pad leaving the first pad in place, and rebandage.
10. If the bleeding is severe or persistent, consider applying a constrictive bandage (a commercially available tourniquet).
11. Do not give the severely bleeding patient any food or drink, and call triple zero (000) for an ambulance.
12. Check every 15 minutes that the bandages are not too tight and that there is circulation below the wound.
13. Continue to check the patient's breathing.

Also see Shock, page 33

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Severe external bleeding

Signs and symptoms

As well as the obvious sign of blood coming from a wound, signs and symptoms of severe bleeding include:

- weak, rapid pulse
- pale, cool, moist skin
- pallor, sweating
- rapid, gasping breathing
- restlessness
- nausea
- thirst
- faintness, dizziness or confusion
- loss of consciousness.

Warning

- Any severe bleeding should be stopped as soon as possible.
- DO NOT give the patient anything to eat or drink.
- Wear gloves, if possible, to prevent infection.
- If an object is embedded in or protruding from a wound, apply pressure on either side of the wound and place pads around the object before bandaging.

Constrictive bandage (tourniquet)

Occasionally, in major limb injuries such as an amputated or partially amputated limb above wrist or ankle, shark attack, propeller cuts or similar major trauma to any part of the body, severe bleeding cannot be controlled by direct pressure.

In these situation and as a last resort only, it may be necessary to apply a constrictive bandage (a commercially available tourniquet) above the elbow or knee to restrict arterial blood flow.

Ensure an ambulance has been called – triple zero (000), as prolonged use of a constrictive bandage can starve tissues of blood and cause them to die.

Commercially available tourniquets should only be used if:

- severe or life-threatening bleeding cannot be controlled by direct pressure
- the equipment is available
- the first aider is trained in the use of these items.

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Internal bleeding

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Lay the patient down with their knees bent or legs raised – a pillow may be used under the head to increase comfort.
4. If the patient is coughing up frothy blood, help the patient to sit down in a comfortable position – this is normally half sitting up.
5. Reassure the patient. Loosen any tight clothing.
6. DO NOT give the patient anything to eat or drink.

Warning

Internal bleeding is usually more serious than external bleeding. Although there is no external loss of blood, blood is lost from the circulatory system and vital organs, which may result in shock.

Signs and symptoms

Internal bleeding can be difficult to recognise and assess.

Signs and symptoms include:

- pain
- tenderness
- rigidity of abdominal muscles
- distension or swelling
- other signs of blood loss, especially pallor, sweating, faintness or thirst.

Other evidence may include:

- coughing up red, frothy blood
- vomiting material that is obviously blood or may be coloured black
- passing faeces with a black, tarry appearance
- passing faeces that are red
- passing urine that has a red or smoky appearance.

Internal bleeding may be accompanied by any of the signs and symptoms of severe external bleeding.

Also see Shock, page 33

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What to do

Cleaning a minor wound

1. Check that you have the required first aid equipment: gloves, goggles, saline or clean water, sterile gauze, garbage bin.
2. Wash your hands, put on gloves and set up the equipment.
3. Soak sterile gauze with saline or water.
4. Clean the wound thoroughly: swab the wound from inner to outer edge, throwing away each piece of gauze after one swab. Do not dab at the wound.
5. Visually check the wound for infection.
6. Apply a soft, dry dressing and fix in position.
7. Dispose of used material.
8. Clean trolleys and workbenches.
9. Dispose of gloves and wash your hands.

Open wounds can be classified according to their cause:

- **abrasions**, where the skin is scraped across a hard surface and the outer layer of skin and tiny blood vessels are exposed
- **cut (or incision)**, where skin, soft tissue or muscles are severed by something sharp
- **tear (or avulsion)**, where skin and other soft tissues are partially or completely torn away
- **laceration**, where layers of skin and underlying tissues are damaged
- **puncture**, where skin and underlying tissue is damaged by blunt or pointed objects
- **amputation**, when a part of the body is partly or completely cut or torn off.

Warning

- Other injuries, such as a broken bone, may be under a wound. Take care in treating any wound.
- Seek medical aid for dirty or penetrating wounds because tetanus or other serious infections may occur.

Also see Amputation, page 38; Embedded and puncture wound, page 39

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Amputation

What to do

The patient

1 Follow DRSABCD.
2 Call triple zero (000) for an ambulance.
3 Apply direct pressure to the wound.
4 Apply a sterile dressing and bandage.

The amputated part

1 DO NOT wash or soak the amputated part in water or any other liquid.
2 Wrap the part in gauze or material and place in a watertight container, such as a sealed watertight plastic bag.
3 Place the sealed container in cold water that has had ice (if available) added to it. The severed part should not be in direct contact with the ice.
4 Send the part to the hospital with the patient.

Signs and symptoms

Part of the body cut or torn off, either partially or completely.

Also see Severe external bleeding, page 35

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Embedded and puncture wound

What to do

1. Control bleeding by applying pressure to the surrounding areas but not on the object.
2. Place padding around the object or place a ring pad over the object and a bandage over the padding.
3. If the length of the object causes it to protrude outside the pad, take care to bandage only each side of the object.
4. Rest the injured part in a comfortable position.
5. Seek medical aid. Consider calling triple zero (000) for an ambulance depending on the depth of the wound and the severity of any bleeding.

A puncture wound with a donut ring (made with a triangular bandage) and held in place with bandaging.

An embedded object wound with two bandage rolls on either side of the object, and held in place with bandaging.

Warning

- DO NOT try to remove the object as it may be plugging the wound and restricting bleeding. Removing it may result in severe bleeding or may damage deep structures.
- DO NOT put any pressure on the object.
- DO NOT try to cut the end of the object unless its size makes it unmanageable.

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Crush injury

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Ensure your own safety. If safe, remove the crushing object as soon as possible.
4. Control any bleeding.
5. Manage other injuries.
6. Reassure the patient.

Note

Crush injuries are often very serious, because the damage may cause:

- internal bleeding
- fractured bones
- ruptured organs
- impaired blood supply.

If the patient is trapped by the object for any length of time, there is the risk of complications such as extensive tissue damage and shock.

While complications can take some hours to develop, removing the object as soon as possible minimises the risk to the patient.

