

# ANAPHYLAXIS

## SIGNS & SYMPTOMS

Symptoms are highly variable. Maybe one or more of the following:

- Difficulty/noisy breathing.
- Swelling of face and tongue.
- Swelling/tightness in throat.
- Persistent dizziness.
- Loss of consciousness/collapse.
- Difficulty talking/hoarse voice.
- Wheeze or persistent cough.
- Pale and floppy (in young children).
- Abdominal pain and vomiting.
- Hives, welts and body redness.
- Signs of envenomation.

## HAZARD = TRIGGERS

Certain foods. Insect stings. Tick bites. Certain medications. Latex. Exercise etc.

## RISK = LIFE-THREATENING

Airway, breathing and circulatory problems. Unconscious. Cardiac arrest.



EpiPen® Autoinjector  
Junior and Adult

Get someone to call 000, obtain action plan/s and autoinjector/s.

Don't allow to stand or walk.

Remove allergen i.e. flick out stings (Do not remove ticks, kill them where they are e.g. use permethrin cream or an ether-containing spray).

Use the correct sized autoinjector as per instructions.

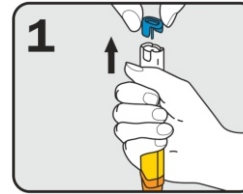
Give more adrenaline if no response after 5 minutes.

If breathing stops, CPR.

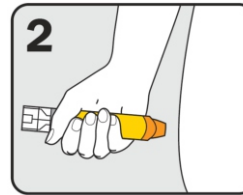
Give oxygen or asthma medication if required.

## HOW TO USE THE EPIPEN® AUTOINJECTOR

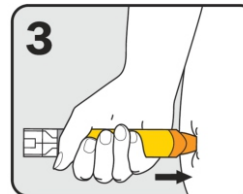
(available in adult and junior sizes).



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



PLACE THE ORANGE END against the outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove the EpiPen®.

**Ensure Safety  
for Self and Others**

## FOLLOW ASCIA ACTION PLAN

or FIRST AID PLAN  
or these steps.

## REMOVE ALLERGEN

Or move away, to prevent further exposure.

## LAY THE CASUALTY FLAT

If breathing is difficult, allow to sit, but keep still.

## USE AUTOINJECTOR

Check contents and follow label instructions.

**Call the Ambulance  
on Triple Zero (000)**

## MONITOR CLOSELY

Give another dose if condition doesn't improve after 5 minutes.

# ASTHMA

## SIGNS AND SYMPTOMS

	Mild attack	Moderate attack	Severe attack
Speech	Sentences before taking a breath.	Short sentences or phrases before taking a breath.	A few words before taking a breath.
Breathing	Minor trouble.	Clearly having trouble.	Gasping for breath, anxious, pale, sweaty, stressed.
Wheeze	Yes may have a wheeze.	Yes may have a wheeze.	May no longer have a wheeze.
Cough	Small cough, won't settle.	Persistent cough.	May or may not be a cough, lips might be blue, skin sucking in between ribs & base of the throat.



Reliever medication given from a blue/grey puffer through a spacer with a mask.



You can use a puffer without a spacer.

*Signs and symptoms and triggers vary from person to person.*

*May be some or all of those listed.*



*A blue/grey puffer is a reliever.*

*Triggers may be exercise, illness, animals, smoke, environment.*

## IF AVAILABLE FOLLOW THE PERSONS ACTION PLAN

Be calm, provide reassurance, do not leave alone.

Provide puffs through a spacer (and mask if under 4).

A spacer delivers the medication more effectively.

OR

If directly from puffer - puff into mouth directly, breathe in, hold for 4 seconds, do this 4 times.

**If after 2 sets of 4 puffs, still cannot breathe normally, call 000 immediately.**

**A severe attack is life-threatening if not treated.**

**REPEAT TREATMENT**  
Until help arrives or recovery.

**Ensure Safety for Self and Others**

Ask for consent to help.

**POSITION SITTING UP**

Shake the puffer. Insert in spacer.

**4 PUFFS OF A RELIEVER**

1 puff into the spacer, 4 breaths.  
Shake the puffer.  
Repeat 4 times.

**WAIT 4 MINUTES**

If still not fully recovered...

**4 PUFFS OF A RELIEVER**

1 puff into the spacer, 4 breaths.  
Shake the puffer.  
Repeat 4 times.

If still not fully recovered...

**CALL 000**  
say, 'Asthma Emergency'

# BURNS

## IN CASE OF FIRE

If on fire: Stop, drop, cover and roll. Smother flames with a blanket.  
Turn off power. Move to a safe area. Do not enter a burning or toxic atmosphere.  
Raise the alarm - Call for help.  
Do not fight a fire unless trained and safe to do so.

## SIGNS & SYMPTOMS

### Around the burnt area:

- Pain, blistering, red to black marks.

### Significant or severe burns are burns that are:

*Any of the following:*

- Deep in to the skin.
- Covering a large body area.
- On face, hands, feet, genitalia, joints.
- All the way around a limb or the chest.
- Inhalation - i.e. singed nasal hairs, and eyebrows, blackness around the nose and mouth, coughing, hoarse voice, breathing difficulty.
- Chemical and electrical.
- In the very young or very old, or those with existing medical disorders.

### Other injuries:

- Look for other injuries e.g. fractures, bleeding.
- Swelling of airways.
- Breathing difficulties.
- Reduced responsiveness, reduced circulation, shock and poor vital signs.
- Watch for cardiac arrest.

