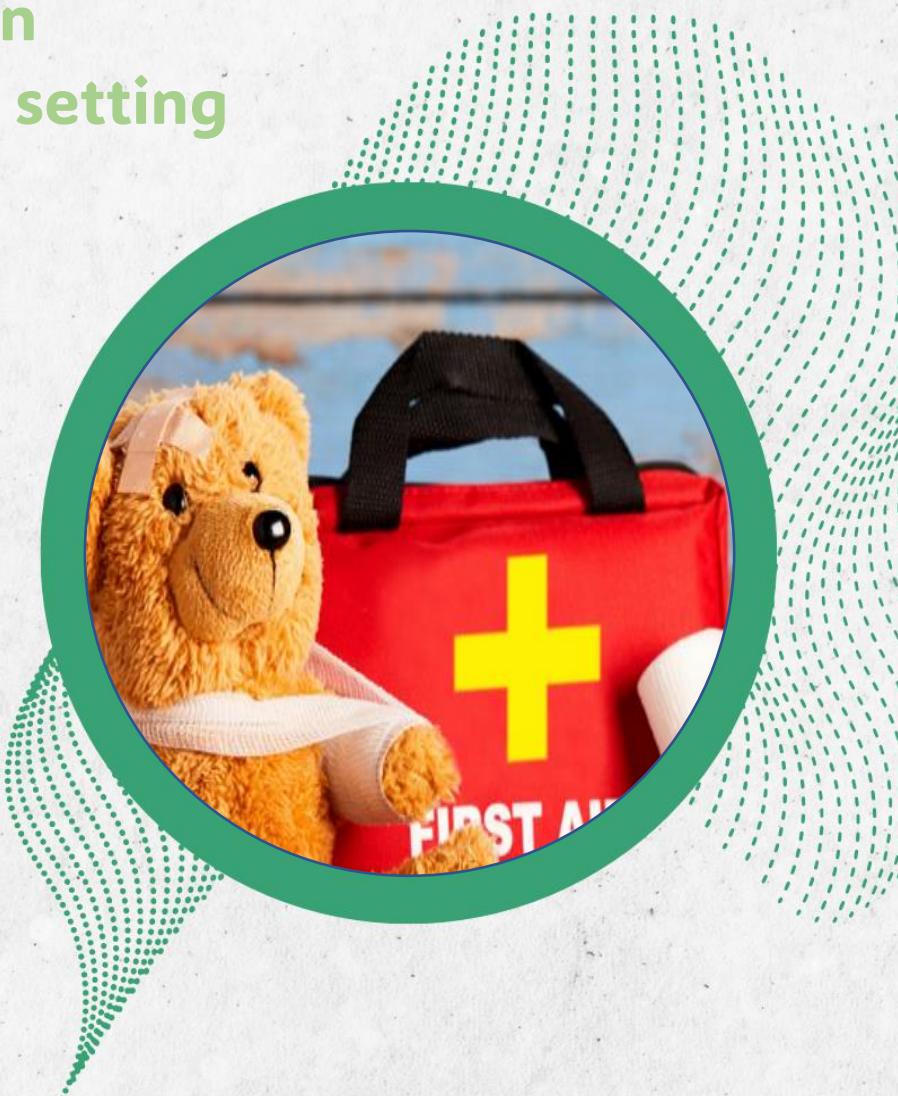




HLTAID012

Provide First Aid in an
education and care setting

LEARNER GUIDE



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Table of Contents

This Learner Guide.....	6
Introduction	14
What is First Aid?	15
The Healthcare Team	16
The Role of the First Aider	16
Legal and Ethical Considerations in First Aid	17
I. Respond to an Emergency Situation.....	24
1.1 Recognise and Assess an Emergency Situation	25
1.1.1 Signs of Possible Emergencies	26
1.1.2 Assessing the Emergency Situation	27
1.2 Ensure Safety for Self, Bystanders and Casualty	30
1.2.1 Emergency Hazards	30
1.2.2 Identifying Safety Hazards	31
1.2.3 Assessing the Hazards	32
1.2.4 Managing the Hazards	33
1.3 Assess the Casualty and Recognise the Need for First Aid Response	35
1.3.1 Assessment Principles	35
1.4 Seek Assistance From Emergency Services	38
1.4.1 Triple Zero (000)	38
1.4.2 Other Emergency Contacts	39

II. Apply Appropriate First Aid Procedures	41
2.1 Perform Cardiopulmonary Resuscitation (CPR) in Accordance With the ARC Guidelines ..	42
2.1.1 Cardiopulmonary Resuscitation	46
2.1.2 The Australian Resuscitation Council (ARC) and the ARC Guidelines	48
2.1.3 Performing Cardiopulmonary Resuscitation	48
2.1.4 Defibrillation	53
2.1.5 Considerations When Providing CPR.....	55
2.2 Provide First Aid in Accordance With Established First Aid Principles.....	59
2.2.1 ARC Guidelines Relevant to the Provision of First Aid	60
2.2.2 Principles and Procedures for First Aid Management	63
2.3 Ensure Casualty Feels Safe, Secure and Supported	116
2.4 Obtain Consent From Casualty Where Possible.....	118
2.5 Use Available Resources and Equipment to Make the Casualty as Comfortable as Possible	119
2.5.1 First Aid Kit	120
2.6 Operate First Aid Equipment According to Manufacturers' Instructions	122
2.7 Monitor the Casualty's Condition and Respond in Accordance With First Aid Principles ..	126
III. Communicate Details of the Incident	128
3.1 Accurately Convey Incident Details to Emergency Services.....	129
3.2 Report Details of Incident in Line With Appropriate Workplace or Site Procedures....	131
3.3 Complete Applicable Workplace or Site Documentation, Including Incident Report Form ..	133
3.4 Report Details of Incidents Involving Infants and Children to Parents or Caregivers ...	136
3.5 Follow Appropriate Workplace or Site Procedures to Report Serious Incidents to the Regulatory Authority	137
3.6 Maintain Privacy and Confidentiality of Information in Line With Statutory or Organisational Policies	138

IV. Review the Incident.....	141
4.1 Recognise the Possible Psychological Impacts on Self and Other Rescuers and Seek Help When Required.....	142
4.2 Contribute to a Review of the First Aid Response as Required.....	145
References	147

This Learner Guide

HLTAID012 - Provide First Aid in an education and care setting (Release 2)

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

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

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

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

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/HLTAID012>

About this Unit of Competency Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Provide first aid in an education and care setting

- I. Respond to an emergency situation
- II. Apply appropriate first aid procedures
- III. Communicate details of the incident
- IV. Review the incident

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- how and when to make contact
- what you need to do to complete this unit of study
- what support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- keep your study materials
- be reasonably quiet and free from interruptions
- be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have quiet, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- a chair
- a desk or table
- a computer with Internet access
- a reading lamp or good light
- a folder or file to keep your notes and study materials together
- materials to record information (pen and paper or notebooks, or a computer and printer)
- reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning 'styles'. Some people learn best by listening or repeating things out loud. Some learn best by 'doing', some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people's books.) This also helps you to remember important points.
3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using this Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, ‘Have I seen this happening anywhere?’ ‘Could this apply to me?’ ‘What if...’ This will help you to ‘make sense’ of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction

It is almost impossible to eliminate the risks of incidents and accidents in any workplace. Regardless of the safety precautions in place, incidents and accidents will eventually happen. This is why it has become a requirement for all workplaces to provide their employees and other people at the site access to first aid resources. These first aid resources include a first aid kit and people capable of providing first aid.

It is essential to have these first aid resources in place so that the workplace can respond appropriately and immediately to a life-threatening situation while waiting for medical services to arrive at the scene.

As an individual working within an education and care setting, you may encounter various cases of accidents and emergencies involving children under your care. Being children, they are very vulnerable to these situations and will require you to look out for them. Your responsibility is to ensure their safety and security and those around you. The skills and knowledge needed to provide first aid care are of utmost necessity.

Immediate care of injuries or illnesses can greatly increase the chances of recovery and reduce the chance of permanent damage and even death.

This Learner Guide is not intended to be a comprehensive first aid manual. As this is a Learner Guide, a guide to help you learn, it will discuss the practical skills essential to providing first aid in an education and care setting and the theoretical knowledge supporting them. These practical skills and knowledge are crucial to your pursuit of the unit of competency, HLTAID012 Provide First Aid in an education and care setting (Release 2). Links to essential reference materials are provided throughout this guide to supplement your learning.



What is First Aid?



First Aid is emergency care, such as treatment and assistance, provided to a *casualty* (an injured or ill person) before paramedics, doctors, nurses, or professional medical services arrive (Emergency first aid, 2019).

The provision of first aid essentially aims to:

PRESERVE life

PROTECT the unconscious

PREVENT the condition from worsening

PROMOTE recovery

SEEK medical assistance.

The Healthcare Team

The healthcare team is the group of people involved in the treatment and care of a casualty. They are individuals with specialised skills who have one purpose—to provide care and treatment to the casualty (Emergency first aid, 2019).

The healthcare team is composed of the following:

- **Casualty**, the injured or ill person
- **First Aider**, the person providing the first aid while waiting for professional medical services to arrive
- **Paramedic**, a healthcare professional who responds to emergency calls for medical help outside of a hospital
- **Ambulance transport**, a medically equipped vehicle that brings patients to treatment facilities, e.g. hospitals
- **Hospital emergency department**, the department of a hospital which provides medical care to patients who need immediate care
- **Definitive care**, the type of care provided to a patient to manage their medical conditions conclusively or in the long term

This includes preventive, curative acute, convalescent, restorative and rehabilitative medical care.

The Role of the First Aider

As a first aider, your role is to help keep the casualty safe and prevent further harm. To do this, here are the things that you must do:

- Assess the situation and the area
- Protect oneself and bystanders from any danger
- Prevent infection from spreading
- Comfort and reassure the casualty
- Assess the casualty and provide first aid accordingly
- Seek medical assistance, as needed

Legal and Ethical Considerations in First Aid

Below are legal and ethical considerations underlying the practice of first aid.



Codes of Practice on Minimising Risks and Potential Hazards

Work health and safety codes of practice provide information on specific work tasks to help organisations achieve WHS standards as required by relevant WHS laws.

The following model codes of practice can be used as a guide, especially in the assessment of an emergency:

- [Model Code of Practice: First aid in the workplace](#)

This code of practice provides Person Conducting a Business or Undertaking (PCBU) practical guidance on how to provide first aid in their workplace effectively. It includes information on first aid resources such as kits, procedures, facilities, and training for first aid personnel.

- [Model Code of Practice: How to manage work health and safety risks](#)

This code of practice provides Person Conducting a Business or Undertaking (PCBU) practical guidance on managing workplace work health and safety risks. This is intended to be used along with other codes of practice (e.g. if the PCBU's business involves construction, then the PCBU also needs to refer to codes of practice relevant to construction work).

According to this code of practice, the following steps are taken to identify hazards in the workplace.



Inspect the workplace

Consult your workers

Review available information



Further Reading

The code of practice currently used in your organisation may vary, as there are multiple codes of practice used across Australia relevant to hazards and risks. Access the links below to review your state/territory's codes of practice.

Australian Capital Territory

[Work Health and Safety \(How to Manage Work Health and Safety Risks Code of Practice\) Approval 2020](#)

New South Wales

[How to manage work health and safety risks](#)

Northern Territory

[How to manage work health and safety risks](#)

Queensland

[Codes of practice](#)

South Australia

[Managing health and safety risks](#)

Tasmania

[How to manage work health and safety risks: Code of practice](#)

Victoria

[Compliance codes and codes of practice](#)

Western Australia

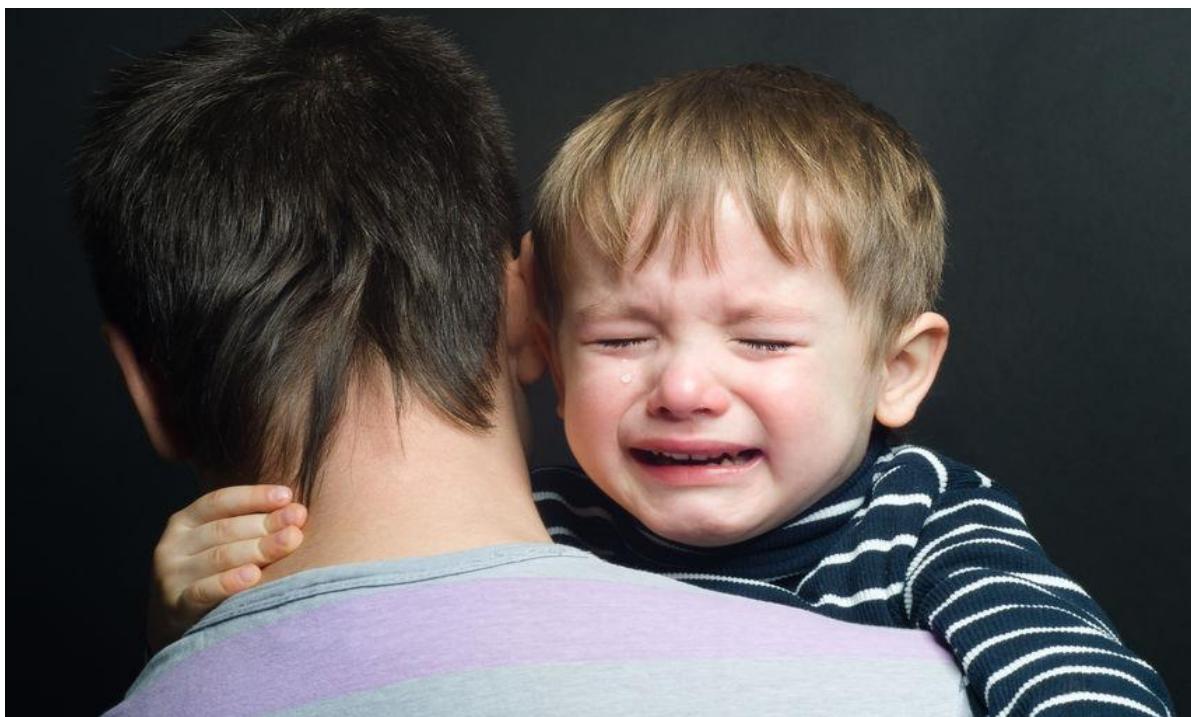
[Approved codes of practice](#)

Duty to Rescue

One of the questions which prevent a bystander from assisting in an emergency is whether or not there is an obligation to provide assistance or care to a person in need of emergency aid. When faced with this question, you must remember that:

- the ARC guideline 10.5 states that 'good Samaritans' and 'volunteers' have no duty of care to rescue
- legislation varies per state/territory. However, only the Northern Territory has legislation that requires a duty to rescue any person without a duty of care.

Duty of Care



Duty of care is an essential element of commonwealth and state/territory Work Health and Safety Laws applicable in your state/territory (e.g. WHS Act 2011 in Queensland). It is the legal and moral responsibility to keep your clients and other people safe from harm while using a service.

In line with Work Health and Safety Laws, below are examples of the duty of care requirements.

- The provision and maintenance of a work environment without risks to health and safety
- The safe use, handling and storage of plants, structures, and substances

In the context of first aid, there exists a legal obligation for those who choose to provide first aid to act responsibly, to the best of their ability and in good faith. There are those with legal obligations to care, such as those involved in a car crash, an employee designated as the workplace first aider, and a trained first aider with a responsibility to others (children and aged) such as those in an education and care setting.

Duty of care also means not exposing others to potential illnesses as you perform first aid or other emergency responses. The use of personal protective equipment (e.g. face masks, face shields, sterile gloves), whenever applicable and possible, helps protect the first responder, the casualty, and other people from the risk of potential sickness. First responders are the people who are the first to arrive at an emergency with specialised training.

Below is a table that shows the WHS Acts followed in each state.

State/Territory	Legislation
Australian Capital Territory	Work Health and Safety Act 2011
New South Wales	Work Health and Safety Act 2011 No 10
Northern Territory	Work Health and Safety (National Uniform Legislation) Act 2011
Queensland	Work Health and Safety Act 2011
South Australia	Work Health and Safety Act 2012
Tasmania	Work Health and Safety Act 2012
Victoria	Occupational Health and Safety Act 2004
Western Australia	Occupational Safety and Health Act 1984

Consent

Consent is the permission given by a casualty allowing a first aider to provide them with First Aid care.

The general assumption during emergencies is that casualties want help. However, this is not always true. There are instances when consent must be given first. Physically touching someone without their consent may be considered assault.

Own Skills and Limitations

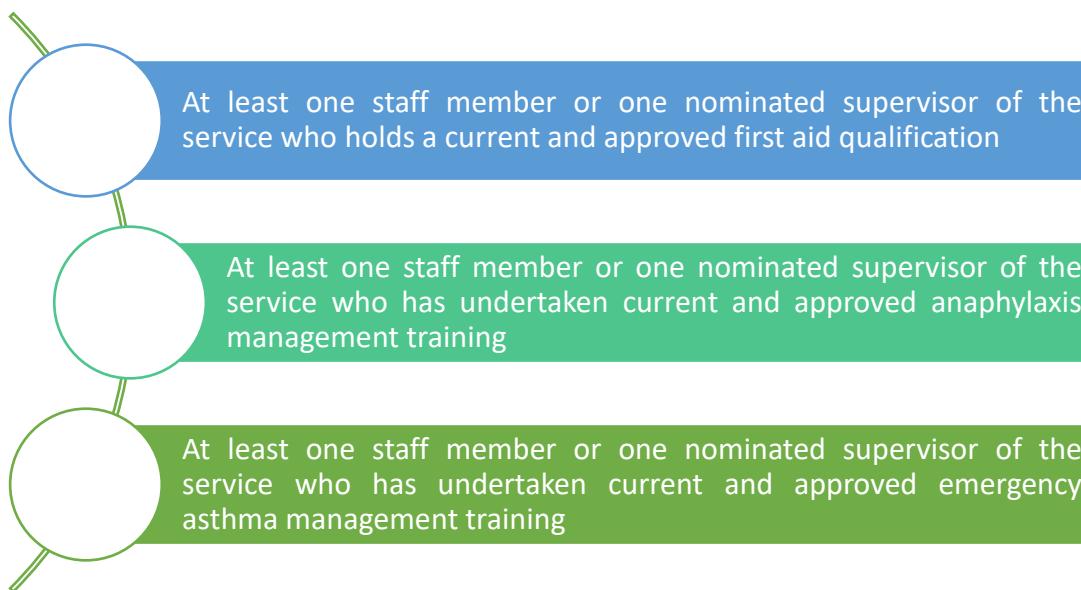
As a first aider, one must keep in mind that there are limits to one's ability to provide medical services. For example, first aiders are not qualified to prescribe and administer prescription medicine. However, they can give emergency medication if prescribed in a casualty's asthma or anaphylaxis management plan. Additionally, a first aider can only provide medical advice up to their training and knowledge level.

Education and Care Services National Law First Aid Requirements

Under the [National Law](#) and [National Regulations](#), centre-based services must have the following qualifications for first aid, including anaphylaxis management training and emergency asthma management training:

- **Centre-Based Services - Regulation 136(1)**

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



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

- **Premises on School Site - Regulation 136(2)**

Suppose children are being educated and cared for at service premises on the site of a school. In that case, the following qualified staff must be in attendance at the school site and immediately available in an emergency:

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

One staff member may hold one or more of the qualifications.

- **Family Day Care - Regulation 136(3)**

The approved provider of a family day care service must ensure that each family day care educator and family day care educator assistant engaged by or registered with the service:

holds a current and approved first aid qualification

has undertaken current, approved anaphylaxis management training

has undertaken current approved emergency asthma management training.

Each family day care educator and educator assistant must hold all three qualifications.

Further information on first aid qualifications, anaphylaxis management training and asthma management training can be found in **Regulation 136 Part 4.4 Division 6**.

Based on [Education and Care Services National Law Act 2010](#), © Copyright State Government of Victoria

- **Currency of Skill Requirements**

CPR skills should be updated every 12 months (annually). All First Aid courses/qualifications should be updated at least every three years according to the First Aid Code of Practice and the Australian Resuscitation Council (ARC) guidelines.

Various State and Territory regulations depend on your workplace and site location. You may consult your supervisor to determine which one applies to your area.

Privacy and Confidentiality

When providing first aid, you will regularly need to access, update or review a casualty's records. When doing so, be sure to act in accordance with privacy laws, particularly the Privacy Act 1988.

The Privacy Act 1988 outlines [13 Australian Privacy Principles](#) that service providers must observe when handling personal and sensitive information of people.

Under this legislation:

- | | |
|--|---|
| <i>in relation to privacy:</i> | <ul style="list-style-type: none"> ▪ the individual must have access to their records when reasonable and practicable ▪ the individual must be given access to their records in the manner requested. |
| <i>in relation to confidentiality:</i> | <ul style="list-style-type: none"> ▪ information about the worker's health must be kept confidential ▪ information about the worker's health is only given to first aiders with the worker's consent. |



Sparkling Stars Early Years Learning Centre

When accessing a casualty's records, you must also adhere to your organisation's policies and procedures relevant to privacy and confidentiality.

Sparkling Stars Early Years Childcare Centre, a simulated learning centre, has its own policy relating to information and records. You may access it through the link below.

[Emergency Information and Records Confidentiality Policy](#)

(username: newusername password: newpassword)

I. Respond to an Emergency Situation

What is an Emergency Situation?

An emergency is a situation that poses an immediate risk to health, life, property, or the environment and requires an immediate response.

As a worker within an education and care setting, you are responsible for providing first aid primarily to children and infants. These young individuals will rely heavily on you to help them feel safe, secure, and supported during emergencies. You must be equipped with the practical skills and knowledge to provide first aid.

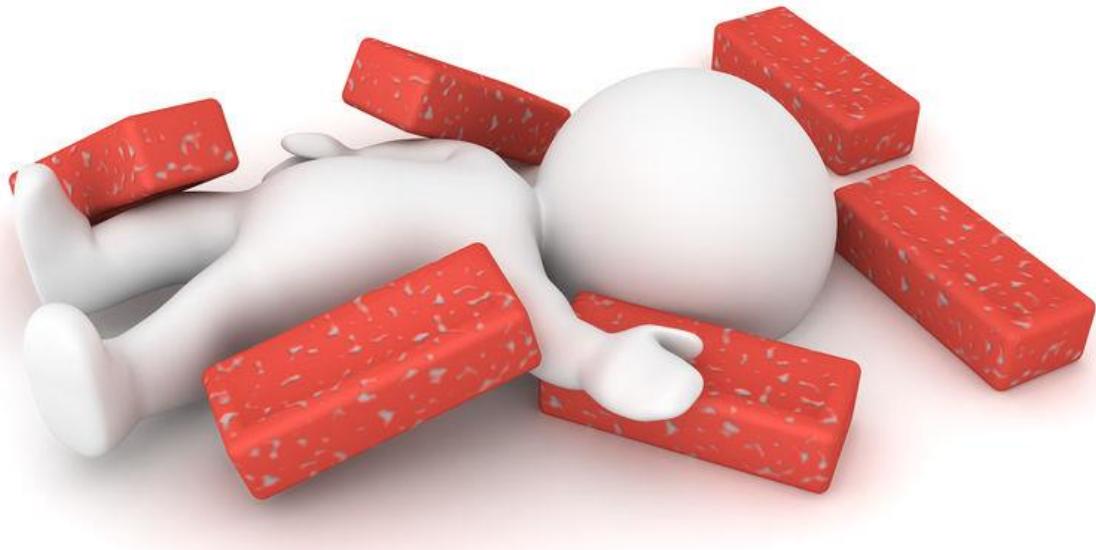
As this is a Learner Guide on First Aid, and, as mentioned earlier in the Introduction section of this document, it will just focus on emergencies that pose risks to the health and life of people.

