Thank you for choosing St John Ambulance Australia (VIC) Inc. for your First Aid training.

As Australia's leading First Aid provider, we have developed this self-directed pre course learning pack specifically to assist you to achieve the best outcome in your course.

This self-directed learning pack includes:
- Information about this course and how it will be conducted;
- First Aid material for the essential skills and knowledge you require to meet the performance criteria of this unit of competency;
- Assessment criteria you are required to meet to be deemed competent and gain a Statement of Attainment.

You are encouraged to complete this pre course self directed learning prior to the face to face training, even if you have completed a First Aid course in the past.

**How does this self-directed learning pack work?**

Simply work through the pages of this learning pack. It would work best if you read through the whole pack first. Then work your way through each section, answering the scenarios. The scenarios are designed to assist you with assessing your understanding of the First Aid principles of the section you have just reviewed.

The correct answers are provided at the end of this pack. If you did not achieve the correct answer initially, you should review the section again.

You can also make notes on sections that you would like clarification or expansion, and bring it to the attention of your Trainer when you attend the one day session.

The material covered in this pack will be assessed throughout the course by “Question and Answers”, practical demonstrations and a 30 multiple choice questionnaire.

**Things you should know.**

It is important that you read the Terms and Conditions included on the First Aid Training Confirmation letter. We recommend that you familiarise yourself especially with the training sections highlighted below:

**Training**

The training offered by St John provides skills and knowledge in First Aid management but does NOT constitute a medical qualification. St John accepts no responsibility for the subsequent actions of participants. Training of this nature involves moderate physical activity, including kneeling and bending. St John does not accept any responsibility for any harm suffered by you as a result of your participation in your sessions.

If you have any special needs (including those in relation to language, literacy or numeracy), a relevant disability or condition or any other concerns, you should raise these at the time of booking. St John reserves the right to end your involvement in a course if you fail to follow the directions, policies or procedures communicated to you by the trainer.

To gain your accreditation, you must fulfill both the following criteria:
1. You must attend all sessions and complete all assessments to a standard deemed to be competent by your trainer. The assessment is based on interactive involvement in all aspects of your course;
2. You are required to complete a questionnaire for which you must achieve at least 80% accuracy.
# HLTFA311A Apply First Aid – 1 day timetable

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
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</thead>
<tbody>
<tr>
<td>8.30am</td>
<td>Introduction</td>
</tr>
<tr>
<td>8.45am</td>
<td>Review legal aspects and infection control</td>
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<tr>
<td>9.00am</td>
<td>Review DRSABCD Action Plan including CPR and AED application*</td>
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<tr>
<td></td>
<td>Review airway obstruction</td>
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<tr>
<td>10.15am</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>10.30am</td>
<td>Review of shock</td>
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<td></td>
<td>Review of wounds and bleeding including amputation*</td>
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<tr>
<td>11.30am</td>
<td>Review of medical conditions – chest pain, asthma, anaphylaxis, stroke, diabetes, seizures including administration of reliever medication and an adrenaline auto injector*</td>
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<tr>
<td>12.15pm</td>
<td>Review First Aid kits</td>
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<tr>
<td>12.30pm</td>
<td><strong>LUNCH BREAK</strong></td>
</tr>
<tr>
<td>1.15pm</td>
<td>Review causes and management of common injuries from head to toe.</td>
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<tr>
<td></td>
<td>1. Fractures, dislocation, sprains and strains including application of a compression bandage and splinting of a fracture*.</td>
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<td></td>
<td>2. Chest and abdominal injuries.</td>
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<tr>
<td></td>
<td>3. Head, neck and spinal injuries including facial and eye injuries.</td>
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<tr>
<td>2.15pm</td>
<td>Review causes and management of burns</td>
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<tr>
<td>2.25pm</td>
<td>Review causes and management of poisoning</td>
</tr>
<tr>
<td>2.35pm</td>
<td>Review management of common bites and stings</td>
</tr>
<tr>
<td>3.15pm</td>
<td>Review of exposure to heat and cold</td>
</tr>
<tr>
<td>3.30pm</td>
<td><strong>AFTERNOON BREAK</strong></td>
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<tr>
<td>3.45pm</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>4.05pm</td>
<td>Feedback on questionnaire, course, completion of paperwork.</td>
</tr>
<tr>
<td>4.15pm</td>
<td><strong>FINISH</strong></td>
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</table>

* Includes an assessment component

If you would like to refer to a reference book, you can purchase the St John Australian First Aid textbook. Call St John on 1300 360 455 or visit stjohnvic.com.au to do so.
**WHAT IS FIRST AID?**

First Aid skills are based on knowledge, training and experience. First Aid is the initial care of the ill or injured, and usually is given by someone who is on the spot when a person becomes ill or injured. The skills of First Aid are for all.