**ASSESS AIRWAYS,  
SEVERITY,  
OTHER INJURIES**

**SEVERE BURNS - CALL 000**

Monitor - Be prepared for CPR  
Move to water supply  
Put on gloves

**COOL TAP WATER**

Lots of it, for at least 20 minutes\*

**ELEVATE THE AREA**

Remove rings and tight clothing  
before swelling occurs.

**COVER THE BURN**

Loose, light non-stick dressing

**TREAT OTHER INJURIES**

Keep the casualty warm and at rest

**Ensure Safety  
for Self and Others**

**Dial Triple Zero (000)  
for an Ambulance**

\* Hydrogel may be used if water is not available.  
Water and hydrogel stop the burning process.  
DO NOT peel off stuck clothing.

DO NOT break blisters, apply lotions, ointments, creams or powders.

Use clean, dry, lint-free materials, i.e. plastic wrap, handkerchief, sheet or pillowcase.

**A trained person should provide oxygen for smoke inhalation and face burns.**

Cool bitumen burns with water for 30 minutes.

**For chemical burns,  
consult the substance  
container and the SDS and  
call 000 and the Poisons  
Information Centre 131126**

# CALLING FOR HELP

## STAY CALM SPEAK CLEARLY

An operator will ask you if you need Police, Fire or Ambulance.

When connected, the nominated emergency service operator will take details of the situation.

Give the details of where you are, including street number, name, nearest cross street and locality.

In rural areas, give the full address, distances from landmarks and roads, the name of the property.

If you make the call whilst travelling on a motorway or on a rural road, identify the direction you are travelling and the last exit or town you passed through.

Stay on the line, and answer the operator's questions.

If possible, have someone wait outside at an arranged meeting point to assist emergency services with locating the casualty/casualties.

FOR ALL EMERGENCIES - FOR ALL PHONES

## Triple Zero (000)

**112** – mobile phones if 000 not available

**106** – teletypewriter for hearing impaired

SELECT SERVICE

STATE EMERGENCY TYPE

PROVIDE LOCATION

FOLLOW INSTRUCTIONS

## ENSURE SAFETY FOR SELF AND OTHERS

Display this information by the phone in case of an emergency.

TOWN / SUBURB:

ADDRESS:

CLOSEST INTERSECTION:

PHONE NUMBER:



# CHAIN OF SURVIVAL

## LINK 1



### Early Access to the Ambulance

**Purpose - to quickly get medical help.**

Recognise the emergency.

Dial 000. Send for a defibrillator.

## LINK 2



### Early CPR

**Purpose - to maintain oxygen circulation.**

Sufficient enough to preserve brain function until an AED is available to restart the heart.

## LINK 3



### Early Defibrillation

**Purpose - to restart the heart.**

For every minute delayed, there is approximately 10% reduction in survival.

## LINK 4



### Early Advanced Care

**Purpose - to keep alive.**

Paramedics provide drug administration, advanced airway procedures, other interventions and protocols.

### SIGNS & SYMPTOMS = CARDIAC ARREST

Collapsed and not moving, unresponsive, unconscious and not breathing normally or at all, or gasping with no response.

### HAZARDS = NO CIRCULATING OXYGEN TO THE BRAIN AND TIME

Quick timing is vital.

### RISKS = BRAIN DAMAGE. DEATH

To increase the chance of revival, follow every link in the chain of survival.

# CHEST PAIN

## Heart Attack

Sudden blockage

Pain, pressure, heaviness,  
squeezing, tightness

In chest, neck, jaw, arm/s,  
back, shoulder/s

Dizzy, cold sweat, short of  
breath, nausea,  
vomiting

## Indigestion

Digestion problems

Pain is not relieved by drinking  
milk or using antacids

Heart attack is often  
mis-diagnosed as  
indigestion

**IF PAIN IS STILL PRESENT  
AFTER 10 MINUTES**

## Angina

Narrowed arteries

Previously diagnosed, yet  
pain is different to  
past pain

Take medication as prescribed  
Rest until recovered

**IF PAIN IS STILL PRESENT  
AFTER 10 MINUTES**

**Ensure Safety  
for Self and Others**

**Call the Ambulance  
on Triple Zero (000)**

Call 000 if symptoms persist  
after 10 minutes, even if  
previously diagnosed with  
angina.

Give the casualty aspirin  
(300mg) unless they are allergic  
or have a bleeding disorder.

Please note:  
Heart attack may be overlooked  
as angina or indigestion. These  
are some of the symptoms,  
there may be others. Not all  
heart attacks are accompanied  
by pain. Some casualties simply  
look and feel unwell.