This chapter will discuss responding to emergencies, including:

- Recognising and assessing an emergency situation
- Ensuring the safety for self, bystanders and the casualty
- Assessing the casualty and recognising the need for first aid response
- Seeking assistance from emergency services



1.1 Recognise and Assess an Emergency Situation



As mentioned, a situation becomes an emergency if one or more of the following are present:

- An immediate threat to the life and health of a person or people in an area
- An immediate threat to property and the environment
- Loss of life
- Health impairment
- Property damage
- Environmental damage
- High probability of escalation to cause immediate danger to life, health, property or environment

1.1.1 Signs of Possible Emergencies

Knowing and recognising signs of potential emergencies are critical to determining and performing an appropriate initial response. Your senses must be trained to detect atypical noises, sights, smells, behaviours and other signs of an emergency and to recognise an emergency.

For example, while you are going about your day-to-day tasks in the office, the smell of something burning and the sight of smoke coming from the office pantry will tell you immediately that there is something wrong. From what you know, the smell of burning and the sight of smoke always means there is a fire.

Aside from the smell of something burning and the sight of smoke, the following are other indicators of possible emergencies:

Sound of alarms and sirens

Moaning, crying, yelling (for help)

Sounds of something breaking, crashing or falling

Foul or strong smells (could be an indicator of a chemical spill, so be very careful in these situations as the fumes can be poisonous)

Crowd panic

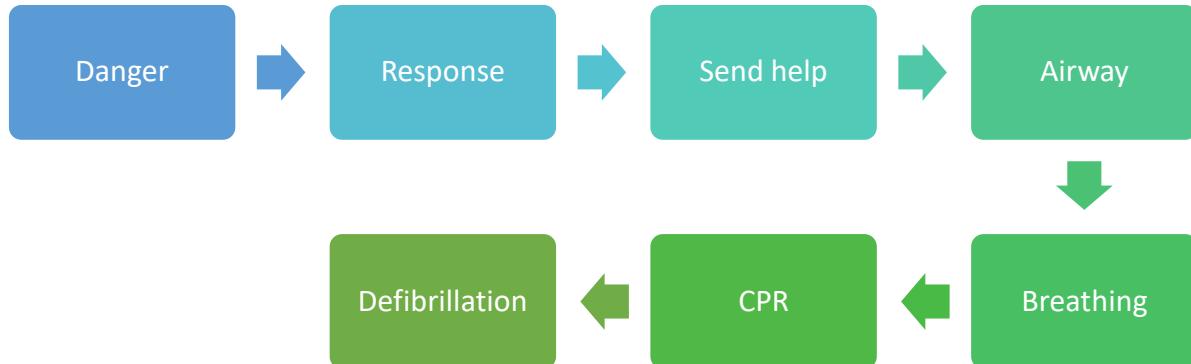
The sight of a person or group of people in distress

The sight of a person collapsed on the floor

1.1.2 Assessing the Emergency Situation

Once a situation is recognised as an emergency, you should assess the emergency. To assess an emergency, you can perform a primary survey of the situation. A primary survey is a quick, orderly assessment to determine how best to treat the casualty in order of the priority of the casualty.

When doing your primary survey, always remember **DRSABCD** or **Drs. ABCD** as your primary approach (*Emergency first aid*, 2019). **DRSABCD** stands for the following:



1. Danger

- Are there any dangers to you, the casualty and the bystanders?
- If safe to do so, manage the hazards.
- Move casualty away from the hazards (e.g. fire).

2. Response

- Approach the casualty to try and get a response.
- AVPU: Check if the casualty is *alert*, responds to voice or *pain*, or is *unresponsive*.

3. Send help

- Call 000 (Ambulance) or ask a bystander to do so.
- Call 131 126 for poisoning (24 hours).
- Send for a defibrillator (AED).

4. Airway

- Is the casualty's airway blocked?
- Open airway, using head tilt and jaw support for adults.
- Check for loose objects, e.g. broken teeth.

5. Breathing

- Check whether the casualty is breathing normally.
- Look for regular movement of the chest or upper abdomen.
- If the casualty is not breathing normally, proceed to perform CPR.

6. CPR

- Perform cardiopulmonary resuscitation or chest compressions.
- Do 30 chest compressions and two rescue breaths.
- Continue until handed over to ambulance officers or casualty responds.

7. Defibrillation

- Use an automated external defibrillator (AED) as soon as possible.
- Follow AED instructions and prompts.

NOTE: ALWAYS manage the unresponsive casualty first if more than one casualty.



Checkpoint! Let's Review

An emergency is a situation that poses an immediate risk to health, life, property, or environment and requires a quick response. Signs of possible emergencies include noises, sights, smells, and behaviours that are not typical of a situation. To assess an emergency, you can perform a primary survey:

1. Danger
2. Response
3. Send help
4. Airway
5. Breathing
6. CPR
7. Defibrillation



Multimedia

Click on the following links to view practical demonstrations of the primary survey following the DRSABCD. The second video follows the DR-ABC, where C stands for circulation instead of CPR. This video is only provided as an additional reference. Please refer to and follow the DRSABCD as discussed in this Learner Guide.

[DRSABCD Action Plan - TAFE NSW Training Video](#)



[How to do the Primary Survey - First Aid Training - St John Ambulance](#)



How to do the primary survey



1.2 Ensure Safety for Self, Bystanders and Casualty

As discussed in the previous section, the first action you take once you recognise an emergency is to assess the danger in the vicinity of the casualty. You need to ensure that the emergency poses no risk to your safety and the safety of the casualty and the bystanders present within the vicinity.

1.2.1 Emergency Hazards

Hazards will most likely be present in an emergency. Hazards are anything, such as an object, a situation, or an event, that can cause harm or pose a risk to someone's health and safety, damage to property or environment, or a combination of these. Risks are the chances of a hazard hurting someone or causing some damage.

Some hazards you might encounter include the following:

Debris and Obstructions

Electricity

Water

Chemicals

Fire

Weather

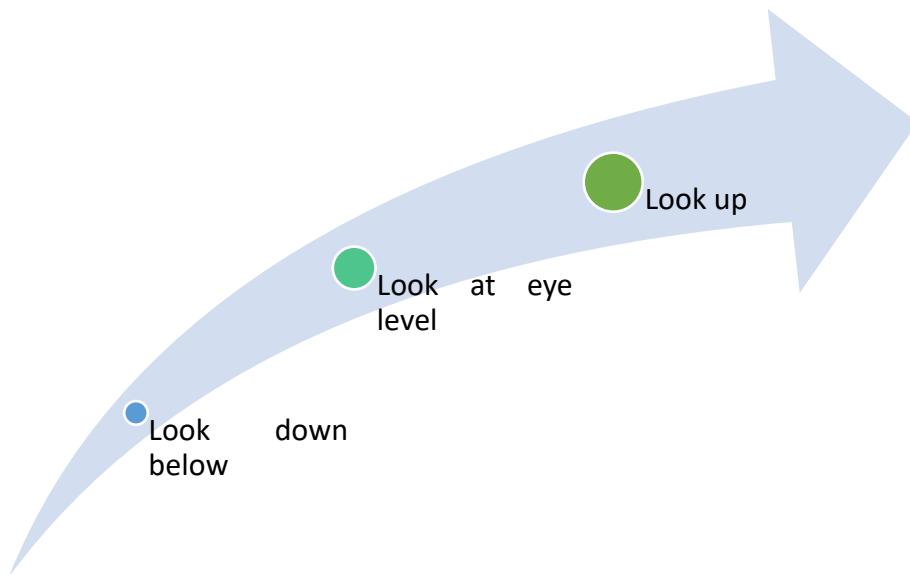
- **Debris and Obstructions** – These are physical objects that may harm or impede movements, such as broken glass, collapsed structures and holes.
- **Electricity** – This is a hazard resulting from fallen power lines and exposed live wires that may cause electrocution.
- **Water** – Spillages, water buildup from rain and unattended pools or baths can cause slipping, getting wet, or drowning.
- **Chemicals** – These can be present as toxic liquids, such as mercury spills, or gases, such as fumes.
- **Fire** – This includes explosives and flammable and combustible materials that can cause burns, dehydration, and respiratory problems.
- **Weather** – Wind, rain, and other weather conditions can also pose hazards and cause various health problems or injuries.

1.2.2 Identifying Safety Hazards

When responding to emergencies, it is essential to think calmly and logically and work out how to respond to the situation without aggravating it, either by putting yourself in harm's way or causing further harm to a casualty.

Before rushing into the scene to assist someone, you have to **STOP, LOOK, and CHECK** if the area is safe for you, the casualty, and the bystanders. Check the area for any hazards. Again, use your senses to help you identify hazards and their indicators: can you see, smell, or hear anything that could endanger you, the casualty, and the bystanders?

To assist you in identifying immediate health and safety hazards in the area, follow these steps:



1. Look down below to see:

- exposed wires
- sharp objects (broken glass or other debris)
- ground stability, muddy ground
- liquid spills on the floor (water or chemicals).

2. Look at eye level to check for:

- bystanders, traffic, pedestrians, and vehicles
- hazards such as fire, smoke, gas, or chemicals.

3. Look up to see:

- weather conditions (e.g. clouds, storms, lightning, wind, heavy rain, etc.)
- overhead hazards (e.g. falling debris, trees, unstable structures, etc.).

1.2.3 Assessing the Hazards

Once hazards are identified, you need to assess the risks they bring to you, the casualty, and the bystanders. **Risks** are the chances of a hazard hurting someone or causing some damage. For example, broken glass on the floor risks a cut to someone when stepped on.

Assessing hazards means determining and evaluating their risks or the harm they may cause. It aims to answer one crucial question: **Is there any danger to yourself, others, or the casualty?** The question can be answered by:



Regular health and safety risk assessments are done in a more structured format using risk rating tables and risk analysis templates. However, in an emergency, you must be able to think quick, think on your feet, and assess hazards' risks instantaneously. First aid responders must not panic when faced with danger and approach the situation calmly and logically.

Assessing risks in an emergency, where the environment is dynamic, i.e. the situation could change at any time, requires:

- undertaking risk assessments before, during, and after an operation
- carefully weighing the benefits of undertaking a task against the actual risks
- thinking before acting.

1.2.4 Managing the Hazards

Now that you have determined and assessed the hazards in the area, those hazards need to be managed before you rush to the casualty's aid. Remember that you cannot manage all the hazards every time. Before rushing in to control the hazards yourself or rushing to the casualty's aid, it is critical that you know whether controlling the hazard yourself is safe to do so. Depending on the nature and the severity of the risk associated with the hazard, you can take the following actions:



Remove the hazard or the danger **ONLY IF IT IS SAFE FOR YOU TO DO SO**; or

Transport the casualty to a location away from the hazard.

How Do You Know If It is Safe for You to Remove or Take Care of a Hazard?

- Think about your assessment of the hazard:
 - Where is the hazard located? If it is far from you, the casualty, and other bystanders, is it unlikely to cause harm to you and the casualty?
 - What harm will the hazard cause?
 - How severe of harm will the hazard cause?
- Ask yourself:
 - 'If I do this, what could happen next?'
 - 'Will I put myself in danger?'
 - 'Will I put the casualty in more danger?'
- Check your abilities and limitations:
 - Are you qualified to control this hazard?
 - Have you been sufficiently trained in controlling this hazard?
 - Have you had sufficient experience in controlling this hazard?

Below are examples of hazard management in emergencies.

Putting out a small fire using fire extinguisher or a fire blanket

Instructing bystanders to stand back or to keep distance

Wiping a spill on the floor dry so you don't slip on it

NOTE: These examples are not always the best solution to all emergencies. Follow the steps discussed in the previous sections to guide you in managing hazards in different emergencies.



Hit pause and reflect

Imagine yourself in one emergency and:

- think of potential health and safety hazards in that situation
- think about the severity of harm resulting from each of these hazards
- ask yourself if it is safe for you to remove the hazard
- think of how each hazard can be managed.



Checkpoint! Let's Review

1. First aid responders must not panic when faced with danger and approach the situation calmly and logically.
2. **STOP, LOOK, and CHECK** procedure assists you in identifying immediate health and safety hazards in the area.

1.3 Assess the Casualty and Recognise the Need for First Aid Response



First aiders must be able to assess a casualty and recognise illnesses, injuries, and other conditions that indicate immediate first aid assistance.

1.3.1 Assessment Principles

First aiders look at evidence found in the surroundings and the casualty to recognise illnesses, injuries, and other conditions. This evidence is categorised into the following:

- **History**

First aiders must look into the history of the casualty. This includes finding out the events leading to, during, and after the accident, incident, or illness. This crucial piece of information can be obtained by *asking the following people*:

- The casualty, if they are conscious
- Bystanders who witnessed the incident (caregivers, parents, etc.)

In cases involving infants and children, it is crucial to involve their caregivers and parents to find essential information leading to the events. If other children witnessed the incident, it is vital to ensure their safety first and remove any hazards in the area before asking them questions.

Observing (using your senses):

- the surroundings
- psychological state.

You must take note of the casualty's psychological state (i.e. are they crying, in distress, upset) before asking further questions. However, if the casualty is unconscious and there are no bystanders, it will be impossible for you to ask them questions to obtain the history of the incident. In this situation, you need to do some detective work to get as much information from the surroundings. For example, an unconscious casualty near a puddle of water could mean the casualty slipped on it and hit its head.

■ **Signs**

Signs in the casualty are what you can see or hear, such as:



■ **Symptoms**

If signs are what you can see or hear, symptoms, on the other hand, are what the casualty feels and tells you.

As you cannot see or hear symptoms, you will need to ask the casualty questions to know if they are experiencing pain, nausea, or other conditions you cannot see with your eyes. However, in the case of infants who are not yet able to tell what or how they are feeling, the assessment will rely on what other people can observe and the results of exams that medical professionals will conduct.

When you have gathered all these three pieces of evidence, you can then have a fair assessment of the casualty's illness or injury, which you will then use to determine whether first aid is needed and what type of first aid treatment is needed.

See the case studies below as examples.

Children: Assessing the Casualty Through History, Signs and Symptoms

History

During playtime at the Sparkling Stars Early Years Learning Centre, children aged 3 to 4 were playing soccer. Whilst playing soccer, one player suddenly stopped and started wheezing.

Signs

The child is dry coughing, and his wheezing is getting worse.

Symptoms

The psychological state of the casualty is assessed, and the casualty says his chest feels like it is getting tighter.

Assessment

Upon further inspection and given the signs and symptoms, the child is believed to have asthma.

Infants: Assessing the Casualty Through History, Signs and Symptoms

History

During lunchtime at the Sparkling Stars Early Years Learning Centre, infants aged 8 months to 1-year-old were being fed by their carers. One carer suddenly screamed and asked for help.

Signs

The infant is wheezing heavily, appears troubled and is waving its arms.

Assessment

Upon further inspection and given the signs, the infant is believed to be choking.

Checkpoint! Let's Review



Evidence found in the surroundings and the casualty categorised into the following:

- History – The events leading to, during, and after the accident, incident, or illness
- Signs – What you can see or hear from the casualty
- Symptoms – What the casualty feels and tells you about

1.4 Seek Assistance From Emergency Services

Part of responding to an emergency is seeking help or assistance for the casualty. You can only provide first aid to a casualty, so you cannot perform advanced medical procedures. You will also most likely lack the necessary medical tools and equipment to treat the casualty. Calling the emergency response team, requesting further assistance and having the casualty sent to a hospital or healthcare facility are vital steps in ensuring the casualty's full recovery.

1.4.1 Triple Zero (000)

To access assistance from emergency services, call **Triple Zero (000)**.

Triple Zero (000) is the primary national emergency number in Australia. It is to be used only for life-threatening or time-critical emergencies.

Triple Zero can be dialled free of charge from any fixed or mobile phone, payphones, and certain Voice over Internet Protocol (VoIP) services.

When you dial Triple Zero, you will be asked by the operator which emergency service you require:

- Police
- Fire
- Ambulance

For first aid and other medical emergencies, ask for ambulance services. Then, give the state and town from where you are calling. Stay on the line while the operator connects to your requested ambulance services.

Below are some of the most common signs and symptoms of conditions that require immediate ambulance response.

Signs that a child or infant needs immediate ambulance response	Symptoms of medical conditions that require immediate ambulance response
<ul style="list-style-type: none"> ▪ Sudden paralysis of the face, arm or leg ▪ Large burns ▪ Serious accidents or trauma ▪ Severe bleeding ▪ Difficulty breathing ▪ Unconsciousness 	<ul style="list-style-type: none"> ▪ Extreme pain ▪ Sudden pain in the abdomen ▪ Stiff neck accompanied by fever

You may also call 000 using the Emergency+ application on a smartphone. An advantage of using the Emergency+ app to dial 000 is that it uses your phone's global positioning system, or GPS, to get your exact location to be given to emergency services.

During emergencies, it may also be possible that you are supporting the casualty and is unable to call for help right away. You may ask a bystander to call the emergency numbers. However, the responsibility of securing the safety of the casualty is on you, so make sure to follow up on the call as soon as possible.

1.4.2 Other Emergency Contacts

You can also call 112 for mobile devices as an alternative to Triple Zero. For people who are deaf or who have hearing or speech impairment, you can dial **106** through a teletypewriter (TTY). Then you can type **PPP** for police, **FFF** for fire or **AAA** for an ambulance.

For poisonings or when you think someone has taken an overdose or made an error with medicine, call 131 126 to reach the **Poisons Information Centre**. This hotline is open 24 hours a day, seven days a week.

In cases when there is a need for referral or advice services, you may dial the numbers below.

1800 022 222	1800 882 436	1800 551 800	132 500
<ul style="list-style-type: none"> • Free advice and reassurance 	<ul style="list-style-type: none"> • General advice and support about pregnancy, childbirth and parenting for up to 5 years 	<ul style="list-style-type: none"> • Helpline for young people aged 5-25 	<ul style="list-style-type: none"> • Emergency due to floods and storms



Further Reading

For more information on other emergency numbers in Australia, you can visit the website of Triple Zero:

[Triple Zero - Home](#)

You may also check their regional services here:

[State and Territory Emergency Services Organisations](#)

Checkpoint! Let's Review



1. Recognising an emergency requires identifying signs of possible emergencies and assessing the emergency.
2. To ensure the safety of the casualty, the bystanders and yourself, you will need to know existing emergency hazards and manage them accordingly.
3. Calling an emergency response team should provide further assistance to the casualty and send the person to a healthcare facility, such as a hospital. Emergency services can be reached by calling Triple Zero (000). You may use this number to request ambulance services in first aid and other medical cases.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Apply Appropriate First Aid Procedures

In Chapter I, you learnt about responding to an emergency, including recognising and assessing an emergency, ensuring safety for you, the casualty, the bystanders, assessing the casualty, and seeking assistance from emergency services.

After assessing the situation, assessing the casualty and managing the dangers or hazards in the area, you should apply first aid procedures appropriate to the casualty's injury, illness, condition and situation.

This chapter will discuss applying appropriate first aid procedures. Specifically, it will cover the following:

- Performing cardiopulmonary resuscitation (CPR) in accordance with the ARC guidelines
- Providing first aid in accordance with established first aid principles
- Ensuring the casualty feels safe, secure and supported
- Obtaining consent from casualty where possible
- Using available resources and equipment to make the casualty as comfortable as possible
- Operating first aid equipment according to manufacturer's instructions
- Monitoring the casualty's condition and responding in accordance with first aid principles



2.1 Perform Cardiopulmonary Resuscitation (CPR) in Accordance with the ARC Guidelines

Having sufficient skill and knowledge to perform CPR cannot be understated. In an education and care setting, your responsibility mainly involves ensuring the safety and security of the children under your care. These children, including infants, will rely on you to keep them safe, secure, and supported. This means that you will need to be prepared for any circumstance that may present itself.



For the most part, administering CPR for an infant less than a year old, a child, and an adult would have to consider the differences in anatomy. Hence, you must take into account the following when administering CPR to either an infant, a child, or an adult:

- **Body Structure**

There are vastly more considerations that must be made for infants than children or adults due to how fragile their bodies are. They have softer and smaller bones, so the strength needed to do chest compressions is considerably less than that of a child or adult.

The skin of children and infants is also thinner and more vulnerable to injuries such as cuts and bruises and will absorb substances more rapidly. A larger body surface area to body mass ratio also means more sensitivity to temperature and moisture changes. Children and infants lose heat and moisture through their skin more readily.

- **The Chest Cavity**

The chest cavity is protected by the rib cage and houses some of the essential organs of the cardiovascular system, the heart and the lungs. Where the heart is the one responsible for circulating blood around the body as well as working with the lungs to deliver oxygen to the different parts of the body, the lungs are where the exchange of carbon dioxide, coming from the bodily processes, and oxygen, from the environment, takes place. The chest cavity takes a lot of pressure from CPR compressions. Make sure to review the anatomical differences of different age groups.

