



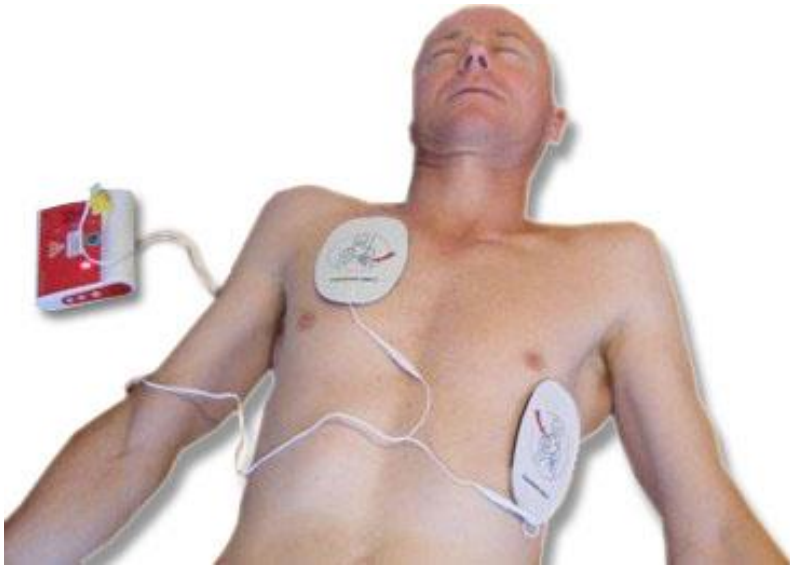
WELCOME



First aid



CPR Course



Anytime....Anywhere



ESSENTIAL FIRST AID



Helping People in Need

What is First Aid

- First aid is the provision of initial care for an illness or injury. It is usually performed by a lay person to a sick or injured casualty until definitive medical treatment can be accessed



What is Cardiopulmonary Resuscitation -(CPR)

Cardiopulmonary resuscitation is the technique of chest compressions combined with rescue breathing. The purpose of cardiopulmonary resuscitation is to temporarily maintain a circulation sufficient to preserve brain function until specialised treatment is available.



Emergency Numbers

000 primary number landline & mobile



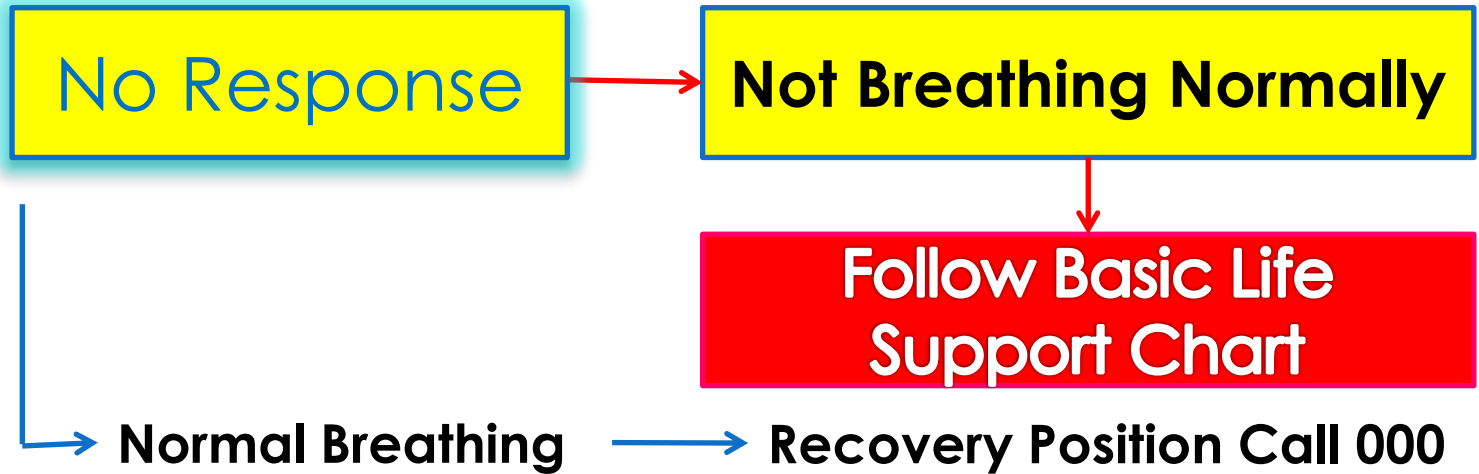
- **112** mobile only

Unconsciousness 1/6

- Unconsciousness is a state of unresponsiveness where the casualty is unaware of their surroundings and no purposeful response can be obtained.



Unconsciousness Cont.. 2/6



Cause of Unconscious breathing state

A – Alcohol

E – Epilepsy

I – Insulin

O – Overdose

U – Uraemia (renal failure)

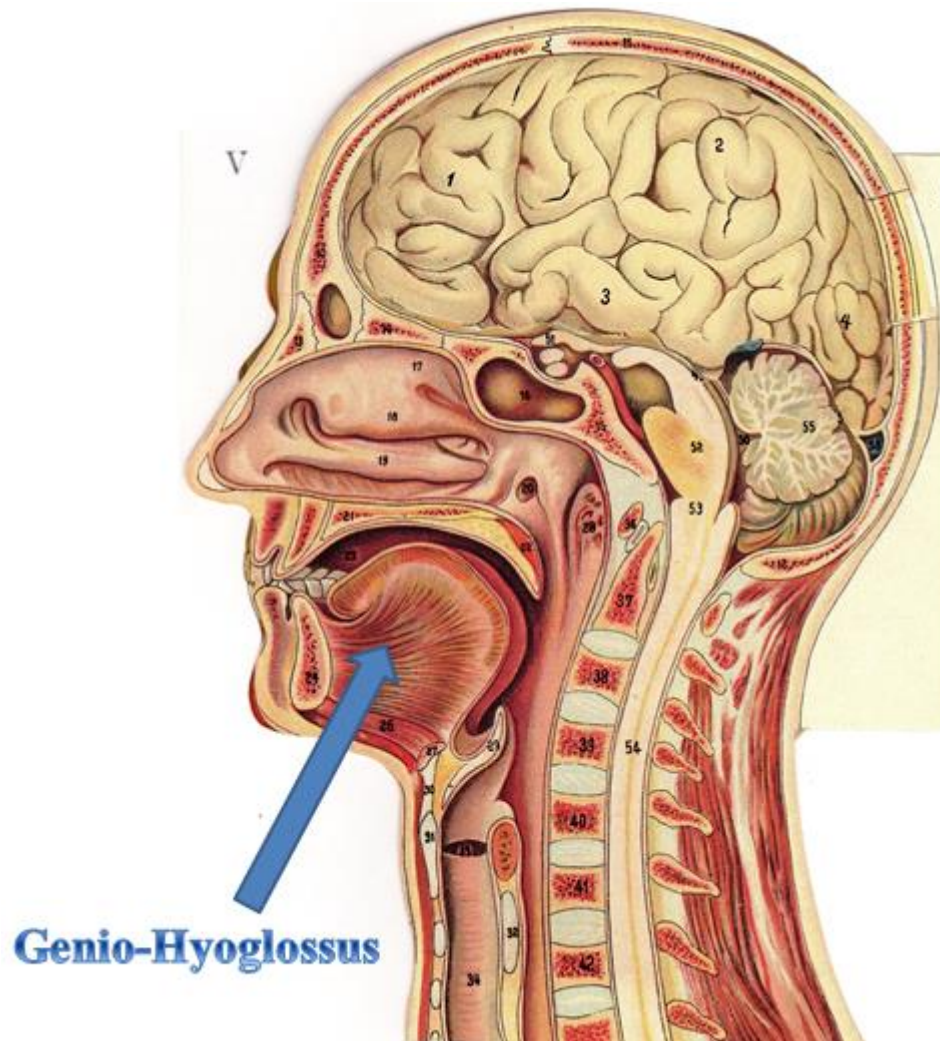
T – Trauma

I – Infections (meningitis)

P – Pretending

S – Stroke

Anatomy - Tongue



The Recovery Position 3/6

- **Maintains a clear airway** allows the tongue to fall forward.
- **Facilitates drainage** and lessens the risk of inhaling foreign material.
- **Permits good observation** and access to the airway.
- **Avoids pressure on the chest** which facilitates breathing.
- **Provides a stable position** and minimises injury to casualty.



Airway management
takes priority over
spinal injury

Step 1 – Recovery Position ^{4/6}

- Raise the casualty's furthest arm above the head.
- Place the casualty's nearest arm across the body.
- Bend-up the casualty's nearest leg.
- With one hand on the shoulder and the other on the knee, roll casualty away from you.



Step 2 – Recovery Position 5/6

- Stabilise the casualty by moving the bent knee to 90° when resting on the ground
- Tuck the casualty's hand under their armpit.
- Ensure the casualty's head is resting on the outstretched arm.



Step 3 – Recovery Position 6/6

- Carefully tilt the head slightly backwards and downwards.
- This facilitates drainage of saliva and/or stomach contents and
- reduces the risk of inhalation which may cause pneumonia.



PRACTISE TIME...