The aims of First Aid are to:
- Promote a safe environment
- Preserve life
- Prevent injury or illness from becoming worse
- Help promote recovery
- Provide comfort to the ill or injured

A First Aider should:
- Assess the situation quickly
- Identify the nature of the injury or illness as far as possible
- Arrange for emergency services to attend
- Manage the casualty promptly and appropriately
- Stay with the casualty until able to hand over to a health care professional
- Give further help if necessary

**DRSABCD**

The DRSABCD Action Plan assists you to priorities your actions including primary assessment of the casualty for any life threatening conditions and what management to put in place.

It should be where you start at any scenario and so it is very important that you are familiar with the Plan. Your trainer will review the DRSABCD Action Plan further with you.
THE DRSABCD ACTION PLAN

DANGER
1. Check for danger using all your senses - look, listen, touch, smell and taste.
2. If there are any dangers, can you remove or isolate it - check for response.
3. If you cannot, go to send for help and ensure no one else places themselves in danger.

RESPONSE
1. Check for response by talking to the casualty ("What's your name?").
2. Asking the casualty to squeeze your hand. (Ensure you check both hands of the casualty).
3. Gently squeeze the casualty's shoulders looking for signs eg. is there any facial movement?
4. If there is no response to any of the above, the casualty is deemed as unconscious and you move on to sending for help and checking that the airway is clear. If there is a response you move on to collecting history, signs and symptoms and managing the outcome of your investigations.

Send for help as soon as possible. Preferably ask another person to do so. Call triple zero (000) and cooperate with the operator to the best of your ability including answering the questions as accurately as you can.

AIRWAY
Check the airway. Gently put pressure on the jaw which will open the mouth look inside:
• If it is clear and the casualty is lying on their back, tilt the head back (ie lift the chin) and check for breathing.
• If there is debris in the mouth and the casualty is lying on their back, roll the casualty into the recovery position, open their mouth and sweep the debris out with two of your fingers. Then tilt the head to open the airway and check for breathing.

BREATHING
Check for normal breathing using the “look, listen, feel” method for at least 10 seconds. Look for consistent rise and fall of the chest and hear and feel consistent breaths.
If the casualty is breathing but is unconscious:
• Roll the casualty into the recovery position
• Continually check the casualty’s condition until medical aid arrives (call for help if not already done)
• Be ready to turn the casualty onto their back and start CPR if breathing stops.

If the casualty is unconscious and not breathing, commence CPR.
CARDIOPULMONARY RESUSCITATION (CPR)

Cardiopulmonary resuscitation (CPR) is the technique of compressions of the chest (pushing down on the lower half of the casualty's breastbone) and inflation of the lungs (breathing into the casualty's mouth). CPR is given to a casualty when they are not breathing, not responding and not moving.

1. Give 30 compressions.
2. After 30 chest compressions, tilt head and lift chin.
3. Give 2 breaths.
4. Return your hands (fingers for infants) immediately to correct position on sternum.
5. Give a further 30 compressions.
6. Continue compressions and breaths in a ratio of 30:2 at approximately 5 cycles in 2 minutes until medical aid arrives.

*Note: If a First Aider is unwilling or unable to perform rescue breathing, compression-only CPR will be better than not doing CPR at all.*

Giving compressions

Compressions should be performed with the casualty on a firm surface. In the case of an infant this is best done on a table or similar surface.

1. Adult/child—kneel beside casualty, one knee level with head and the other with casualty’s chest.
2. Locate lower half of sternum (breastbone) in the centre of chest.

**Adult/child (over 1 year)**

- Place heel of hand on lower half of sternum (breastbone) and place heel of other hand on top of first.
- Interlock fingers of both hands and raise fingers to ensure that pressure is not applied over casualty's ribs, upper abdomen or bottom part of sternum.