**HAZARD = LIFE-THREATENING  
MEDICAL EMERGENCY**

**RISK = PERMANENT HEART  
DAMAGE, DEATH**

**CALL TRIPLE ZERO (000) IMMEDIATELY**

**KEEP CASUALTY STILL - COMFORT - MONITOR - BE PREPARED FOR CPR - SEND FOR DEFIBRILLATOR**

# CHILD PROTECTION

**Dial Triple Zero (000)  
for an Ambulance**

## CHILD ABUSE INDICATORS

		Physical	Sexual	Emotional	Neglect
Behavioural indicators	The carer may see.....	<ul style="list-style-type: none"> <li>Bruising or burns in a shape or pattern (eg belt buckle, irons, fingers, cigarettes)</li> <li>Injuries in various stages of healing</li> <li>Repeated injuries over time</li> <li>Bruising to head and face</li> <li>Bite marks, welts, burns</li> <li>Bald patches on head</li> <li>Fractures or injuries in children who are not yet mobile</li> </ul>	<ul style="list-style-type: none"> <li>Injury, infection or inflammation to the genital area</li> <li>Discomfort going to the toilet</li> <li>Presence of foreign bodies in the genitals</li> <li>Sexually transmitted infections</li> <li>Bruising or injury to breast area, buttocks or thighs</li> <li>Anxiety related illnesses</li> <li>Frequent urinary tract infections</li> <li>Start to wet or soil the bed</li> </ul>	<ul style="list-style-type: none"> <li>Delay in development</li> <li>Failure to thrive</li> <li>Failure to gain weight</li> <li>Bed-wetting</li> <li>Diarrhoea</li> </ul>	<ul style="list-style-type: none"> <li>Unattended medical and dental needs</li> <li>Chronic untreated head lice</li> <li>Chronic nappy rash</li> <li>Consistent lack of supervision</li> <li>Inappropriate dress for weather</li> <li>Not enough food supplied</li> <li>Poor nutritional value in food supplied</li> <li>Delay in development</li> </ul>
	The child may say...	<ul style="list-style-type: none"> <li>Unlikely or differing stories of how an injury occurred</li> <li>"Someone hurt me" (perhaps a parent or carer)</li> <li>"I don't want to go home"</li> <li>"I don't want to go with that person"</li> </ul>	<ul style="list-style-type: none"> <li>Details about the abuse</li> <li>That they have night mares or can't sleep</li> <li>That they don't like a particular person</li> <li>"I want to run away from home"</li> <li>"I'm not hungry" - frequently</li> </ul>	<ul style="list-style-type: none"> <li>"I am no good"</li> <li>That someone says they are "bad"</li> <li>Mimics what was said to them, to others</li> </ul>	<ul style="list-style-type: none"> <li>"I was scared last night on my own"</li> <li>"I have no friends"</li> <li>"No-one wants to play with me"</li> <li>Not much at all</li> </ul>
	The child may be...	<ul style="list-style-type: none"> <li>Frequently absent</li> <li>Wary of adults and watchful</li> <li>Overly compliant</li> <li>Shy, withdrawn, vacant</li> <li>Passive and uncommunicative</li> </ul>	<ul style="list-style-type: none"> <li>Excessively dependent</li> <li>Lacks trust in others</li> <li>Promiscuous</li> <li>Reluctant to participate activities</li> <li>Fearful or startled when touched</li> </ul>	<ul style="list-style-type: none"> <li>Overly compliant</li> <li>Extremely demanding</li> <li>Always wanting attention</li> <li>Fearful of consequences - leads to lying</li> </ul>	<ul style="list-style-type: none"> <li>Constantly demanding attention</li> <li>Begging for or stealing food</li> <li>Alienated from peers (poor social skills)</li> <li>Constantly tired, hungry and listless</li> </ul>
	The child may display...	<ul style="list-style-type: none"> <li>Flinching if touched</li> <li>Unusual nervousness</li> <li>Hyperactivity</li> <li>Aggressive, disruptive or destructive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Poor personal hygiene</li> <li>Scratching or handling of genital region</li> <li>Advanced sexual knowledge</li> <li>Playing games that echo the abuse</li> <li>Aggressive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Poor peer relationships</li> <li>Signs of depression</li> <li>Inappropriate behaviour for age</li> <li>Aggressive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Begging for or stealing food</li> <li>Behaviour that takes on an adult role</li> <li>Irregular or non-attendance</li> </ul>



# CHILDHOOD ILLNESSES

Signs and symptoms vary, some or all may be present, seek medical assistance.

## Meningococcal

- fever / headache
- irritability / fretfulness
- refusing to feed / loss of appetite
- neck stiffness / sore and aching
- grunting / moaning / slurred speech
- extreme tiredness / floppiness / collapse
- nausea / vomiting / diarrhoea
- eyes sensitive to light
- convulsions / twitching
- rash of red / purple pinprick spots or larger bruises



## Meningitis

- eyes sensitive to light
- neck stiffness / joint pain
- drowsiness
- vomiting
- fever / headache
- blotchy skin or rash - does not fade with pressure



## Chicken Pox

- mild fever & generally unwell
- intensely itchy rash
- blisters start on body move to head and limbs
- possible ulcers in mouth
- blisters burst and form scabs



## Worms

- itchy bottom
- restless sleep
- teeth grinding in sleep



## Whooping Cough

- severe cough occurs in bouts
- 'whooping' sound breathing in
- vomiting after a coughing bout
- stop breathing momentarily may turn blue



## Mumps

- fever
- headache
- fatigue
- weight loss
- pain when swallowing
- swollen gland/s (in front of ear)



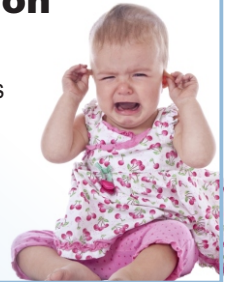
## Tonsillitis

- sore throat / difficulty swallowing
- swollen glands under each side of jaw
- fever
- bad breath
- swollen tonsils, may have white or yellow pus



## Ear Infection

- pulling at ear
- partial hearing loss
- irritability
- fever
- loss of balance
- loss of appetite