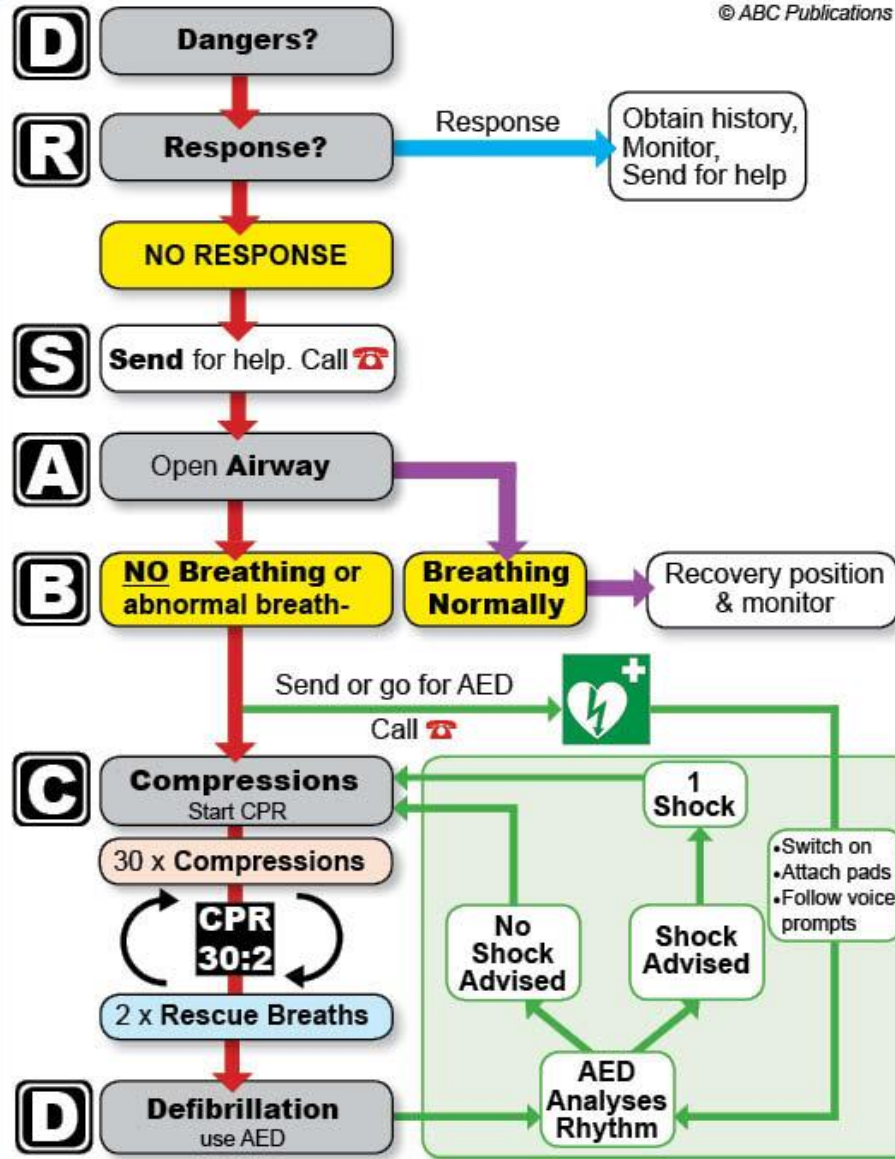
Provide

Essential First Aid

Provide First Aid

Basic Life Support & AED

© ABC Publications



In an EMERGENCY CALL



000 or



112

CPR - Danger 1/12

- Survey scene
- Remove or minimise hazards



- Protect yourself - use antiseptics and barrier protection
- Gloves, mask, goggles.
- Be mindful of the casualties weight or anything that needs to be moved. Back injuries may result of the move

CPR – Response 2/12

- SPEAK CLEARLY– Don't s
- “Hello, can you hear me
- “Open your eyes”
- “Squeeze my hands”
- SQUEEZE SHOULDERS firmly –
Don't shake



CPR - Airway 3/12

- **Check** - for foreign material which could be obstructing the airway.
- **Open** - use chin lift and backward head tilt to open airway.



CPR – Breathing 4/12

- **Look** - for rise and fall of chest/ abdomen
- **Listen** - for breath sounds
- **Feel** - for movement of chest and escape of air from mouth



CPR – Start CPR 5/12

Compressions = 30 Chest Compressions **Depth** = 1/3 of chest wall
Rate = 100 per min (almost 2 compressions per sec)

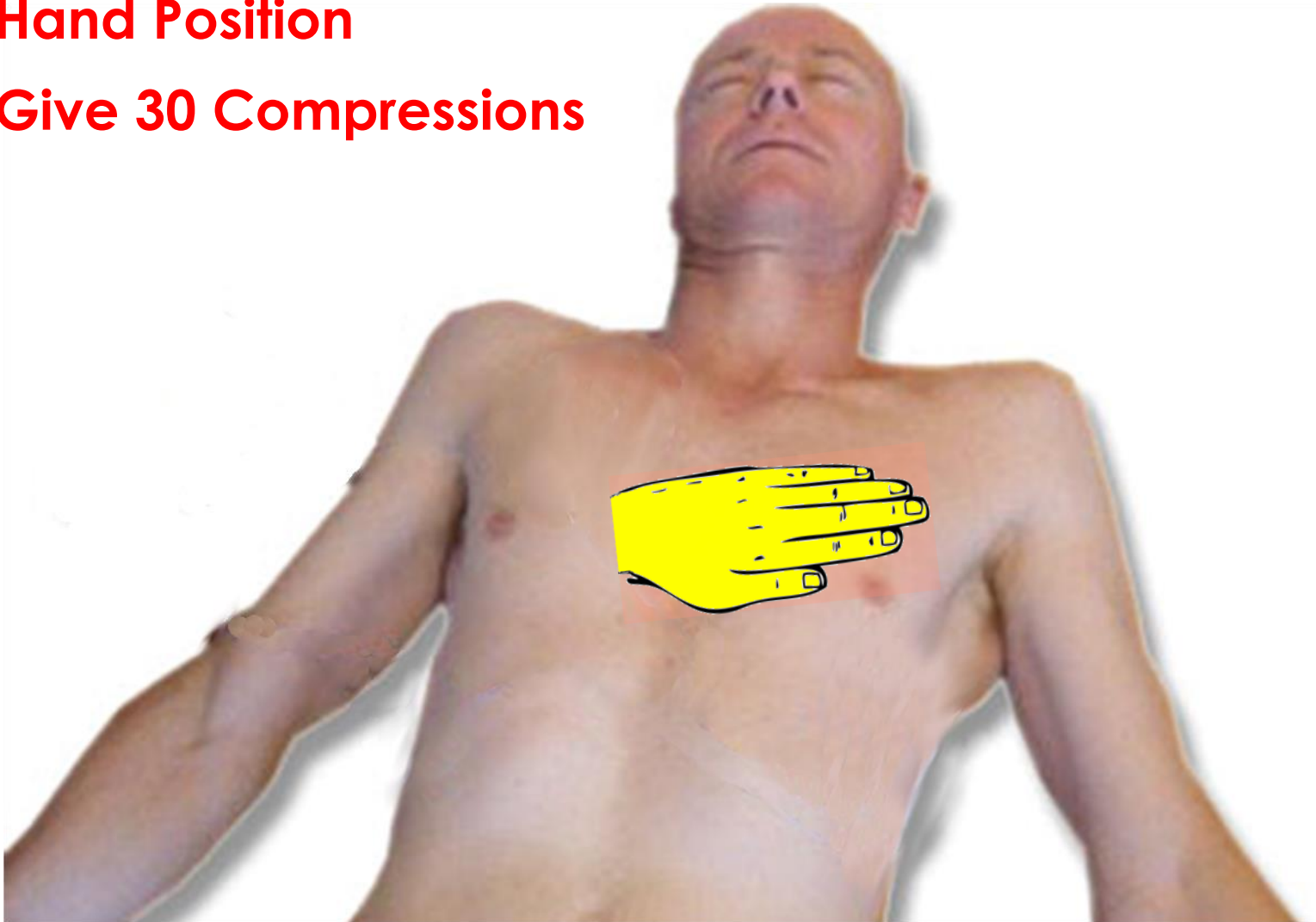


- Place hands in **centre of chest** • Keeping **elbows straight**, direct pressure through heel of hands using your body weight.
- Place casualty on **a firm surface** (not a mattress).

CPR - CPR Cont... 6/12

Hand Position

Give 30 Compressions



CPR - CPR Cont... 7/12

30 Compressions then 2 Rescue Breaths over 2 secs



First Breath

Take a breath.

Close casualty's nostrils
(pinch with fingers).

Mouth to mouth (good
seal).

Blow to inflate lungs.



Second Breath

Turn your head after
each RB.

Listen and feel for air
exhaled from mouth.

Avoid inhaling expired air.

CPR - CPR Cont... 8/12

- Inflate until chest starts to rise.
- Over-inflation forces air into the stomach causing regurgitation
- Infants – cover infant's mouth & nose and inflate with gentle puff of air from cheeks.

CPR - CPR Cont... 9/12

Ratio - 30:2

- Cardio Pulmonary Resuscitation Rate about 5 cycles every 2 mins
- 30 compressions with 2 breaths (30:2) = 1 cycle
- Same ratio and rate for infant, child, adult
- **If you are unwilling or unable to give breaths: give compression-only CPR**

CPR - CPR Cont... 10/12

Stop CPR when:

- **Casualty responds** or starts breathing normally.
- Qualified **help arrives** and takes over.
- **Exhaustion** – you can't continue.
- **Health care professional** directs CPR to cease.
- Scene becomes **unsafe**



CPR – Defibrillation 11/12

- **If there are 2 rescuers**, continue CPR while one rescuer organises and attaches AED pads
- **Expose chest** – cut clothing.
- Remove any medication patch, **remove jewellery**, wipe chest dry, remove chest hair with razor.
- **Turn on AED** then follow voice & visual prompts.
- **Attach AED pads** – peel backing off first.
- DO NOT have casualty in contact with metal.
- DO NOT use in a wet area.
- **ENSURE nobody is touching casualty**



CPR

PRACTICAL

*Collect Your First
Aid Manikin*



Drowning ^{1/4}

SIGNS & SYMPTOMS

- Coughing , chest pain frothy sputum
- Clenched teeth
- Shortness of breath
- Blue lips and tongue
- Unconscious
- Irregular or no breathing





Drowning 2/4

FIRST AID on land or boat:

- Call “000”
- Roll casualty into **recovery position** for assessment of airway and breathing.
- Commence **CPR** if required
- Roll into **recovery position** if vomiting or regurgitation occurs.
- **DO NOT compress distended stomach** by external compression.
- Treat for **Hypothermia** - often associated with immersion.
- Give **oxygen** if available.
- All immersion casualties **must be assessed in hospital** as complications often follow.



Drowning ^{3/4}

- The **risk of regurgitation** and inhalation is high following immersion.
- This is due to distension of the stomach from **swallowing large volumes of water**.
- The airway and breathing is **assessed in the recovery position** to minimise risk of inhalation.



Rescuing a Drowning Victim ^{4/4}



If **conscious**:

Throw a buoyant aid (life jacket, surf board) or **drag from water** using an umbrella, rope, towel, stick.

If **unconscious**:

Turn casualty face up and remove from water.