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Warning

- DO NOT apply lotions, ointments, fat or ice to a burn.
- DO NOT touch the injured areas or burst any blisters.
- DO NOT remove anything sticking to the burn.
- Act with extreme urgency for a chemical or heat burn to the eye.

Signs and symptoms

Superficial burns

- red
- very painful
- blistered

Deep burns

- mottled red and white
- dark red or pale yellow
- painful
- blistered, with a moist surface if the blister has broken

Full thickness burns

- white or charred
- feels dry and leathery.
- pain is less because the nerves have been destroyed

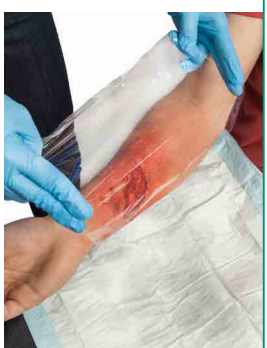
What to do

If the patient's clothing is on fire

1. Stop the patient from moving around.
2. Drop the patient to the ground and cover or wrap them in a blanket or similar, if available.
3. Roll the patient along the ground until the flames are extinguished.
4. Manage the burn.

For all burns

1. Follow DRSABCD.
2. If the burn is severe or if it involves the airway, Call triple zero (000) for an ambulance.
3. As soon as possible, hold the burnt area under cool running water for 20 minutes.
4. Remove any clothing and jewellery from the burnt area, unless they are stuck to the burn.
5. Cover the burn with a light, loose nonstick dressing, preferably clean, dry, non fluffy material (eg plastic cling film).
6. Continue to check the patient for shock, and treat if necessary.
7. If the burn is larger than a twenty cent piece or deep, seek medical aid.



Also see Shock, page 33

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Electric shock

What to do

1. Check for danger to yourself, bystanders and the patient.
2. Switch the power off, if possible, before trying to help the patient.
3. If the patient is in contact with high voltage lines, do not approach but wait until the power has been disconnected by authorised electrical personnel.
4. If power cannot be switched off quickly, remove the patient from the electrical supply without directly touching them – use a non conductive, dry material (eg dry wooden broom handle).
5. Follow DRSABCD.
6. Call triple zero (000) for an ambulance.
7. Treat for burns.

Warning

Even for a mild electric shock, encourage the patient to seek medical aid for assessment of potential effects on the heart.

Downed power lines

- Remain at least 6 metres from cables.
- DO NOT attempt to remove cables.
- If a vehicle is being touched by a high voltage cable, DO NOT go near the vehicle or try to remove the patient from the vehicle.
- Advise the patient not to move.

Signs and symptoms

- difficulty in breathing or no breathing at all
- a weak, erratic pulse or no pulse at all
- burns, particularly entry and exit burns
- loss of consciousness
- sudden cardiac arrest

Also see Burn and scald, page 41; Sudden cardiac arrest, page 20

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Broken bone (fracture)

What to do

1. Follow DRSABCD.
2. Ask the patient to remain as still as possible.
3. Control any bleeding, cover any wounds and check for other fractures.
4. Immobilise the broken bone by placing a padded splint along the injured limb.
5. Secure the splint by passing the bandages above and below the break to prevent movement. Tie the bandages firmly and away from the injured side.
6. For a leg fracture, also immobilise the foot and ankle. Support the limb while bandaging.
7. Check that the bandages are not too tight and watch for signs of loss of circulation to the limb every 15 minutes.
8. Seek medical aid.

Signs and symptoms

- pain or tenderness at or near the site of the injury
- swelling
- deformity
- discolouration, redness, bruising
- loss of function
- the patient felt or heard the break occur
- a coarse grating sound is heard or felt as bones rub together

Warning

- It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.
- DO NOT try to force a broken bone back into place.

Also see Dislocation, page 44

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Dislocation

What to do

1. Follow DRSABCD.
2. Rest and support the limb using soft padding and bandages.
3. For a shoulder injury, support the arm as comfortably as possible.
4. For a wrist injury, support the wrist in a sling.
5. Apply a cold pack directly over the injured joint, if possible.
6. Seek medical aid.
7. Check circulation of the limb. If circulation is absent, call triple zero (000) for an ambulance. Massage the limb gently to try to restore circulation.

Warning

- It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.
- DO NOT attempt to put a dislocation back into place.

Signs and symptoms

- pain at or near the site of the injury
- difficulty in moving the joint
- inability to move the joint
- abnormal mobility of the limb
- loss of power
- deformity (such as an abnormal lump or depression)
- tenderness
- swelling
- discolouration and bruising

Also see Broken bone (fracture), page 43

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What to do

1 Follow DRSABCD.

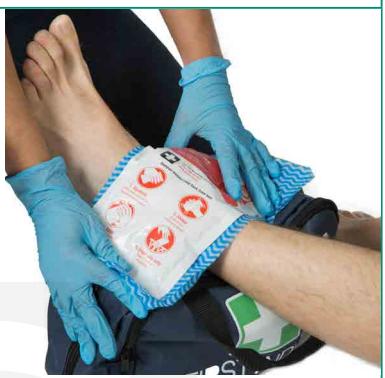
2 Follow RICE:

- Rest – rest the patient and the injured part
- Ice – apply an ice pack or cold pack for 15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for up to 24 hours
- Compression – apply a compression bandage firmly to extend well beyond the injury
- Elevation – elevate the injured part.

3 Avoid HARM:

- Heat
- Alcohol
- Running or other exercise of the injured area
- Massage.

4 Seek medical aid.



Signs and symptoms

Sprain

- intense pain
- restricted movement of the injured joint
- rapid development of swelling and bruising

Strain

- sharp, sudden pain in the region of the injury
- usually loss of power
- muscle tenderness

Warning

It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.

Also see Broken bone (fracture), page 43; Dislocation, page 44

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Head injury

Signs and symptoms

- wounds to the scalp or to the face
- headache
- altered or abnormal responses to commands and touch
- loss of memory
- confusion
- nausea, vomiting
- faintness, dizziness
- confusion
- loss of consciousness

Warning

- If the patient is unconscious as a result of a head injury, always suspect a spinal injury. Carefully support the patient's head and neck, and avoid twisting or bending during any movement. Call triple zero (000) for an ambulance.
- A patient with a head injury may vomit. Be ready to turn the patient into the recovery position, carefully supporting their head and neck and avoiding twisting or bending, and clear the airway quickly.
- Concussion is a common head injury that results in temporary loss of normal brain function. It is characterised by an altered state of consciousness and is usually caused by a blow to the head.