## Bronchitis

- sore throat / blocked nose
- fever and chills / aches and pains
- tiredness / headaches
- difficulty breathing
- tight chest / wheeziness
- dry cough, then cough with phlegm



## Measles

- fever & generally unwell
- runny nose
- dry cough
- sore red eyes
- red and bluish spots in mouth
- red spreading rash starts on face



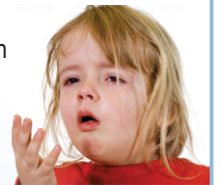
## Epiglottitis

- sore throat / difficulty swallowing
- difficulty talking
- hoarse voice
- fever
- very sick looking
- drooling
- stridor



## Croup

- usually starts with a cold
- noisy high pitched breathing
- harsh barking cough
- difficulty breathing



## Phlegm

Refer to 'Staying Healthy; Preventing Infectious Diseases in Early Childhood Education and Care Services'



# CHOKING

COMPLETE / SEVERE  
AIRWAY OBSTRUCTION

**Ensure Safety  
for Self and Others**

**Dial Triple Zero (000)  
for an Ambulance**

If the object cannot be dislodged  
by coughing - Call 000  
Then do the back blow / chest  
thrust sequence.

## BACK BLOW / CHEST THRUST SEQUENCE

**POSITION THE CASUALTY**

Reassure



### SIGNS & SYMPTOMS

- Trying to breathe
- Gaspings, coughing
- Cannot speak or breathe
- No escape of air can be felt
- Hands held to throat
- Extreme anxiety, agitation

**HAZARD** = Panic. Complete obstruction.

**RISK** = Unconsciousness. Respiratory arrest. Cardiac arrest. Death.



Give up to  
**5 SHARP  
BACK BLOWS**  
In the middle of the back  
Check for removal  
between blows

**USE THE  
HEEL OF  
YOUR HAND**



Until the  
obstruction is  
dislodged.



Still choking, give up to  
**5 SHARP  
CHEST THRUSTS**  
In the middle of the chest  
Check for removal  
between thrusts

### IF UNCONSCIOUS

Airway obstruction may not be apparent until assessing the airway and breathing.  
Finger sweep if solid material is visible.  
Commence CPR for cardiac arrest.

*Child and adult:* Back blows - lean forward. Chest thrusts - upright, use your other hand to hold them or position against a stationary/stable object so you don't knock them over (e.g. wall, in a chair etc.)

*Infant:* Back blows - head downwards so gravity will assist with expulsion. Across your lap/thigh or over your arm. Chest thrusts – turn over.



*This is one method for infant- if having to act quickly where no seat is available to allow for positioning over the first aiders thigh.*

# CONCUSSION

**Ensure Safety  
for Self and Others**

**Call the Ambulance  
on Triple Zero (000)**

For an incident/accident where concussion is suspected - Stop all activity around the casualty - Follow the 3Rs

## **RECOGNISE - REMOVE OR STOP - REFER**

**RECOGNISE** - DRSABCD - Do not allow to move until clear of spinal injury - Did they lose consciousness at any time?  
Assess for response and breathing - Assess for concussion - Assess for spinal injury

### **FOR CONCUSSION SYMPTOMS**

#### **REMOVE FROM ACTIVITY**

Keep still and at rest  
Do not leave alone

OR

### **FOR SUSPECTED SPINAL INJURY**

#### **STOP**

Keep still  
Keep the neck and  
spine aligned

### **IF UNCONSCIOUS**

#### **ASSUME SPINAL INJURY**

Gain assistance if possible - Assess airway/breathing

If not breathing normally: Provide CPR

If breathing normally: Align and immobilise spine/neck

With help, gently roll on his/her side - Ensure airway is clear

### **REFER**

#### **Take note of symptoms**

When - How long - How bad - Record if possible  
Report information on handover of the casualty

**For spinal injury and/or unconsciousness call 000**

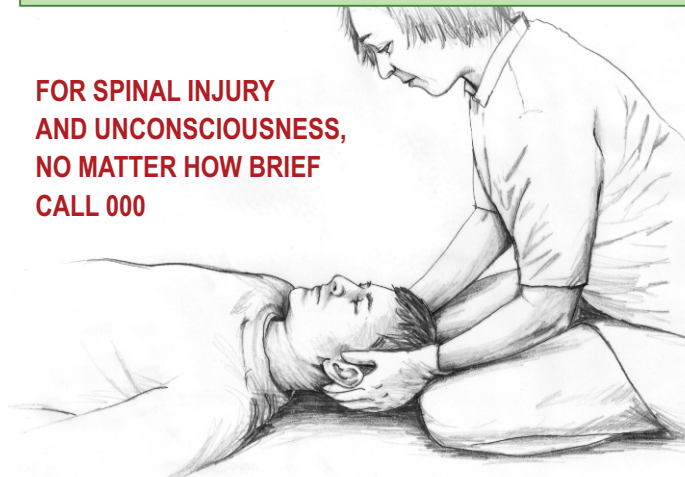
**For concussion take to a medical professional**

Treat other injuries as required and monitor constantly

Do not allow to return to the activity

Ensure parents/carers are contacted if a minor

**FOR SPINAL INJURY  
AND UNCONSCIOUSNESS,  
NO MATTER HOW BRIEF  
CALL 000**



### **Signs - visible clues:**



Loss of  
consciousness



Uncoordinated  
Disoriented



Incoherent  
speech



Not aware of events  
Confused



Memory loss



Dazed or stunned  
Vacant stare

### **Symptoms - what the casualty feels:**



Dizziness, Headache or  
"pressure" in the head



Cannot  
concentrate



Sensitivity to light  
and/or noise



Ringing in  
the ears



Tired  
(fatigued)