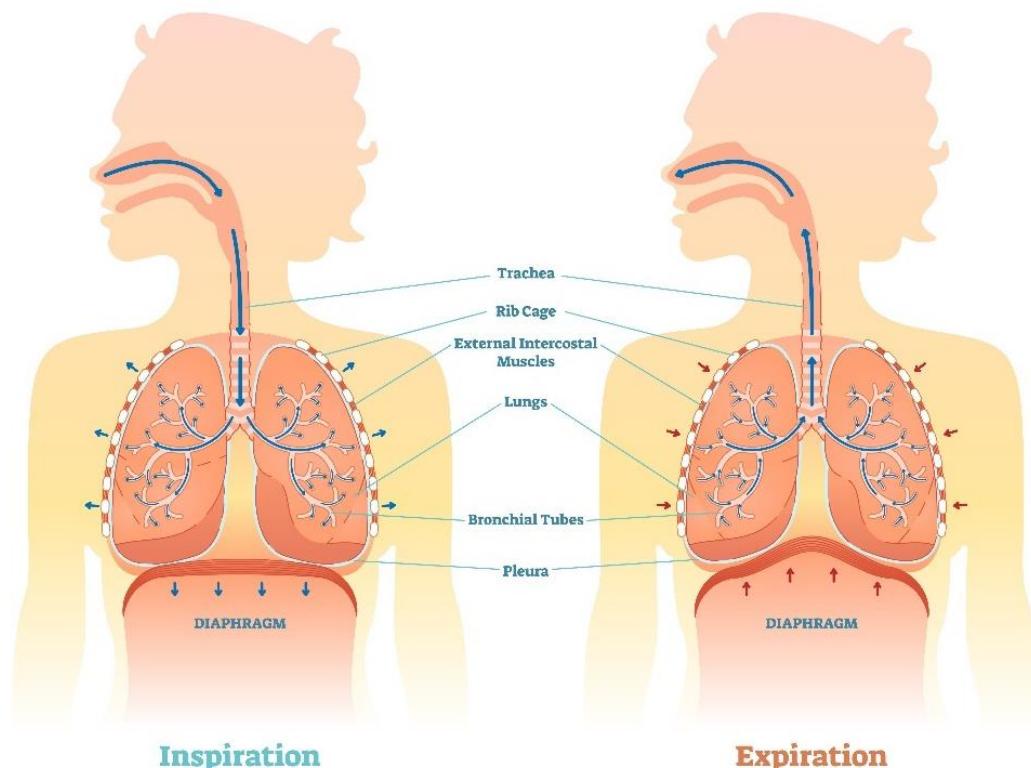
▪ Respiratory System

Clearing the airway and breathing is of utmost priority when checking for the condition of the casualties of an emergency. Special attention must be given to the differences in anatomy and physiology between an adult, child, and infant's respiratory system.

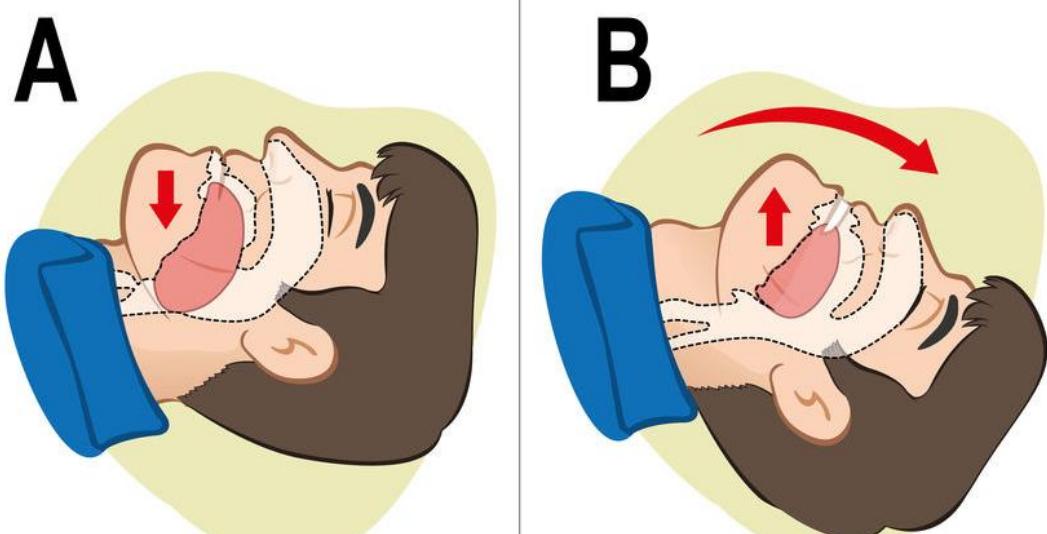
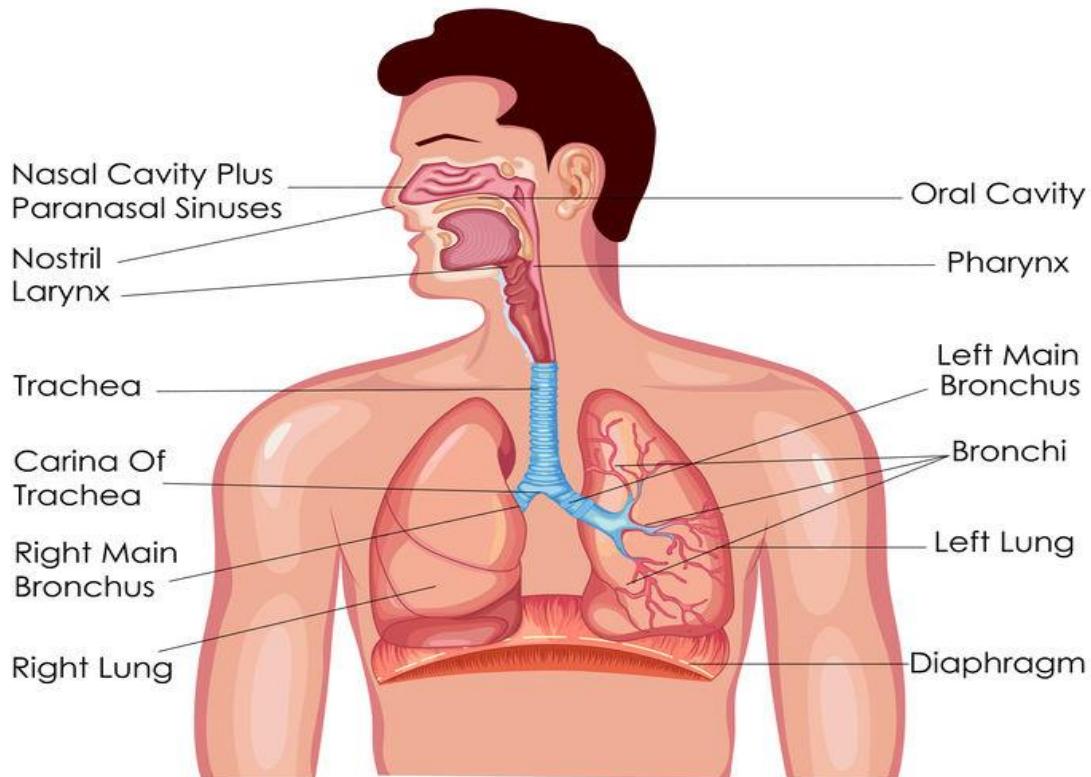
Treating the upper airway is also based on the understanding that aside from blockage, the casualty's position can also affect the person's ability to breathe, especially when unconscious. Anatomically, adults have larger airways than children and infants, making blockage much more of a threat regardless of the blockage caused by a foreign object or from a position. Additionally, there exists a physiological difference in how adults, children and infants breathe. Infants breathe through their nose and at a more rapid pace, while older children and adults breathe at a much slower pace through their nose and mouth.

The upper airway is the collective term for the nasal cavity and throat (pharynx); some literature would include the larynx (voice box) and trachea (windpipe). The blockage caused by a visible foreign object can be dealt with by manually removing the said obstruction. The absence of a foreign object does not mean the absence of blockage.

Inspiration and Expiration



Respiratory System



From the illustration on the previous page, you can see that A's anatomical position being the cause of airway blockage is most likely due to the tongue blocking the throat. In cases like these, a chin-lift is recommended if there is little to no chance of neck and spine trauma, as illustrated in B. Where a neck and spine injury is suspected, a jaw thrust might be the better option.

As for infants, an infant's upper airway is also softer and more likely to be blocked due to how narrow the nasal passages are. The windpipe of infants is also pliable enough that improper positioning could lead to distortion. It is not recommended to tilt the head and neck of an infant when checking the airway and performing CPR.

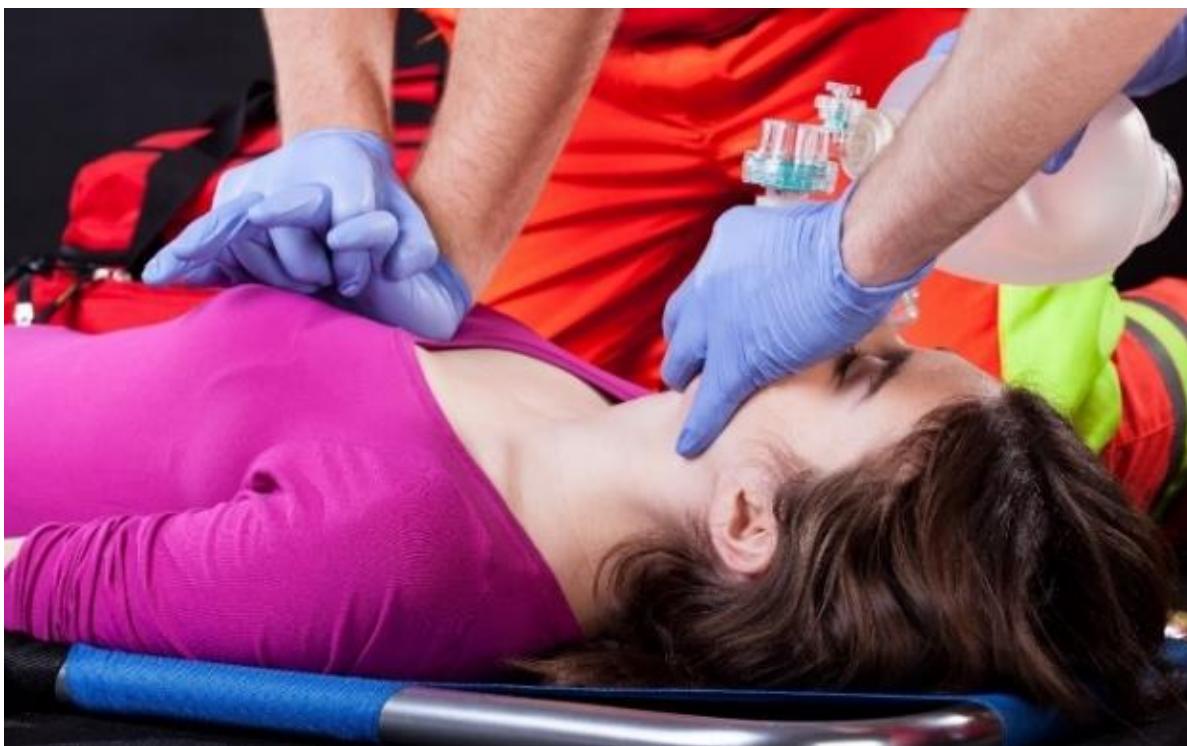
Infants also breathe through the nose, so keeping the nasal passages clear and performing CPR breaths through both the nose and mouth of the infant is recommended.

▪ Other Clinical Values

In performing CPR, it is critical to remember that the normal clinical values for adults do not apply to children and infants. Their heart, pulse, and breathing rates are slightly higher than adults'. Below are the normal breaths and heart rate per minute for different age groups.

Age group	Breaths/min	Heart rate (beats/min)
Newborn (<3 months)	30–55	110–160
Infant (3–12 months)	30–45	100–160
Children (1–4 years)	20–40	70–120
Children (5–11 years)	20–30	60–100

2.1.1. Cardiopulmonary Resuscitation



According to the Australian Resuscitation Council's *ARC Guideline 8 – Cardiopulmonary Resuscitation (CPR)*, cardiopulmonary resuscitation (CPR) is the technique of **chest compressions** combined with **rescue breathing**. The purpose of CPR is to temporarily maintain a circulation sufficient to preserve brain function until specialised treatment is available. Rescuers must start CPR if the person is **unconscious** and **not breathing normally**.

Unconsciousness is when a person cannot respond or react to any stimuli for varying lengths of time. There are four broad groups for classifying unconsciousness:

- Low levels of oxygen in the brain
- Problems with the heart and circulation (e.g. fainting, abnormal heart rhythms)
- Problems with metabolism (e.g. overdose, intoxication, low blood sugar)
- Problems with the brain (e.g. head injury, stroke, tumour, epilepsy)

In some cases, a person may lose consciousness after receiving first aid. Some signs that a person may show before losing consciousness include:

yawning

dizziness

sweating

skin colour changes from normal

blurred or changed vision

nausea.

It may not be clear if the casualty is unconscious or simply having difficulty showing signs of consciousness in other situations. To check if the casualty is unconscious, you may try to:

- assess the person's response to verbal stimuli, e.g. asking them questions, giving them instructions, etc.
- assess the person's response to tactile stimuli, e.g. firmly squeezing the casualty's shoulder or arm.
- use the **talk and touch method**. The method includes asking or giving a simple command such as, 'open your eyes; squeeze my hand; let it go' (talk) and then grasping and squeezing the shoulder firmly (touch).

If the casualty does not respond or shows only a minor response (e.g. groaning but with eyes closed), the casualty is considered unconscious.

To assess the breathing of the casualty, you need to **(1) look** for movement of the upper abdomen, **(2) listen** for the escape of air from the nose and mouth, and **(3) feel** for the movement of air at the mouth or nose. Even if the casualty takes occasional gasps, rescuers should start CPR. CPR should commence with chest compressions, and interruptions to chest compressions must be minimised.

Further Reading



To learn how to recognise that a casualty is unconscious and not breathing normally, refer to the links below on ARC Guidelines on Unconsciousness and Breathing.

[ANZCOR Guideline 3 - Recognition and First Aid Management of the Unconscious Person](#)

[ANZCOR Guideline 4 - Airway](#)

[ANZCOR Guideline 5 - Breathing](#)

2.1.2 The Australian Resuscitation Council (ARC) and the ARC Guidelines

The Australian Resuscitation Council (ARC) is a voluntary coordinating body representing groups involved in teaching and practising resuscitation. They are sponsored by the Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists.

The ARC produces guidelines on the practice of resuscitation to ensure uniformity and simplicity in resuscitation techniques and terminology. They develop and publish guidelines carefully considering all available scientific and published material. These guidelines then go through rigorous reviews by the members of the organisation.



Further Reading

You can access the ARC Guidelines through the link below and download the guideline specific to Cardiopulmonary Resuscitation.

[The ARC Guidelines](#)

2.1.3 Performing Cardiopulmonary Resuscitation

Once you have identified a child or an infant casualty as unconscious/unresponsive and not breathing normally, you need to perform CPR immediately. The method of CPR will depend on the casualty's age and body structure.

The method is still the same for adults, children, and infants but will account for the casualty's body's difference in size and strength. Both hands should be used for adults, and a large amount of force is needed for chest compression. Both hands can also be used for larger children, but it is recommended to use just one hand for smaller children. And you should use only two fingers in performing CPR on an infant. Compression force should be adjusted to account for the weaker bones that children and infants possess.

CPR for Adults and Children Over One Year

To carry out **Chest Compression**, do the following:

1. Place the casualty on their back and kneel beside them.
2. (a.) Place the heel of one hand on the lower half of the breastbone, in the centre of the person's chest. (b.) Place your other hand on top of the first hand and interlock your fingers. (If a child's chest is too small, you may perform only the (a.) part)
3. Position yourself above the casualty's chest.
4. Use your body weight (unless the casualty is a child) and keep your arms straight; press straight down on their chest by one-third of the chest depth.
5. Release the pressure. Pressing down and releasing is one compression.

To perform **Rescue Breathing** (mouth-to-mouth ventilation/breaths), follow these steps:

1. Open the casualty's airway by placing one hand on the forehead or top of the head and your other hand under the chin to tilt the head back.
2. Pinch the soft part of the nose closed with your index finger and thumb.
3. Open the casualty's mouth with your thumb and fingers.
4. Take a breath and place your lips over the casualty's mouth, ensuring a good seal.
5. Blow steadily into their mouth for about one second, watching for the chest to rise.
6. Following the breath, look at the casualty's chest and watch for the chest to fall. Listen and feel for signs that air is being expelled. Maintain the head tilt and chin lift position.
7. If their chest does not rise, recheck the mouth and remove any obstructions. Ensure that the head is tilted and that the chin is lifted to open the airway. Check that your mouth and the casualty's mouth are sealed together, and the nose is closed so that air cannot easily escape. Take another breath and repeat.

Other ways to perform rescue breathing are as follows:

Mouth-to-nose

Mouth-to-mask

Mouth-to-neck stoma



Multimedia

You can check the videos below for a sample presentation on how to perform CPR on an adult and a child.

[How to Perform Emergency CPR on an Adult - Royal Life Saving Training Video](#)



[How to Perform Emergency CPR on an Child - Royal Life Saving Training Video](#)



CPR on Infants



Performing CPR on infants (i.e. babies aged under one year) is essentially the same as CPR in adults and children but accounts for the infant's size.

To carry out **Chest Compression**, follow these steps:

1. Lie the infant on their back.
2. Place two fingers on the lower half of the breastbone in the middle of the chest and press down by one-third of the depth of the chest (You may need to use one hand to do CPR depending on the size of the infant).
3. Release the pressure. Pressing down and releasing is one compression.

To perform **Rescue Breathing**, do the following:

Tilt the infant's head back very slightly.

Lift the infant's chin, and be careful not to rest your hands on their throat because this will stop the air from getting to their lungs from the mouth-to-mouth.

Take a breath and cover the infant's mouth and nose with your mouth, ensuring a good seal.

Blow steadily for about one second, watching for the chest to rise.

Following the breath, look at the infant's chest and watch for the chest to fall.

Listen and feel for signs that air is being expelled.

If their chest does not rise, recheck their mouth and nose and remove any obstructions.

Make sure their head is slightly tilted to open the airway and that there is a tight seal around the mouth and nose with no air escaping. Take another breath and repeat.



Multimedia

You can check the video below for a sample presentation on performing CPR on an infant.

[How to Perform Emergency CPR on an Infant - Royal Life Saving Training Video](#)



2.1.4 Defibrillation

Along with CPR, defibrillation is also an integral factor in providing overall resuscitation to a person. Defibrillation involves restoring the regular cardiac activity and rhythm by running a controlled electric shock through the chest with a device known as an automated external defibrillator (AED).

Although it is recommended that AEDs should be used by trained and professional medical and emergency responders, the use of AEDs is not restricted to only them. Allowing individuals without prior formal training to use AEDs may be beneficial and lifesaving. Instead, it is recommended that training in AEDs (as a part of basic life support) be provided to improve performance.

AEDs should be used once the casualty shows signs of unconsciousness and abnormal breathing, especially when the casualty goes into cardiac arrest. Therefore, it is essential to provide defibrillation once it is available. If other necessary actions are taken, rescuers should minimise delays in delivering AED shocks. If an AED is not yet available, continue to perform compressions until an AED has been obtained.

Appropriate Use of AEDs

The AED pads must be directly placed onto the skin for successful defibrillation. Moisture and excess chest hair may be removed if necessary. Most AED pads have a diagram on the outer covering showing the area suitable for pad placement, enabling quick application of the AED to the casualty.

For **adults and children above eight years of age**, when using an AED, AED pads should be placed in an anterior-lateral position, specifically:

- on the bare chest slightly below the right collar bone
- below and slightly to the side of the left armpit.

An alternative position would be the anteroposterior (front-back) position:

- On the upper back between the shoulder blades
- On the front of the chest (slightly to the left, if possible)

In the case of children under eight, there are paediatric pads and AEDs with paediatric capabilities for those in need of defibrillation. The location of the pads is the same as the adults and has a diagram for the correct placement of the pads.

If in case a suitable AED for children under eight years is unavailable, you may proceed with using the standard AED. You must ensure that the pads do not touch each other when placed on the child's chest. You should place the pads in the anterior-lateral position. If the pads are too big or there is the danger of the pads touching, place the pads in a front-back position instead.

Additional notes:

In the absence of an AED, CPR should continue with minimal interruptions.

Always ensure that the casualty is taken to a hospital for a complete assessment even if they recover after CPR/AED use.

AED should not be used on infants less than a year old.

Do not delay CPR/AED use.

2.1.5 Considerations When Providing CPR

Here are some areas of concern to consider when providing CPR to a casualty:

Upper Airway and Effects of Positional Changes

Appropriate Duration and Cessation of CPR

Safety and Maintenance Procedures for an AED

Chain of Survival

How to Access Emergency Services

Upper Airway and Effect of Positional Change

After sending for help (following DRSABCD), the next step is to check if the casualty's upper airway is clear and not compromised. As emphasised in ARC guidelines, airway care takes priority over any injury (including possible spinal injuries) in an unconscious person. The casualty's airway can be obstructed due to their body position. Therefore, changing their position may prove beneficial to them.

Generally, the casualty should not be moved routinely; it is better to leave them in the position they are found. This has the advantages of simplified teaching, taking less time to perform and avoiding movement. But when the airway is obstructed or blocked, you should change the casualty's position to clear the airway. Consider below.

- If the airway is obstructed with a fluid (water or blood) or matter (sand, debris, vomit) because of regurgitation or vomiting, you need to roll the casualty onto their side to help clear the airway.

Regurgitation is a passive process that involves the flow of the stomach's contents into the mouth and nose. On the other hand, vomiting is an active process that involves the ejection of the stomach's contents due to muscular action. Both regurgitation and vomiting are common occurrences that you need to prepare for.

- If foreign materials are present in the mouth, you should open the mouth and turn the casualty's head slightly downwards to allow these materials to drain out.
- You may remove any visible materials with your fingers to aid the airway clearance.
- If the casualty recovers to normal breathing, they can be left on their side with the head appropriately tilted.
- If the casualty is still not breathing normally, roll them on their back and perform resuscitation.

Appropriate Duration and Cessation of CPR

Following ARC guidelines, you need to give 30 compressions followed by two breaths, known as the **30:2 compression-to-ventilation ratio**. It is recommended to give five cycles of 30:2 in about 2 minutes if only doing about 100-120 compression per minute.

Performing CPR is a tiring task. Therefore, you should swap between doing mouth-to-mouth and compressions to carry out effective compressions. If you cannot give mouth-to-mouth ventilation, continuously performing chest compressions without stopping may still save the casualty.

If there are multiple rescuers for one casualty, assign one person to do compressions and another to give mouth-to-mouth ventilation so that work is shared. If there are any more rescuers available, you may rotate rescuers to perform CPR to reduce fatigue and perform CPR can be consistently carried out uninterrupted.

As indicated in ARC Guidelines, you should continue to provide CPR to the casualty until:

- 
- the casualty recovers or begins breathing normally
 - it is impossible to continue (e.g. exhaustion, hazards)
 - an emergency or health care professional arrives and takes over CPR
 - an emergency or health care professional directs that CPR be ceased.

Safety Procedures for AEDs

AEDs may have voice and visual prompts, instructing you when to stand back and when the shock has been delivered. The general rule is to follow the prompts given by the AED.

Other safety procedures include:

- not touching the patient when AED shocks are being delivered
- ensuring that the pads do not touch each other
- not operating an AED if under the influence of alcohol or drug
- not using AEDs:
 - on conductive surfaces (e.g. water, fluids, metallic surfaces)
 - in an explosive environment (e.g. oxygen-enriched, gaseous or fume environment)
 - when there is an implanted device in the casualty (e.g. pacemaker).