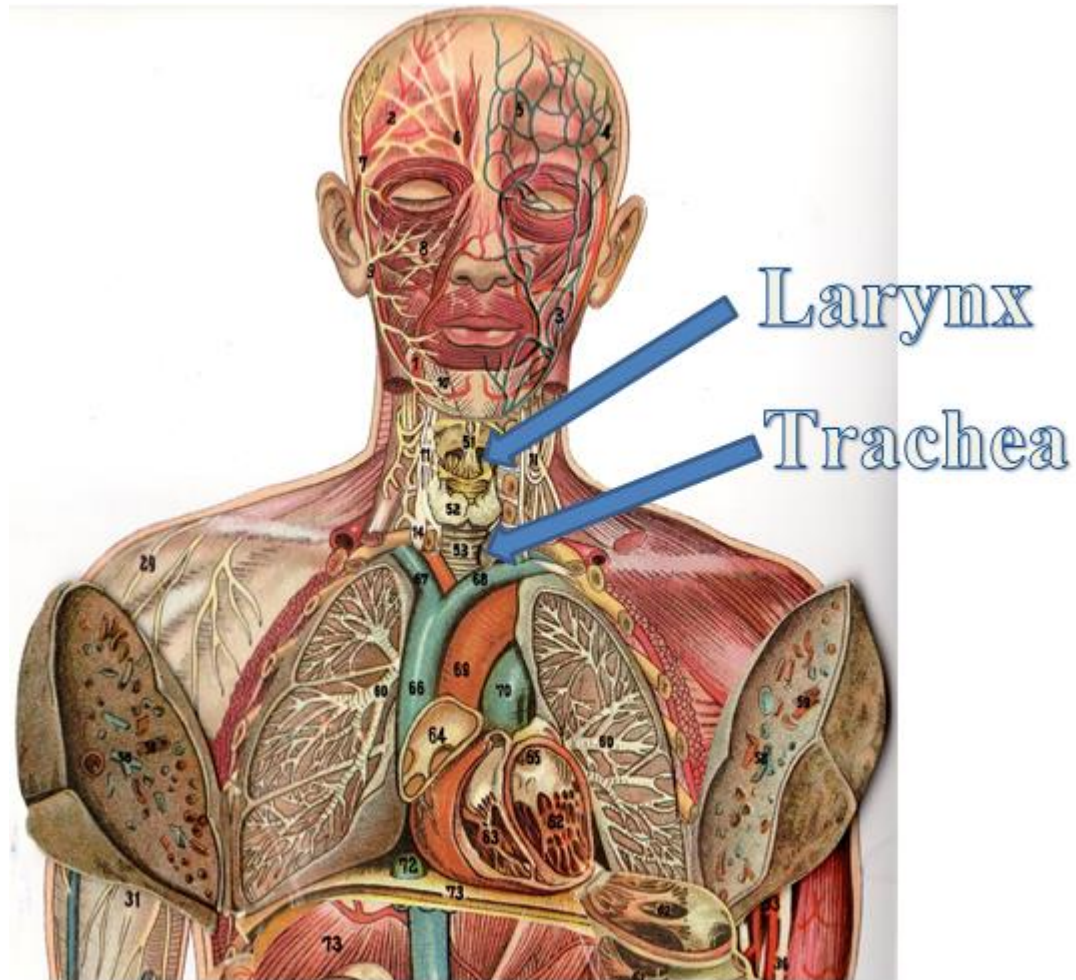


Choking 1/5



Inhalation of a foreign body can cause partial or complete airway obstruction.

Anatomy - Choking



Choking - Partial Obstruction 2/5

SIGNS & SYMPTOMS

- Coughing
- Wheezing
- Difficulty breathing
- Noisy breathing
- Cyanosis (blue skin colour)

FIRST AID

- Encourage casualty to keep coughing
- Reassure
- DO NOT deliver back-blows if cough is effective
- Call “000” If blockage doesn’t clear



Complete Airway Obstruction (Ineffective cough) ^{3/5}

SIGNS & SYMPTOMS

- Unable to breathe, speak or cough
- Agitated/distressed
- **Grips the throat**
- Cyanosis (blue)
- Rapid loss of consciousness

Complete Airway Obstruction (Ineffective cough) 4/5

FIRST AID

- Deliver up to **5 back-blows**.
- Check and clear mouth after each blow.
- Deliver up to **5 chest thrusts**.
- Check and clear mouth after each blow.
- **Repeat back blows and chest thrusts** if obstruction not relieved.
- **Call “000”**.
- If **unconscious, commence CPR**
- **DO NOT** Provide abdominal pressure – may cause internal injury.

Complete Airway Obstruction (Ineffective cough) Cont... 5/5



1 Back Blow Standing



3 Back Blows Infant



2 Back Blow Lying Down



4 & 5 Chest Thrusts

We hope you enjoyed this
CPR Lesson



Provide First Aid Course

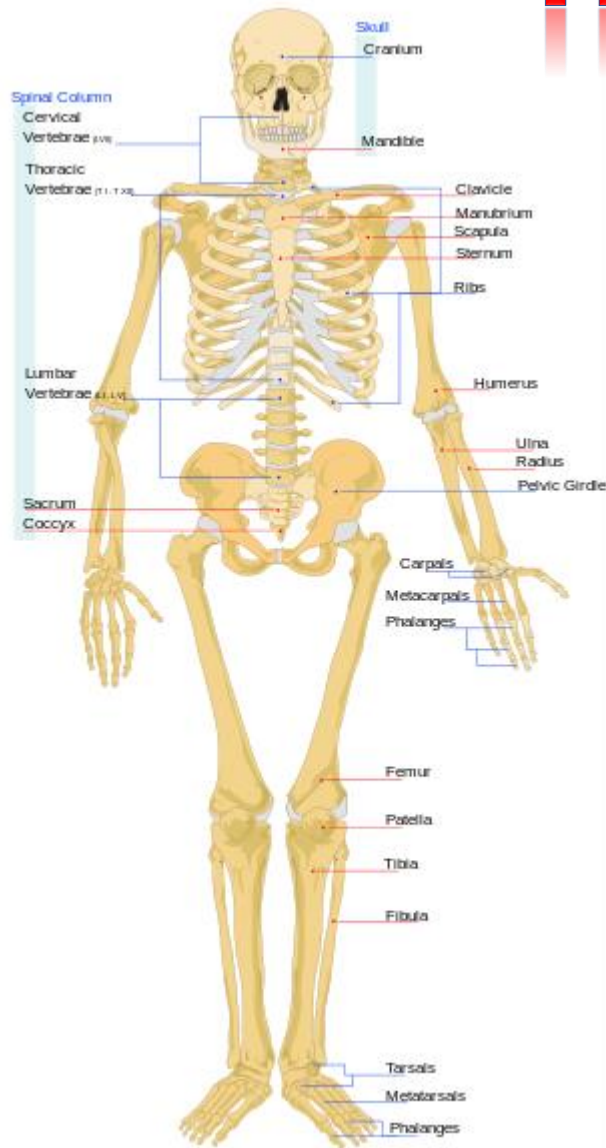


TRAUMA



Helping People in Need

TRAUMA



206 Bones

Skin 2-3mm Thick

12 Major Organs

Soft Tissue Injury & Fracture ^{1/4}

- **Sprain:** Over-extension of a joint with stretching and tearing of ligaments.
- **Strain:** Over-stretching of muscles and tendons with tearing of muscle tissue or tendon fibres.
- **Dislocation:** Displacement of bone ends in a joint.
- **Fracture**(#): Broken bone, classified as:
 - Closed:** Fractured bone doesn't penetrate skin.
 - Open:** Fracture is exposed through open wound or penetrates skin.
 - Complicated:** Vital organ, major nerve or blood vessel is damaged by a broken bone.

**SOFT
TISSUE
INJURY**

Soft Tissue Injury & Fracture ^{2/4}

Cont...

SIGNS & SYMPTOMS

- Pain
- Tenderness
- Snap or pop at time of injury
- Restricted movement
- Discolouration
- Swelling
- Deformity- indicative of fracture or dislocation



FIRST AID

- Control external bleeding or cover wound
- Remove rings from fingers – swelling likely
- Support or Immobilise - consider R.I.C.E (*explained shortly*)
- Seek Medical Assistance: x-rays?
- Call 000 if:
 - deformity - blood vessels and nerves could be damaged.
 - Open Fracture - risk of blood loss and infection.
 - Breathing difficulty
- Monitor Vital Signs

Fracture Management 3/4

The main aim of fracture treatment is to *support or immobilise an injured part* to:

- Minimise **pain**
- Prevent further **damage**
- Minimise **bleeding** and
- prevent a closed fracture becoming an open fracture.

Support:

- Leave injured part as found and pack around to give support.

Immobilise:

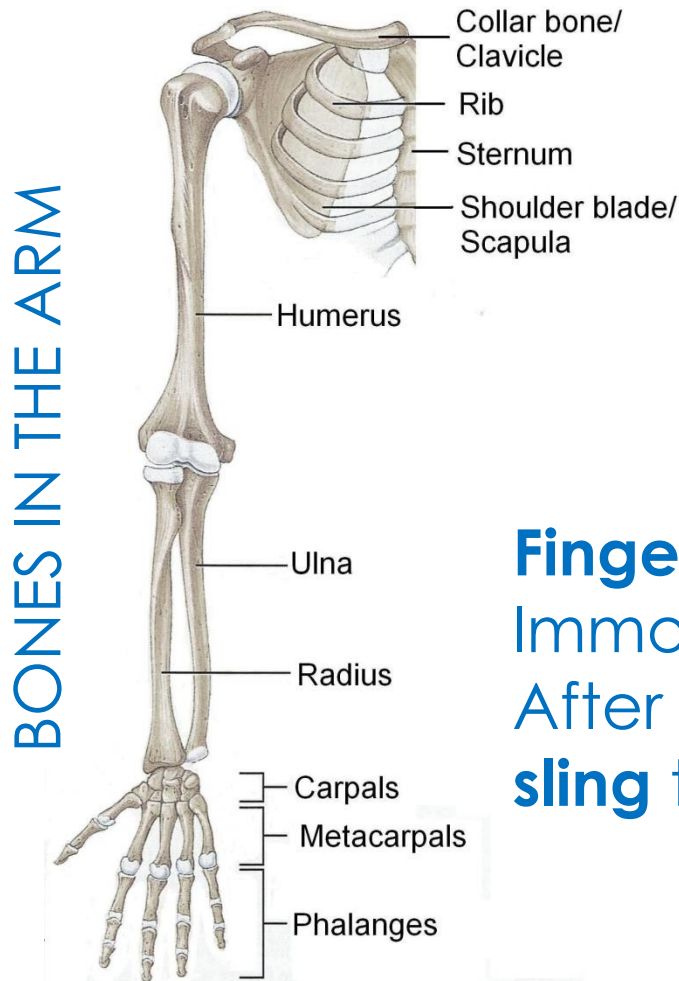
- Use Splint, sling or bandage to **prevent movement**.
- Stabilise joint **above and below fracture** site.
- Apply triangular or broad bandages above and below fracture site.
- Check circulation every 15 mins.
- DO NOT elevate a suspected fracture until it has been immobilised.

Soft Tissue Management 4/4

R.I.C.E. - For soft tissue injuries eg (sprains/strains) and fractures.

- **R** - Rest
- **I** - Ice
- **C** - Compression
- **E** - Elevation

Upper Limb Injury 1/6



Finger Splints:

Immobilisation **reduces pain.**

After splinting, **apply an elevation sling** to minimise swelling.

Upper Limb Injury – Slings 2/6



Lowered Arm Sling



Raised Arm Sling: Use a triangular bandage or improvise.

Upper Limb Injury – Slings 3/6



Collar & Cuff Sling



Improvise: By using a belt or buttons on shirt

Upper Limb Injury – Slings 4/6



Rigid Splint: Rolled up newspaper, tied either end with triangular bandages.