Sick/Nauseous  
Vomiting

# RESUSCITATION

## DRSABCD RESPONSE

**DANGER**  
Check for hazards & ensure safety.

### Infants Under 1 Year



**RESPONSE**  
A casualty who is unresponsive and not breathing normally needs urgent resuscitation.

**AIRWAY**  
Open to check breathing.

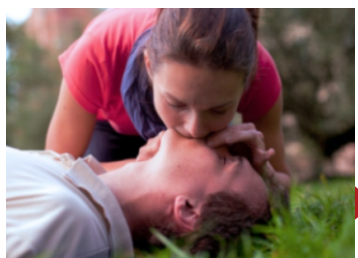
**BREATHING**  
If the casualty is not breathing OR breathing abnormally, start CPR.

**CPR**  
30 Compressions: 2 Breaths.  
(if unwilling or unable to do breaths, consider compressions only).

**DEFIBRILLATE**  
As soon as available, follow the prompts.

**SEND FOR HELP**  
Call the ambulance - 000.

### Adults & Children



**Ensure Safety for Self and Others**

**Call Triple Zero (000) for an Ambulance**

**SIGNS & SYMPTOMS**  
Unconscious, not responding, not breathing normally, or not breathing at all.

**CPR DETAILS**

	Adults & Children	Infants Under 1 Year
Open Airway →	Head tilt/chin lift	Neutral head
Press with? →	2 Hands	2 Fingers
How hard? →	1/3 chest depth approx 5 cm	1/3 chest depth approx 4 cm
Breath pressure? →	Full breaths	Puffs
How many? →	30 Compressions : 2 Breaths	
How fast? →	Compressions should be done at the rate of almost 2 per second (continuous rate of 100 - 120 per minute)	

For more information visit: [www.resus.org.au](http://www.resus.org.au)

**CONTINUE CPR / DEFIBRILLATION**  
Until responsiveness or normal breathing returns, or help arrives.

# DIABETES

Ensure Safety  
for Self and Others

Dial Triple Zero (000)  
for an Ambulance

## If the person is able to swallow:

### Onset Symptoms:

Is able to swallow  
Sweating, pallor  
Rapid pulse  
Trembling, shaking, weakness  
Hunger  
Light headed, dizzy  
Headache  
Lack of concentration  
Mood changes

**GIVE SUGARY FOOD**

**COMFORT / REASSURE**

**GIVE A MEAL**

Monitor until fully recovered



Make comfortable.  
If the casualty can safely swallow, give high-energy foods, sugar, honey or a glucose tablet.

He/she will respond quickly if low blood sugar levels are the cause.  
He/she may be a little confused on recovery.

Make sure a normal meal is eaten.

## If the person is unable to swallow:

### Emergency Symptoms:

Unable to swallow  
Loss of coordination  
Can't follow instructions  
Slurred speech  
Fitting/seizure  
Unresponsive  
Unconscious

**PLACE ON SIDE**

**CLEAR THE AIRWAY**

**CALL 000**

Monitor and manage

**If drowsy, unable to swallow  
or unconscious  
IT IS AN EMERGENCY**

**DIAL 000 IMMEDIATELY**

Say "Diabetic Emergency" and follow instructions.  
Do not allow to eat or drink.  
Wait with them until the ambulance arrives.

If family member or carer is trained to do so, as required:  
Use a blood glucometer  
Use a GlucaGen ® HypoKit ® glucagon injection



# DRUG & ALCOHOL OVERDOSE

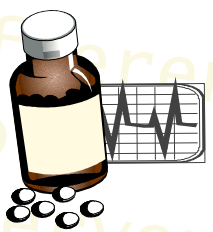
**NOT** Moving but **IS** Breathing

Turn them over onto their side  
Continually check they are Breathing

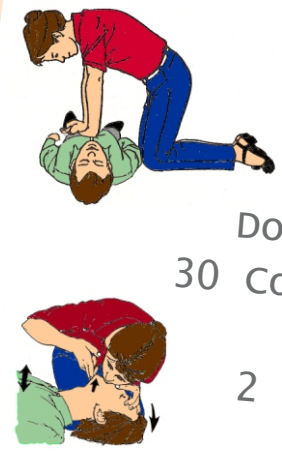
**NOT** Moving & **NOT** Breathing

Try to get a response  
Start CPR  
Do 30 compressions on their chest  
Tilt their head and give 2 breaths

**CALL THE AMBULANCE ON 000**



Delay could be DEADLY!



Look out for your mates  
Don't let anyone be alone

Keep going  
Don't stop  
30 Compressions then 2 breaths

Remember.....

Ambulance officers DO NOT tell the police that you or your friends have taken drugs



You have NOTHING to fear by calling the paramedics for help, and you may save a friend's life

# INFECTION CONTROL

## HOW TO MINIMISE THE RISK OF EXPOSURE AND CONTAMINATION

### HAZARD = EXPOSURE

Airborne - sneezing and coughing  
Direct contact - body fluids or contaminated items.

### RISK = CONTAMINATION

Being infected by a disease.  
Passing on a disease.

## FOR FIRST AID

Wash hands with soap and water or apply an alcohol-based hand rub.