  The patient usually recovers quickly and spontaneously but there is always the chance of serious brain injury. Any person who has suffered loss of consciousness or an altered state of consciousness after a blow to the head should not return to their activity (eg sport) and should see a medical practitioner urgently.

Also see Head injury, page 46; Spinal and neck injury, page 48

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What to do

1. Follow DRSABCD.
2. If the patient is conscious and no spinal injury is suspected, place the patient in a position of comfort (usually lying down) with their head and shoulders slightly raised.

   If the patient is unconscious and a neck or spinal injury is suspected, place the patient in the recovery position, carefully supporting the patient's head and neck, and avoid twisting or bending during movement.

   Call triple zero (000) for an ambulance.
3. Ensure the patient's airway is clear and open. Keep the patient's airway open by lifting their chin. DO NOT force if the face is badly injured.
4. Control any bleeding with direct pressure at the point of bleeding. If you suspect the skull is fractured, use gentle pressure around the wound.
5. If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the patient on their injured side, if possible, to allow the fluid to drain.
6. Seek medical aid.

Also see Spinal and neck injury, page 48

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Spinal and neck injury

What to do

Unconscious breathing patient

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Place the patient in the recovery position. Carefully support their head and neck, and avoid twisting or bending during movement.
4. Ensure the patient's airway is clear and open.
5. Hold the patient's head and neck steady to prevent twisting or bending of the spine.

Conscious patient

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Keep the patient in the position found. Only move if in danger.
4. Reassure the patient. Ask them not to move.
5. Loosen any tight clothing.
6. Hold the head and neck steady to prevent twisting or bending of the spine.

Warning

- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement may cause further injury.
- Twisting, compressing or bending an injured spine may increase the damage. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands.
- DO NOT apply a cervical collar.

Signs and symptoms

- pain at or below the site of the injury
- tenderness over the site of the injury
- absent or altered sensation below the site of the injury, such as tingling in hands or feet
- loss of movement or impaired movement below the site of the injury

Also see Head injury, page 46

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Warning

- DO NOT give the patient anything to eat or drink.
- DO NOT try to push organs back into the abdomen.
- DO NOT apply direct pressure to the wound.

Signs and symptoms

- severe pain
- bruising and tenderness around the wound
- pallor
- external bleeding
- blood in the urine
- nausea, vomiting
- distension or swelling of the abdomen
- protrusion of intestines through an abdominal wound
- shock

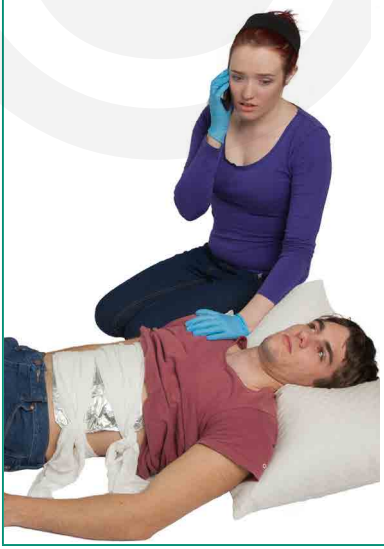
What to do

Closed injury

1. Follow DRSABCD.
2. Check for signs of internal bleeding.
3. If abdominal pain continues, seek medical aid immediately.

Open injury

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Place the patient on their back with knees slightly raised and supported – a pillow may be used under the head to increase comfort.
4. Loosen any tight clothing.
5. Cover protruding organs with aluminium foil or plastic food wrap, or a large, nonstick, sterile dressing soaked in sterile saline or clean water if saline is not available.
6. Loosely secure the dressing with a broad bandage.



Also see Internal bleeding, page 36

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Penetrating chest wound

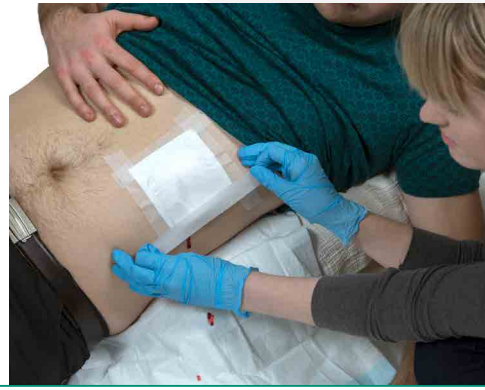
What to do

Unconscious breathing patient

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Place the patient in the recovery position, with the injured side down.

Conscious patient

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Help the patient to sit down in a comfortable position – this is normally half sitting, leaning to the injured side.
4. Stop any bleeding by applying pressure to the wound at the point of bleeding if possible
5. Then cover the wound with a sterile or clean dressing and secure loosely with tape.
6. Continue to check the patient's breathing. If the patient suddenly deteriorates following the application of any dressing to the chest, the dressing must be removed immediately.
7. Check for an exit wound, especially if injury caused by violent trauma (eg gunshot wound).



Warning

A penetrating chest wound can cause severe internal damage in the chest and upper abdomen.

Signs and symptoms

- pain at the site of the wound
- difficult and painful breathing
- sound of air being sucked into the chest when the patient inhales
- blood stained bubbles around the wound when the patient exhales
- loss of consciousness

Also see Severe external bleeding, page 34–37

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Warning

- DO NOT touch the eye or contact lens.
- DO NOT allow the patient to rub the eye.
- DO NOT try to remove any object that is embedded in or penetrating from the eye.
- DO NOT persist in examining the eye if the injury is severe.
- DO NOT apply pressure when bandaging the eye.
- Act with extreme urgency (within seconds) if it is a heat or chemical burn.