Maintenance Procedures for AEDs

Below are the steps on how you can maintain AEDs.

Immediate replacement of AED pads when they have been used

Replacement of consumable items (e.g. batteries, pads, towels, etc.) in line with expiration dates

Regular inspection of AEDs, to check for faulty parts

Review of manufacturer-specific procedures indicated in the user manual

Resuscitation Barrier Device

When doing mouth-to-mouth CPR, two types of barrier devices can be used for infection control:

- **A flat plastic barrier that is placed across the victim's mouth and nose**

This fits the face and lets the rescuer blow through the hole in the middle. The hole may have a one-way valve or a filter to protect the rescuer. These are very portable and can usually fold uptight.

- **A mask shaped like a pear that fits over the mouth and nose**

This may also seal onto the face. The first aider blows through a one-way valve for the rescue breaths at the top.

Chain of Survival

Immediate actions are critical to maximising a casualty's chances of survival. These immediate actions are labelled as 'chain of survival', and they are as follows:

Early access (for medical assistance, ambulance, backup, etc.)

Early CPR that emphasises chest compressions

Rapid defibrillation, if indicated

Effective advanced life support

Integrated postcardiac arrest care

How to Access Emergency Services

As previously discussed in Section 1.4.1, you need to dial Triple Zero (000) to access Australia's central emergency service hotline. Once the operator of the specific emergency service you need asks, tell them you need ambulance services. Provide the current location of the casualty and, if possible, the current situation. You may ask bystanders to dial 000 for you if you cannot.

In case of floods, storms or other natural calamities, you may dial 132 500.



Checkpoint! Let's Review

When providing CPR, the following must be taken into consideration:

- Upper Airway and Effects of Positional Changes
- Appropriate Duration and Cessation of CPR
- Safety and Maintenance Procedures for an AED
- Resuscitation Barrier Device
- Chain of Survival
- How to Access Emergency Services

2.2 Provide First Aid in Accordance With Established First Aid Principles

First aid practice in Australia is primarily based on peak bodies and non-profit organisations that either consolidate research or release guidelines regarding the practices, procedures, and techniques related to first aid.

An example of a peak body related to first aid is the Australian Resuscitation Council (ARC), discussed in the previous section. They develop guidelines outlining management principles and procedures for first aid situations.



2.2.1 ARC Guidelines Relevant to the Provision of First Aid



The [Australian Resuscitation Council's Guidelines for First Aid](#) can be fully accessed through their website.

Their guidelines consist of 14 sections, with the first nine focusing on first aid:

- **Section 1 – The Council**

Section 1 provides an overview of ARC's aims and objectives, its process for developing and deciding on guidelines, and the principles and required formats for developing these guidelines.

- **Section 2 – Assessment**

Section 2 contains the ANZCOR guideline for managing and accessing an emergency. It outlines the priorities of a first aid responder or rescuer in an emergency and the principles for managing emergencies.

- **Section 3 – The Unconscious State**

Section 3 contains the ANZCOR guideline for recognising and managing an unconscious casualty.

Guideline 3 of this Section defines unconsciousness as “a state of unrousable, unresponsiveness, where the person is unaware of their surroundings, and no purposeful response can be obtained.”

- **Section 4 – Airway**

Section 4 contains the ANZCOR Guideline 4 for airway management. Airway management is required when upon assessment, the casualty's airway is obstructed, or they are unconscious, or they need rescue breathing.

- **Section 5 – Breathing**

Section 5 contains the ANZCOR Guideline 5 for managing casualties in need of resuscitation.

- **Section 6 – Circulation**

Section 5 contains the ANZCOR Guideline 6 for managing unresponsive casualties and not breathing normally.

- **Section 7 – Defibrillation**

Section 5 contains the ANZCOR Guideline 7 Automated External Defibrillation (AED) in Basic Life Support.

Both AED and CPR have been well established as part of effective overall resuscitation. An AED must only be used on unresponsive casualties and not breathing normally.

- **Section 8 – Cardiopulmonary Resuscitation**

Section 8 contains ANZCOR Guideline 8 Cardiopulmonary Resuscitation, discussed in Section 2.2.1.



- **Section 9.1 – Trauma**

Section 9.1 contains ANZCOR Guidelines 9.1.1–9.1.7, which cover the management of bleeding, burns, head injury, harness suspension trauma, suspected spinal injury, and management of crushed casualty.

- **Section 9.2 – Medical**

Section 9.2 contains ANZCOR Guidelines 9.2.1–9.2.10, which cover the management of heart attack, stroke, shock, seizure, asthma, anaphylaxis, hyperventilation, and diabetic emergency.

- **Section 9.3 – Environment**

Section 9.3 contains ANZCOR Guidelines 9.3.2–9.3.6, which cover the management of drowning, hypothermia, heat-induced illness, resuscitation of divers who used compressed gas, and cold injury.

- **Section 9.4 – Envenomation**

Section 9.4 contains ANZCOR Guidelines 9.4.1–9.4.8, which cover the management of snake bites, spider bites, tick bites, jellyfish stings, blue-ringed octopus, and cone shell stings and fish stings. Guideline 9.4.8 details principles and ANZCOR recommendations for pressure immobilisation technique (PIT).

- **Section 9.5 – Poisoning**

Section 9.5 contains ANZCOR Guideline 9.5.1, which covers the management of casualties who have been poisoned.

Other sections under the ARC Guidelines include the following:



- **Section 10 – Education and Implementation**

- Guidelines under Section 10 discuss principles and recommendations for Basic Life Support (BLS) Training, Advanced Life Support (ALS) Training, Controlling Infection Risks and Disinfection of Manikins used in training, and Legal and Ethical Issues relating to and family presence during resuscitation.

- **Section 11 – Adult Advanced Life Support**

- Section 11 contains Guidelines 11.1–11.10, primarily for managing adult advanced life support.
- Advanced Life Support (ALS) is a set of life-saving protocols and skills that follow Basic Life Support. It aims to support circulation and provide an open airway and adequate ventilation.

- **Section 12 – Paediatric Advanced life Support**

- Section 12 contains Guidelines 12.1–12.7, primarily for managing advanced life support for children and infants.

- **Section 13 – Neonatal Guidelines**

- Section 13 contains Guidelines 13.1–13.10, primarily for managing advanced life support for newborn infants.

- **Section 14 – Acute Coronary Syndromes (ACS)**

- Section 14 contains Guidelines 14.1–14.3. These guidelines provide information for the management of adult casualties who have ACS.

2.2.2 Principles and Procedures for First Aid Management

First aid is typically implemented whenever children and infants experience serious and life-threatening injuries or illnesses. Acute illnesses, such as common colds, ear infections and gastroenteritis usually require less effort.

Understanding the signs and symptoms involved is still essential when dealing with these acute illnesses. However, their medical treatment plans and procedures are typically left out of organisational emergency action plans and procedures.

Below is a table that shows the most common signs and symptoms of acute illnesses.

Signs	Symptoms
<ul style="list-style-type: none"> ▪ High fever ▪ Drowsiness ▪ Lethargy and decreased activity ▪ Poor circulation ▪ Poor feeding ▪ Poor urine output ▪ Red or purple rash 	<ul style="list-style-type: none"> ▪ Breathing difficulty ▪ A stiff neck or sensitivity to light ▪ Pain

Such signs can be observed in both children and infants. In the case of infants who are not yet able to tell what or how they are feeling, the assessment will rely mainly on the signs. This applies not only in cases of acute illness but also in different injuries and more severe illnesses that infants may encounter.

To manage acute illnesses, the following precautionary measures must be observed:

- Separate the ill child/infant from the other children/infants.
- If the child is not well enough to participate in activities, contact their parent and send them home.

The sections below discuss principles and procedures for first aid management of the different types of injuries and illnesses that are more severe or life-threatening for children and infants.

2.2.2.1 Allergic Reaction

The Australasian Society of Clinical Immunology and Allergy defines an allergy as the person's immune system overreacting to what is usually harmless to most people.

Allergens are substances that trigger allergies despite usually being harmless. Dust, pollen, some foods, medicine, and pets are common allergens.



Allergic reactions, meanwhile, are due to the overproduction of histamine in the body. This happens when an allergen enters the body and triggers an antibody reaction.

The following are signs and symptoms of mild to moderate allergic reaction:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling of the lips or mouth
- Abdominal pain and vomiting

The picture below shows the lips of a child after getting stung by a bee.



First Aid Treatment for Allergic Reactions

Once you can assess the signs and symptoms of the casualty, you may follow the following steps:

1. Lay the casualty flat. Do not let them stand or walk.
2. If the casualty carries an adrenaline auto-injector such as EpiPen® or Anapen® for their allergy, administer it.
3. Call 000 for medical assistance and an ambulance.
4. If the casualty is unconscious, administer an adrenaline autoinjector immediately and follow DRSABCD.



Further Reading

For additional information on allergies, the Australasian Society of Clinical Immunology and Allergy website can be found here:

[What is Allergy?](#)

2.2.2.2 Anaphylaxis

NOTE: Anaphylaxis is a severe allergic reaction and is potentially life-threatening. It should always be treated as a medical emergency.

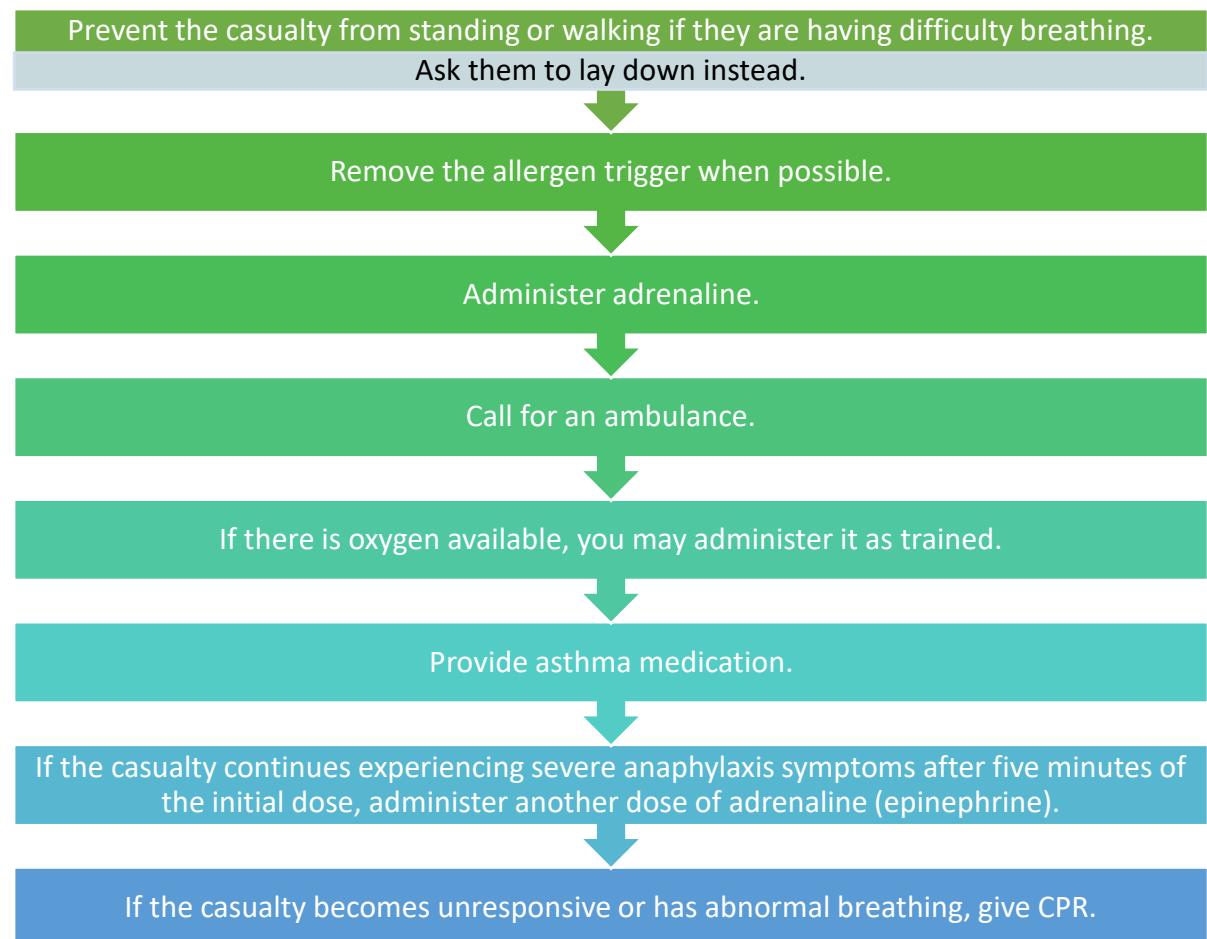
Anaphylaxis is the most extreme allergic reaction, and signs vary from person to person. Some signs and symptoms include, but are not limited to, the following:

Signs	Symptoms
<ul style="list-style-type: none"> ▪ Wheezing ▪ Difficulty breathing ▪ Swelling ▪ Tightness of the throat ▪ Hoarse voice ▪ Loss of consciousness ▪ Rashes, hives, etc. ▪ Clutching at the chest or throat ▪ Complexion changes to a bluish colour 	<ul style="list-style-type: none"> ▪ Feeling like throat or chest is being squeezed ▪ Urge to breathe more quickly or take more breaths

First Aid Management of Anaphylaxis Treatment as Recommended by the ARC Guidelines

Early administration of adrenaline (epinephrine) should be prioritised in the case of anaphylaxis. Some people who had experienced an anaphylactic shock would have been prescribed adrenaline (epinephrine) which may be in the form of an autoinjector.

Once you have recognised the signs and symptoms of anaphylaxis in a casualty, you may follow the steps below.



Emergency Action Plans

An emergency action plan is a plan, usually written, that details steps to address a medical condition should an emergency occur. This refers to the medication that should be administered and in what dosage, and when emergency services should be called for. An emergency action plan aims to control the medical condition that requires the emergency action plan.

These emergency plans must also be reviewed before being administered. An ASCIA action plan must be reviewed every time the plan holder is reassessed by a medical professional.

Further Reading



The Australasian Society of Clinical Immunology and Allergy (ASCIA) is health professionals' peak organisation that provides guidelines and procedures for managing emergencies. You may access the link below to view a list of action plans that ASCIA prescribes when dealing with different types of emergencies, such as anaphylaxis.

[ASCIA Action Plans and First Aid Plans for Anaphylaxis](#)

Administering the EpiPen®

One first aid plan for anaphylaxis is the administration of the EpiPen®. The use of epinephrine auto-injectors, such as the EpiPen®, can be done by following the instructions below or on the device:

1. Remove the blue safety release cap. This side should be facing upwards.
2. Hold the device in your fist with fingers wrapped around it.
3. Gently press the orange end against the outer mid-thigh. This can be done even without removing the person's clothes.
4. Push harder until a loud POP is heard.
5. Hold the device firmly in place for at least three seconds.
6. Remove the device from the thigh and record the time it was given.



Further Reading



Step-by-step instructions and video demonstration for administering EpiPen® can be accessed and viewed here:

[How to give EpiPen®](#)

Translations of the step-by-step instructions can be found here:

[How to give EpiPen in English and other Languages](#)

ASCIA offers an e-training for anaphylaxis first-aid treatment free of charge. Refer to the link below.

[anaphylaxis e-training for first aid \(community\)](#)

2.2.2.3 Asthma

Asthma is a lung disorder where a person's airways constrict in reaction to certain triggers. Unlike allergies caused by allergens, asthma can also be triggered by emotions such as stress and even physical activity.

The narrowing of the airway can be due to:

bronchoconstriction

- the muscle around the airway tightens

inflammation

- swelling of the lining of the airways

excess mucus may be produced.

Triggers vary from person to person and can include:

- respiratory infection
- irritants such as smoke (cigarette, wood, automobile exhaust)
- inhaled allergens (dust mites, mould spores, pollen)
- cold air, exercise, laughing, crying
- stress.

Signs and symptoms of asthma include:

- dry cough
- tightening of the chest
- shortness of breath
- wheezing.

In severe cases, some of these signs and symptoms may also be present:

- Gasping for breath
- Inability to speak more than very few words per breath
- Feelings of distress or anxiety
- Little to no effect of 'reliever' medication



When managing an asthma attack, the casualty's asthma action plan should be followed if they have one. Like in emergency cases of anaphylaxis, emergency action plans are essential to know the medication that must be administered, including the dosage and the emergency services that should be called.

The benefits of having an asthma action plan for children are as follows:

- Lessens the child's absences from school
- The child does not have to be hospitalised as often
- Decreases the child's emergency visits
- Reduces the need to use a reliever
- Lessens the strain experienced by the child's lungs



Further Reading

The National Asthma Council Australia is the national authority for asthma knowledge that sets asthma care standards. You may access the link below to view detailed information about asthma action plans.

[Asthma action plans](#)

In the absence of an asthma action plan, reliever medication is usually in the form of bronchodilators. Bronchodilators are a type of medication that makes breathing easier. This is done by allowing the muscles in the lungs to relax and widen the airways. There are different types of bronchodilators approved for use in Australia, with the most common ones being beta-adrenergic bronchodilators and anticholinergic bronchodilators.

Salbutamol is the most common reliever medication, and casualties usually carry some form of salbutamol as personal emergency medication. There are differences in the recommended dosage or interval of doses depending on a person's condition: The National Asthma Council Australia recommends taking four puffs of four breaths every four minutes ($4 \times 4 \times 4$), while the Asthma and Respiratory Foundation New Zealand recommend taking the six puffs over six breaths every six minutes ($6 \times 6 \times 6$).

The general management is as follows:

1. Sit the casualty comfortably upright.
2. Reassure the casualty.
3. Without delay, give four to six separate puffs from the reliever inhaler. This reliever inhaler is administered with the use of a spacer device.
4. Ask the casualty to take four to six breaths from the spacer after each puff.
5. As much as possible, use the casualty's own inhaler. If it is not with them, use the inhaler provided in the first aid kit.
6. Dial Triple Zero (000) immediately if there is no improvement in the person's condition.
7. Keep giving four puffs every four minutes until the ambulance arrives.



Further Reading

ANZCOR's guidelines for asthma attacks can be accessed through the link below.

[ANZCOR Guideline 9.2.5 – First Aid for Asthma](#)

You may also visit the website of Asthma Australia, the peak clinical body on Asthma in the country:

[Asthma Australia](#)

2.2.2.4 Bleeding

Managing a bleeding injury usually entails controlling the amount of blood lost by the casualty by applying pressure on or around the wound. Note that airway and breathing checks must still be done above and beyond any injury. The body itself has several ways of controlling bleeding, such as lowering the blood pressure of the affected area, constricting blood vessels close to the surface and constricting even the ends of the damaged blood vessels to a certain degree to facilitate clotting.

The common signs of external bleeding include:

- profuse blood flow from the wound
- bruising or discolouration around the injured area
- pale, cold, and sweaty skin.

Common symptoms, on the other hand, include:

- pain from the injured area
- injured area loses its normal function.

Some of the ways to control significant bleeding include:



direct pressure



application of pads and dressing.

- **Direct Pressure Method**
 - Check for any immediate dangers.
 - If disposable gloves are available, consider using them to avoid possible infection.
 - Check for any embedded objects and carefully remove them.
 - If none, apply direct pressure to the wound by pressing the skin edges together.
 - Firmly apply sterile dressings and bandages.

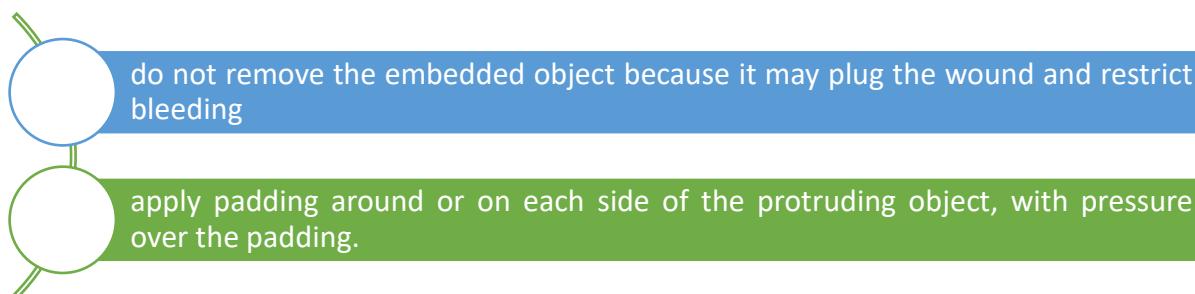
■ Application of Pads and Dressing

- Check for any immediate dangers, hazards, or risks.
- If disposable gloves are available, consider using them to avoid infection.
- Firmly apply a clean pad and bandage to secure in place.
- In cases where the wound would still bleed through the pad and bandage, remove the bandage, retain the first pad, apply a second pad and rebandage.
- If the wound would still bleed through the bandage, remove all bandages and pads, reassess the wound if a bleeding point has been missed, and then apply a fresh set of pads and bandages.

ANZCOR Guideline 9.1.1 outlines three recommendations to manage bleeding:

- Firm pressure on or around the wound is the most effective way to stop bleeding.
- In life-threatening bleeding, bleeding control takes priority over airway and breathing interventions.
- Use an arterial tourniquet for life-threatening limb bleeding that is not controlled by direct wound pressure.

If there are embedded objects, the guideline states:



In some situations, bleeding may be considered **severe or life-threatening**, such as in these situations:

- Amputated or partially amputated limb above wrist or ankle
- Shark attack, propeller cuts or similar major trauma to any part of the body
- Bleeding not controlled by local pressure
- Bleeding with signs of shock (i.e. Pale and sweaty plus pulse rate >100, or capillary refill > 2 sec and/or decreased level of consciousness)

If the bleeding is identified as severe or life-threatening, controlling the bleeding takes priority over airway and breathing interventions. You should lie the casualty down, apply pressure, and send for an ambulance.

There are two devices you can use that are designed to help control life-threatening bleeding:

Arterial Tourniquet

Haemostatic Dressing

▪ Arterial Tourniquet

Arterial tourniquets should only be used for life-threatening bleeding from a limb, where the bleeding cannot be controlled by direct pressure. Ideally, a tourniquet should not be applied over a joint or wound and must not be covered up by any bandage or clothing. To use the arterial tourniquet, the ANZCOR Guideline 9.1.1 recommends the following:

- All arterial tourniquets should be applied in accordance with the manufacturer's instructions (or 5 cm above the bleeding point if there are no instructions) and tightened until the bleeding stops.
- If a tourniquet does not stop the bleeding, its position and application must be checked. Ideally, the tourniquet is not applied over clothing or wetsuits and is applied tightly, even if this causes local discomfort.
- If bleeding continues, a second tourniquet (if available) should be applied to the limb, preferably above the first.
- The time of the tourniquet application must be noted and communicated to emergency/paramedic personnel. Once applied, the victim requires urgent transfer to the hospital, and the tourniquet should not be removed until the victim receives specialist care.