**Infant (under 1 year)**

1. Position yourself vertically above casualty's chest.
2. Place two fingers (index and middle) over lower half of sternum (breastbone).
3. Press down on the sternum (breastbone) to depress about one third of chest and then release the pressure (compressions and release should take equal amounts of time).
5. Repeat to complete 30 compressions at a rate of approximately 100 per minute.

*Note: During CPR (combining chest compressions with rescue breathing), you would expect to achieve 5 sets of 30 compressions and 2 breaths (30:2) in about 2 minutes.*

*You will be required to demonstrate performing CPR at 30 compressions to 2 breaths at 5 cycles in 2 minutes and seamless changeover.*

Change over between First Aiders during CPR

When two First Aiders are present or if a second person arrives to help:
- Ensure that an ambulance has been called
- One of the two first aiders indicates readiness or a need to change
- The first aider must change over smoothly with minimal interference to the resuscitation procedure
- Change should be done frequently, approximately every two minutes, to minimise fatigue.

When to stop CPR

You can stop giving CPR when:
- The casualty begins breathing and is responsive
- More qualified help arrives
- You are physically unable to continue.
What to do when the casualty starts breathing
1. Turn the casualty to the recovery position.
2. Call for ambulance or medical aid as soon as possible (if not done already).
3. Assess casualty for bleeding and other injuries noting tenderness, swelling, wounds or deformity in the following order:
   • Head, face and neck
   • Shoulders, arms and hands
   • Chest
   • Abdomen
   • Pelvis and buttocks
   • Legs, ankles and feet.
4. Continue monitoring for DRSABCD.

Rescue breaths
The air you breathe out of your lungs contains about 16% oxygen. This amount of oxygen breathed into the casualty’s lungs, combined with compressions during CPR will preserve the circulation of air and blood around the body while waiting for medical aid to arrive.

Giving rescue breaths
1. Leave or place casualty onto back.
2. Open airway.

Adult/child (over 1 year)
• Place your hand on the casualty’s forehead, tilt head backwards and pinch soft part of the nose closed with the index finger and thumb, or seal nose with your cheek.
• Open the casualty’s mouth and maintain chin lift— place thumb over the chin below the lip, supporting the tip of jaw with the knuckle of middle finger.
• Place your index finger along jaw line.

Infant (under 1 year)
Tilt head back very slightly and lift chin to bring tongue away from back of throat avoiding pressure under chin.
• Take a breath and place your lips over the casualty’s mouth, ensuring a good seal. If a small child or infant, place your lips over mouth and nose. Blow steadily for about one second.
• Watch for chest to rise.
• Maintain head tilt and chin lift.
• Turn your mouth away from the casualty’s mouth—watch for chest to fall, and listen and feel for signs of air being expelled.
• Take another breath and repeat the sequence.

Note: If the chest does not rise, recheck the mouth and remove any obstructions, ensure adequate head tilt and chin lift and ensure there is an adequate seal around the mouth (or mouth/nose).

DEFIBRILLATION
What is a defibrillator? - A machine that can analyse the heart rhythm and decide to deliver a jolt of biphasic electricity to stop the arrhythmia. This in turn will allow normal sinus rhythm to resume.

Defibrillating a casualty
1. Follow DRSABCD.
2. Establish that the casualty is unresponsive, not breathing and not moving.
3. Call triple zero (000) for an ambulance—ask bystander if present.
4. Commence CPR, and continue during following steps.
5. Expose casualty’s chest.
Note: If casualty is wearing a bra, remove it before placing defibrillator pads.

1. Remove any medication patches, check for pacemaker or defibrillator implant (look for scar between the collar bone and top of the breast (either left or right side of chest)).
2. Wipe chest to ensure it is dry—if chest is excessively hairy, clip with shears.
3. Depending on the type of defibrillator either attach cables to defibrillator pads or pull handle on the device to access pads.
4. Attach pads to casualty’s chest:
   - One pad to casualty's right chest wall—below collarbone (ensure pad adheres to skin)
   - One pad to casualty's left chest wall—below left nipple (ensure pad adheres to skin).

Note: If implant is identified, place pad at least 5 cm away from site—do not place pad on top of pacemaker or implant site.

You will be required to demonstrate the application of a defibrillator.

**CHAIN OF SURVIVAL**

The Chain of Survival is a series of interlinked actions which when followed is the key to improving the survival rate of casualties in cardiac and/or respiratory arrest. It is a proven fact that the Chain of Survival can improve survival rate up to 80%.

