

BASIC CPR

- D** Check for **Danger**
 - R** Check for **Response**
 - S** Send for help - Call 000 and Defibrillator
 - A** Check, clear if necessary and open **Airway**
 - B** Check for normal **BREATHING**
 - C** Start **CPR** - 30 compressions 2 breaths
If unable/unwilling to give breaths, provide continual chest compressions
 - D** Attach **Defibrillator (AED)**
as soon as available and follow voice prompts
- Continue CPR until ambulance arrives or signs of life (responsiveness, normal breathing) return

SHOCK

- Call 000
- Lay casualty down
- Promptly treat cause of shock
- Provide Assurance
- Maintain the casualty's body temperature to prevent hypothermia
- Nil by mouth (not permitted to eat or drink)
- Loosen and tight/restrictive clothing
- Ensure casualty is receiving good oxygen flow
- Always re-check condition

BLEEDING

- Wear PPE
- Lie the casualty
- Apply sustained direct pressure to the point of bleeding
- Immobilize the injured part
- Rest and reassure the casualty
- Treat for shock if required
- Nil by mouth (no eating or drinking)

NOTE: Avoid elevating the limb, it may cause further injury

NOSE BLEED

- Sit down and firmly pinch the soft part of the nose for 10-15 minutes
- Lean forward and breathe through mouth to let blood drain out of your mouth instead at the back your throat
- Stay upright, rather than laying down, to reduce the blood pressure in the blood vessel of your nose

ASTHMA

1. Sit the person upright
 2. Call 000
 3. Provide four separate puffs of Ventol, Asmol or Airomir
 4. Wait 4 minutes
 5. Keep giving the casualty 4 puffs every 4 minutes until ambulance arrives
- Commence CPR at any time if the casualty is unresponsive

ANAPHYLAXIS

1. Lay the casualty flat. **DO NOT ALLOW THEM TO STAND OR WALK**
2. Give the casualty an Epipen
3. Call 000
4. Call the casualty's family/emergency contact
5. Adrenaline dose if casualty does not respond after 5 minutes
6. If in doubt, give casualty an adrenaline autoinjector

Commence CPR if casualty is unconscious and not breathing

FPIES

- (FOOD PROTEIN-INDUCED ENTEROCOLITIS SYNDROME)
- Follow their action plan if available
 - **MILD TO MODERATE** - Notify emergency contact and observe the progression
 - **SERVER SYMPTOMS** - Call 000 and follow further instructions from the emergency services and immediately contact emergency contact

CHOKING

PARTIAL OBSTRUCTION

- Reassure the casualty
- Casualty to lean forward
- Casualty to keep coughing
- Call 000 if object is not clearing

COMPLETE OBSTRUCTION

- Call 000 immediately but attend to the casualty if you're alone
- 5 firm back blows between shoulder blades in upward direction
- If unsuccessful, deliver 5 chest thrust
- If casualty becomes unconscious, begin CPR
- 000 if object is not clearing

ALWAYS USE PERSONAL PROTECTIVE EQUIPMENT



BOOK YOUR COURSE

Training and Assessment Delivered on Behalf of:



AB First Aid Training
info@abfirstaid.com.au
(03) 8364-898

VIC - NSW - QLD - SA - TAS - ACT

HYPOTHERMIA (COLD)



- Be gentle - excessive, vigorous or jarring movements may trigger cardiac arrest
- Move the person out of the cold - move the person to a warm, dry location if possible
- Remove wet clothing
- Cover the person with blankets and insulate the person's body from the cold ground
- Monitor breathing. If the person's breathing has stopped or appears dangerously low or shallow, begin CPR immediately
- Use warm, dry compresses to the neck, chest wall or groin

HYPERTHERMIA (HEAT)



- Lay casualty down in a cool environment or in the shade
- Loosen and remove excessive clothing
- Call 000

If casualty is over 5 years of age:

- Immerse whole body from neck down in cold water (if possible, a bath that is as cold as possible) for 15 minutes

If this not possible, a combination of the following method should be used:

- Wet the casualty with cold or cool water.
- Apply ice packs on groin, armpit, facial cheeks, palms and soles
- Repeatedly moisten the casualty's skin with a moist cloth or atomizer spray
- Fan the casualty continuously

BURNS (FLAME)



1. Cool the burn with cool running water for 20 minutes
2. Slowly remove any jewelry from the affected area
3. Remove non-adherent clothing
4. Cover the burn with loose, light, non-adhering dressing such as cling wrap or saline/water-soaked dressing
5. Elevate the burned body parts to minimize swelling
6. Treat for shock and maintain body temperature

HEART ATTACK



- Call 000
- Encourage casualty to stop what they're doing and rest
- Help them with their prescribed medication to treat episode of chest pain or discomfort with angina
- Stay with the casualty
- Give Aspirin (300mg). Avoid if casualty is known to be anaphylactic to Aspirin
- Locate the closest AED in case the casualty goes to cardiac arrest
- If casualty is unresponsive, follow DRSABCD and commence CPR

ENVENOMATION



PIB: Snakes, Funnel-web Spider, Cone Shell, Blue Ringed Octopus

HEAT: Stonefish, Stingray, Bluebottle Jellyfish*

COLD: Bee, Wasp, Ant, Redback Spider, White-tailed Spider

VINEGAR: Box Jellyfish, Irukandji Jellyfish

*Bluebottle jellyfish should be treated with heat therapy, unless heat is unavailable, in which case cold therapy should be used.

SPRAINS & STRAINS



R.I.C.E.R

REST - Reduce all movement and rest

ICE - Apply ice pack for the pain and swelling

COMPRESSION - Apply compression bandage to prevent from swelling

ELEVATION - Elevate the area to restrict blood flow and reduce pain and swelling

REFER - Refer the casualty to a medical professional

FRACTURES



- Use sling to immobilize and injured part of the body
- Call 000

DISLOCATION



1. Call 000
2. Immobilize and support the dislocated limb in the most comfortable position
3. Apply ice pack

DO NOT RELOCATE A DISLOCATION

STROKE



THINK F.A.S.T

FACE - Has their FACE dropped?

ARMS - Can they lift both ARMS

SPEECH - Is their SPEECH slurred and do they understand you?

TIME - Call 000, time is critical

HYPOGLYCEMIA



- Follow the casualty's diabetes management plan
- Stop any physical activities and let the casualty rest
- Glucose tablets are preferred for first aid management of hypoglycemia
- Sugary lollies or drinks are acceptable if no glucose tablets are available
- Monitor the casualty; condition should resolve within 15 minutes. When recovered, give snacks with longer-acting carbohydrates such as sandwich, fruit or yoghurt

SEIZURES



- Clear the area and keep the person safe from harm
- Call 000 if seizure lasts more than 5 minutes
- Write down the triggers, duration of the seizure
- Include the type of seizure before, during and after

POISONING (CALL 13 11 26)



- If the victim collapsed or stopped breathing, call 000 and begin CPR
- If the person is unconscious but still breathing, call 000 and place the person in the recovery position
- Do **not** induce vomiting
- Immediately rinse the mouth and keep the product or medicine container handy



BOOK YOUR COURSE



Training and Assessment Delivered on Behalf of:

Allens Training Pty Ltd

Quality Assured Training for over 20 years RTO 90909

AB First Aid Training
info@abfirstaid.com.au
(03) 8364-898

VIC - NSW - QLD - SA - TAS - ACT