An improvised tourniquet may be created if there is no tourniquet available. Although an improvised tourniquet is unlikely to stop the bleeding and poses the risk of increased bleeding and tissue damage, an improvised tourniquet is better than none in life-threatening bleeding. Tourniquets can be improvised using materials found in a first aid kit, clothing, or other similarly available items. Improvised tourniquets should be tightened by twisting a rod or stick under the improvised tourniquet band, similar to the windlass in commercial tourniquets.

If a correctly applied tourniquet has failed to control the bleeding, consider using a haemostatic dressing in conjunction with the tourniquet.

■ Haemostatic Dressing

Haemostatic dressings are filled with agents that help stop bleeding, such as kaolin and chitosan. While commonly used in surgical and military settings, their use in the civilian, non-surgical setting (such as first aid) is becoming more common. You should use haemostatic dressings in the following situations:

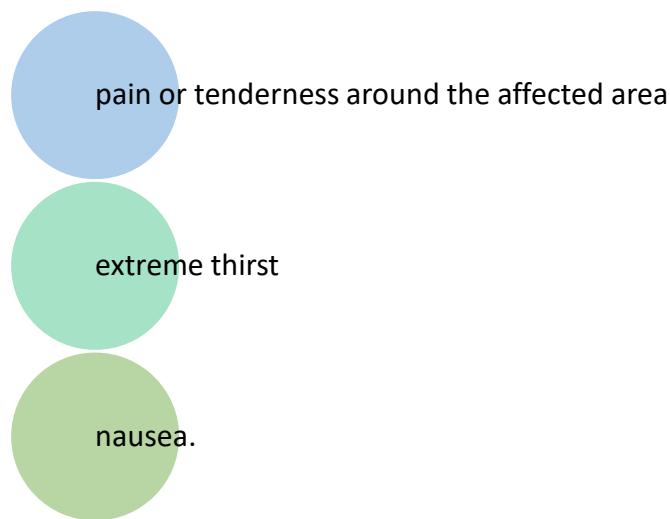
- Severe, life-threatening bleeding not controlled by wound pressure from a site not suitable for tourniquet use
- Severe, life-threatening bleeding from a limb, not controlled by wound pressure, when the use of a tourniquet(s) alone has not stopped the bleeding, or a tourniquet is not available

The ANZCOR Guideline 9.1.1 advises that haemostatic dressings must be applied as close as possible to the bleeding point, held against the wound using local pressure (manually initially), then held in place with the application of a bandage (if available). Haemostatic dressings should be left on the bleeding point until definitive care is available.

Internal bleeding can also happen when blood escapes from the arteries, veins, or capillaries into tissues or cavities in the body. Check for signs and symptoms of internal bleeding. Signs include:

- swelling over or around the affected area
- the appearance of blood from a body opening
- shock in the case of severe bleeding
- vomiting blood.

Symptoms of internal bleeding include:



First Aid Treatment for Bleeding

To manage internal bleeding, follow the steps below.

Assist the casualty in lying down comfortably.

If the casualty is coughing up blood, allow them to adopt a position of comfort (normally half-sitting).

Raise the legs or bend the knees.

Loosen any tight clothing.

Call Triple Zero (000) for an ambulance.



Further Reading

The ANZCOR Guideline 9.1.1 – First Aid Management of Bleeding can be accessed below.

[ANZCOR Guideline 9.1.1 – First Aid for Management of Bleeding](#)



Multimedia

St. John Ambulance has published this video demonstration on treating severe bleeding. You can access the video here:

[How to Treat Severe Bleeding - First Aid Training - St John Ambulance](#)

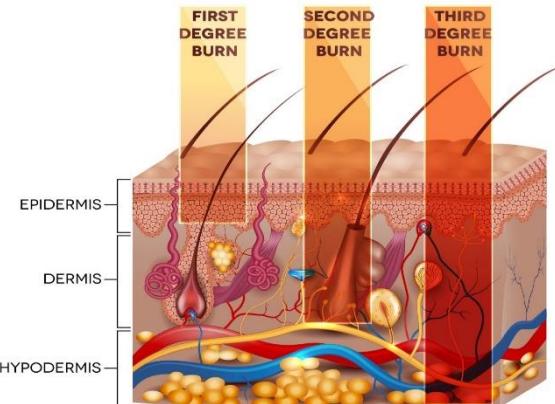


How to treat severe bleeding



2.2.2.5 Burns

Burns can be caused by various things such as heat, cold, chemicals, sunlight, etc. A significant burn covers burns over 10 per cent of the total body surface area (TBSA) or burns in the face, genitalia, or major joints. It also includes chemical and electrical burns and burns in vulnerable people with existing medical conditions.



The common signs of burns are blisters, reddened, peeling skin or swelling in the affected area. On the other hand, common symptoms include pain or numbness in the affected area.

The severity of the burn is classified as first-degree, second-degree, and third-degree and is determined by the affected layers of the skin.

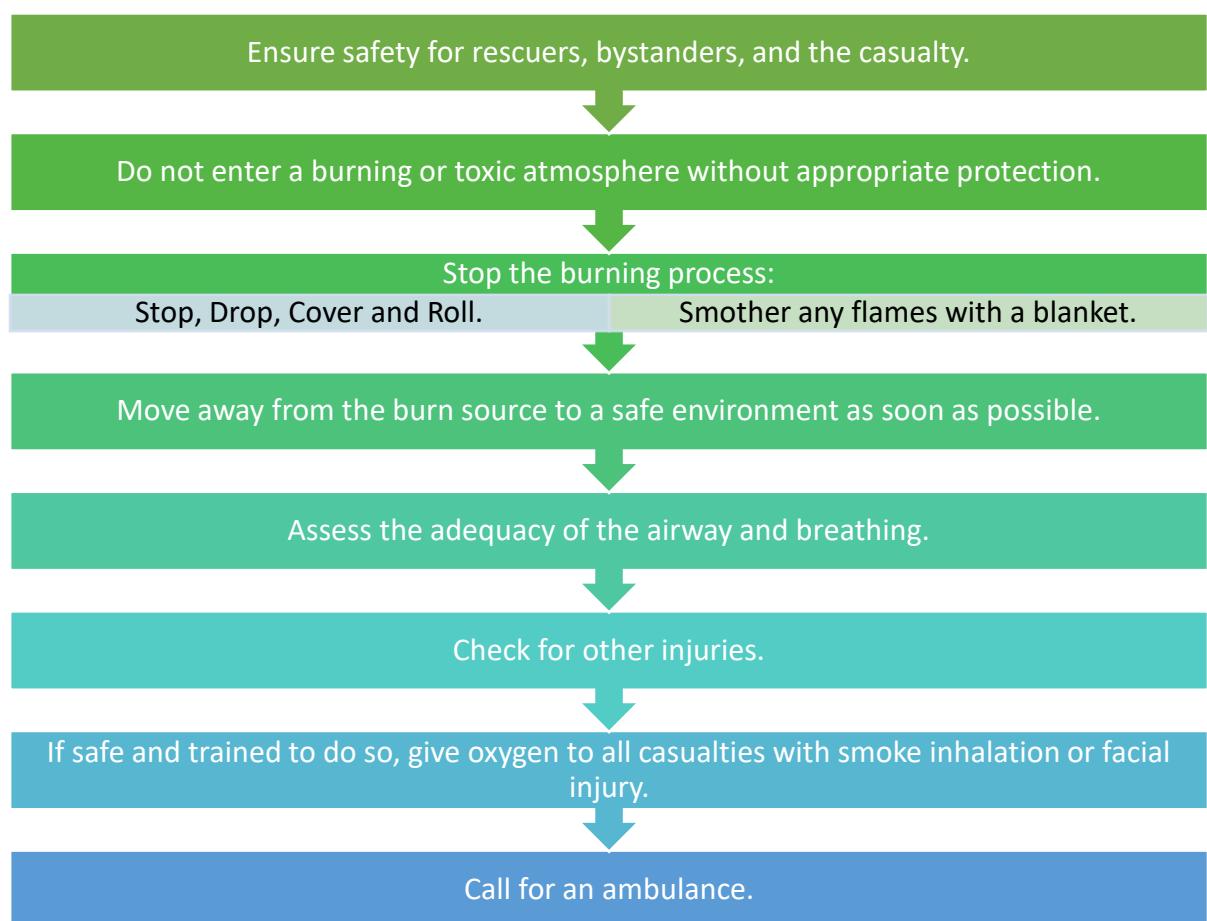
Generally, burns are classified by the following:

- Dry burns** • Caused by flames and hot objects
- Wet burns** • Caused by hot liquids such as water or oil
- Radiation** • Sunburns are under this classification
- Cold burns** • Extreme exposure to cold, i.e. frostbite
- Chemical burns** • Caused by corrosive substances such as strong acids
- Electrical burns** • Includes lightning strikes

The management of the burns would depend on the history/cause of the injury. For example, chemical burns must first be treated by removing as many chemical traces on the casualty as possible. In contrast, electrical burns must first be approached by avoiding contact with the source of electricity for the responder, casualty, and bystanders.

Removal of the casualty or removal of the cause of injury without compromising the safety of anyone in the vicinity should also be strictly followed.

The ARC guidelines recommend the initial approach as follows:



The first aid treatment of burns should stop the burning process, cool the burn and cover the burn. This will provide pain relief and minimise tissue loss.



Further Reading

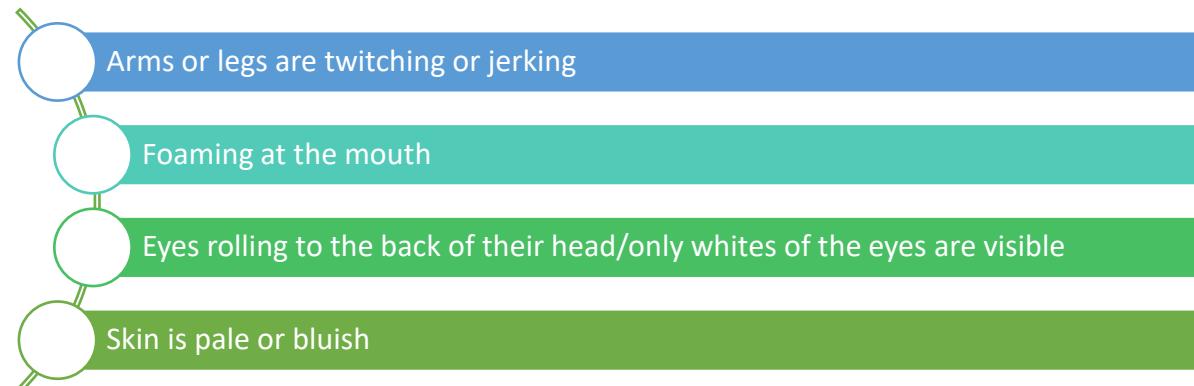
The ARC guideline on burns can be accessed through the link below.

[ANZCOR Guideline 9.1.3 - Burns](#)

2.2.2.6 Febrile Convulsions

A febrile convolution is usually resolved without treatment. These occur in around 3 per cent of children aged six months to six years. This is typically associated with fevers and is not an indication of an increased risk of epilepsy.

The most common signs of febrile convulsions are as follows:



On the other hand, the most common symptoms of febrile convulsions are as follows:

- Finding breathing difficult
- Feeling irritable when waking up after a period of unconsciousness

First Aid Treatment for Febrile Convulsions

If the casualty is having a seizure while unconscious, follow the steps below.

1. If there is an existing seizure management plan for the casualty, follow as instructed.
2. Follow DRSABCD.
3. Call an ambulance for further assistance.

Ensure that the casualty is away from any hazard that may cause further harm. Always remember to take note of the time when the seizure started. Keep the casualty's head protected but avoid restraining movement unless it can cause injuries. During this episode, check the casualty's airway and provide reassurance. Call an ambulance for further assistance.

There are some things that you should never do:

- Do not bathe children to lower their body temperature during a convulsion.
- Do not force the mouth open or put anything inside the mouth.

2.2.2.7 Choking

NOTE: Do not attempt to perform the Heimlich manoeuvre, as this thrust to the abdominal area can break the ribs and damage the internal organs.

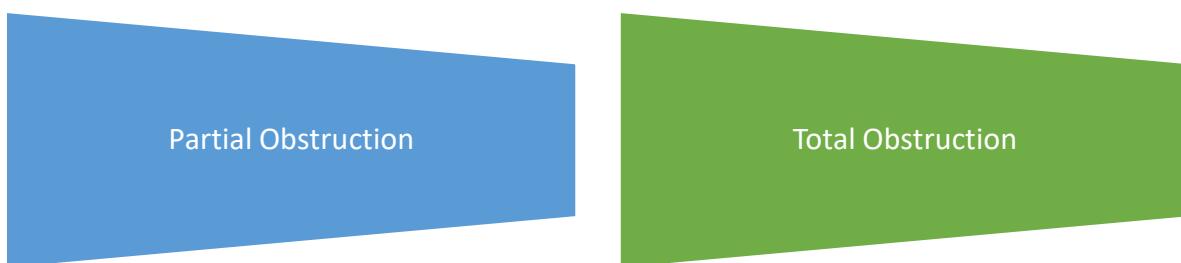
Choking happens when a foreign material gets stuck in a person's airway (such as throat or windpipe), causing partial or total obstruction to the airway and breathing. Common signs of choking include:

- gasping sounds
- coughing
- loss of voice
- clutching of the throat (universal choking sign).

Common symptoms, on the other hand, include the following:

- Feelings of panic or distress
- Neck or throat pain
- Inability to breathe

Choking can be caused by either of the following types of obstructions:



- A casualty is likely to have a **partial obstruction** when:
 - the casualty is experiencing laboured or difficult breathing
 - the casualty is breathing noisily
 - some escape of air can be felt from the mouth.
- A casualty is likely to have a **total obstruction** when:
 - the casualty is exerting effort to breathe
 - there is no sound of breathing
 - there is no escape of air from the nose and mouth.

You need to assess the severity of choking happening to a casualty by assessing effective coughing. The casualty with an effective cough should be instructed to keep coughing to expel the foreign material. If coughing proves ineffective, here are the steps to manage a casualty who is choking:

1. Dial 000 and send for an ambulance.

2. For children, allow them to be in a sitting or standing position. Perform up to five sharp back blows with the heel of one hand in the middle of the back, between the shoulder blades.

For infants, place them in a head-downward position across your lap before delivering back blows.



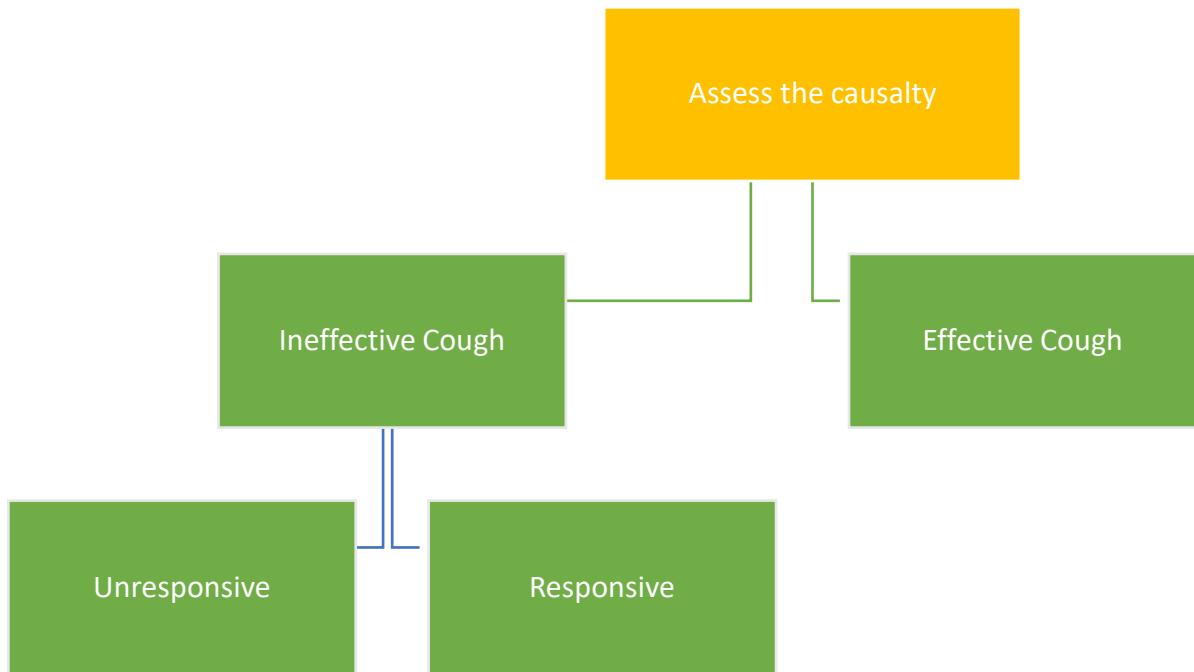
3. Check to see if each blow has relieved the airway obstruction. The aim is to relieve the obstruction with each blow rather than giving all five blows.
4. If back blows are unsuccessful for children, place the heel of your hands on the centre of the casualty's chest on the lower half of the breastbone (the same in chest compression in CPR) and then perform up to five chest thrusts. Chest thrusts should be sharper and done at a slower rate than chest compressions.

For infants, support their heads and turn them face up. Ensure that their head is lower than their body. Place 2 to 3 fingers on the middle of the breastbone below the nipple line and perform up to 5 quick chest thrusts.

Check to see if each chest thrust has relieved the airway obstruction. Again, the aim is to relieve the obstruction rather than delivering all five thrusts.

5. If the obstruction is still not relieved and the casualty is still responsive, alternate between five back blows with five chest thrusts.
6. If the person becomes unresponsive or unconscious, a finger sweep can be used if solid material is visible in the airway. Call an ambulance and perform CPR (refer to section 2.1.1).

Below is a diagram summarising key steps in managing choking (or foreign body airway obstruction).



For *unresponsive* casualties:

- immediately send for help
- perform CPR.

For *responsive* casualties:

- immediately send for help
- give five back blows
- if the above is not effective, give five chest thrusts.

For casualties who can cough effectively:

- continue encouraging to cough
- call an ambulance
- continue checking until further assistance arrives.



Further Reading

You can access the Australian Resuscitation Council's Guideline for Choking through the link below for further reading.

[ANZCOR Guideline 4 - Airway](#)

2.2.2.8 Diabetes

NOTE: In a medical emergency, including a diabetic coma, call Triple Zero (000) for an ambulance.

Diabetes is a medical condition that happens when the pancreas fails to produce enough insulin or when the body develops an immunity to its own insulin. The body uses insulin, which is a hormone, to process glucose from food so that your body can use this for energy. When the body does not produce enough insulin or does not use insulin, glucose stays in your blood and does not reach the cells.

The normal range of glucose concentration in the blood of a healthy person ranges from 4.0–7.8 mmol/L. If one has abnormal blood sugar levels, they can be hypoglycaemic or hyperglycaemic.

Hyperglycaemia (High blood sugar) Sign and Symptoms

- Blurred vision
- Excessive thirst
- Feeling tired
- Hot, dry skin
- Smell of acetone on breath

Hypoglycaemia (Low blood sugar) Sign and Symptoms

- Weakness, shaking
- Sweating
- Faintness, dizziness
- Teariness or crying
- Hunger
- Numbness around the lips and fingers

First Aid Treatment for Hypoglycaemia

When you assess that the signs and symptoms of hypoglycaemia are present, follow the steps below.

1. If the casualty was exercising, stop any exercise, rest, and reassure.
2. Assist the casualty in a comfortable position.
3. Loosen any tight clothing.

4. Give the casualty glucose tablets. If glucose tablets are not available, you can provide:

- candies
- jellybeans
- Skittles®
- Mentos®
- sugary drinks or sugar-sweetened beverages
 - do not give the casualty any 'diet', 'low-calorie', 'zero' or 'sugar-free' beverages
- fruit juices
- honey or sugar.

5. Monitor for improvement.

If the casualty is not improving and their condition is deteriorating, there is no improvement with the treatment, and you should call Triple Zero (000).

First Aid Treatment for Hyperglycaemia

Follow the person's diabetes management plan. If the person does not have a management plan, they should be assessed by a health care professional.

- For unresponsive casualties with abnormal breathing, proceed with resuscitation.
- For unconscious casualties that are breathing normally, lay them down on their side and check to see that the airway is clear of any obstruction.



Further Reading

For further reading, you can access the Australian Resuscitation Council's Guideline for First Aid Management of a Diabetic Emergency through the link below.

[ANZCOR Guideline 9.2.9 – First aid Management of a Diabetic Emergency](#)

2.2.2.9 Drowning

NOTE:

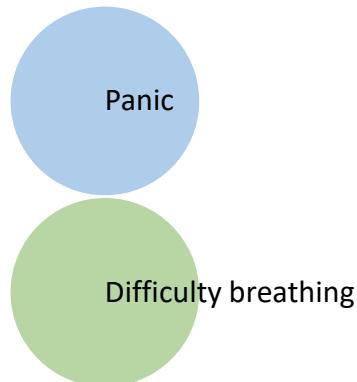
- Do not attempt to rescue a drowning casualty beyond your swimming ability.
- If the casualty is vomiting from swallowing water, immediately roll them onto their side to clear their airway.
- If the patient's stomach is bloated, do not empty the stomach by applying external pressure.

Drowning happens when liquid enters the lungs and renders the casualty unable to breathe. Impaired respiratory function due to drowning results in the interruption of oxygen supply to the brain.

Below are the common signs of drowning.

- The casualty's mouth is at water level
- The casualty's head is tilted back, with their mouth open
- The casualty's arms and legs move as if they are climbing a ladder
- Vomiting

Common symptoms of drowning are as follows:



Early response and first aid resuscitation offer the best chance of survival for the casualty.

First Aid Management of Drowning

Follow the steps below when you see any signs of a person drowning (*Emergency first aid*, 2019).

- Remove the casualty from the water as soon as possible, but do not endanger your own safety.
- Throw a rope or something to provide buoyancy to the casualty. Call for help; plan and effect a safe rescue.



- Assess the casualty on their back with the head and body at the same level to reduce potential vomiting and regurgitation.
- Roll the casualty safely into a recovery position where the airway is not obstructed.
- If fluid accumulates in the upper airway while performing CPR, do not attempt to 'clear' the casualty.
- Seek medical help by dialling Triple Zero (000) for an ambulance.



Further Reading

The ARC guideline for first aid in drowning can be accessed below.

[ANZCOR Guideline 9.3.2 - Resuscitation in Drowning](#)

2.2.2.10 Envenomation



NOTE: All snake bites must be treated as potentially life-threatening. Call Triple Zero (000) for an ambulance.