Fractured humerus:
Notice deformity

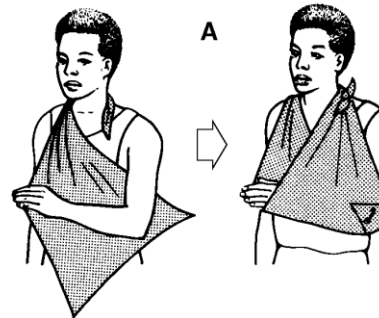
A Triangular Bandage can be used as a pad, Sling, Bandage, dressing and splinting



How to Apply a Sling 5/6

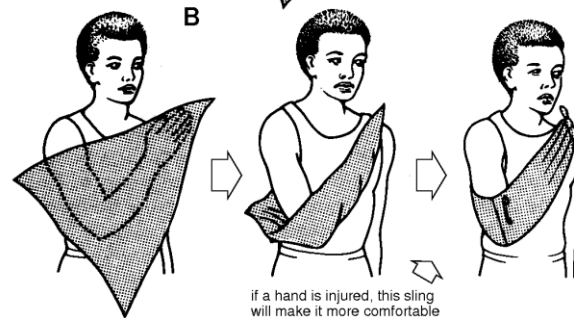
SUPPORTING AN INJURED ARM

This is the standard sling for an injured arm



A

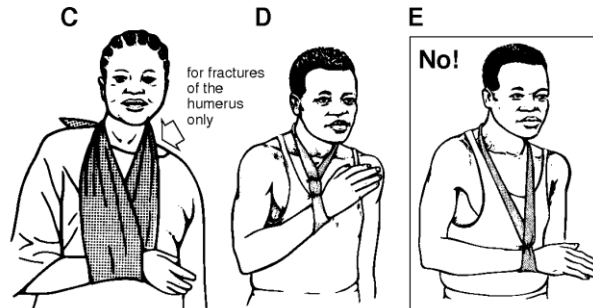
A: Lower Arm Sling



B

B: Raised Arm Sling

if a hand is injured, this sling will make it more comfortable



C

for fractures of the humerus only

D

E

No!

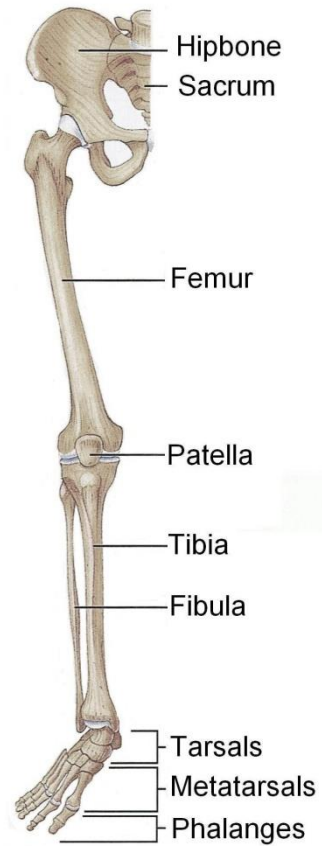
C: Collar and Cuff

Upper Limb Pain Check 6/6

Pain in:	Could be:	Management:
Shoulder	<ul style="list-style-type: none"> • Fractured clavicle • Dislocated shoulder • Fractured upper humerus • Sprain/ strain 	<ul style="list-style-type: none"> • Allow casualty to adopt position of comfort. • Apply sling which best suits casualty. • Keep hand higher than elbow to reduce swelling • If unsure whether injury is a fracture or soft tissue injury, treat as for fracture (Pg 8)
Upper Arm	<ul style="list-style-type: none"> • Fractured mid-humerus • Sprain/ strain 	
Fore Arm/ Wrist	<ul style="list-style-type: none"> • Fractured radius/ ulna • Sprain/ strain • Fractured carpal bone 	
Hand	<ul style="list-style-type: none"> • Fractured/ dislocated metacarpal • Fractured/ dislocated phalange • Sprain/ strain 	



Lower Limb Injury 1/9



Pelvic Injury

Lower Limb Injury 2/9

SIGNS & SYMPTOMS

- Pain in hip or groin region
- Pain worse on movement
- Inability to walk
- Shock
- Consider internal bleeding from bladder, uterus, bowel damage.

FIRST AID

- Call 000
 - Reassure casualty
 - Control any external bleeding.
 - Lie casualty flat with knees slightly bent and supported.
 - Place padding between legs and on either side of hips
 - 'Figure-of-eight' bandage around ankles and feet.
 - Apply broad bandage above knees.
 - Don't attempt to move casualty.
 - Discourage attempts to urinate.
- Maintain body temperature.
Monitor vital signs



Pelvic Fracture



Thigh Injury 3/9



Thigh Injury

- A closed fracture of the thigh (femur) can cause **serious blood loss**
- Both thighs fractured **can lead to death** from blood loss and shock.
- This type of injury is common in road traffic accidents.



Hip Injury 4/9



HIP INJURY

- Left leg appears shorter and is rotated outwards.
- Notice swelling over hip due to internal bleeding.
- This is the typical position of the leg with a fractured hip (fractured neck of femur) and is common in the elderly after a trip or minor fall.

Ankle Injury 5/9

R.I.C.E.R for a sprained ankle:

- Rest: Casualty doesn't move ankle
- Ice: Cool injured area
- Compression: Use a cre
- Elevation: Place foot, ar
than hip





Knee Injury 6/9

- **R.I.C.E.R**

- Support knee in position of comfort.
- Do not try to straighten knee if painful.

R - Rest

I - Ice

C - Compression

E - Elevation

R - Report



Lower Limb Injury 7/9

Fracture Site



Fracture Site



SIGNS AND SYMPTOMS - THAT A BANDAGE IS TOO TIGHT:

- Pain •Numbness •Cold to touch •Tingling •Pale or discoloured
- Pulse weak/absent below injury

Splints 8/9

Splints can be classified as

Body Splint:

Uses uninjured, adjoining body part to immobilise an injury.

Lower limbs, fingers and toes are commonly strapped together as body splints.

Soft Splint: Folded blankets, towels, pillows

- **Rigid Splint:** Boards, sticks, metal strips, folded magazines and newspapers



Lower Limb Pain Check 9/9

Pain in:	Could be:	Management:
Hip/groin	<ul style="list-style-type: none"> • Fractured Pelvis • Fractured neck of femur • Dislocated head of femur • Sprain/strain 	<ul style="list-style-type: none"> • Allow casualty to adopt position of comfort. • If unsure whether injury is a fracture or soft tissue injury, treat as for fracture (Pg 8). • Elevate a suspected fracture after it has been immobilised. • Minimise movement to avoid further injury. • Check circulation after immobilisation (above).
Thigh	<ul style="list-style-type: none"> • Fractured femur • Strain: front of thigh (quadriceps) • Strain: back (hamstrings) 	
Knee	<ul style="list-style-type: none"> • Fractured patella • Dislocated patella • Cartilage tear • Sprain 	
Lower Leg/Ankle	<ul style="list-style-type: none"> • Fractured tibia • Fractured fibula • Dislocation • Sprain/strain 	
Foot	<ul style="list-style-type: none"> • Fractured tarsal/metatarsal/phalange • Dislocation • Sprain/strain 	

Circulation Check

Signs of Impaired Circulation:

- **Pale or discoloured** skin below injury.
- **Cooler skin** temperature below level of injury, compared with uninjured side.
- Squeeze fingernail until nail turns white.
Colour fails to return within a few seconds.
- **Weaker or absent pulse** below injury compared with uninjured side.



Bleeding

Bleeding (haemorrhage) can be external and obvious or internal

- **Artery** - bright red, spurting;
- **Vein** - dark red, flowing
- **Capillary** - bright red, oozing

Major External Bleeding ^{1/2}

The aim is to reduce blood loss.

- Apply direct, sustained pressure
- For a bleeding arm or leg, elevate the limb without aggravating other injuries



Major External Bleeding 2/2

A tourniquet - use only **as a last resort**, when other attempts at stopping bleeding have failed.

- Use a wide bandage **> 5 cm**
- Apply **high “above” wound**
- Do **NOT** cover tourniquet
- Do **NOT** remove tourniquet
- Maintain **direct pressure**
- Write **time of application** on casualty



Tourniquet with time of application noted

Embedded Object

eg knife, glass, stick or metal.

FIRST AID

- DO NOT remove the object - it could be plugging the wound.
- Build up padding around the object.
- Apply sustained pressure over the pad (indirect pressure).
- Bandage firmly over the pad.
- DO NOT apply pressure over the object.
- DO NOT shorten object unless its size is unmanageable.
- Elevate, immobilise, restrict movement of the limb.
- Advise casualty to remain at rest



Internal Bleeding

Signs, symptoms and management as for Shock

Suspect internal bleeding if

- a large blunt force is involved - road traffic accident,
- a fall from a height; or
- a history of stomach ulcers, early pregnancy (ectopic pregnancy) or
- penetrating injury.

Internal bleeding may be concealed or revealed.

- If a casualty is coughing up frothy blood, assist casualty to position of comfort - normally half-sitting.
- *First aiders can't control internal bleeding but **early recognition** and calling "000" can save lives.*

Shock ^{1/3}

Shock is a term used to describe an ineffective blood circulation.

CAUSES

- Loss of blood volume: **Bleeding** or fluid loss
- Loss of blood pressure: **Heart**/ pump failure or abnormal blood vessel dilatation.
- Internal or external bleeding
- Major or multiple **fractures**
- Severe **burns** or scalds
- Severe **diarrhoea and vomiting** fluid loss
- **Heat** stroke
- **Heart attack** pump failure
- Severe **infection**
- **Allergic** reactions
- **Brain**/ spinal cord injury



Shock ^{2/3}

Signs & Symptoms

SIGNS & SYMPTOMS

- **Pale, cool, clammy skin**
- **Thirst**
- Feeling **cold**
- Weak, **rapid pulse**
- Shallow, **rapid breathing**.
- **Nausea**/ vomiting
- **Confusion**, reduced level of consciousness.

NOTE: In early stages of blood loss, children may have a normal pulse rate, but pallor is the warning sign.

Shock ^{3/3}

First Aid

FIRST AID

- Check for danger and response
- Call “000”
- If unconscious, continue DRSABCD checks.
- If conscious – **position of comfort, ideally lying down.**
- Control bleeding; stabilise fractures; **treat injuries.**
- **Reassure**
- Give nothing by mouth (may cause vomiting and delay surgery).
- **Maintain body temperature.**
- Monitor vital signs.



Nose bleed

FIRST AID

- Pinch soft part of nose just below the bone.
- Have casualty seated and **leaning forward**.
- Ask casualty to breathe through their mouth.
- Maintain pressure and posture for at least 10mins.
- If bleeding continues **>20mins - seek medical assistance.**
- Advise casualty not to blow or pick their nose for a few hours.



Amputation

- Amputation of a limb may require a tourniquet to control life-threatening bleeding.
- DO NOT wash or soak amputated part.
- Place in **plastic bag** to keep it dry.
- Place sealed bag in **cold water which has ice added** to it. (The part should not be in direct contact with ice).
- Send to hospital with the casualty.

Crush Injury

A heavy, crushing force to part of the body usually causing extensive tissue damage from internal bleeding, fractures, ruptured organs, or an impaired blood supply.