**DROWNING**

A person gasping for air while struggling to stay afloat may inhale only a small amount of water and so there is usually little water in the lungs because the muscles of the larynx have spasm closing off the airway. Eventually a mucus plug forms. But this closure whilst preventing water from entering also prevents air from entering. As a consequence, the person suffocates and become unconscious. And if not resuscitated, death is the outcome.

The danger here is people jump in to rescue the drowning person and end up drowning themselves. Once the person is out of the water CPR would most likely need to be commenced.

Note:
- There is a better than 50% chance of saving an apparently drowned infant or child by giving CPR.
- Even in the case of a successful rescue the casualty still need to be assessed and monitored. Hence the need to call triple zero (000).
SHOCK

Shock is caused by lack of circulating blood volume. It is caused by: the heart failing, bleeding, vomiting or diarrhoea, burns, pain, trauma, infections, or severe allergic reaction/anaphylaxis.

The physical injuries may not appear to be severe but if the blood volume is too low to meet the body's needs and to remove the waste products then it may result in life threatening consequences.

Signs and symptoms

May develop progressively depending on the severity of the injury, continuation of fluid loss or effectiveness of management. They can include:
- Cold, clammy skin
- Faintness or dizziness
- Nausea
- Anxiety.

Increasing to:
- Restlessness
- Thirst
- Rapid shallow breathing
- Drowsiness, confusion or unconsciousness
- Cyanosis - extremities become a blue like colour - this is a late sign and the person is very ill.

Management
1. DRSABCD.
2. Reassure the casualty.
3. Call triple zero (000) for an ambulance.
4. Raise the casualty's legs (unless fractured or a snake bite) above the level of the heart - place head flat on the floor.
5. Treat any wound or burn and immobilise any fractures.
6. Loosen any tight clothing at neck, chest and waist.
7. Maintain casualty's body warmth with a blanket or similar. DO NOT use any source of direct heat.
8. Give small amounts of clear fluid (preferably water) frequently to the conscious casualty who does not have abdominal trauma and unlikely to require an operation in the immediate future. If in doubt, do not give fluid.
9. Monitor and record breathing, pulse and skin colour at regular intervals.
10. Place the casualty in the recovery position if there is breathing difficulty, the casualty becomes unconscious or is likely to vomit.

Scenario 1
The casualty you are managing has progressively become quieter and anxious. Their skin is now pale and feels cold and clammy. They are also complaining of feeling dizzy.

What actions should you take?
A. Make the casualty move around to keep warm;
B. Call triple zero (000) for an ambulance;
C. Lie the casualty down, raise their legs and keep them warm with a blanket;
D. Ask the casualty to place their head between their knees.
WOUNDS & BLEEDING

A wound is a break in the continuity of the tissues of the body. It may bleed and it may become infected. Types of wounds are:

Amputation          Abrasion           Laceration         Puncture           Incision

Regardless of the type of wound, the same management steps apply:
• Control the bleeding
• Clean the wound if possible and apply a non adhesive dressing to prevent infection
• Seek medical aid if necessary or if in doubt.

If a wound is not bleeding, clean the wound thoroughly with sterile gauze soaked in saline or cooled boiled water. Then apply a non adherent dressing.

Dirty, penetrating or open wounds should be examined by a doctor as tetanus or other serious infections may result especially if there is dirt or foreign material in the wound.

External Bleeding

Management
1. DRSABCD.
2. Lie casualty down if the bleeding is severe.
3. Remove or cut clothing to expose the wound.
4. Apply firm direct pressure or instruct casualty to do so if possible.
5. If casualty is unable to apply pressure, apply pressure using a pad or your hands (use gloves if available).
6. Raise and rest the injured part when possible.
7. Apply a pad over the wound if not already in place and secure with bandage - ensure pad remains over the wound.
8. If bleeding continues, leave initial pad in place and apply a second pad over the first and secure with a bandage.
9. If bleeding continues replace second pad only.
10. Seek medical aid.

You will be required to manage a bleeding wound including that of uncontrolled bleeding following the initial bandaging.

Scenario 2
You have just stepped into the kitchen startling the person who was chopping onions at the kitchen sink. They cut the palm of their left hand, dropped the knife and the onions have gone everywhere.