Signs and symptoms

- pain
- redness
- wateriness
- sensitivity to light
- swollen or spasming eyelids
- bleeding
- inability to open the eye
- injuries around the eye

What to do

1. Follow DRSABCD.
2. Wash your hands thoroughly and put disposable gloves on.
3. DO NOT try to remove an object that is embedded in or protruding from, the eye.
4. Cover the injured eye only with one or more sterile pads, avoiding any protruding object.
5. DO NOT put direct pressure on the eyeball.
6. Help the patient to lie down in a comfortable position on their back.
7. Ask the patient to try not to move their eyes.
8. Seek medical aid.

Also see Burn and scald, page 41; Eye injuries, page 52

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Eye injuries

What to do

Embedded object in the eye

1 Follow DRSABCD.
2 Cover the injured eye with an eye pad or clean dressing.
3 Seek medical aid.

Penetrating object from the eye

1 Follow DRSABCD.
2 Call triple zero (000) for an ambulance.
3 Help the patient to lie down.
4 DO NOT try to remove the penetrating object.
5 Cover the injured eye by placing thick pads above and below the eye, or cover it with a paper cup.
6 Bandage the pads or cup in place, making sure there is no pressure on the eyelids.
7 Ask the patient to try not to move their eyes.
8 DO NOT give the patient anything to eat or drink.

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Heat exhaustion

What to do

1. Move the patient to a cool place with circulating air.
2. Help the patient to sit or lie down in a comfortable position.
3. Remove unnecessary clothing from the patient, and loosen any tight clothing.
4. Sponge the patient with cold water.
5. Give the patient cool water to drink.
6. Seek medical aid if the patient vomits or does not recover quickly.

Warning

If a person with heat exhaustion is not managed appropriately, they can develop heat stroke.

Signs and symptoms

- feeling hot, exhausted, weak and fatigued
- persistent headache
- thirst
- nausea
- faintness, dizziness
- rapid breathing and shortness of breath
- pale, cool, moist skin
- rapid, weak pulse

Carbohydrate electrolyte fluids (any commercially available 'sports drink') can be an alternative to water for the management of exertion-related dehydration. As a guiding principle, oral rehydration should be guided by the patient's thirst.

Also see Heat stroke, page 54

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Heat stroke

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Move the patient to a cool place with circulating air.
4. Help the patient to sit or lie down in a comfortable position.
5. Remove almost all the patient's clothing, and loosen any tight clothing.
6. Apply a cold pack to areas of large blood vessels such as the neck, groin and armpits, to accelerate cooling.
7. If possible, cover the patient with a wet sheet and fan to increase air circulation. Stop cooling when the patient feels cold to touch.
8. If patient is fully conscious and is able to swallow, give them cool water to sip.

Warning

Heat stroke is potentially life-threatening and immediate medical aid is needed.

Signs and symptoms

- high body temperature of 40°C or more
- flushed, dry skin
- pounding, rapid pulse that gradually weakens
- headache
- nausea, vomiting
- irritability
- visual disturbances
- faintness, dizziness
- confusion
- loss of consciousness
- seizures

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What to do

1. Follow DRSABCD.
2. Move the patient to a warm, dry place.
3. Help the patient to lie down in a comfortable position. Handle the patient as gently as possible, avoiding excess activity and movement.
4. Remove any wet clothing from the patient.
5. Place the patient between blankets or in a sleeping bag, and wrap them in an emergency blanket.
6. Cover the patient's head to maintain body heat.
7. Give the patient warm drinks if conscious. DO NOT give alcohol.
8. Place hot water bottles, heat packs and other sources of external heat directly on the patient's neck, armpits and groin. Be careful to avoid burns. Body-to-body contact may be used if other means of rewarming are not available.
9. If hypothermia is severe, call triple zero (000) for an ambulance.
10. Stay with the patient until medical aid arrives.

Signs and symptoms

Mild

- feeling cold
- shivering
- clumsiness and slurred speech
- apathy and irrational behaviour

Severe

- shivering ceases
- difficult to find pulse
- slow heart rate
- loss of consciousness

Warning

- DO NOT rub affected areas.
- DO NOT use radiant heat such as fire or electric heaters.
- DO NOT give alcohol.

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Poisoning

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Call fire services if air is contaminated with smoke or gas.
4. Reassure the patient.
5. Find out what sort of poison is involved, if possible, and record the information for medical personnel.
6. Call the Poisons Information Centre on 13 11 26 and follow their advice.
7. If the patient is becoming drowsy, place them in the recovery position and continue to check their airway and breathing regularly.
8. Send any vomit, containers and suicide notes with the patient to hospital.

Warnings

- DO NOT induce vomiting, unless advised to do so by the Poisons Information Centre – 13 11 26
- DO NOT give the patient anything to eat or drink.
- Wash substances off mouth and face with water.

Signs and symptoms

Signs and symptoms depend on the type of poison and may include:

- bite or injection marks, with or without local swelling
- burns around and inside the mouth or on the tongue
- smell of fumes
- odours on the breath
- burning pain from mouth to stomach
- nausea, vomiting
- abdominal pain
- difficulty in breathing
- tight feeling in chest
- headache
- ringing in ears
- blurred vision
- blue lips, face, earlobes, fingernails
- drowsiness
- loss of consciousness
- seizures.

Also see Bite and sting, page 57–61

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Ask the patient if they can identify the creature that bit or stung them, and follow the appropriate actions as listed in the following tables.

DO NOT attempt to catch or kill the suspected creature.

Warning

Any venomous bite or sting can cause a severe allergic reaction that may be life-threatening. The main symptoms are rapidly developing breathing and circulation problems.

If the patient is having a severe allergic reaction to a bite or sting:

- follow DRSABCD
- call triple zero (000) for an ambulance
- use an adrenaline auto-injector immediately, if available
- be prepared to give CPR.

Vinegar for box, Irukandji, morbakka, jimble and other tropical jellyfish stings

Note

Signs and symptoms for some tropical water jellyfish stings may take up to 40 minutes or more to develop. Always consider the possibility of a jellyfish sting if a patient presents with severe pain either in the water or after emerging from the water.

What to do

1. Follow DRSABCD.
2. Immediately flood the entire stung area with lots of vinegar for at least 30 seconds. DO NOT use fresh water.
3. If pain relief is required, apply a cold pack only after vinegar has been applied.
4. Urgently seek medical aid at a hospital if symptoms are severe.