Use and wear Personal Protective Equipment (PPE): i.e. disposable gloves for all first aid; masks for CPR; eye protection and plastic aprons to protect from splashing.

Remove PPE carefully.

Dispose of PPE, used dressings, bandages and infectious waste in an appropriate bin or container.

Wash your hands thoroughly with soap and water.

WASH HANDS

USE PROTECTION

CAREFUL DISPOSAL AND CLEAN UP

WASH HANDS

Ensure Safety for Self and Others

Dial Triple Zero (000) for an Ambulance

## IN GENERAL

Wash your hands regularly, before eating, before food preparation, after toilet use

Immunisation - many diseases are preventable  
Practice hygienic food handling and preparation techniques  
Avoid sharing food, drinks, and personal items

Wipe away blood and spills  
Clean and disinfect  
Safely dispose of left over food and other waste

Avoid transmitting infections and contact with body fluids

These methods are **STANDARD PRECAUTIONS** Which are safe practices to be applied for all first aid, regardless of a casualty's infectious status.



Reduce exposure.



Wash your hands.



Use hand rub gel.



Use gloves.



Use CPR mask.



Safe disposal.

# JELLYFISH STINGS

## SIGNS & SYMPTOMS

Any or all of the following:

### From tentacles:

(i.e. Box Jellyfish, Bluebottle)

- Visible tentacles stuck on the skin
- Immediate severe pain
- Skin - whip-like weals, red flare, orange peel effect, blotchy, frosted ladder pattern
- Respiratory/cardiac arrest can occur very quickly

### Irukandji syndrome:

- Minor sting site, no tentacles
- 5-40 minutes after the sting - severe generalised pain
- Cramping, nausea, vomiting
- Difficulty breathing, sweating
- Restlessness, a feeling of impending 'doom'
- Serious complications can occur

## First aid depends on:

1. The type of sting, and
2. Where the sting occurred

### Serious incidents occur in the tropical region

Tropical - from Bundaberg (QLD) across the northern coastline, down to Geraldton (WA)



### If casualty stops breathing:

- **Stop treatment**
- **Perform CPR**

## TROPICAL

### PRIORITY - TO PRESERVE LIFE

Remove from water, restrain if necessary  
Resuscitate if required

### VINEGAR FOR 30 SECONDS

Liberal douse the stung area with vinegar

Pick off any remaining tentacles

(not harmful to first aider)

If no vinegar:

Pick off the tentacles, rinse with seawater

### DO NOT APPLY FRESH WATER

(this may cause more stinging)

### APPLY COLD PACK

### SEEK MEDICAL ASSISTANCE

(lifeguard, 000)

## NON-TROPICAL

### PRIORITY - TO RELIEVE PAIN

Do not use vinegar or rub the sting area  
Rest, reassure and monitor

### PICK OFF TENTACLES

### RINSE WITH SEAWATER

### PLACE IN HOT WATER FOR 20 MINUTES

If pain is not relieved by heat or if hot water is not available, use a cold pack

**Ensure Safety  
for Self and Others**

**Dial Triple Zero (000)  
for an Ambulance**



**Box jellyfish** - A large box like bell with multiple very long tentacles (20–30cm). Urgent assistance is required.  
In tropical areas hospitals and ambulances carry anti-venom.



**Irukandji syndrome** - Some small offshore and onshore jellyfish are known to produce an "Irukandji syndrome." These jellyfish have only four tentacles and some are too small to be seen.



**Bluebottle** (Portuguese-Man-O-War)  
Although a tropical jellyfish, if obviously stung by bluebottle, treat as for non-tropical.

# POISONING

Ensure Safety  
for Self and Others

Dial Triple Zero (000)  
for an Ambulance

Protect yourself - wear gloves, use a face mask, wash contaminated area, do not come in contact with the poison.



If unconscious, call 000 first then place on side and maintain airway.

If unconscious and not breathing call 000 first then perform CPR.

## Signs & Symptoms

### In general

*A poison can enter the body by ingestion, injection, absorption, or inhalation.*

- Unconsciousness
- Nausea and vomiting
- Blurred vision
- Headache
- Burning pain in mouth and throat
- Seizures
- Respiratory arrest
- Cardiac arrest

## Skin contact

- Remove contaminated clothing
- Avoid contact with the poison
- Flood skin with running cold water
- Wash gently with soap and water and rinse well

## Enters the eye

- Flood the eye with saline or cold water from a running tap or a cup/jug
- Continue to flush for 15 minutes, holding the eyelids open

## If swallowed

- Give a sip of water to wash out their mouth
- DO NOT try to make them vomit
- DO NOT use Ipecac Syrup

## If inhaled

- If safe (don't go into an unsafe environment):
- Immediately get the casualty to fresh air
- Avoid breathing fumes
- Open doors and windows

## If swallowed - button battery

- Determine:
  - The type of battery
  - The battery identification number, found on the package or from a matching battery
  - The casualty's age, weight and condition
- Don't allow them to eat or drink anything
- If the battery contents touches the eyes or skin, wash with water for 15 minutes
- If in nose or ears, seek urgent medical help
- DO NOT use nose or ear drops

## Signs & Symptoms

### Button batteries - swallowed

- Similar to a common cold
- Fever
- Coughing/difficulty swallowing
- Drooling
- Lethargy
- Irritability
- Abdominal pain/vomiting
- Loss of appetite
- Dark or bloody bowel movements

### Button batteries - in ear or nose

- Pain and/or a discharge from the nose or ears



# SEIZURE

**Ensure Safety  
for Self and Others**

## Signs and Symptoms

*Any or all of the following:*

- Altered awareness
- Spasm and rigid muscles
- Collapse
- Jerking movements of head, arms and legs
- Shallow or intermittent breathing
- Lips or complexion may change colour
- Change in or loss of consciousness
- Noisy breathing, dribbling
- Faeces or urinary incontinence

***\*Febrile convulsions are usually associated with a rapid rise in temperature in young children***

Consult the person's Medical Management Plan as soon as possible if they have one.