FIRST AID

- DRSABCD - ensure your own safety.
- Call “000”
- If safe - **remove crushing force as soon as possible.**
- Control external bleeding
- DO NOT use a tourniquet
- Manage other injuries.
- Comfort and reassure.
- Monitor vital signs

NB - the casualty's condition may deteriorate quickly due to extensive damage.



BURNS ^{1/3}



Superficial

(1st degree)

Reddening (like sunburn) Painful



Partial Thickness

(2nd degree)

Red and Blistering Very Painful



Full Thickness

(3rd degree)

White or black

Burns 2/3

- DO NOT apply ice directly to burns.
- DO NOT break blisters.
- DO NOT apply lotions, ointments, creams or powders (except hydrogel if no water).
- DO NOT peel off adherent clothing.
- DO NOT use “fluffy” dressings to cover burn (towels, tissues, cotton wool).



Burns 3/3

Burns may result from: heat (flame, scald, direct contact), cold, friction, chemical (acid, alkali), electrical or radiation (sunburn, welders arc).

FIRST AID

- Cool affected area with **running water for 20mins**.
- **Remove jewellery**, watches, from affected area.
- Cut off contaminated clothing – do not lift contaminated clothing over the head or face.
- Elevate burnt limb if possible.
- Cover burnt area with sterile, non-adherent dressing, eg plastic cling wrap, wet sheet, pillow case, handkerchief.
- Treat for shock - maintain body temperature.
- Hydrogel products can be used if water unavailable.

Electric Shock

Electric shock may cause: •Respiratory Arrest •Cardiac Arrest •Burns

FIRST AID

- Ensure safety of yourself and bystanders.
- Call “000”
- Disconnect electricity supply where possible
- If not possible, use non-conducting material
- Commence CPR if required
- Treat burns



Fractured Rib / Flail Chest ^{1/3}

- Major chest injuries include fractured rib, flail chest, and sucking chest wound.
- A fractured rib or penetrating injury may puncture the lung.



Fractured Rib / Flail Chest ^{2/3}

SIGNS & SYMPTOMS

- Holding chest
- Pain at site
- Pain when breathing
- Rapid, shallow breathing
- Bruising
- Tenderness
- Blue lips (flail chest or punctured lung)

Flail Chest

section of chest wall moves in opposite direction during breathing.

Fractured Rib/ Flail Chest 3/3

FIRST AID

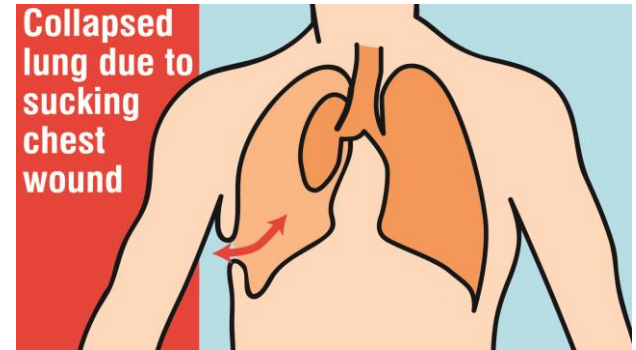
- Position casualty in position of comfort; half-sitting, **leaning toward injured side**, if other injuries permit.
- Encourage casualty to breathe with short breaths.
- Place padding over injured area.
- Bandage the upper arm on injured side to the body.
- If bandages cause discomfort, loosen or remove them.
- Apply a “Collar & Cuff” sling.
- Call “000”
- Treat for shock
- If **Unconscious**: Recovery position, **injured side down**.

Sucking Chest Wound

Could result from a gun shot wound

SIGNS & SYMPTOMS

- Pain
- Breathing difficulty
- Sucking sound over wound when casualty breathes.
- Bloodstained bubbles around wound when casualty breathes.
- Coughing up bloodstained /frothy sputum.
- Onset of shock.



Lean to injured side

Abdomen Injury ^{1/2}

- Call “000”
- Place casualty on their back with pillow under head and shoulders and support under bent knees.
- If unconscious, place in recovery position.
- Cover exposed bowel with moist non-stick dressing, plastic cling wrap or aluminium foil.
- Secure with surgical tape or bandage (not tightly).
- Rest and reassure.
- Monitor vital signs
- DO NOT push bowel back into abdominal cavity.
- DO NOT apply direct pressure to the wound.
- DO NOT touch bowel with your fingers (may cause spasm).
- DO NOT give food or drink (this may delay surgery for wound repair).

Open Abdominal Wound 2/2



Plastic cling wrap has been placed over an open abdominal wound and secured with surgical tape.



Foreign body:

Grit, dust, metal particles, insects, eyelashes

FIRST AID

- Gently irrigate eye to wash out object – use saline solution or gentle water pressure from hose/ tap.
- If this fails, and the particle is on white of eye or eyelid, gently lift particle off using a moistened cotton bud or the corner of a clean handkerchief.
- (DO NOT attempt this if particle is on coloured part of eye – irrigate only)
- If still unsuccessful, cover the eye with a clean pad ensuring no pressure is placed over injured eye.
- Seek medical aid.
- DO NOT allow casualty to rub eye.



Penetrating Injury

FIRST AID

- Lay the casualty flat
- Reassure
- Call “000”
- Place padding around the object.
- Place a paper cup over the object to stabilize it.
- Tape or bandage to hold in place.
- Advise casualty to avoid moving unaffected eye, because this will cause movement of injured eye.
- Cover the unaffected eye, but remove if casualty becomes anxious.
- DO NOT remove embedded object.
- DO NOT apply pressure over the object.



Direct Blow

Any direct blow to the eye such as a fist or squash ball can cause fracture of the eye socket or retinal detachment.

FIRST AID

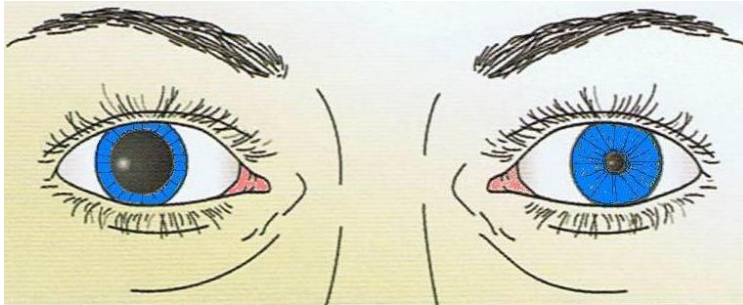
- Rest and Reassure
- Place padding over eye
- Secure with tape or bandage
- Ask casualty to limit eye movement
- Seek urgent medical aid

Head Injury ^{1/3}

- Blood or fluid from the ear may indicate a skull fracture:
- Position casualty injured side down to allow free drainage of fluid from the ear.
- DO NOT plug or bandage ear.
- AIRWAY management takes priority
- ALL cases of unconsciousness, the casualty must be assessed by a doctor.
- If casualty didn't lose consciousness, seek urgent medical assistance if any of the signs and symptoms (following) develop
- Monitor all casualties closely for the first 8 hrs after a head injury.
- All head injuries should be suspected as a spinal injury until proven otherwise.

Head Injury ^{2/3}

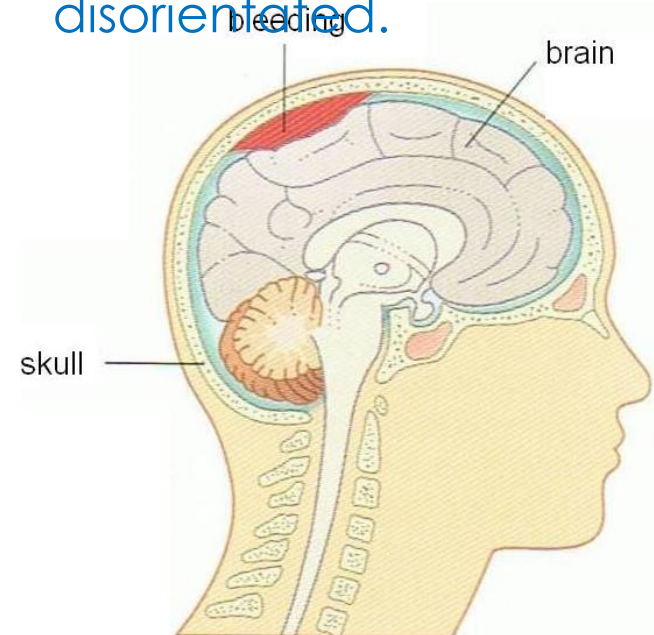
Signs and Symptoms



Unequal pupils

- Loss of memory
- Swelling and bruising around eyes.
- Bleeding into corner of eyes.
- Bruising behind ears.
- Straw coloured fluid or bleeding from nose or ear.
- Loss of power in limbs.
- Loss of co-ordination.
- Seizure
- Unequal pupils
- Loses consciousness, even briefly.

- Headache or giddiness
- Nausea or vomiting
- Drowsy or irritable
- Slurred speech
- Blurred vision
- Confused or disorientated.



Head Injury 3/3

FIRST AID

- Check DRSABCD
- **Conscious:**
 - Support casualty's head
 - Reassure if confused.
 - If blood or fluid coming from ear or nostril, loosely cover with a dressing (do not plug).
 - Control bleeding and cover wounds
 - DO NOT give anything to eat or drink.
 - DO NOT give aspirin for headache (may cause bleeding within skull).
- Prepare for possible vomit
- Seek urgent medical aid.
- **Unconscious:**
 - Recovery position with head & neck support.
 - Call "000"
 - Monitor Vital Signs
 - Control bleeding/wounds
 - Support/stabilize head and neck.
 - Keep warm with a blanket.

Spinal Injury^{1/3}

The key to managing a spinal cord injury

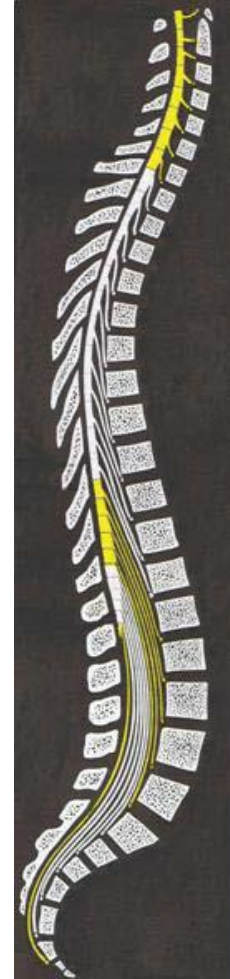
- PROTECT AIRWAY and MINIMISE MOVEMENT of the spine.