Also see cold pack, page 58

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Bite or sting

Hot water for bluebottle and nontropical jellyfish stings, stinging fish (eg stonefish, lionfish, bullrout) stings, stingray, crown-of-thorns starfish and sea urchin stings

What to do

1. Follow DRSABCD.
2. Check the water to ensure it is as hot (but not hotter) as you can comfortably tolerate before treating the patient.
3. Place the stung area in hot water (help patient under a hot shower, place a stung hand or foot in hot water, or pour hot water over the stung area) for 20 minutes. Do not burn the patient.
4. Remove briefly before reimmersing.
5. Continue this cycle if pain persists.
6. Urgently seek medical aid at a hospital if the patient's condition worsens.

Note

- DO NOT use on suspected box jellyfish or Irukandji stings.
- DO NOT remove embedded barbs or larger stings, but treat as an embedded object and seek medical aid.

Cold pack for red-back spider or other spider bites, bee, wasp or ant sting, tick bite, scorpion or centipede sting, other jellyfish sting

What to do

1. Follow DRSABCD.
2. Apply a cold pack to the bitten or stung area for 15 minutes and reapply if pain continues.
3. The cold pack should be changed when necessary to maintain the same level of coldness.
4. Seek medical aid if pain worsens.

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Bite or sting

Pressure bandage and immobilise for all snakes including sea snakes, Funnel-web and mouse spiders, blue-ringed octopus bite, and cone shell sting

What to do

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Lie the patient down and ask them to keep still.
4. Reassure the patient.
5. If on a limb, apply an elasticised roller bandage (10–15 centimetres wide) over the bite site as soon as possible.
6. Apply a further elasticised roller bandage (10–15 centimetres wide), starting just above the fingers or toes and moving upwards on the bitten limb as far as can be reached.

   Use clothing or other material if an elasticised roller bandage is not available.

   Apply the bandage as tightly as possible to the limb.
7. Immobilise the bandaged limb using splints.
8. Keep the patient lying down and completely still (immobilised).
9. Write down the time of the bite and when the bandage was applied. If possible, mark the location of the bite site (if known) on the bandage, or photograph the site.
10. Stay with the patient until medical aid arrives.

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Basic life support

Basic life support aims to keep a patient alive by establishing and maintaining their airway, breathing and circulation.

Maintaining an airway may involve having to clear a blockage, such as the tongue or vomit, from the airway. To maintain breathing and circulation, cardiopulmonary resuscitation (CPR) is given.

Many situations requiring CPR are due to a disturbance of the electrical activity of the heart's muscles (fibrillation). Using an automated external defibrillator (AED) may restore normal heart rhythm.

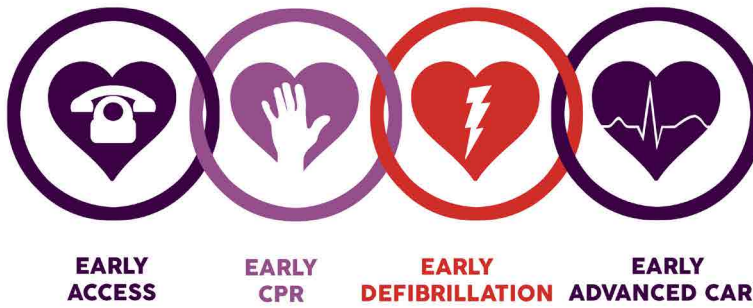
These simple techniques will either restart normal heart action or maintain brain function until specialised assessment and medical treatment are available.

Chain of survival

Immediate action needs to be taken to maximise a patient's chances of survival, particularly when the patient is not breathing normally or responding. The Chain of survival is the key to improving the patient's chances of survival.

There are four steps in the Chain.

1. Early access: An ambulance must be called immediately to ensure that defibrillation and advanced life support can be started without delay.
2. Early CPR: If CPR is started within 4 minutes of the heart stopping, the vital organs (such as the brain) stay oxygenated.
3. Early defibrillation: If CPR is given within 4 minutes and defibrillation within 8–12 minutes, the chance of survival significantly improves.
4. Early advanced life support: Advanced treatment by the ambulance service, such as giving medication and stabilising the airway, may increase chances of survival even further.



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First aid is usually is given by someone who is on the spot when a person becomes ill or injured.

The first aider:

- assesses the situation
- identifies the nature of the injury or illness, as far as possible
- arranges for emergency services to attend if required
- manages the patient promptly and appropriately
- stays with the patient until it is possible to hand over to a health care professional, if necessary
- gives further help if necessary.

The first aider who arrives first at the scene of an incident takes charge and stays in charge until handing over control to a health professional.

Any other first aider who arrives should offer to help the original first aider, without trying to take control. If you feel another first aider at the scene is more qualified to handle the situation, ask that person to take control. However, the most qualified person does not need to be in control, especially if another first aider already has matters well organised.

First aid attitudes

The first aider needs the knowledge and skills to enable them to provide emergency treatment and management. You also need attitudes and behaviours that will help you to work effectively with patients.

Act calmly and confidently

Providing first aid can sometimes be personally challenging. The nature of the injury or illness, unpleasant smells, or the sight of blood, vomit or torn skin may be distressing. This is natural; even medical personnel sometimes experience these challenges.

You may also be nervous about using your first aid skills, particularly if this is the first incident you have attended. You may question whether you are doing the right thing.

Presenting a calm and confident manner to a patient will help reassure and comfort them. This, in turn, can help you to carry out first aid effectively.

What to do

In an emergency situation, if you feel overwhelmed and panicky:

- pause and look away from the injuries
- take a few long, slow, deep breaths
- remind yourself of the first aid priorities.

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The first aider

Be respectful

A patient needing first aid may feel vulnerable and may react in an unpredictable way. As a first aider, you need to treat each patient with respect, regardless of their injury or illness. Being respectful means:

- introducing yourself
- asking for the patient's name and using it
- being aware of cultural differences and showing sensitivity
- asking for the patient's consent before you provide first aid
- telling them what you are doing and why
- asking for their account of the incident (what happened, how, why and when)
- not making judgments about the incident, the injury or illness
- focusing on providing first aid
- keeping patient information confidential.