### Step 1

#### TIME THE SEIZURE

if possible from start to finish

#### PROVIDE SAFETY

- remove unsafe objects
- protect the head

#### REMAIN CALM

- reassure the person
- tell them where they are and that they are safe

### Step 2

#### MAINTAIN THE AIRWAY

- roll on his/her side when jerking stops, immediately if food, vomit or fluid enters their mouth

#### DO NOT

- restrain unless in danger
- move unless in danger
- place anything in their mouth

### Step 3

#### MAINTAIN PRIVACY & DIGNITY

#### STAY WITH THEM

- until seizure naturally ends and they fully recover

#### REASSURE

- they will be dazed and confused or drowsy

\*For further information consult Australian Resuscitation Council guidelines or your local epilepsy organisation or go to [www.epilepsy.org.au](http://www.epilepsy.org.au)

**Dial  
Triple Zero  
(000) for an  
Ambulance**

**Call 000 if the seizure:**

- lasts more than 5 minutes
- is quickly followed by a second seizure
- occurs in water

**Call 000 if the casualty:**

- is unresponsive more than 5 minutes after the seizure
- goes blue in the face
- is pregnant or is injured

**Call 000 if you:**

- think it is their first ever seizure
- are concerned about their condition
- are uncomfortable treating them

# SNAKE BITE & FUNNEL WEB SPIDER BITE

**Ensure Safety for Self and Others**  
**Call an Ambulance - Triple Zero (000)**  
**Lay Down - Keep Still - PIT Immediately**

## Snake Bite Signs & Symptoms



Any or all of the following:

Fang marks – two, one or a mark or scratch (localised redness and bruising are uncommon in Australia).

Sometimes painless without visible marks.

For Brown snake, may initially collapse, or confusion followed by partial or complete recovery (useful information on handover).

Swollen sore glands in groin or armpit of the bitten limb.

Headache / Abdominal pain / nausea / vomiting.

Blurred or double vision / drooping eyelids.

Difficulty speaking, swallowing, breathing.

Limb weakness or paralysis.

Bleeding due to inability to clot blood and/or muscle damage.

Respiratory weakness or arrest.

## Funnel Web Spider Bite Signs & Symptoms

Any or all of the following:

Intense pain at bite site, but little local reaction.

Tingling around the mouth.

Profuse sweating, excessive saliva.

Abdominal pain.

Muscular twitching.

Breathing difficulties.

Confusion leading to unconsciousness.



## Pressure Immobilisation Technique (PIT)

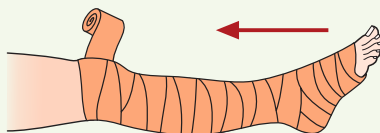
This is one method of immobilisation for bites on a limb. There may be other PIT methods that are acceptable to use.

### Step 1 Pressure bandage

Lay the casualty down and stop them from moving.

Apply a broad (10-15cm wide) pressure bandage as firm as for a sprained ankle, starting at the fingers or toes of the bitten limb, continuing upward, covering as much of the limb as possible.

*(You should not be able to easily slide a finger between the bandage and the skin).*



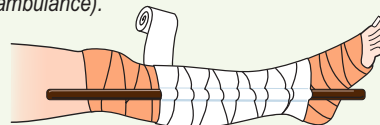
### Step 2 Splint the limb

Splint the limb, including the joints, on either side of the bite to restrict movement.

Where possible, use a bandage and a long thin rigid object for the splint.

Keep the casualty and the limb completely still.

Bring transport to the casualty if possible, get to medical care urgently (*preferably ambulance*).



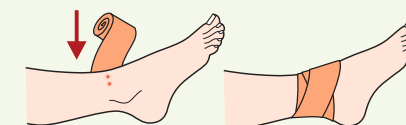
### Alternative method

Lay the casualty down and stop them from moving.

Apply firm pressure on the bite.

Start with a broad pressure bandage over the bite as firm as for a sprained ankle.

Continue then with another bandage, following STEP 1 and 2 (*on the left*).



### Note: If casualty stops breathing cease all treatment and provide CPR

Elasticised bandages 10-5cm wide are preferred. If unavailable, improvise i.e. use clothing or other material, torn into strips.

If the bite is on the torso, direct pressure on the bite site may be useful. If alone, the casualty should try to apply PIT and seek help. If help can't come to the casualty then they may have to move to find urgent help.

Further advice on all types of envenomation:

- Australian Venom Research Unit: [avru.org](http://avru.org)
- Poisons Information Centre: phone - 13 11 26
- Australian Resuscitation Council: [resus.org.au](http://resus.org.au)

PIT is also recommended for Blue-Ringed Octopus and Cone Shell bites and stings.

**HAZARD** = Remote areas/not getting help quickly enough.  
 Not recognising or ignoring the bite. Panic. Type of snake.  
 Venom moving through the body.