Australia is home to some of the most venomous creatures globally, such as jellyfish, snakes, spiders, and molluscs. These creatures are dangerous as one sting or bite from them can lead to major illnesses and even death.

Envenomation is the injection of venom, and other toxic substances, into the body through a bite (e.g. from a snake or spider), sting (e.g. from an insect or marine creature), or penetrating wound. This is not to be confused with poisoning, as poisoning is the consumption or absorption of poisonous substances such as chemicals (e.g. food poisoning).

The two common causes of envenomation are snake bites and spider bites. The most dangerous spiders that children may encounter are funnel-web spiders. Below are the most common signs and symptoms for each.

	Signs	Symptoms
Snake bites	<ul style="list-style-type: none"> ▪ Vomiting ▪ Bite or scratch marks ▪ Drooping eyelids 	<ul style="list-style-type: none"> ▪ Nausea ▪ Abdominal Pain ▪ Blurry Vision ▪ Difficulty Breathing ▪ Weakness in the limbs
Funnel-web spider bites	<ul style="list-style-type: none"> ▪ A large amount of sweating and saliva ▪ Confusion ▪ Twitching muscles 	<ul style="list-style-type: none"> ▪ Pain at the site of the bite ▪ Tingling around the casualty's mouth ▪ Difficulty breathing

Snake bites and spider bites must be managed according to the procedures outlined in [ARC Guidelines 9.4.1–9.4.8](#). Other causes of envenomation include fish stings, insect bites and jellyfish stings.

The most common signs of fish stings are as follows:

- Swelling in the sting area
- Grey or blue colouring in the sting area
- Bleeding wound

When treating envenomation, DRSABCD still takes precedence over addressing the envenomation.

Aside from calling 000 for emergency services assistance, you should also contact the Poisons Information Centre hotline at 131 126.

In case of insect bites, the following procedures must be followed:

1. Begin resuscitation if the casualty is unresponsive and not breathing normally. Follow the ARC Basic Life Support Flowchart.
2. Follow the ARC anaphylaxis guideline if the casualty displays signs of anaphylaxis.
3. If the casualty was stung by a bee, remove the sting as soon as possible.

If a tick bit the casualty and has no history of tick allergies, remove the tick as soon as possible. If they have a history of tick allergies, kill the tick immediately instead of removing it.

4. If the event happens in a remote location, consult with healthcare professionals.
5. Move the casualty to a safe location.
6. Apply a cold compress to the sting or bite site.
7. Monitor the casualty for any signs of an allergic reaction.
8. Bring the casualty to the hospital if they were stung or bitten in the face or tongue.

However, general first aid recommendations cannot be implemented in all cases. For example, the different jellyfish species in Australian waters are too diverse, and the chances of identifying the species are also minimal.

In the case of non-tropical Australian jellyfish stings, the following procedures must be followed:

1. Make sure that the casualty is resting.
2. Reassure the casualty and keep them under observation.
3. Do not rub the area where the casualty was stung.
4. Remove any tentacles present and rinse the sting area with seawater.
5. Soak the casualty's sting area in hot water for around 20 minutes. The temperature should not be hotter than what can be comfortably tolerated. If the heat does not lessen the pain or if hot water is unavailable, apply a cold pack instead. You can also use ice in a dry plastic bag.
6. Call an ambulance and a lifeguard if:

the pain does not go away or becomes generalised

the sting area is large

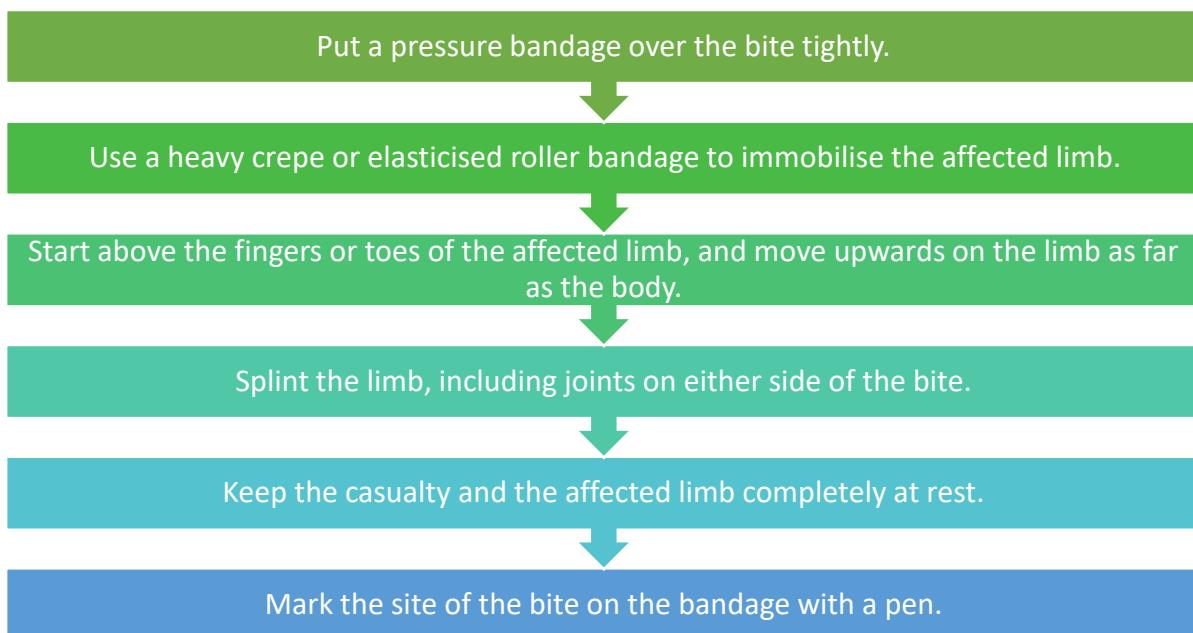
the sting area is in a vulnerable or sensitive place (e.g. eyes).

Pressure Immobilisation Technique (PIT)

The Pressure Immobilisation Technique (PIT) is recommended for bites and stings from most venomous snakes, a Funnel Web spider, and other animals such as the blue-ringed octopus and the cone shell. On the other hand, managing other spider bites, jellyfish stings, fish stings, scorpions, and centipedes is not recommended.

The goal of the PIT is to limit the flow of lymph by which the venom gains access to the circulation.

Follow the steps below to apply PIT.



NOTE:

- DO NOT cut or incise the bitten area or attempt to suck the venom from the bite site.
- DO NOT wash the bitten area.
- DO NOT apply an arterial tourniquet. Arterial tourniquets that cut off circulation to the limb are potentially dangerous and are not recommended for any type of bite or sting in Australia.



Further Reading

The ARC guideline for first aid in envenomation can be accessed below.

[Guideline 9.4.8 - Pressure Immobilisation Technique](#)

2.2.2.11 Eye Injuries

Injuries to the eyes require special care to avoid damage and loss of functions. It is crucial to ascertain the history or cause of the injury for proper treatment.

The most common signs of an eye injury include:

- blood coming from the eye
- object protruding from or embedded in the eye
- there are wounds around the eye
- watery eyes.

On the other hand, the most common symptoms of an eye injury are as follows:

- Pain coming from the eye
- Distorted or blurry vision
- A scratchy feeling in the eye when blinking
- Sensitivity to bright lights

Some of the most common eye injuries involve foreign irritants such as dust getting in the eye. In situations such as these, you may follow the general procedure for flushing out irritants in the eye, as outlined below.

1. Keep the casualty calm and reassured.
2. Use clean running water to flush out irritants in the eye.
3. Make sure the eye is open throughout the procedure.
4. Allow the casualty to blink.
5. Avoid rubbing or otherwise disturbing the affected eye, and it is recommended to see an eye doctor afterwards.



In cases where there is a penetrating wound in the eye and the object is still embedded in the injury, you must follow the following procedures:

1. Reassure the casualty.
2. Wrap around the protruding object when dressing and bandaging the injury.
3. Be sure to immobilise the object.

Make sure not to remove the object as it may be plugging up the hole. The object must be removed under strict medical supervision and by medical professionals.

General Principles for the First Aid of Eye Injuries

1. Wash your hands thoroughly.
2. Use clean disposable gloves. Make sure to remove the powder from new gloves by washing them with water.
3. DO NOT attempt to remove the object embedded in or protruding from the eye.
4. Cover the affected eye with one or more sterile pads while avoiding any protruding object.
5. Never put direct pressure on the eyeball.
6. Seek medical help immediately.



Further Reading

For further reading, St. John's Australian First Aid details first aid treatment for various eye injuries on pages 237–247. Refer to the link below.

[Eye Injuries](#)

2.2.2.12 Fractures, Dislocations, Strains and Sprains

NOTE: If in doubt, treat the injury as a fracture. Do not attempt to put the fractured, dislocated, strained or sprained injury back into place.

Fracture

A *fracture* is a medical term for a broken bone. These vary in severity from a tiny crack in the bone to entire fragments separating, causing the limb to deform. The cause can also vary from person to person and from situation to situation. A child or an older person might get a fracture from falling on their hand, while a healthy adult might get away with just a sprain. If you are unsure whether an injury is a sprain, a strain, a dislocation, or a fracture, treat the injury as a fracture.

Some of the most common signs of fracture include:

swelling in the affected area

bruising in the affected area

deformity in the affected area.

Common symptoms of a fracture include:

- pain in the affected area
- the affected limb cannot be moved normally
- loss of power in the affected limb.

Below is a table that shows the different types of fractures with their corresponding descriptions.

Fracture Types	Brief Descriptions
Closed fractures	Fractures that occur under the skin and the bones are not exposed.
Open fractures	Fractures that protrude from and penetrate the skin.

The general management and treatment for this are as follows:

- Call for medical assistance as soon as possible; this must be done without leaving the casualty. Ask a bystander for help, if possible.
- Ensure that the casualty is comfortable, reassure the casualty and have them sit.
- Support the injured limb as comfortably as possible.
- Avoid moving the injured limb, but if it is possible to elevate it without doing so or without causing discomfort or pain, move it to an elevated position.
- Ice packs can be used to reduce swelling. Apply for a maximum of 20 minutes at a time, at 20-minute intervals in between. Also, note that ice should never be applied directly to the skin, wrap the ice in a towel or another clean cloth without an ice pack.

There are also other ways to manage a fracture depending on its severity, such as slings and splints. These are intended to support the injury and prevent any unnecessary movement of the limb. Never attempt to reset a fracture.



Dislocation

A *dislocation* happens when the joints are displaced or dislocated from their proper position. These can be caused by sudden trauma to the joint or the extremity. It often occurs at the shoulder, elbow, kneecap, and fingers. A typical example of this is a dislocated shoulder due to a sports injury or a fall.

As in a fracture, it is never recommended for a first aid responder to attempt to reset a dislocated joint.

Signs of dislocations include:

- swelling in the affected area
- bruising in the affected area
- deformity in the affected area.

Symptoms of dislocations include:

- pain in the affected area
- the affected limb cannot be moved normally
- loss of power in the affected limb.

Here is how you treat a dislocated joint:

1. Follow DRSABCD
2. Never replace the dislocated joint nor reduce the dislocation.
3. If the injury is to a limb:
 - check for any circulation and if absent, move the limb gently to try and restore it
 - call triple zero (000) for an ambulance
 - place and support the limb using soft padding and bandages
 - use icepacks, if possible, over the joint
 - if the shoulder is dislocated, support the arm in a position of slightest discomfort and apply an ice compress
 - if the wrist is dislocated, support using a sling and apply an ice compress. When using ice, make sure to apply it ten minutes at a time, with 10 minutes of rest in between.



Further Reading

The Department of Health's guide on First aid for fractures and dislocations can be accessed below.

[First aid for fractures and dislocations](#)

Strains and Sprains

Your bones are connected to the joints by ligaments. These ligaments are bands of fibrous tissue. A strain is a stretch or tear but not on the ligaments; they are stretch or tear on the muscles or a tendon.

Signs of strains include:

swelling in the affected area

bruising in the affected area.

Symptoms of strains include:

- sudden pain in the affected area
- loss of power in the affected limb
- the muscle in the affected limb is tender to the touch.

On the other hand, a sprain happens when this ligament is stretched or torn. The signs and symptoms of a sprain are similar to that of strains but with the addition of having limited mobility in the affected area as a sign.



First Aid Management of Strains and Sprains

During the first signs of strains or sprains, follow the steps below.

1. Follow DRSABCD.
2. Follow RICER:
 - Rest the casualty and the injured part.
 - Ice or other cold compresses should be applied to the injury.
 - Apply compression by wrapping the injury with an elastic bandage.
 - Elevate the injured part.
 - Refer the incident to an appropriate medical professional.

Immobilisation Techniques

Whether a fracture, dislocation, sprain, or strain, you need to prevent the injured area from movement. In an emergency, these tips in immobilising the injured part may help:

Use broad bandages (where possible) to prevent movement at joints above and below the fracture.

Support the limb, carefully passing bandages under the natural hollows of the body.

Place a padded splint along the injured limb.

Place padding between the splint and the body's natural contours and secure firmly.

For leg fracture, immobilise foot and ankle.

Check that bandages are not too tight (or too loose) every 15 minutes.

2.2.2.13 Head, Neck, and Spinal Injuries

The occipital bone is a bone that covers the back of the head. This is the only bone in the head that connects with the neck down to the spine. It is important to remember that when there are injuries to either the head, neck or spine, there is a possibility that the surrounding parts of the body may be injured too.

The brain, neck and spine are delicate parts of the body. Often, injuries to these parts are not readily observable, as injuries can happen without any outside scarring, blood loss, bruising or other signs of trauma. Special care is needed when assessing, monitoring and providing first aid for casualties that possibly have head, neck or spinal injuries.

Head Injuries

NOTE: If the casualty is unconscious, the spine may have potentially been injured. Take extreme care to maintain the spine's alignment; immobilise as soon as possible.

A head injury does not always result in a loss of consciousness or memory. If there is a suspected head injury, it should be treated with the utmost care. A final assessment of the injury should still be done by a health care professional.

There are various head injury causes, such as falls, vehicular accidents, sports, assault, penetrating injuries, etc. The severity of the head injury can also indicate neck and spinal injury.

Signs of head injury include:

vomiting

confusion

pupils are of different sizes

inability to maintain balance

memory loss

Symptoms of head injury include:

difficulty sleeping

difficulty hearing

difficulty talking

persistent headache that worsens over time

In severe instances:

blood or clear fluid is escaping from the nose or ears

pupils are becoming unequal in size

vision is blurred.

Head injuries may involve fractures, concussions, and compressions. The following is a discussion of each, presented in the table below.

Fracture	Concussion	Compression
<ul style="list-style-type: none"> ▪ May occur in the cranium, at the base of the skull, or on the face ▪ May be caused by a blow or trauma to the head or falling from a height 	<ul style="list-style-type: none"> ▪ Means an altered state of consciousness ▪ Caused by a blow to the head or neck from car accidents, falls, and sports injuries ▪ Characterised by feeling dazed and confused and experiencing dizziness and headaches 	<ul style="list-style-type: none"> ▪ The excess pressure on the part of the brain ▪ Caused by depressed skull fracture where the broken bones put pressure on or directly damage the brain, or by a build-up of blood inside the skull

First Aid Management of Head Injuries

Once you can assess the signs and symptoms of a head injury, follow the steps below.

1. Follow DRSABCD.
2. If the casualty is unconscious, place in Recovery Position, clear and open airway, and monitor breathing.
3. If they are conscious, assist them to lie in a comfortable position with the head and shoulders slightly elevated.
4. Keep the casualty's airway open with a chin lift.
5. Control bleeding but avoid applying any pressure to the skull. There might be a depressed fracture.
6. Cover with a sterile dressing if blood or spinal fluid comes out of the ears. Ensure the casualty is lying on their side to allow the blood or fluid to drain.
7. Call Triple Zero (000) for an ambulance.



Neck and Spinal Injuries

The neck is the upper part of the spine, so any first aid treatment and management points for spinal injuries also apply to neck injuries.

Some causes of neck and spinal injuries include:

- motor vehicle, motorbike/cycling accidents
- falls from a height or stairs
- minor falls in the elderly who have osteoarthritis
- gunshot injuries
- stab wounds
- sport injuries
- pedestrians struck by vehicles.

Below is a table that shows the signs and symptoms of neck and spinal injury.

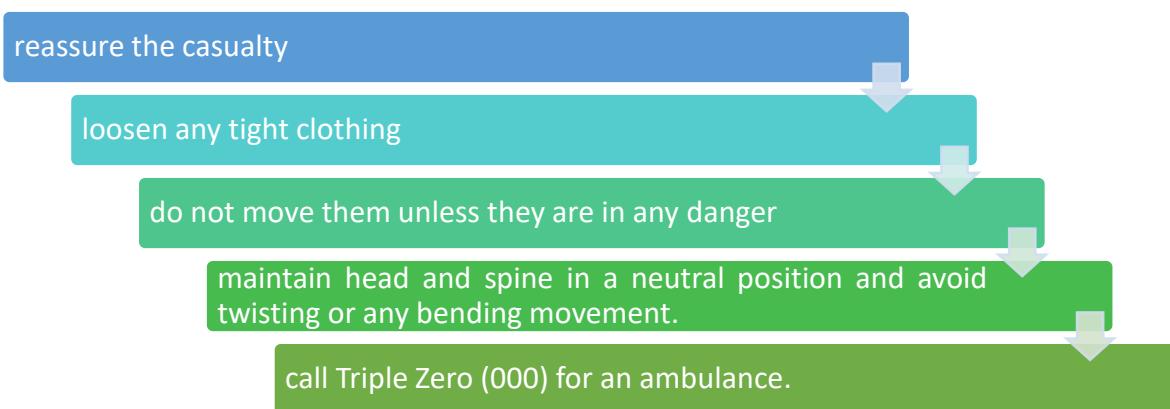
Injury	Signs	Symptoms
Neck injury	<ul style="list-style-type: none"> ▪ Swelling ▪ Limited range of movement in the neck ▪ Muscle spasms 	<ul style="list-style-type: none"> ▪ The affected area is tender to the touch ▪ Headaches ▪ Dizziness ▪ Pain radiating from the shoulders down to the arms ▪ Blurry vision ▪ Difficulty swallowing ▪ Tinnitus ▪ Numbness in the arms and hands
Spinal injury	<ul style="list-style-type: none"> ▪ The casualty's head or neck is in an abnormal position ▪ Priapism in casualties with a penis ▪ Loss of bladder or bower control ▪ Loss of limb function ▪ Change in the muscle tone ▪ Altered state of consciousness 	<ul style="list-style-type: none"> ▪ Pain in the affected area ▪ Numbness in the area below the affected area ▪ Nausea ▪ Dizziness ▪ Headaches ▪ Loss of sensation in the skin

Management of Neck and Spinal Injuries

If *unconscious*:

1. follow DRSABCD
2. place the casualty in the recovery position while supporting the neck and spine in a neutral position
3. maintain a clear and open airway
4. keep head and spine in a neutral position and avoid twisting or any bending movement
5. call Triple Zero (000) for an ambulance.

If *conscious*:



2.2.2.14 Hypothermia

Cold-induced illnesses do not necessarily happen exclusively in freezing temperatures. As long as the body's internal temperature starts to drop below 35°C, hypothermia can occur. This process can be mild to severe and abrupt (such as when falling into icy water) or gradual.

The signs and symptoms of hypothermia include:

shivering	cold skin	slurred speech
muscle stiffness	irregular pulse	hypotension.

Severe cases may also result in cardiac arrest and arrhythmias. The weak, irregular pulse may cause the casualty to appear dead.

First Aid Treatment for Hypothermia

When you notice the signs of hypothermia, follow the steps below.

1. Follow DRSABCD.
2. Move the casualty to a warm, dry place.
3. Assist the casualty in lying down to a comfortable position. Avoid any excess activity.
4. Remove any wet clothing from the casualty.
5. Place the casualty between blankets or in an emergency blanket.
6. Cover the casualty's head to maintain body heat.
7. Give the casualty warm drinks if they are fully conscious.
8. Use heat packs and place them on the neck, armpits, or groin. Be careful not to burn the casualty.
9. Dial Triple Zero (000) for an ambulance if the casualty's condition is severe.
10. Reassure and stay with the casualty until medical aid arrives.



Further Reading

The ARC guideline for first aid and management of hypothermia can be accessed below.

[ANZCOR Guideline 9.3.3 Hypothermia and Cold Related Injury](#)

2.2.2.15 Hyperthermia

Heat-induced illnesses, also known as hyperthermia, may be caused by the following:

Excessive heat due to the environment

Extreme heat due to metabolic activity

Failure of the body's cooling mechanisms

An alteration in the body's set temperature

Dehydration is the inadequate amount of fluid intake necessary for the body's normal functions. It is usually a symptom of heat-induced sickness. Below are some of the common signs of dehydration in children.

- Playing less than usual
- Hands and feet are cool to the touch
- Having to go to the toilet less often or need their diaper changed less often

The common symptoms of dehydration in children are as follows:

- Feeling sleepier than usual
- Feeling irritable
- Mouth feels dry

Aside from dehydration and other illnesses, excessive physical activity, medication, and inadequate fluid intake can also cause heat-induced illnesses.

Heat Exhaustion

Heat exhaustion is characterised by fatigue, headache, nausea, vomiting, and dizziness and may also be accompanied by collapse or fainting. Body temperature will be less than 40°C and can be remedied once the casualty lies down and rests.



Heatstroke

Unlike heat exhaustion, heatstroke is a more severe form of heat-induced illness and may lead to unconsciousness, multiple organ failure, and even death. A lack of sweating can characterise it, body temperature above 40°C, altered conscious state, and collapse. Call Triple Zero (000) immediately when dealing with heatstroke.

Treatment for heat-induced illnesses, including dehydration, is generally to cool the person's body temperature through:

- ensuring the constant hydration of the patient
- moving the person to a cooler location, in the shade or an air-conditioned room
- raising the legs and pelvis to improve blood pressure
- removing excess clothing
- cooling by wetting the skin with towels and ice packs and fanning
- giving cool water if the person is conscious.



Further Reading

The ARC guideline for first aid and management of heat-induced illnesses can be accessed below.

[ANZCOR Guideline 9.3.4 - Heat Induced Illness \(Hyperthermia\)](#)

2.2.2.16 Minor Wounds

Wounds are damages or breaks on the surface of the skin. Wound treatment comes after checking the casualty's breathing and consciousness. Meanwhile, wound care is the prevention of the worsening of the casualty condition, such as preventing infection, controlling blood loss, or hindering further injury.

Signs of minor wounds include:

a break on the surface of the skin

redness at the site of the wound

swelling at the site of the wound.

Symptoms, on the other hand, are as follows:

- Slight pain at the site of the wound
- The skin around the site of the wound is tender to the touch

Infection Control

Infection control is not just for the benefit of the casualty but also for the first aid responder. First responders must ensure infection control to maximise recovery while minimising the possibility of long-term damage.