A patient may feel uncertain about being touched by a stranger who is of a different age, race or sex.

The patient may be acting strangely or be uncooperative because of the injury or illness, stress, or the influence of alcohol or other drugs.

Acting calmly, confidently and respectfully can help to reassure the patient and allow you to provide the help they need.

What to do

When treating a patient, remain calm, confident and respectful:

- introduce yourself to the conscious patient
- ask for the patient's name and use it
- if possible, place yourself at the same level of the patient
- if possible, use eye contact
- comfort and reassure the patient at all times (be aware of your body language and tone)
- always explain to the patient what you are about to do, are doing and why
- ask the patient to assist you in their treatment, if they are able, to help them to focus elsewhere.

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Duty of care

When you have made the decision to give first aid and have started first aid treatment on a patient, you have committed yourself to providing care to that patient.

This duty of care means that you stay and provide first aid treatment to the patient to the best of your ability and to your level of training.

This duty of care continues until:

- you can hand over care to another or more experienced first aider
- you can hand over care to a health professional
- you are physically unable to continue to provide care
- the situation becomes unsafe to continue to provide care.

Consent

Generally, mentally competent adults have the right to refuse any treatment, even if that treatment is necessary to save their lives. Treatment given to a person without consent may constitute assault. Before you provide any first aid to a patient, you must first gain the patient's consent to begin the treatment.

If the patient is a child, the parent or guardian should be asked for permission, but if the parent or guardian is not present and the injury or illness is life-threatening, immediate first aid should be given.

Consent can be implied or expressed. The patient *implies* consent if they go to the first aid room and cooperate with the first aid officer. The patient *expresses* consent when they give spoken or written permission to the first aider or medical personnel.

In some situations, a person cannot give consent to treatment. For example: if the patient is unconscious, if the injury or illness has affected their ability to make an informed choice, or if the patient is very young or is mentally disabled. If the patient cannot give consent to treatment, the first aider can presume that the patient would have given the consent if they were able. Thus, the first aider can administer any necessary treatment to save the person's life, or to prevent serious illness or further injury.

Privacy and confidentiality

Information about the incident and patient should be kept confidential and only shared with medical personnel.

The privacy of the patient should always be respected as much as possible. The person controlling the records has a responsibility to ensure they are only released to people with appropriate authority, and all records must be stored in a secure location. The patient should be informed if access has been given. A record should be kept of anyone who has had access to particular documents, and when and why.

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Legal considerations

Legislation varies about who can have access to first aid records, the extent of this access, and what incidents have to be reported. However, the following people have the right to access:

- ambulance officers or a treating doctor
- people investigating a workplace illness or injury (eg the police, coroner, workplace inspection authority, the courts)
- an employer (eg to make sure that the injury was work related, or to help to identify the cause of the incident).

Liability

You should not allow the thought of liability to stop you from providing life-saving first aid.

First aiders are only liable for any injury caused by them if negligence can be shown. The person suing must be able to show, among other things, a lack of duty of care, treatment beyond the first aider's ability and training, and that the treatment was not reasonable in the circumstances.

Documentation

In a workplace environment, it is a requirement that you fully document all incidents involving first aid.

Maintaining good, accurate records is necessary:

- for proper clinical management
- because the law requires such records
- to protect the first aider against possible litigation and prosecution
- to protect individuals and organisations if there is any disagreement or controversy
- to provide information to allow researchers to evaluate injury and illness trends.

Documents should:

- be accurate and legible
- be written at the time of treatment
- be written in ink and never erased
- contain facts as stated by the patient
- not record opinions or hearsay
- be validated and signed by the patient if possible
- be given to the appropriate people
- be kept strictly confidential and should be stored in a locked cupboard, or electronically at a secure location
- be kept for 7 years (for adult patients) from the date of completion
- or kept until the patient is 25-years-old if the patient is under 18.

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First aid is the initial care of someone who is injured or ill.

First aid can be needed in a wide range of situations, from minor injuries to life-threatening conditions.

These can be the result of accidents in the home, workplace or outdoors. They can also be the result of a medical emergency. People live with conditions such as asthma, diabetes and epilepsy without a noticeable effect on their lifestyles. However, a medical emergency may arise from these conditions.

The cause of an incident is not always obvious. In such cases, you use the DRSABCD Action Plan and appropriate care.

The aims of first aid are to:

- keep patients alive
- prevent any injury or illness from becoming worse
- help promote recovery
- provide comfort to people who are injured or ill
- make sure the environment is safe for the first aider, other people and the patient
- In cases of minor injury or illness, first aid may be the only treatment that a patient requires (eg a cold pack for a muscle strain).

In more serious cases, additional medical aid will be needed (eg surgery to reset a broken bone).

First actions

In providing first aid, your first priority is to keep the patient alive. Therefore, your first checks and actions concern any emergency aid that might be needed – use the DRSABCD Action Plan.

You can then progress to assess the patient more fully by:

- managing any life-threatening injuries (eg severe bleeding)
- collecting a history from the patient, if they are conscious
- conducting a secondary assessment of the patient's condition
- observing the patient.

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First aid

Triage

In an accident or emergency, you may have a number of patients who need treatment. You will need to decide which patients you are going to treat first.

Priority for treatment is usually given to patients with life-threatening injuries or illnesses. In a first aid situation, there are 2 main triage principles:

1. Life comes before limb. As a general rule, airway management has the highest priority – a patient who is not breathing normally has priority over a patient who is bleeding.
2. Acute needs come before long-term outcomes. A patient with internal abdominal bleeding has a higher priority for evacuation than a patient with a fractured spine.

Patient history

If the patient is conscious, you can talk to them to gather information about the incident and their condition.

When you are taking a history from a patient, the aim is to find out anything that may be important about the patient and the incident. Use SAMPLE to remember the details you need to collect.

If the patient is not conscious, you can also check for anything that could relate to the current injury or illness. Patients may have items with them that give vital clues about the emergency, such as a medical alert bracelet, asthma puffer, an adrenaline auto-injector.