**RISK = LIFE-THREATENING.**  
 Muscle damage. Kidney failure.  
 Respiratory arrest. Cardiac arrest.

**DO NOT** kill the snake.  
**DO NOT** cut the bite or use a tourniquet.  
**DO NOT** wash or suck the bite or discard clothing.

# SPINAL INJURY

Ensure Safety  
for Self and Others

## Signs & Symptoms

*Some or all of the following:*

Evidence of head injury or trauma

Abnormal position of head or neck

Nausea, headache, dizziness

Tenderness, pain

Altered sensations - numbness,  
tingling, pins and needles in the  
hands or feet

Loss of movement and/or feeling  
to arms and/or legs

Altered conscious state

Breathing difficulties

Shock

Change in muscle tone  
(flaccid or stiff)

Loss of bladder or bowel control



**HAZARD = FURTHER MOVEMENT**  
Causing further injury

**RISK = DAMAGE TO SPINAL CORD**  
Causing loss of movement and feeling

## Urgently Call Triple Zero (000)

Do not move location unless in a dangerous situation

Reassure - Tell them to keep still

## MANUALLY SUPPORT NECK

Until the ambulance arrives - This is vital

Move to the casualty's head

Position yourself so you are stable

Gently hold the casualty's head

Support without movement

## IF UNCONSCIOUS

Align and immobilise the neck with your hands

Roll on his/her side

Position neck to neutral to ensure an adequate airway

Manually support the neck.

# SPRAINS & STRAINS

Ensure the safety of self and others before providing first aid.

The initial treatment after sustaining a sprain or a strain (soft tissue injury) is crucial in ensuring the best outcome.

This type of injury can cause bruising and swelling in the injured area.

Too much swelling can cause more damage. Use RICER first aid and avoid HARM to help limit swelling and speed up recovery.

## Signs and Symptoms

**Sprain** - Joint injury - tearing of the ligaments and joint capsule. Commonly, thumb, ankle and wrist.

**Strain** - Injury to muscle or tendons. Commonly the calf, groin and hamstring.

### Signs and symptoms for the injured area:

- Pain/tenderness.
- Can't stand on injured leg or move wrist without pain.
- Discolouration, swelling, stiffness.
- Decreased function.

## R

Stop the activity, move to a rest area, stop movement.

### REST

To reduce further damage.



## I

Apply ice or cold packs for 10 - 20 minutes, every 1.5 - 4 hours, for up to 72 hours.

### ICE

To reduce pain and swelling.

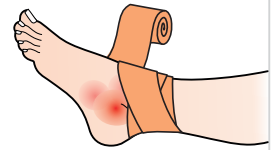


## C

Use a crepe bandage, overlap by half, on, above and below the injury, firmly, not too tight.

### COMPRESSION

To reduce bleeding and bruising.

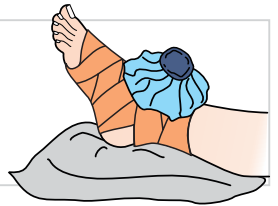


## E

Raise legs above hips, use a sling for arm injuries. Comfort with pillows or something soft.

### ELEVATION

Provide comfort.

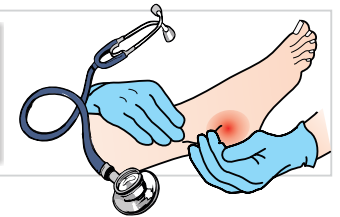


## R

Referring the casualty to a doctor or physiotherapist increases the likelihood of a full recovery.

### REFER

To a qualified professional.



**Avoid H.A.R.M.** For 48-72 hours, avoid heat, alcohol, running/exercise or massage.



# WHEELCHAIR CPR

A method of preparing a cardiac arrest casualty in a wheelchair for CPR

**DANGER**  
Remove hazards

**RESPONSE**  
Try to get a response

**SEND FOR HELP**  
Ambulance & assistance

**AIRWAY**  
Open with head tilt/chin lift

**BREATHING**  
Look, listen and feel

**MAKE ROOM BEHIND THE CHAIR - APPLY THE BRAKES - REMOVE ACCESSORIES**  
(armrests, anti-tip devices, food tray etc).

## One first aider

If possible, secure the casualty to the chair  
(ie around the chest and chair back with a belt)  
**Stand behind the chair**  
**Hold on to the handles**

## Two first aiders

One on each side of the chair  
**Kneel down on one knee**  
(with the foot at the rear of the chair on the ground)  
**Place your arm under the casualty's armpit and hold onto the handle**  
**The other hand supports the casualty's head**

## More than two first aiders

If several people can help:  
**Make room on the floor**  
**Carefully lift the casualty from the wheelchair**  
**Place on his/her back on the ground**

**LOWER THE CHAIR BACKWARDS TO THE GROUND**

**REMOVE FROM THE CHAIR**

Support under armpits, pull/slide out of the chair onto the ground

**START CPR**

**Ensure Safety for Self and Others**

**Dial Triple Zero (000) for an Ambulance**

## Signs & Symptoms

Cannot be woken.  
No purposeful response.  
Not breathing normally or at all.

There may be methods other than these.  
Use good manual handling techniques.  
Do not attempt if beyond your strength capabilities.  
Avoiding injury to the casualty and the first aider is the priority.  
Try not to bang the casualty's head.  
Only do CPR in the chair if it has a hard back.  
*May not be suitable for motorised wheelchairs.*  
*Do not do this in a plastic chair.*