Some of the principles of infection control include the prevention of transmission by proper disposal of used medical equipment, proper disinfection through hand washing and asepsis, etc.



Instances when hand hygiene must be performed:

- Before touching a patient
- Before conducting a procedure
- After conducting a procedure or an exposure risk to body substances
- After touching a patient
- After touching a patient's surroundings

Standard Precautions

Standard precautions are some steps that can be taken to avoid the spread of infection. Some examples are using protective equipment (disposable gloves, masks, and protective glasses), the proper disposal of used dressings and bandages, and washing hands before and after contact.

Minor Wound Management

Similar wound management and infection control principles apply for minor scrapes and scratches.

1. Ensure that the wound is clean and there is no risk of infection for both the responder and the casualty.
2. Clean the wound with soap and water. It is not recommended to use rubbing alcohol to wash a wound.
3. Use sterile dressings, if available.

Some Other Things to Consider When Treating a Wound

- When removing dirt and debris from the wound, use clean water and soap.
- When wiping away blood, dirt or debris from the wound, wipe from the centre going out of the wound to prevent further foreign material from being introduced.
- Pat-dry the wound with fresh, dry gauze. Do not use the same gauze as the dressing for the wound.
- If the wound continues to bleed through the initial dressing, apply a second dressing on top of the first one.

Minor wounds may be in the form of abrasions or incised wounds:

Abrasions	Incision
 <p>The top layer of the skin has been broken. Skin in the knees, ankles, and elbows is prone to abrasion.</p>	 <p>Incised wounds are caused by sharp objects, e.g. knives or broken glass.</p>

Management of Skin Abrasions

Clean the wound with sterile gauze.

- Use an antiseptic.

Use an antibacterial cream or antiseptic if there is dirt on the skin abrasion.

Rinse the wound with sterile saline or running water.

- Avoid scrubbing the dirt from the abrasion.

Cover the wound with a sterile dressing.

Management of Incised Wounds

- Remove any clothing surrounding the cut.
- Control bleeding using a clean towel and apply light pressure to the wound.
- Do this until the bleeding stops (this may take a few minutes).
- Rinse the wound with running water.
- Sanitise your hands before proceeding to cleaning or dressing the wound.
- Cover the wound with a non-stick sterile dressing.
- Change the dressing according to the manufacturer's instructions.
- If you reapply the antiseptic, wash the antiseptic off after five minutes and then redress the wound.

Further Reading



Access and review the Department of Western Australia page on wounds first aid through the link below for further reading.

[Wounds first aid](#)

You may also access the Bio dermis article on the different types of wounds.

[Understanding Different Types of Wounds | Biodermis.com](#)

2.2.2.17 Pain

Pain is the feeling of discomfort and suffering caused by an injury or accident. The most common signs of pain include:

- swelling
- bruises
- bleeding
- crying
- restlessness
- breath-holding
- grunting
- facial expressions of anger and discomfort.

The three categories of non-medicine pain management techniques used for children are the following:



- **Environment techniques** refer to methods that provide children with reassurance and a sense of control over their situation. This involves ensuring that the child or infant is in a calm atmosphere. Children must be reassured that the pain they are experiencing will be managed and treated. Swaddling infants creates slight pressure around their bodies, making them feel secure and safe.
- **Physical techniques** refer to methods that provide children and infants with comfort. This involves giving them plenty of cuddles and attention. This also includes the application of ice packs or heat treatments to reduce pain. Gently massaging the painful body part may also help relieve pain and discomfort (e.g. gently massaging the gum with a clean finger if a child or infant is teething).
- **Distraction techniques** refer to methods to shift or move the child's attention away. Distraction techniques do not necessarily take the pain away, but they help prompt the child's brain to focus its attention on something else. Some examples of techniques that can relieve pain involve playing games, reading books or watching television. Infants must be breastfed while receiving a painful procedure (e.g. vaccination).

2.2.2.18 Nosebleed

Nosebleeds are very common, especially in children and people over 65. They can be distressing but easily treated and do not cause longer-lasting problems. Causes of nosebleeds include:

- picking your nose
- blowing your nose too hard
- straining too hard on the toilet
- having an infection in the nose, throat, or sinuses
- dry air
- receiving a bump, knock, or blow to the head or face
- having a bunged-up or stuffy nose from an allergy
- taking some types of medicines, such as anti-inflammatories or blood thinners.

Nosebleeds are more common if you have other medical conditions, such as allergies, leukaemia, nasal polyps, or sinusitis. Recurring nosebleeds should be discussed with a medical professional to check if an underlying medical condition causes the nosebleeds. A nosebleed is commonly observed when blood flows out of either one or both the person's nostrils. The most common symptoms of nosebleed are as follows:

- The feeling of liquid flowing down the back of the throat
- Pain from the bleeding nostril
- Itching from the bleeding nostril

First Aid Management of Nosebleed

- Pressure must be applied equally to both sides of the nose, over the soft part below the bony bridge (usually between the thumb and index finger).
- The victim must lean forward to avoid blood flowing down the throat.
- Encourage the victim to spit out blood rather than swallow it, as swallowed blood irritates the stomach and causes vomiting, worsening the bleeding.
- The victim should remain seated at total rest for at least 10 minutes. On a hot day or after exercise, it might be necessary to maintain pressure for at least 20 minutes.
- If bleeding continues for more than 20 minutes, seek medical assistance.



2.2.2.19 Poisoning

Poisoning is the ingestion of poisonous/toxic substances. Poisoning may also be through inhalation, exposure through the eye and ear, or absorption through the skin.

Below are some signs of poisoning.



Symptoms of poisoning include:

- nausea
- drowsiness
- abdominal pain.

Principles of Management for a Poisoned Casualty

- Preventing the rescuer from also being poisoned
- Decontaminating the casualty
- Resuscitating the casualty and providing supportive care
- Managing the specific type of poison (e.g. providing antidotes, removing the poison using the appropriate techniques, treating complications)

Management of Poisoning

NOTE: Do not induce vomiting.

- Assess the area and check for any hazards to prevent further harm.
- Check casualty's breathing and clear airway
- Let casualty drink small sips of water.
- Contact the Poisons Information Centre (they are open at all times).
- Clear the casualty's airway in case of vomiting. You may save a sample of the vomit to a hospital so it can be analysed.
- Call an ambulance for further assistance.



Further Reading

The ANZCOR Guideline for managing a casualty who has been poisoned can be accessed through the link below.

[ANZCOR Guideline 9.5.1 - First Aid Management of Poisoning](#)

2.2.2.20 Seizures

Seizures can happen when the brain experiences a disruption in its regular pattern of electrical impulses. When this happens, a person may feel changes in their sensation, muscle spasms, and unconsciousness.

Signs of seizures include:

- sudden muscle spasms
- collapsing
- jerky movements
- incontinence.

Symptoms of seizures include:

drowsiness

shallow breathing.

First aid management of seizures includes the following:

- If the casualty is unconscious, follow DRSABCD.
- Seek further medical assistance.



Further Reading

The ARC guideline for the management of a seizure event can be accessed below.

[Guideline 9.2.4 - First Aid Management of a Seizure](#)

2.2.2.21 Shock

Shock happens when there is a disruption in the delivery of oxygen and nutrients to the body's tissues. Shock is dangerous as it may lead to organ failure and death. There are various types of shock: hypovolaemic shock due to massive blood loss, cardiac shock caused by heart problems, distributive shock caused by abnormal dilation of blood vessels, and obstructive shock caused by blockage of blood flow in or out of the heart.

The common causes of shock are the following:

- Decrease in the volume of blood circulating in the body
- Cardiac causes
- Blood vessels are dilated abnormally
- The flow of blood to or from the heart is blocked

There are varied signs and symptoms of shock. The signs include:

fever or very low body temperature	pale or discoloured skin	rash	confusion or agitation
vomiting	fainting or collapsing	breathing rapidly	rapid pulse that may weaken
cool, sweaty skin.			

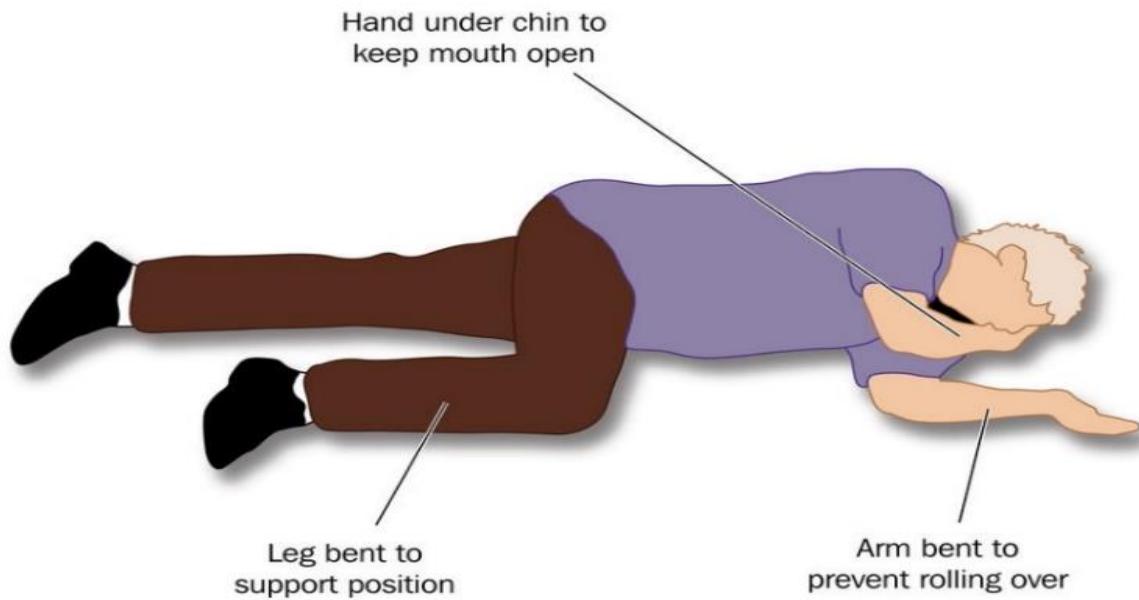
On the other hand, symptoms of shock include:

- dizziness
- thirst
- feelings of anxiety or restlessness
- feeling breathless or cold
- nausea
- extreme discomfort or pain.

When managing a casualty of shock, follow DRSABCD. If the casualty is conscious, place them in the supine position with their legs slightly raised. Call Triple Zero (000) for an ambulance. While waiting for medical aid, treat any other injuries such as bleeding, wounds, and burns.

Make sure the casualty is comfortable, loosen tight clothing around the neck, chest, and waist, and maintain body warmth—monitor and record breathing pulse.

If the casualty is unconscious, carefully place them in the recovery position, on their side, as shown in the image below.



Further Reading



The ANZCOR guideline for shock can be accessed through the link below.

[ANZCOR Guideline 9.2.3 - Shock](#)

2.2.2.22 Fever

In the early stages of a fever, a child or an infant may have a raised temperature of above 37°C. Signs of fever include:

- not being as active as usual
- being thirstier or hungrier than usual
- sweatier than usual.

Symptoms, on the other hand, include:

- feeling hot
- experiencing body aches
- feel generally unwell.

When these signs and symptoms are present, you will need a thermometer to check their temperature. Moderate fevers below 39°C will require monitoring. A temperature above 39°C may be dangerous.

You may remove excess clothing and ensure that the child or infant intakes sufficient fluids such as juice and water to reduce temperature. Some cases of high fever may result in febrile convulsions; for applicable first aid, refer to Section 2.2.2.6.

In cases of minor fevers in children and infants above three months old, giving them the recommended dose of paracetamol syrup for their age group will help reduce their temperature and pain. Medical advice should be sought for infants below six months old if the temperature rises to 38°C.

2.2.2.23 Vomiting and Diarrhoea

Vomiting is referred to as the strong discharge of the substances of the stomach through the mouth or nose. There are different types of vomiting, which includes:



- **Possetting** – This is when a baby experiences slight vomiting after breastfeeding.
- **Reflux** – This is a type of vomiting common in infants. This occurs when the valve in the upper stomach accidentally opens. The stomach contents gradually pass into the digestive tract (esophagus). Reflux is not harmful to the baby, and they usually go away as the child grows.

- **Projectile vomiting** – This happens when the baby forces out their stomach contents. Despite how much mess it causes, the amount of vomit would usually only be equivalent to the last amount of food the baby has ingested. Babies usually projectile vomit from time to time. However, excessive or frequent projectile vomiting requires parents and carers to seek medical attention immediately. This may be due to thickened muscle at the stomach's outlet blocking the normal passage of food.

On the other hand, diarrhoea refers to loose, watery stools that occur more frequently. Below are the signs and symptoms of diarrhea.

Signs	Symptoms
<ul style="list-style-type: none"> ▪ More bowel movements than usual ▪ The stool is less solid than usual ▪ Fever 	<ul style="list-style-type: none"> ▪ Stomach pain or cramps ▪ Appetite loss ▪ Nausea

Vomiting and diarrhoea may be caused by contaminated food or drink, exposure to poisons, stomach bugs, or another person with a virus. These may result in dehydration due to loss of body fluids.

Those under three months old are more susceptible to dehydration. You may offer them their usual milk for infants under six months old.

For infants and children above six months old, offer them boiled water that has been cooled down. This will help replenish lost fluids and prevent dehydration. If the vomiting and diarrhoea continue, you may offer them a rehydration product to replace lost salts.

Allow children and infants to rest. Follow reporting protocols and inform the parent or caregiver. If the symptoms continue, seek medical advice.

Checkpoint! Let's Review



1. First Aid needs to be provided in accordance with established principles. It is equally detrimental to provide First Aid without proper knowledge of how.
2. National peak clinical bodies set up policies and procedures to ensure that First Aid principles are followed and that casualties, bystanders and First Aiders are safe and secured. An example of a peak body related to first aid is the Australian Resuscitation Council (ARC). They set guidelines for the proper management of First Aid in various cases.

2.3 Ensure Casualty Feels Safe, Secure and Supported

Remember that incidents and emergencies are highly stressful for both the casualty and the responders. A child, who is already injured and suffering from an illness or a potentially life-threatening situation, needs to be reassured and provided with utmost care and respect. Children and infants need to feel safe with you and that their security is not compromised. They will need to feel your support throughout the entire ordeal. Involving their parents and caregivers may be necessary.

Following simple ethics, legislation, and cultural and moral beliefs and principles, it is always crucial for first aiders or first aid responders to practice ethical first aid response. This includes displaying respectful behaviour and maintaining respect for the casualty and their family's beliefs, privacy, and dignity while observing consent and confidentiality.

Below are some examples of how a first aider can ensure a casualty feels safe, secure, and supported.

Asking for their consent to provide treatment for their injuries or asking for their consent to touch them

Respecting and abiding by the casualty's customs, traditions, and values

Demonstrating awareness and sensitivity to their specific needs

Demonstrating empathy

Assuring casualty that they are protected

Communicating with casualty that they are now free from danger

Respecting their dignity and privacy

Additionally, below are some simple strategies for communicating with a casualty.

- Explaining to them what first aid treatment you are going to perform on them
- Speaking slowly, clearly, and calmly
- Speaking concisely
- Avoiding jargon or technical words and using simple words that the casualty can easily understand
- Prioritising and sequencing instructions
- Responding to their expressed emotions, e.g. crying or wincing in pain

Common distraction techniques for children and infants include the following:

Infants (0–12 months)	Toddlers (1–3 years old)	Pre-schoolers (3–5 years old)	School-aged children
<ul style="list-style-type: none"> ▪ Stoking their face gently ▪ Giving baby toys such as rattles ▪ Singing to them • Breastfeeding 	<ul style="list-style-type: none"> ▪ Giving them light-up toys ▪ Reading them a book • Singing to them or giving them toys that make noise 	<ul style="list-style-type: none"> ▪ Blowing bubbles ▪ Playing counting games • Doing breathing exercises 	<ul style="list-style-type: none"> ▪ Listening to music ▪ Holding hands • Watching a movie during the procedure

Some common communication techniques for children and infants include the following:

- **Communicating on their level**

Adjust your way of communicating to the age of the casualty. Make sure to use simple words that they can understand. They must understand what is happening or what treatment is being provided. You must consider using a soothing tone of voice when speaking to them.

- **Engaging the parents**

When communicating with children, you may also involve the parents in conversation to allow the child to feel comfortable.

- **Building trust**

Assure help and maintain a positive language to build trust during the procedure.

Checkpoint! Let's Review



1. Providing First Aid includes ensuring that the casualty you care for feels safe, secure, and supported.
2. Working in an education and care environment means you will be involved with vulnerable children who rely on you for constant support and care. This is why understanding how you can support them is an essential aspect of a First Aider.

2.4 Obtain Consent From Casualty Where Possible

Remember that Australian laws are founded on the basis that everyone has the right to control their own body.

Before assisting a casualty, it is essential to seek their consent if they are conscious. Failure to do so could constitute assault or medical invasion, and those affected can seek compensation or damages. The casualty can call medical trespass and recover damages without being required to provide any proof of injury, causation, or negligence.

For casualties that are unconscious or have impaired decision-making capacity (i.e. those who cannot retain, understand, process, or communicate a medical or health care decision, especially in the case of children and young people), consent may be derived from their close family members, partners, parents, or caretakers, if they are present.

Minors who are children under 18 years old are considered impaired decision-making capacity. This, however, depends on their state/territory, as some permit younger persons to make these decisions themselves. Children and infants require consent from parents and guardians whenever possible.

Nonetheless, there are situations where treatment can be given without consent. This may happen during extreme situations when the casualty is in critical condition or when no guardians or caretakers are present.

There may also be situations where a casualty refuses to give consent. Therefore, refusal of treatment is a legal right and is covered in various legislations across states and territories.

Checkpoint! Let's Review



1. Consent is necessary as everyone deserves the right to control their bodies.
2. However, there are instances where this may be bypassed. When a person's condition is critical or when they are considered to have an impaired decision-making capacity.



2.5 Use Available Resources and Equipment to Make the Casualty as Comfortable as Possible



When providing first aid, always consider the welfare of the casualty by relieving their pain and discomfort and reducing their distress to the best of your ability and to whatever resource is available.

Ensuring comfortability may be done following the first aid principles discussed in Section 2.2.2:

- Moving them to where there is a shade when they are under the extreme heat of the sun (if it is safe to do so)
- Using pillows to support the neck and head if there is a head injury
- Removing or loosening tight clothing
- Assisting the casualty to sit or lie in a more comfortable position
- Helping them with their prescribed medication (e.g. prescribed medication for a pre-existing heart condition)
- Maintaining their dignity and privacy—assisting them in cleaning up or covering exposed body parts, if possible
- Constant reassurance to the casualty

The equipment and apparatus you may use to ensure the casualty's comfort depend on the emergency scenario. These may include, but are not limited to, the following:

- Ice packs may be used for signs of swelling and bleeding.
- Resuscitation barrier devices may also shield the face and eyes during CPR.
- Wheelchairs may come in handy for casualties who experience pain when walking.
- Comfort bags are also prepared by some first aiders who deal with children. These may contain toys and books.
- Stretchers help move immobile casualties who are unable to use their limbs.
- Inhalers are used for people with asthma to help with their breathing.

2.5.1 First Aid Kit



A first aid kit includes all materials, supplies, and equipment needed to give medical treatments focusing on first aid. The first aid kit will be your primary resource in treating the casualty's conditions and helping them become more comfortable while waiting for advanced medical care to arrive.

Contents of a first aid kit may vary greatly depending on the size and use of a first aid kit. Common items included in a first aid kit are:

bandages of varying widths	hypoallergenic (skin) tape	adhesive dressing strips (various sizes)	cotton or gauze swabs
dressing pads	sterile eye pads	alcohol swabs	stainless steel scissors and tweezers
disposable gloves	shock (thermal) blanket	safety pins	notepad and permanent marker
sterile saline tubes/sachets	disposable resuscitation face shield	first aid booklet	personal protective equipment (PPE).

You may also customise the first aid kit to accommodate specific conditions or situations:

- For use at home: Add extra items according to the number of people in your home and their age, such as thick crepe bandages if there are older children who play sports or for use as a pressure immobilisation bandage.
- For the car or caravan: Add a highly reflective (day/night) safety triangle and vest as you may be near a road and traffic.
- For travelling and camping: Add heavy crepe bandages, instant cold packs, disposable poncho, plastic bags, whistle, compass, torch, and glow sticks.
- For use on a boat: Add a disposable poncho, plastic bags, whistle, and glow sticks. If you are boating in waters where marine stingers are present, include vinegar to pour over potential stings.
- For babies: Add extra items such as a digital thermometer, basic pain reliever medications, and plastic syringes for accurate dosing.
- For known medical conditions: Add extra items, such as medicines or equipment you usually use to manage the condition.

Checkpoint! Let's Review



1. Equipment and apparatus you may use to ensure the casualty's comfort depend on the emergency scenario.
2. The first aid kit will be your primary resource in treating the casualty's conditions and helping them become more comfortable while waiting for advanced medical care to arrive.

2.6 Operate First Aid Equipment According to Manufacturers' Instructions



During an emergency, the responder(s) must use all available resources to ensure the casualty's safety. Using first aid equipment may be crucial in various situations; however, misusing them may pose more harm. Be sure that you operate First Aid equipment according to the manufacturer's instructions. Remember to review the instruction manual of your First Aid equipment to ensure that you are prepared to use it during emergencies.



First Aid Equipment

First aid equipment may include, but is not limited to, the following:

- Auto-injector (e.g. Epi-Pen) – This is usually used for anaphylaxis and asthma. This usually comes in a pen shape and is injected into a limb, generally the thigh area.
- Automated external defibrillator (AED) – This is usually used for those experiencing cardiac arrest. It analyses the heart's rhythm and can deliver an electric shock when needed.
- Bronchial and spacer device – This usually comes in the shape of a tube and is attached to the inhaler to allow the user more time to deliver the medicine to the lungs.
- First aid kit containing bandages, eyewashes, gloves, and salves – These are some of the basic First Aid Kit used for multiple emergencies, such as treating minor wounds and bleeding.
- Personal protective equipment (PPE) – This is used as protection for the first aider against suspected infectious diseases.
- Puffer/inhaler – This is used to deliver medicine directly to a person's lungs.
- Resuscitation mask or barrier – This is used to protect the casualty during CPR.
- Stretcher – This is used to carry casualties who have restricted mobility.

When using first aid equipment, the manufacturer's instructions must be followed. For example, different manufacturers would have different instructions on how they can be used most effectively with auto-injectors.

If you are unsure how to use any of these, review the manufacturer's instructions or procedures or seek training and advice from trained and experienced first aid responders. You may visit the manufacturer's website for more information on the product or contact their customer support team for any product issues.



Multimedia

The link below directs you to a video correctly using the following first aid equipment.