Lumbar

Cervical

Thoracic



Spinal Injury ^{2/3}

SIGNS & SYMPTOMS

- Pain in neck or back.
- Pins and needles in any part of body.
- Numbness or weakness.
- Unable to move legs or arms.
- Uncontrolled pe
- On



FIRST AID

- Prevent further injury by AVOIDING movement of patient - leave this to the experts.
- Advise casualty to remain still.
- Call “000”
- Support the head and neck.
- Reassure casualty.
- Maintain body temperature with a blanket

Spinal Injury ^{3/3}

Helmet Removal

- Helmets could be preventing further spinal or head injuries.
- Remove helmet carefully if necessary to manage airway or you need to perform CPR.
- Otherwise leave helmet removal to the experts.



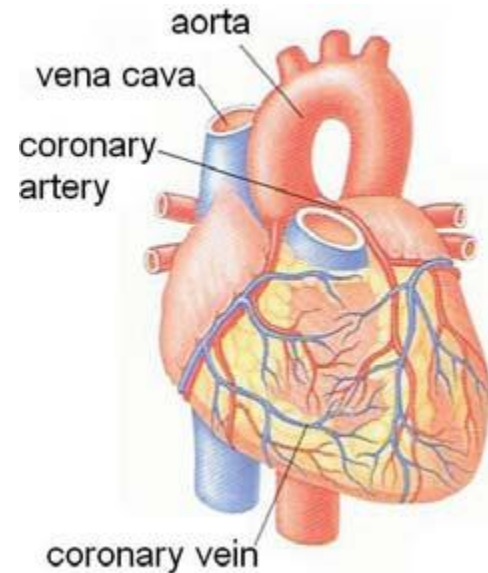
MEDICAL EMERGENCIES



Helping People in Need

Heart Conditions 1/4

- Angina is a “cramping” of the heart muscle; relieved by rest, with no permanent muscle damage.
- Heart attack is caused by a blocked coronary artery, resulting in muscle damage which may lead to cardiac arrest.
- Cardiac arrest is a condition in which the heart stops pumping effectively.



Heart Conditions ^{2/4}

- *SIGNS & SYMPTOMS – vary greatly, and not all symptoms and signs are present!*
- Central chest pain – may be described as Crushing
- Tightness/Heaviness
- Breathlessness or difficulty “catching the breath”
- Indigestion type pain in the upper abdomen (referred pain from the heart)
- Pain spreading to the •Jaw •Neck •Shoulder •Arm
- Heaviness or weakness in left arm
- Dizzy
- Nauseous
- Pale and sweaty and irregular pulse

Heart Conditions ^{3/4}

- **FIRST AID**
- STOP and REST – in position of comfort (usually sitting).
- Reassure and talk to casualty – Are you on prescribed heart medication?
- Do you have angina? Can you take aspirin?
- If casualty has no heart medication and has never been diagnosed with heart problems – treat as for HEART ATTACK • Call '000' • Monitor wellbeing • Give aspirin if directed by 000
- Assist casualty to take prescribed heart medication (tablets or oral spray) as they have been directed.

Heart Conditions ^{4/4}

ANGINA

- Expect casualty to improve after rest and medication.

Call 000 if...

- there is no improvement after medication or
- the pain lasts longer than 10 min or
- the pain gets suddenly worse

Suspect a **HEART ATTACK**

Asthma ^{1/6}

- Asthma is spasm and narrowing of the airways with inflammation and increased mucus production which causes breathing difficulties.
- Asthma attacks are triggered in sensitive airways by changes in the weather, exercise, emotional stress, pollen, dust-mite, food preservatives, smoke, fumes or cold and flu infection.

Asthma ^{2/6}

Signs & Symptoms

Mild

- Dry cough
- Wheeze – during exhalation
- Breathless but speaks in sentences



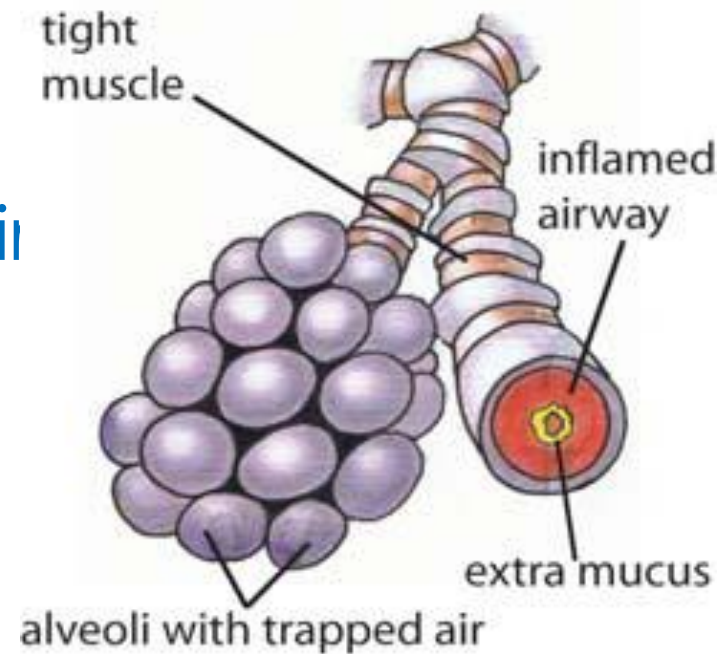
Moderate

- Wheeze - during exhalation and inhalation
- Rapid breathing
- Breathless - speaks in phrases
- Anxious
- Pale and sweaty
- Rapid pulse

Asthma ^{3/6}

Severe

- Speaks single words
- Wheeze inaudible (no air movement)
- Cyanosis (blue lips)
- Exhaustion
- Distressed
- Altered state of consciousness
- Collapse -Respiratory arrest



Asthma ^{4/6}

FIRST AID

- Sit casualty comfortably upright.
- Calm and reassure.
- Follow casualty's Asthma Action Plan or follow Emergency Asthma Management Plan-
- 4 puffs (4 breaths after each puff) wait 4 mins (use spacer if available)
- If no improvement, repeat
- If no improvement after 2nd time call "000"
- Give oxygen if trained
- Continue 4 puffs x 4 breaths x 4 mins until ambulance arrives.

Collapse

- Commence DRSABCD

Asthma ^{5/6}



Reliever Medication:

- Blue - grey coloured inhalers (puffers)
e.g. Ventolin
- Borrow an inhaler if necessary.
- No harm is likely to result from giving a Reliever to someone who does not have asthma.

Croup/ Epiglottitis ^{1/3}

- **Croup:** Viral infection affecting upper airways in infants and children < 4yrs. Slow onset, usually follows a cold or sore throat and lasts 3 – 4 days.
- **Epiglottitis:** Bacterial infection of the epiglottis (flap above the vocal cords) causing upper airway obstruction. It has a rapid onset over 1-2hrs.
- This is an emergency and requires urgent ambulance transport to the hospital.

CROUP (mild) ^{2/3}

SIGNS & SYMPTOMS

- Cold-like symptoms
- Barking cough
- Noisy breathing
- Slight temperature
- Worse at night
- Breathing difficulties
- Cyanosis (blue lips)

FIRST AID

- DO NOT examine child's throat – this may cause complete blockage.
- Calm and Reassure.
- Seek medical aid.

EPIGLOTTITIS (serious) ^{3/3}

SIGNS & SYMPTOMS

- Quiet, doesn't cough
- Leans forward
- Drooling
- High temperature
- Skin flushed

FIRST AID

- Call "000"
- Comfort, reassure
- Sit upright on your lap.
- Comfort until ambulance arrives.



Faint ^{1/2}

- Fainting is a sudden, brief loss of consciousness caused by lack of blood flow to the brain with full recovery.
- It often occurs in hot conditions with long periods of standing;
- Pregnancy (lower blood pressure); pain or emotional stress (eg sight of blood).



Faint ^{2/2}

SIGNS & SYMPTOMS

- Dizzy or light headed.
- Nausea
- Sweating
- **Return of consciousness within a few seconds of lying flat.**
- Pale and sweaty
- Mild confusion or embarrassment.

FIRST AID

- Lie casualty flat
- Raise legs if feasible
- Pregnant woman turn onto left side.
- Recovery position if
- unconscious > few secs.
- DO NOT give food or drink.
- Check for other injuries.

Seizure/ Epilepsy ^{1/4}

- A seizure is caused by abnormal electrical activity in the brain. Seizures vary from the briefest lapses of attention to prolonged convulsions (tonic-clonic or grand mal seizure).

A seizure can occur in a person with:

- Epilepsy • Head Injury • Stroke • Meningitis
- Fever (febrile convulsion)
- Hypoglycaemia (diabetics) • Poisoning
- Alcohol and • Drug Withdrawal.

Seizure/ Epilepsy ^{2/4}

SIGNS & SYMPTOMS

- Tonic-Clonic Seizure
- Collapse and momentary rigidity (tonic phase – lasts few secs).
- Eyes may roll upwards or stare.
- Jerking movements of body (clonic phase – lasts few mins).
- Blue discolouration of face/ lips - Excessive salivation
- Tongue biting may result in blood stained saliva.
- Loss of bladder or bowel control is possible.
- Breathing may cease – resumes once seizure finishes.
- Drowsiness and lethargy follows.

Seizure/ Epilepsy ^{3/4}

FIRST AID

- Protect from harm – remove dangerous objects or protect head with cushion etc
- Note the time.
- AVOID restraining.
- DO NOT put anything into casualty's mouth.
- Roll into recovery position as soon as possible.
- Monitor Vital Signs
- Reassure casualty and allow to sleep under supervision at end of seizure.

Seizure/ Epilepsy 4/4

First Aid Cont...

Call “000” if:

- Seizure lasts longer than 5mins.
- Another seizure quickly follows.
- Casualty is pregnant or has diabetes.
- Seizure occurred in water.
- This is casualty's first ever seizure.
- Casualty is injured or you're in doubt.
- A person known to have epilepsy may not require ambulance care and may get upset when one is called.

Febrile Convulsions

- Febrile convulsions are associated with a high temperature ($>38^{\circ}\text{C}$).
- It is the rate of rise in temperature, not how high it gets, which causes the convulsion.
- They occur in 3% of all children between the age of 6mths and 6yrs.



Protect from harm • Place in recovery position after seizure stops • Remove excess clothing

Diabetes ^{1/4}

- Diabetes is an imbalance between glucose and insulin levels in the body.
- **SIGNS & SYMPTOMS**
Both conditions share similar signs and symptoms:
 - Appear to be drunk (Dizzy, drowsy, confused, altered level of consciousness)
 - Rapid breathing
 - Rapid pulse
 - Unconscious

Diabetes (the difference) ^{2/4}

- **HYPO**glycaemia (LOW)
 - **Pale, cold sweaty skin**
 - Fast progression
 - Hunger
 - Trembling
 - Weakness
 - Change of behaviour
 - Seizure
- **HYPER**glycaemia (HIGH)
 - **Warm, dry skin**
 - Slow progression
 - Acetone smell on breath (nail polish remover)
 - **Thirst**
 - **Passes urine frequently**
 - Nausea and vomiting
 - Abdominal Pain

Diabetes ^{3/4}

FIRST AID

- Both conditions (Hypo and Hyperglycaemia) are managed the same way by first aiders.