SAMPLE

- Signs and symptoms – if possible, ask the patient how they feel (eg pain, nausea), and note what signs of injury or illness you can see.
- Allergies – ask if the patient has any allergies.
- Medication – ask if the patient has taken any medication in the last 24 hours, or if they take regular medication and if they are carrying it.
- Past medical history – ask about the patient's current conditions.
- Last meal – ask when the patient last had anything to eat or drink.
- Events leading to incident – ask how the incident happened.

Vital signs

As a first aider it is important to monitor a patient's vital signs. That is, regularly check the patient's breathing and responses, colour and temperature.

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General management of a patient

The general management of patients is the same, whatever the cause. The patient needs to:

- be protected from danger
- be in the recovery position if unconscious and breathing normally
- have a clear airway
- have their injuries treated, such as bleeding, burns or wounds
- receive appropriate medical aid – call triple zero (000) for an ambulance
- be monitored until an ambulance arrives.

What to do

If the patient is unconscious and not breathing normally

1 Follow DRSABCD.

The patient is breathing normally

1 Follow DRSABCD.
2 Place the unconscious breathing patient in the recovery position, carefully supporting the head and neck.
3 Ask the conscious patient what happened.
4 Manage life-threatening injuries, such as severe external bleeding, and send for medical aid. If possible, do not leave an unconscious patient alone.
5 Manage other injuries such as minor wounds.
6 Conduct a secondary observation, carrying out a head-to-toe examination.
7 Check the patient for identification, medication or a medical alert device (eg bracelet or necklace).
8 Ask bystanders what happened and record all observations.
9 Continue to check the patient's response and breathing.
10 Provide information to medical personnel when they arrive.

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First aid

Secondary assessment

After you have followed DRSABCD and ensured the patient's condition is not life-threatening, you can undertake a secondary assessment of the patient. This involves a head-to-toe examination of the patient and will help you to determine what injuries are present and prioritise the first aid treatment required according to the severity of injuries.

The first aider should be sensitive to the age, sex and any cultural requirements of the person being examined.

As you perform the assessment, ask the patient if they feel pain.

You assess the patient by starting at the head and working down to the feet and toes. You will be looking for bleeding and other injuries, noting tenderness, swelling, wounds or deformity.

What to do

1. Examine the head.
   - Check for blood, bruising and swelling.
2. Check the face.
   - Check the eyes: compare the size of the pupils; look for bruising, cuts and swelling.
   - Compare one side of the face to the other to check for swelling or other abnormalities.
3. Check the neck.
   - Check for injuries: bruising, cuts.
   - Check the collarbones: breakages, bruising.
4. Check the shoulders, arms and hands for wounds, bleeding and fractures.
   - Check shoulder joints and shoulder blades.
   - Check the full length of each arm.
   - Check both hands and each finger for bruising, swelling, cuts, breaks and feeling.
5. Check the chest for injuries, bruising, cuts.
   - Does the chest expand easily and evenly?
   - Does breathing cause pain?
6. Check the abdomen for injuries, bruising, cuts.
   - Is it tender? Does a gentle press on the abdomen cause pain?
7. Check the pelvis and buttocks for injuries, bruising, cuts.
   - Push the tops of the hips towards each other. Does this cause pain?
   - Check for evidence of wet pants or blood from the genital area.
8. Check the legs, ankles and feet.
   - Check the full length of each leg for bruising, swelling, cuts, breaks or abnormal alignment.
   - Check both feet and each toe for bruising, swelling, cuts, breaks and feeling.

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Managing an accident scene

In an emergency, your first aid skills and knowledge may be crucial in managing the incident.

If you are the only first aider at the scene, you can ensure that:

- priorities for patient treatment are appropriately assessed
- patients are protected from further injury
- other first aiders and bystanders are protected from injury
- emergency services can gain access to the site.

Safety at the scene

An emergency scene must be made safe for everyone – yourself, bystanders and the patient.

You will need to determine if:

- there is any continuing danger (eg traffic, fire, fumes, spilt fuel or chemicals, fallen or damaged power lines, unstable structures)
- anyone's life is in immediate danger (eg from a fire or flammable materials).

Leave dangerous situations for emergency personnel to deal with, because they have the training and equipment to do so. However, after assessing the situation, you may decide to move the patient or to take steps to minimise the danger, if possible.

Bystanders

Always look for bystanders who can help in some way. A bystander may be able to:

- help make the scene safe and secure
- call triple zero (000) for the emergency service(s) required for the incident and if necessary, local authorities (eg to have power turned off)
- find a first aid kit or alternative materials
- help to give first aid under your direction
- gather information from the patient, other bystanders and anyone else who can help
- help protect the privacy of the patient
- gather and protect the patient's belongings
- reassure the patient's relatives and friends
- provide necessary information to medical personnel
- control a crowd
- warn traffic to slow down or stop.

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Managing an accident scene

Handover to medical aid

Medical aid is the treatment by a health care professional, who may be a doctor, registered nurse or ambulance paramedic.

Medical aid takes over from first aid when the health care professional arrives at the scene, or when you deliver the patient to a clinic or hospital. The first aider may be required to remain and provide reasonable assistance if asked to do so by the health care professional.

The health care professional may ask you for information about the incident and patient. When handing over care to medical aid, ensure that the information you give is factual, concise, relevant and clear.

The handover should cover:

- what happened
- how long ago it happened
- what first aid was given
- the current condition of the patient
- any improvement or deterioration of the patient whilst in the first aider's care
- the patient's personal details (if collected and consent given by the patient to share this information).

After an incident

Providing care in an emergency situation can be very stressful for the first aider.

After the first aider has handed a patient over to medical care, a post-incident 'debrief' is useful to bring the incident to a close, by:

- giving an opportunity to discuss any emotions and thoughts you might have about the incident
- providing support
- providing information to prevent a similar incident from occurring
- identifying any issues with the emergency action plan
- confirming the effectiveness of the first aid given.

This debrief can be conducted by a doctor or other health professional, a staff or human resources manager if the incident happened at work, or other appropriate person.

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Preventing infection

Protect yourself and your patient from infection

What to do

Carry standard protective equipment

- a pocket mask or face shield (for mouth-to-mouth contact)
- disposable latex gloves
- alcohol gel to clean your hands.