[How to Use Your Epinephrine Auto-Injector](#)



Multimedia

The links below direct you to videos correctly using the following first aid equipment.

[How to Use a Defibrillator \(AED\) - First Aid Training - St John Ambulance](#)



How to use a defibrillator (AED)





How to Use an MDI With a Spacer



Checkpoint! Let's Review

First aid equipment may include, but is not limited to:

- Auto-injector
- Automated external defibrillator (AED)
- Bronchial and spacer device
- First aid kit containing bandages, eyewashes, gloves, and salves
- Personal protective equipment (PPE)
- Puffer/inhaler
- Resuscitation mask or barrier
- Stretcher

2.7 Monitor the Casualty's Condition and Respond in Accordance With First Aid Principles



Upon providing the casualty first aid treatment, remember to continue to monitor their condition. It will help if you take notes of important details of the first aid treatment you administered: medication, first aid procedures followed, CPR, and your observations of their conditions and any changes.

Be sure to check their vital signs, including:

blood pressure

body temperature

breathing & respiration rate

heart rate.

It is critical that you closely monitor the casualty's vital signs. Any slight changes could mean they are descending into unconsciousness or regaining consciousness.

You must respond according to the first aid principles discussed in Section 2.2.2 to any critical changes in their conditions while waiting for medical assistance.

Appropriate responses to different injuries and illnesses are also thoroughly discussed in the earlier parts of this Learner Guide.

If you are in a remote area or under unusual circumstances, you may consider transporting the casualty to a nearby hospital yourself. However, you have to be careful not to aggravate their condition or cause undue pain when transporting them. Only consider this option when the casualty's condition is not life-threatening.



Checkpoint! Let's Review

1. First Aid equipment is necessary to perform certain procedures.
2. It is essential to know how the equipment is managed to ensure appropriate use. Always check the manufacturer's instructions on using them for safety measures.
3. Once First Aid has been provided, it is equally important to monitor the casualty's condition. Any changes in their vital signs can indicate either progress or a decline in their health. Make sure to observe all changes to prepare for further medical response.



Learning Activity for Chapter 2

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

III. Communicate Details of the Incident



In Chapters 1 and 2, you learnt about responding to an emergency, applying first aid principles and following standard procedures for different types of injuries.

In this chapter, you will learn how to communicate the incident's details, which is an essential part of the handover to the medical response team. Important information covered in this chapter includes the cause and events leading to it, the last thing the casualty ate or drank, or any allergies and respective medications taken by casualties.

Knowing what these pieces of information are and how to communicate them during the handoff are critical to ensuring that the medical team can deliver the best medical response to the casualty.

This chapter will also discuss how you can communicate details of the incident. Specifically, it will cover the following:

- Accurately conveying incident details to emergency services
- Reporting details of the incident in line with appropriate workplace or site procedures
- Completing applicable workplace or site documentation, including incident report form
- Reporting details of incidents involving infants and children to parents or caregivers
- Following appropriate workplace or site procedures to report serious incidents to the regulatory authority
- Maintaining privacy and confidentiality of information in line with statutory or organisational policies

3.1 Accurately Convey Incident Details to Emergency Services



Once more qualified personnel arrive, such as emergency responders, it is vital to continue providing CPR and monitoring the casualty until they tell you they are taking over. This gives the emergency medical personnel ample time to prepare the equipment necessary to transition into advanced care.

It is crucial to remain calm to convey an accurate, clear, and concise idea of the casualty's history, signs, symptoms, and administered aid. If multiple rescuers were present during the incident, have them contribute and add to the details of the incident to make sure no detail is overlooked or missed. Additionally, if you are not the first responder, make sure that the first responder contributes details that they observed, as they are the best and most reliable source of information in this situation.

By ensuring that the information provided is complete and accurate, the emergency medical personnel can provide the casualty with the correct and maximum care.

Some of the details of the emergency and casualty include but are not limited to:

introduction of the patient

- include the name, age, and any known allergies

cause and history of the incident

- provide a brief summary of when, where, and how the incident happened

injuries and/or illnesses identified

- provide a summary of your assessment of the injury or illness

description of signs and symptoms

- describe the signs and symptoms you have observed at the time of incident

description of treatments applied as well as time

- explain what treatment you have done so far

vital signs

- provide the vitals identified blood pressure, heart rate, temperature

monitored changes during and after the treatment

- describe the changes you have observed during and after the treatment you have provided.

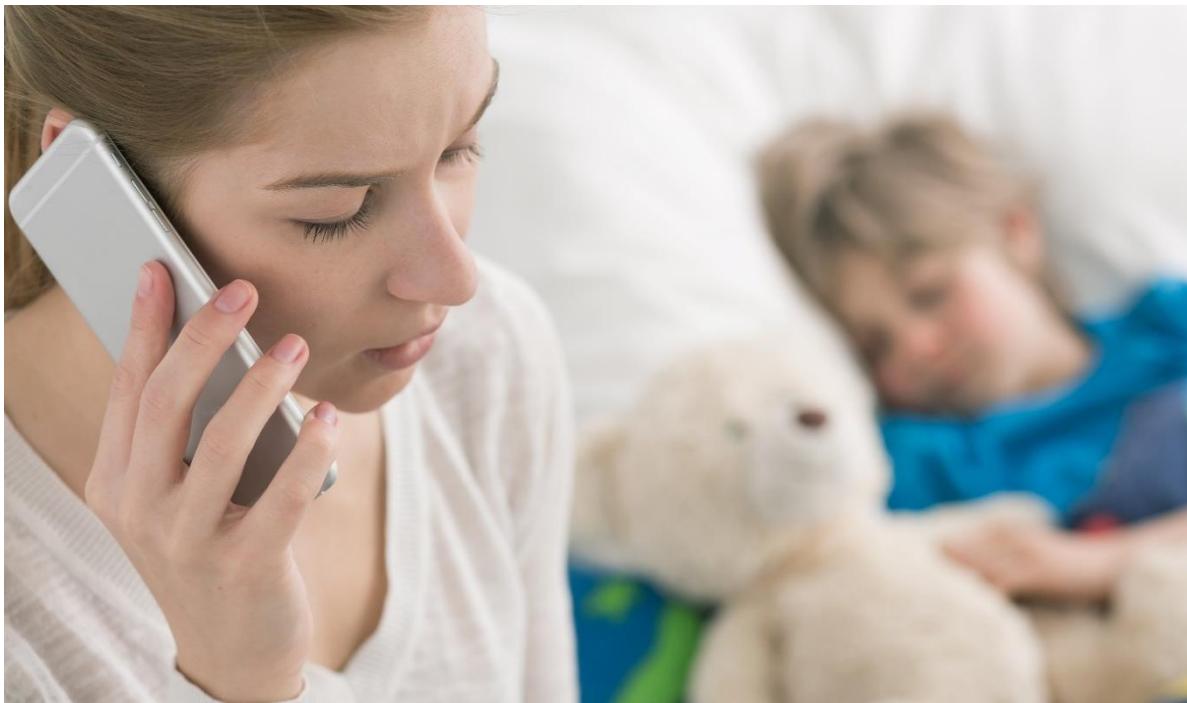
Other details such as allergies, medications taken or prescribed, prior injuries or illnesses, last thing eaten or drunk, and events leading up to the incident such as physical activity are also critical details that need to be reported to the medical team.

Checkpoint! Let's Review



1. You must continue providing CPR and monitoring the casualty until emergency responders arrive and tell you they are taking over.
2. Critical details that need to be reported to the medical team.

3.2 Report Details of Incident in Line With Appropriate Workplace or Site Procedures



In cases where the incident, especially if it is a major one, happens in the workplace, it is necessary to report the details of the incident as indicated in the workplace or site procedures.

Major incidents include death, serious injury, illnesses requiring medical attention, or dangerous incidents such as fire, gas leaks, or structural collapse. These major incidents must be reported to the Department of Education for those in the education sector.

Reporting to the relevant supervisors is necessary to call the incident to their attention immediately. You may report the incident by consulting them directly and communicating a summary of the incident verbally. Afterwards, you may be asked to fill out or write an incident report for a more detailed explanation of the incident, discussed further in the next section.

Supervisors, in turn, will report to the other high-ranking executives, as well as health and safety officers (e.g. in-house doctor or nurse), and may need you to be present as well when reporting to them.

Reporting the incident will help your workplace determine what future actions should be done to:

- prevent, or reduce the chance of the incident from happening, and
- prepare in case incidents of a similar kind occurs again.

This presents your health and safety obligations to the workplace, your fellow workers, and the entire organisation. Promptly reporting the incident is also a prerequisite to complying with legal obligations on workplace health and safety. Your organisation will also report notifiable incidents to your state/territory WHS regulator as demanded by WHS laws and regulations.

Reporting to Parents/Guardians

Teachers, especially those in the early childhood education sector, take on the role of the parents and have a duty to care for their student's well-being. Educators and carers have a greater legal obligation to protect a student from harm or assist in caring for an injured or ill student. In contrast, an ordinary person has no such obligation. The actual legal obligations vary per State, so check the relevant legislation.

For services, the Education and Care Services National Law has specific regulations covering things such as:

- staff qualifications
- first aid kit content
- first aid accident
- infectious disease control
- medical conditions policy
- medicine administration.

Further Reading



For more information on reporting incidents to your state/territory WHS regulators, see the information sheet on Incident Notification by Safe Work Australia below.

[Incident Notification Information Sheet](#)

Checkpoint! Let's Review



1. Conveying incident details to emergency personnel and reporting the incident to your organisation, parents, and guardians are crucial for administering First Aid.
2. Your responsibility is to inform them of the treatment you have given and the events that led to the incident. This process ensures the safety of the children in your care and allows efficient tracking of possible causes.

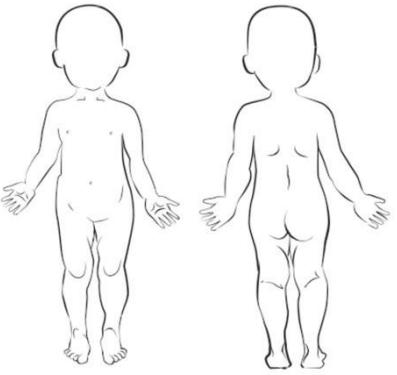
3.3 Complete Applicable Workplace or Site Documentation, Including Incident Report Form



Part of reporting the incident in the workplace is completing workplace or site documentation. One central workplace document you should accomplish is an incident report form. An incident report form usually calls for similar information given to the emergency medical personnel, such as people involved (including witnesses), history of the incident, injury/illnesses identified, treatments given and the casualty's vital signs.

Be sure to fill out the incident report as accurately as possible. If necessary (or required by your organisation's procedures), create a separate document of the detailed testimony of the incident. If available, include photos or videos of the incident to show further evidence (often from footage of security cameras).

On the next page is an example of a completed incident report form.

INCIDENT REPORT			
Workplace Details			
Location	34 Glen William Road, Qld, 4871		
Contact Phone	04 5687 4545		
Setting	Recreation room		
Incident Details			
Day	Thursday	Date and Time	28 Mar 20xx, 10:30 am
Report completed by	Claire Lewis		
Incident Details			
<input type="checkbox"/> Personal Injury	<input checked="" type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Others:
Name of Person	Jane Smith		
Part of the body injured (if relevant). Encircle part(s) of the body injured.	 Nature of injury sustained: <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Bite <input type="checkbox"/> Broken bone/fracture <input checked="" type="checkbox"/> Burn <input type="checkbox"/> Concussion <input type="checkbox"/> Cut <input type="checkbox"/> Rash <input type="checkbox"/> Sprain <input type="checkbox"/> Others (please specify): _____		
Describe the incident			
<p>Jane was in the recreation room when she saw a lamp on the bookshelf. She wandered towards it and saw the power board behind it; the power board short-circuited, and she received an electric shock.</p>			
Describe the injury (if applicable)			
<p>Jane sustained minor burns to the fingers of her right hand, which was being used to unplug the lamp beside the bookshelf, and to the palm of her left hand, which was supporting her as she leaned against the bookshelf trying to reach the power.</p>			
Person Reporting the Incident			
Signature	C. Lewis, 28 Mar 20xx		
Name of Person	Claire Lewis		
Contact Details	04 1234 4321		

Sparkling Stars Early Years Learning Centre



Access and review Sparkling Stars' policies and procedures through the link below.

Policies & Procedures

(username: newusername password: newpassword)



Checkpoint! Let's Review

1. . An incident report form must be accomplished as part of the incident reporting process in the workplace.
2. An incident report calls for information such as:
 - people involved (including witnesses)
 - history of the incident
 - injury/illnesses identified
 - treatments given
 - the casualty's vital signs

3.4 Report Details of Incidents Involving Infants and Children to Parents or Caregivers

When a child or an infant has been at risk of significant harm, it is a must to inform their parents and caregivers of the incident. It is your responsibility to report the incident and ensure that appropriate authorities know what happened.

When reporting to a parent or caregiver, remember to be as detailed as possible. Be direct and clear with the information you are providing. You may include the following information:

- What happened to the child?
- How it happened
- The first aid provided
- If the child needs advance assistance, include the information of the emergency service:
 - Where the child had been taken (complete address)
 - When the child was taken
 - Contact information of emergency services

During dire situations where children and infants are involved in accidents, it is expected that parents and caregivers are the primarily concerned individuals and that they may be in a state of shock and panic. Proper communication is crucial to ensure that everyone involved remains calm and cooperative.



Checkpoint! Let's Review



1. It is your responsibility to inform the parents and caregivers when a child or an infant has been at risk of significant harm.
2. Proper communication is important to ensure that everyone involved remains calm and cooperative.

3.5 Follow Appropriate Workplace or Site Procedures to Report Serious Incidents to the Regulatory Authority

The previous section discussed the incident report to parents and caregivers. Although they may be the primary individuals concerned, reporting serious incidents to the regulatory authorities is also necessary.

You must send your report to the appropriate regulatory authority based on the nature of the emergency and the age group of the casualty. To report a serious incident, you will need access to your workplace and site procedures. You may consult your supervisor to know your organisation or centre's regulatory protocols.

Mandatory reporting requirements will also vary based on your state or territory's governing legislation and regulations. Ensure to access your state/ or territory websites to verify the requirements that apply to you. National law and regulations require service providers to notify regulatory authorities for different cases, such as:

- in the event of a serious incident
- when complaints have been received
- when there are risks to the health and wellbeing of children.

The National Qualifications Framework (NQF) provides a national regulation for early childhood education and care services. The Guide to the NQF outlines the responsibilities of providers and educators when it comes to mandatory reporting. They outline the necessary timeframe for reporting and the responsible parties for different types of notifications.

Further Reading



The Guide to the NQF has a comprehensive outline of reporting requirements. To view the specific requirements for each type of notification, refer to the link below.

[Reporting requirements about children](#)

Checkpoint! Let's Review



1. NQF outlines the responsibilities of providers and educators when it comes to mandatory reporting as well as necessary timeframe for reporting and the responsible parties for different types of notifications.
2. Appropriate workplace and site procedures must be followed when reporting serious incidents.

3.6 Maintain Privacy and Confidentiality of Information in Line With Statutory or Organisational Policies

When noting details of the incident and reporting these to your workplace or emergency services personnel, keep in mind that these pieces of information must be kept confidential to preserve the casualty's right to privacy and dignity.

The privacy and confidentiality of children's and infants' information are equally important and must be maintained according to statutory and organisational policies.

Confidentiality also means that you will secure all information about the incident and not share it with the media or any other person unless authorised by your organisation's parents, guardians, or other members.

When recording details of the incident, ensure that you write them clearly and concisely. At times, it is required that these notes be handwritten, with any alterations marked and signed.



Most organisations or work sites have policies and procedures to ensure that statutory laws are enforced, and that information is kept private and confidential.

Some practices in place may be using storage cabinets with locks or vaults for documents. You may also be granted access to controlled storage sites for your organisation.

Remember that children under 18 years of age or minors have limited consent to disclose their information. The management of their personal information should always consider the purposes for which the entity collects, holds, uses, and discloses the casualty's personal information.

Be sure to act in accordance with privacy laws, especially the Privacy Act 1988. The Privacy Act of 1988 outlines the [13 Australian Privacy Principles](#) that service providers must observe when handling personal and sensitive information of people. These principles cover:

the collection, use, and disclosure of personal information

an organisation or agency's governance and accountability

the integrity and correction of personal information

the rights of individuals to access their personal information.

Keep in mind that information about the casualty, such as details that could lead to their identification and the nature of the incident, must only be conveyed to Emergency Services Personnel or your workplace supervisor, if appropriate.

If the incident is notifiable (an incident is considered notifiable if a person has died, if it is a serious injury or illness, or it is a dangerous incident, and it has occurred out of the conduct of a business or undertaking at a workplace), WHS laws require your workplace to report the incident to regulatory authorities.

Checkpoint! Let's Review



1. Children under 18 years of age or minors have limited consent to disclose their information.
2. Appropriate workplace and site procedures must be followed to ensure that you are not violating any rights and protecting the children under your care.
3. Keep in mind that information about the casualty must only be conveyed to Emergency Services Personnel or your workplace supervisors.



Learning Activity for Chapter 3

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IV. Review the Incident

In the previous chapters, you learnt about recognising and responding to an emergency, applying first aid principles and procedures for various types of injuries, and communicating the details of the incident.

Once the incident is called to attention, it is necessary to review the incident. Therefore, this chapter will focus on how to review the incident that occurred to help bring the incident to a close. Specifically, it will cover the following:

- Recognising the possible psychological impacts on self and other rescuers and seek help when required
- Contributing to a review of the first aid response as required



4.1 Recognise the Possible Psychological Impacts on Self and Other Rescuers and Seek Help When Required



Witnessing incidents and emergencies is stressful to the casualty and witnesses and first aid responders, potentially affecting one's mental and emotional well-being. It is, therefore, vital to carefully monitor any possible psychological impacts of incidents and emergencies on yourself and other rescuers so that you can manage them appropriately.

The aftermath of an emergency drains a lot of physical, mental, and emotional energy and resources to manage or continue acting normally. Because of these additional demands, your normal reserves are drained much quicker, and you begin to exhibit signs of stress.

Apart from that, various experiences that first responders undergo when performing their duties may cause distress. These may include the following:

- **Pre-emergency**
 - The feeling of being unfit or unprepared to take on emergency
 - Inadequate training and instruction
 - Unrealistic expectation
- **During emergency**
 - Direct and long exposure to actual events or incidents
 - Direct contact with survivors or their family, friends, relatives
 - Dealing with serious injuries or dead bodies
 - Extra, unfamiliar, or conflicting duties/tasks
 - Exposure to health and safety hazards

- **Post-emergency**

- Recall of incident, mainly through publicity and media coverage
- Criticism and lack of acknowledgement to rescuers

These experiences, when encountered by rescuers (usually a combination of them), can lead to several mental and psychological health issues. These may be manifested in various signs and symptoms, including:

feelings of sadness

confused thinking or reduced ability to concentrate

excessive fears or worries, or extreme feelings of guilt

extreme mood changes of highs and lows

withdrawal from friends and activities

significant tiredness, low energy, or problems sleeping.

Identifying these signs and symptoms will help you and other rescuers recognise and acknowledge your work's psychological impacts on yourselves. The first step to doing this is to recognise and accept the existence of these psychological or mental health issues. You can manage these psychological issues by seeking help, especially when they are apparent and affect you and other first responders heavily.

Here are some techniques that you may use for managing stress:

- **Monitoring your stress** – Consciously taking note of how you feel and any effects of your daily activities.
- **Exercising** – Exercising regularly can help reduce anxiety and relieve tension
- **Relaxing** – Doing things you enjoy that help you relax (e.g. meditation, yoga)
- **Spending time with loved ones** – Being with the ones you love can help resolve personal conflicts and relieve stress

Being with your family and friends, as they are likely the ones you most trust and will give unconditional support, may help you cope with your mental and psychological difficulties.

You may also rely on your fellow first responders and those in a similar field as they are the ones who can most likely relate to your experiences, thoughts, and feelings. The sense of camaraderie and support from those with a similar ordeal can help your psychological well-being and theirs.

When you recognise any signs or symptoms of possible psychological health issues, it is best to consult a mental health professional to diagnose, counsel, and treat psychological disorders. You may first consult with your doctor (who you are most comfortable with) to help you assess and refer to the appropriate mental health professional you need.



Such signs and symptoms can also be seen in children as they may be too young to understand what happened during emergencies. They may not be able to handle the stress it causes. They may also be too young to process what happened or deal with the consequences without help. Sharing age-appropriate stress management techniques can help them handle the aftermath of an emergency. Support systems made up of family members and educators can help children understand what happened, explain why it happened, or provide the child comfort.

Checkpoint! Let's Review



1. Witnessing incidents and emergencies can potentially affect one's mental and emotional well-being so it is important to monitor possible impacts so that you can manage them appropriately.
2. Psychological issues that are apparent and affect you and other first responders heavily can be managed by seeking help.

4.2 Contribute to a Review of the First Aid Response as Required



After providing the necessary aid in an emergency and handing over the casualty to emergency medical personnel, it is recommended to undergo a review or debriefing of the incident. Debriefing is a technique used to help those experiencing psychological and physical issues from being exposed to traumatic situations. This allows them to understand and reflect on what transpired.

Debriefing helps the relevant people in the organisation find out what happened to use this information to develop appropriate procedures for responding to similar incidents in the future. The information gathered during a debriefing will also create an accurate record for archiving purposes. Conducting a debrief can also help identify the individuals affected or those who could potentially be affected by the aftermath of the incident.

In a general debriefing process, the following steps can be followed:

1. Discuss to assess the impact of the incident on the first aid responders and the casualty (or casualties) and/or witnesses.
2. Discuss to review immediate issues surrounding an individual's safety and security.
3. Provide a safe space for people to voice their thoughts, emotions, or experiences with the incident while providing reassurance and constant validation.

4. Predict possible reactions in future incidents.
5. Review individual's emotional, cognitive, and physical responses to incidents. Look out for maladaptive responses such as alcohol and substance abuse.
6. Bring closure to the incident.
7. Re-integration of the first aid responders and the casualty (or casualties) and/or witnesses back into the community or the workplace.

To contribute to the review or debriefing process, you need to prepare all available information regarding the incident. Apart from the incident reports, supplementary information and evidence (e.g. photos, other testimonies from those present in the incident) should also be ready.

You should also be prepared to share your insight and experience of the incident and the response it was given. However, you do not have to force yourself if the incident proves distressing. Remember that the responders' well-being is also part of what should be assessed and worked on in future emergency responses.

Checkpoint! Let's Review



1. Once the incident has been taken care of and the casualty is safe, your reports will be subject to review.
2. This is an important step that can assure quality and compliance with the policies and procedures of your organisation. This will allow you to understand the effects of what has happened and the ways your procedures may be improved.

Learning Activity for Chapter 4

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

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