Conscious:

- **Give sweet** drink/ food: 5-7 jelly beans, 2-4 teaspoons of sugar or honey, glass of fruit juice (not diet or low sugar type).
- Repeat if casualty responds

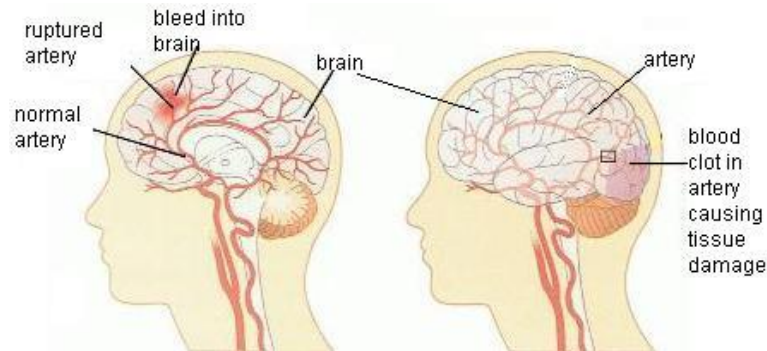
Diabetes ^{4/4}

On recovery assist with high carbohydrate food:

- Sandwich, few biscuits, pasta or rice meal.
- Call “000” if no improvement within a few minutes of giving sugar (could be hyperglycaemia or another medical condition).
- **Unconscious:**
- Place in recovery position • Call “000” •
DO NOT administer insulin – could be fatal
 - GIVE NOTHING by mouth

Stroke ^{1/4}

- The blood supply to part of the brain is disrupted, resulting in damage to brain tissue.
- This is caused by either a blood clot blocking an artery or a burst artery inside the brain.
- The signs and symptoms of a “stroke” vary, depending on which part of the brain is damaged.



Stroke ^{2/4}

SIGNS & SYMPTOMS

- Confusion or dazed state
- Headache
- Unequal-sized pupils
- Blurred vision
- Drooping of one side of face
- Slurred speech
- Difficulty swallowing – drool
- Weakness or paralysis affecting one side of body.
- Loss of balance
- Incontinence of bladder/ bowel.
- Seizure
- Unconsciousness

Stroke ^{3/4}

If you recognise
the signs of
STROKE act

F

Facial Weakness

Can the person smile? Has their mouth or eye drooped?

A

Arm Weakness

Can the person raise both arms?

S

Speech Difficulty

Can the person speak clearly and understand what you say?

T

Time To Act Fast

If you recognise the signs of stroke call 000 immediately

Call 000

Stroke ^{4/4}

FIRST AID

- If casualty fails one of the FAST tests, act fast and Call "000"
- Adopt position of comfort
- Reassure
- Recovery position if unconscious
- Maintain body temperature
- Give oxygen if trained
- Monitor Vital Signs

Hyperventilation ^{1/2}

- Hyperventilation syndrome is the term used to describe the signs and symptoms resulting from stress-related or deliberate over-breathing.
- The increased depth and rate of breathing upsets the balance of oxygen and carbon dioxide which results in diverse symptoms and signs.

Hyperventilation 2/2

SIGNS & SYMPTOMS

- Rapid breathing
- Light-headedness
- Tingling in fingers and toes.
- Blurred vision
- Spasms in hands and fingers.
- Severe Anxiety
- Chest discomfort
- Rapid pulse

FIRST AID

- Calm and Reassure.
- Encourage slow regular breathing - count breaths aloud.
- Seek medical aid – exclude other medical condition.
- **DO NOT use a bag for re-breathing.**

Heat Exposure ^{1/5}

- **HEAT EXHAUSTION:** occurs when the body cannot lose heat fast enough. Profuse sweating occurs in an effort to lower body temperature but this leads to fluid loss and decreased blood volume (mild shock). If not treated quickly, it can lead to heat-stroke.
- **HEAT STROKE:** occurs when the body's normal cooling system fails and the body temperature rises to the point where internal organs (eg brain, heart, kidneys) are damaged
- This is a life-threatening condition.

Heat Exposure ^{2/5}

HEAT EXHAUSTION

- (Mild – Moderate Hyperthermia)
- Body Temp 37°C – 40°C

HEAT STROKE

- (Severe hyperthermia)
- Body Temp > 40°C



Organs cook at 42°C

Heat Exposure ^{3/5}

HEAT EXHAUSTION

SIGNS & SYMPTOMS

- Sweating
- Pale, cold, clammy skin
- Headache
- Muscle cramps
- Thirst
- Fainting
- Nausea
- Rapid pulse
- (Onset of mild shock due to fluid loss)

HEAT STROKE

SIGNS & SYMPTOMS

- NO Sweating
- Red, hot, dry skin
- Nausea and vomiting
- Visual disturbances
- Irritability/ confusion
- Staggering/ unsteady
- Seizures
- Unconscious
- (Sometimes profuse sweating occurs)

Heat Exhaustion ^{4/5}

FIRST AID

- Move casualty to cool, shaded, ventilated area.
- Lie casualty down.
- Loosen and remove excess clothing.
- Cool by: •fanning •spraying with water
•applying wrapped ice packs to neck, groin and armpits •draping wet sheet over body and fanning.
- Give cool water to drink if fully conscious.
- Seek medical help or
- Call “000” if in doubt

Loss of Body Heat ^{5/5}

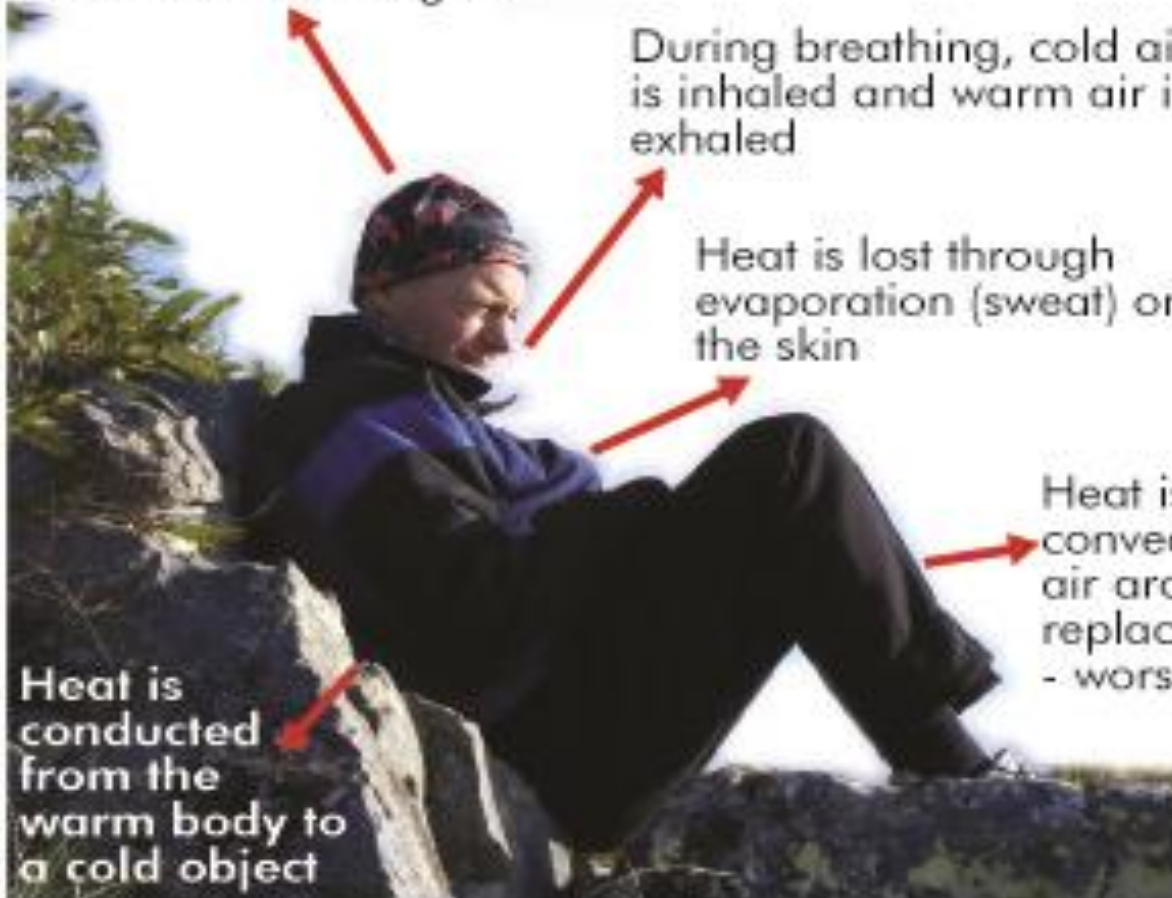
Heat radiates from the body, especially the head into the surrounding air

During breathing, cold air is inhaled and warm air is exhaled

Heat is lost through evaporation (sweat) on the skin

Heat is lost through convection ie warm air around the body is replaced with cold air - worse on windy days

Heat is conducted from the warm body to a cold object



Cold Exposure ^{1/5}

- Exposure to cold conditions can lead to hypothermia (generalised cooling of the body) or frostbite (localised cold injury).



Cold Exposure ^{2/5}

- **HYPOTHERMIA:** is a condition where the body temperature drops below 35°C
- Hypothermia can be mistaken for drunkenness, stroke or drug abuse.
- Suspect hypothermia when conditions are cold, wet and windy, especially in the young and elderly or individuals under the influence of alcohol or drugs.
- As the core body temperature drops, so does the metabolic rate which means the cells require less oxygen. Hypothermia protects the brain from the effects of hypoxia so resuscitation should be continued until the casualty can be rewarmed in hospital.

Cold Exposure ^{3/5}

MILD Hypothermia

35°– 34°C

- Maximum shivering
- Pale, cool skin, blue lips
- Poor coordination
- Slurred speech
- Apathy and slow thinking
- Irritable or confused
- Memory loss

MOD. Hypothermia

33°– 30°C

- Shivering ceases
- Muscle rigidity increases
- Consciousness clouded
- Slow breathing
- Slow pulse

Cold Exposure ^{4/5}

SEVERE Hypothermia

<30°C

- Unconscious
- Cardiac arrhythmias
- Pupils fixed and dilated
- Appears dead
- Cardiac arrest



Cold Exposure 5/5

FIRST AID

- Call “000”
- Handle gently to avoid heart arrhythmias.
- Replace wet clothing with dry.
- Wrap in blankets and cover head.
- Give warm, sweet drinks if conscious.

IF NOT SHIVERING

- Apply heat packs to groins, armpits, trunk and side of neck.
- Body-to-body contact can be used.

IF UNCONSCIOUS

- DRSABCD - Check breathing/ pulse for 30-45secs as hypothermia slows down everything.
- If not breathing normally – commence CPR while re-warming casualty.