Take standard precautions

- Wash and dry your hands thoroughly before and after giving first aid, even if you will be wearing gloves.
- Alway wear clean disposable gloves, whether or not you are likely to be exposed to blood or other body fluids.
- Avoid coughing, sneezing or talking while managing a wound.
- Use sterile or clean dressings.
- Handle and dispose of sharps (needles) and waste (bloody gauze, pads or bandages) appropriately.
- If the patient has any signs or symptoms of infection, advise them to seek medical aid.
- If you do come into contact with a patient's body fluids, seek medical advice as soon as possible.

You can breath in tiny airborne droplets containing bacteria or viruses that an infected person has sneezed or coughed out. You can touch something contaminated with bacteria or viruses and transfer them to your body by touching your eyes, nose or mouth. If you have an open wound or broken skin, bacteria or viruses can enter your body from the air or from a contaminated object that touches the wound.

During first aid, the first aider and the patient are at risk of infection.

Taking standards precautions can protect the first aider and the patient from infection. These precautions aim to prevent the transmission of blood and other body fluids (saliva, vomit, pus, urine, faeces), and to keep wounds and surfaces clean.

For more information, see the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010)

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Preventing infection

What to do

If contamination has occurred

1 Skin

If there has been a needle stick injury or if broken skin has been touched by blood, wash the area well with soap and water. If water is not available, clean the area with hand wipes, alcohol-based liquid or gel if available.

Eyes

If eyes have been splashed with blood or other body fluids, flush the eyes gently but thoroughly with lots of running water or saline for at least 5 minutes. The eyes must be kept open during this process. Do not use disinfectants in the eyes.

Mouth

If blood has got into the mouth, spit out any contaminated fluid and rinse the mouth thoroughly with water several times.

2 Seek medical advice as soon as possible – within hours of such exposure.

The contaminated item or sample of contaminating blood should be kept for testing, if possible.

Signs and symptoms of infection

The signs and symptoms of infection of a wound may include:

- increased pain and soreness
- increased temperature (warmth) around the wound area
- increased swelling and redness of the wound and surrounding area
- pus oozing from the wound
- fever (if the infection persists)
- swelling and tenderness of the lymph glands
- tracking or red streaks leading away from the wound.

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Lifting and moving a patient

- Unless absolutely necessary, do not move a patient until medical aid arrives.
- Moving a patient can cause further injury or make existing injuries worse.
- Whenever possible, try to give first aid where the patient is found.
- Only move the patient if there is immediate danger. Move the patient if they have a life-threatening condition and you cannot provide first aid where they are.

What to do

Before moving the patient, consider:

- whether you can handle the size and weight of the person without injury to yourself
- what other help is available
- the type and seriousness of injuries
- the type of ground to be crossed (is it rough, steep, etc)
- the distance the patient has to be moved.

Correct lifting technique

When lifting, remember to:

- bend at the knees
- keep your back straight and head up
- keep in a balanced position
- keep your centre of gravity low
- hold the weight close to your body for stability
- take small steps
- work as a team – someone must take the role of leader.

Warning

If the patient has a suspected head, neck or spinal injury, is unconscious (but breathing normally) or is likely to vomit:

- support the patient's head and neck while moving them, keeping in alignment with the spine
- avoid twisting or bending the patient
- avoid putting pressure on any areas of the patient's body
- use your hands or padding (eg sandbags, clothing or blankets) to keep the patient's head in a stable position
- remove items such as coins, keys and bulky items from the patient's pockets
- DO NOT apply a cervical collar.

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Safety and prevention

First aid should not just be about responding to injury or illness. It should also include preventing such injuries or illnesses by making your environment safe and by minimising risk.

It is useful to think about the risks you may encounter in various environments – such as the home, workplace, outdoors and remote areas – and how to minimise these risks.

It is also useful to think about particular emergencies – such as fire or natural disasters – and how you can prepare for them.

The basics

- Have at least one trained first aider in the home, workplace or community group.
- Keep a complete first aid kit and ensure that everybody knows where it is.
- Have emergency telephone numbers handy. Teach children how to call triple zero (000) and how to ask for help.
- If you have a health condition that might put you at risk (eg diabetes, anaphylaxis), ensure that you have an appropriate action plan and carry a medical alert device (eg bracelet). It is also a good idea to tell family, friends or coworkers about your condition, so that they can help you in a first aid emergency.

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First aid kits

A first aid kit is a necessity for every first aider in the home, in your vehicle, at play and in the workplace. Knowing what each item is used for and how it is used is very important. The way in which you use these materials will vary with the type and location of the injury.

Regularly check your first aid kit

- Ensure all contents are clean.
- Packets of pads, bandages, etc are properly sealed.
- Expiry dates have not been exceeded.
- Used items have been replaced.

Main kit items and their use

Dressings and bandages are the main items used by the first aider. Different types of dressings and bandages are used, in varying ways, depending on the type and severity of the injury and the materials available.

- Wound dressings are used to control bleeding and protect wounds.
- Bandages are to used as dressings or slings, to bind pads in place, or to apply pressure.
- Pads are used to place over injuries.
- Gauze swabs are used to clean patients' wounds and surrounding areas.
- Alcohol wipes or gel is used to clean your hands.

Other items that may be in your kit include:

- disposable gloves to help to prevent infection
- adhesive tape to secure dressings
- scissors to cut dressings and bandages
- blunt-nosed shears to cut away clothing
- saline to wash eyes and clean wounds
- cold packs to relieve pain
- plastic bags to make cold compresses, carry water, seal an open chest wound or store dressings
- splinter probes or tweezers to remove splinters
- thermal blanket to protect against cold and weather, and to prevent loss of body heat
- note pad and pencil for recording times and details of illness and injury
- disposable hand towels for general cleaning (not wound cleaning).

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Quick contents

Emergency telephone numbers

TRIPLE ZERO (000)

- Ambulance
- Fire
- Police

Poisons Information Centre
13 11 26

Diving Emergency Service Hotline
1800 088 200

Useful websites

Allergies and anaphylaxis
www.allergy.org.au/

Asthma Australia
www.asthmaaustralia.org.au

Diabetes Australia
www.diabetesaustralia.com.au

Heart Foundation
heartfoundation.org.au

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