Bites/ Stings ^{1/6}

LAND ANIMALS	TYPE	FIRST AID
FATAL	Snakes	Pressure Immobilisation Technique (PIT)
	Funnel web Spiders	
	Red back spiders/ others	Cold compress / ice
	Bees	
	Wasps	
	Scorpion	
	Ants	



Bites/ Stings ^{2/6}

SEA CREATURES	TYPE	FIRST AID
FATAL	Sea Snakes	Pressure Immobilisation Technique (PIT)
Tropics {	Blue-Ringed Octopus	
	Cone Shell	
	Box Jelly Fish	VINEGAR - Use salt water (not fresh water) if vinegar not available
	Irukandji Jelly Fish	
	Bluebottles	HOT WATER - Use cold compress if no pain relief with hot water
	Fish Stings : Stingray	
	: Stonefish	
	: Bullrouts	

Bites/ Stings ^{3/6}

Use P.I.T. for these 4 types of bites/stings



Snakes

Funnel web Spider

Blue-Ringed Octopus

Cone Shell

SIGNS & SYMPTOMS: similar for all 4 species with death from **Respiratory Arrest** within minutes to hours.

- Painless bite
- Droopy eyelids
- Blurred vision
- Difficulty speaking and swallowing
- Breathing difficulties
- Abdominal pain
- Nausea and vomiting
- Headache
- Tingling/numbness around mouth
- Profuse sweating
- Copious salivation
- Collapse

Bites/ Stings ^{4/6}

FIRST AID

- Check for danger and response
- Rest and reassurance
- **P**ressure **I**mmobilisation **T**echnique (P.I.T.)
- CPR if required takes priority over PIT

DO NOT wash bite: venom sample used to ID species

DO NOT suck venom from a bite

DO NOT cut or incise bite

DO NOT use a tourniquet

DO NOT kill animal: venom sample ID's species

Bites/ Stings ^{5/6}

Box Jellyfish

SIGNS & SYMPTOMS

- Severe **immediate** skin pain
- **Frosted pattern** of skin marks
- Collapse
- **Cardiac Arrest**
(Anti-venom available)

Irukandji Jellyfish

SIGNS & SYMPTOMS

- **Mild sting** followed 5-40mins later by:
- Severe **generalised** pain
- Nausea, vomiting, sweating
- Collapse /**Respiratory arrest**
(No anti-venom)

FIRST AID

- DRSABCD • Remove casualty from water • Call 000 • Reassure
- AVOID rubbing sting area • Flood sting with VINEGAR for 30 secs
- If no vinegar - pick off remnants of tentacles and rinse with seawater (**NOT freshwater**) • If unconscious and not breathing normally commence CPR

Bites/ Stings ^{6/6}

Pressure Immobilisation Technique (PIT): This method is used to treat a variety of bites and stings: •Snake •Funnel web spider •Blue-ringed octopus •Cone shell
•Bee, wasp and ant bites in **allergic** individuals.



1. Apply a pressure bandage over the bite area as firmly as a bandage to a sprain.
•**DO NOT** wash bite site
•Mark "X" over bite site
(If only one bandage available: start from fingers/ toes and wind as far up limb as possible covering the bite).

2. Apply a **second bandage** from fingers or toes extending upwards covering as much of limb as possible.
•Bandage over the top of jeans/ shirts as undressing causes unnecessary movement
•Mark "X" over bite site

3. Splint the bandaged limb, including joints either side of bite site.
•Rest casualty and limb.
•Check circulation (Pg 11)
•**DO NOT** elevate limb.
•**DO NOT** remove bandage and splint once it has been applied.
• **DO NOT** suck venom from bite site.

PIT (Pressure Immobilisation Technique) slows the lymph flow and inactivates certain venoms by trapping them in the tissues.



Poisons ^{1/5}

- A poison is any substance which causes harm to body tissues. A toxin is a poison made by a living organism (eg animal, plant, micro-organism).
- A venom is a toxin which is injected by a fang or sting (e.g. snake, spider, fish).
- Poisons can be inhaled, ingested (swallowed), absorbed or injected. The effect of a poison will vary depending on what the substance actually is and how much has been absorbed.



Poisons ^{2/5}

- **Ingestion:** Swallowed substances can be broadly categorised into 'corrosive' or 'non-corrosive'.
- **Corrosive:** Burning substances e.g. dish washer detergents, caustics, toilet/ bathroom cleaners and petroleum's.
- **Non-Corrosive:** Non-burning substances e.g. medications (tablets/ liquids) and plants.



Poisons ^{3/5}

- **Ingestion:** Swallowed substances can be broadly categorised into 'corrosive' or 'non-corrosive'.
- **Corrosive:** Burning substances e.g. dish washer detergents, caustics, toilet/ bathroom cleaners and petroleum's.
- **Non-Corrosive:** Non-burning substances e.g. medications (tablets/ liquids) and plants.

Poisons ^{4/5}



13 11 26

Poisons Information Centre:
Free Call, Available 24hrs, Australia wide.





Poisons 5/5

SIGNS & SYMPTOMS of a corrosive substance:

- pain in the mouth/
- abdomen
- Burns to lips/ mouth
- Nausea/ vomiting
- Tight chest
- Difficulty breathing
- Sweating
- Unconscious

- **FIRST AID**
- Identify type and quantity of poison (from container/ bottle).
- Establish the time of poisoning.
- DO NOT induce vomiting.
- DO NOT give anything by mouth.

Allergy/ Anaphylaxis

- Anaphylaxis is a life-threatening allergic reaction which can be triggered by nuts (especially peanuts), insect stings (bee, wasp, ant), shellfish, chemicals (eg latex) and certain drugs (eg Penicillin).
- The airways rapidly swell and constrict, interfering with breathing, and the blood vessels widen, leading to shock.
- Casualties need adrenaline.
- Some people may wear a medical alert bracelet and carry an auto injector.

Allergy/ Anaphylaxis

SIGNS & SYMPTOMS

- **Mild to moderate Allergic reaction:**

- Swelling of lips, face, eyes
- Hives or rash (red, itchy)
- Metallic taste in mouth
- Dizziness and Weakness
- Rapid pulse
- Nausea
- Abdominal cramps

- Severe Allergic Reaction (Anaphylaxis):
- welling of throat, tongue
- Difficulty swallowing
- Noisy breathing (stridor)
- Wheezing
- Difficulty talking - hoarseness
- Pale and floppy (young child)
- Collapse or unconsciousness

Allergy/ Anaphylaxis

FIRST AID

- Follow casualty's *Action Plan for Anaphylaxis* if available
- Lay casualty flat; allow to sit if breathing difficult.
- Prevent further exposure to triggering agent.
Remove insect stings.
- Administer casualty's auto injector
- Call "000"
- Record time autoinjector was given.
- Administer oxygen if available.
- Collapse or unconsciousness – DRSABCD.
NB - Rescue Breaths require more force due to narrowed airways

Allergy/Anaphylaxis



Swelling



Hives

Using an auto injector

Epipen

- READ the instructions on the device
- Remove **BLUE** safety release
- Push orange end hard on mid outer thigh until it clicks.
- Hold 10 secs, massage thigh for 10 secs
- Call an ambulance



GENERAL FIRST AID



Helping People in Need

Principles of First Aid ^{1/1}

The aims of first aid are to:

- Preserve life – This includes the lif rescuer, bystander and casualty
- Protect from further harm – Ensure scene is safe and avoid harmful intervention.
- Prevent condition worsening – Provide appropriate treatment.
- Promote recovery – Act quickly, provide comfort and reassurance, get help, call “000”.



Legal Issues ^{1/2}

No 'Good Samaritan' or volunteer in Australia has ever been successfully sued for the consequences of rendering assistance to a person in need. A 'Good Samaritan' is a person acting in 'good faith' without the expectation of financial or other reward.

Duty of care

In a workplace environment there is an automatic duty of care to staff and customers - a failure to act in a way that is consistent with an obligation to provide reasonable assistance, to the best of our ability, may result in negligence and possible litigation. In the community, you are under no legal obligation to provide first aid.



Legal Issues 2/2

Consent

Before providing first aid, you must first gain consent from the casualty. If the casualty refuses help, you must respect their decision.

If the casualty is unresponsive and therefore unable to give consent, it is assumed they would give consent if they were conscious.

If the casualty is a child, the parent/ guardian should be asked permission, but if no parent/guardian is present and the injury/illness is life-threatening, immediate first aid should be given.

Confidentiality

Personal information about the health of a casualty is confidential. This information includes details of medical conditions, treatment provided and the results of tests. Disclosure of personal information, without the person's written consent is unethical and in some cases may be illegal.

- While waiting for help and if time permits, make a brief written report to accompany the casualty to hospital. This will reduce time spent at the scene for ambulance crew and further assist medical and nursing staff with initial patient management. A report can be written on a spare piece of paper and should include the following:
- Reports
- Date, time, location of incident tablets, medicines.
- When casualty last ate or drank – Tea, coffee, water
- Casualty details - Name, DOB, Address.
- Contact Person for casualty - Family member, friend.
- What happened - Brief description of injury or illness.
- First aid action taken – What you did to help the casualty.
- Other health problems – Diabetes, epilepsy, asthma, heart problems, operations.
- Medications/ allergies – Current, food.
- Observations of Vital Signs - Conscious state, pulse, breathing, skin state, pupils.
- First Aider's name/ phone number in case medical staff need any further information.

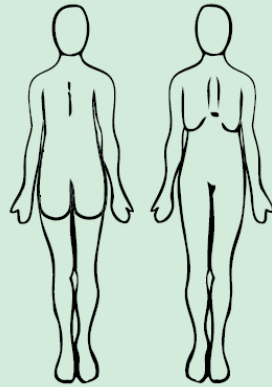
Reports 2/2

<h1 style="margin: 0;">First Aid Report Form</h1> <p style="margin: 0; font-size: 0.9em;">(Complete this form as best you can and give to ambulance officer/ medical personnel)</p>		
Date: / /	Time:	Location:
Casualty Details:		Pension No:
Name:		DOB: / / M / F
Address:		
Postcode:		
Contact Person for Casualty (friend/ relative):		
Name:		Phone:
What Happened (a brief description):		
First Aid Action Taken:		
Other health problems:	Current Medications:	
Diabetes <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		
Asthma <input type="checkbox"/>		
Heart problems <input type="checkbox"/>		
Cancer _____	Allergies:	
Operations _____		
Previous injuries _____		
	Last ate or drank:	


Turn over

Back of Report Form

Casualty Examination: mark location of injuries on diagram and briefly describe injury eg cut, bruise, pain, swelling, burn.



**Observations
of Vital Signs:**

Time					
Conscious State Fully Conscious Drowsy Unconscious					
Pulse rate: description:					
Breathing rate: description:					
Skin State Colour: Temp: Dry/Clammy:					
Pupils  R L					

First Aider's Details:

(Incase the hospital needs to contact you for more information regarding the incident).

Name: _____

Phone: _____ Mobile: _____

cut here 

We hope you enjoyed this
Provide First Aid Lesson