How would you manage this situation?
A. Ask the casualty to wash their hands and call for help;
B. Call triple zero (000) for an ambulance and wait at the street corner;
C. Ask the casualty to grab a tea towel and tie it around their wrist;
D. Apply the DRSABCD Action Plan and take actions to stop the bleeding.
EMBEDDED OBJECTS

Where there is a foreign object embedded in the wound **DO NOT REMOVE THE OBJECT.**

If you need to control the bleeding, you should apply pressure to the surrounding areas, but not actually on the foreign body.

You can do this by placing pads around the object, and securing the pads with a bandage taking care not to put pressure on the object.

AMPUTATIONS

Manage the amputated part:

1. **DO NOT** wash or soak the amputated part in water or any other liquid.
2. Wrap the part in gauze or material and place in a waterproof container such as a plastic bag.
3. Place the sealed container in cold water, (add ice to the water if available).
4. **DO NOT** let the amputated part come into contact with the ice or water.
5. Ensure the amputated part is sent to the hospital with the casualty.

INTERNAL BLEEDING

Severe internal bleeding usually results from injuries caused by a violent blunt force such as a car accident or falls from a height. It can also occur when an object, such as a knife, penetrates the skin and damages internal organs. Some conditions such as stomach ulcers can also result in internal bleeding.

**Signs and symptoms of internal bleeding**

- Pain
- Tenderness
- Rigidity of abdominal muscles
- Coughing up red, frothy material
- Shock - pale, cold, clammy skin

**Management**

1. Lie casualty down or if casualty is coughing up frothy blood half sitting will be more comfortable.
2. Raise the legs or bend the knees.
3. Loosen tight clothing.
4. Call triple zero (000) for an ambulance.
5. **DO NOT** give the casualty anything to eat or drink.
6. Reassure the casualty, manage shock.

**Scenario 3**

Your neighbour is calling out that he has a nail in the palm of his hand.

How would you manage this situation?

A. Ignore it as you have no legal obligation to do anything;
B. Apply the DRSABCD Action Plan, then pad around the nail;
C. Ask the casualty if you can call someone for them;
D. Call triple zero (000) for an ambulance and leave.
ASTHMA

A person suffers an asthma attack when the lining of their lungs and airway become inflamed and swollen. This prevents the person breathing properly, creating great distress. Usually it is breathing out that is most difficult and noisy.

Signs and symptoms

The casualty may be:
- Unable to get enough air
- Progressively more anxious, short of breath, subdued or panicky
- Coughing, wheezing

Management

1. Follow DRSABCD.
2. Assist the casualty, if conscious, into a comfortable position - usually sitting upright.
3. Be reassuring and ensure adequate fresh air.
4. Assist with prompt administration of medication - give 4 puffs of a reliever inhaler (puffer) with 4 breaths in between puffs. Stop for 4 minutes.
5. If there is no improvement after 4 minutes, give another 4 puffs with 4 breaths in between puffs.
6. If still no improvement, call triple zero (000) for an ambulance.
7. Keep giving 4 puffs with 4 breaths in between puffs, and 4 minutes breaks until the ambulance arrives.
   (For adults with severe asthma attack, you may give up to 6-8 puffs every 5 minutes.)
8. If the casualty becomes unconscious, follow DRSABCD.

You will be required to demonstrate the administration of a reliever medication using a disposable spacer.

Scenario 4
It is hot and stuffy at the local pub. You noticed that the person next to you is wheezing and having breathing difficulties.

What First Aid action can you take?
A. Ignore the situation as the casualty is a stranger;
B. Ask if you could help and assist the casualty self administer their Ventolin;
C. Move away to make room so the casualty can breathe;
D. Call triple zero (000) for an ambulance and commence CPR immediately.

ALLERGIC REACTIONS (Inc ANAPHYLAXIS)

- An allergic reaction may progress to the anaphylactic stage and be potentially fatal and therefore needs urgent attention.

Signs and symptoms

- Swelling and redness of the skin
- Itchy, raised rash (hives)
- Swelling of the throat
- Wheezing and/or coughing
- Breathing and/or speech difficulties
- Nausea and vomiting
- Dizziness or unconsciousness

Management

- Assess DRSABCD
- Ask casualty if they have an adrenaline auto injector
- Assist to administer the adrenaline auto injector or administer yourself
- Call triple zero (000) for an ambulance
- Keep the casualty in a lying position or sitting if it assists them to breathe; do not allow casualty to stand or move around as this may result in a sudden drop of blood pressure and a loss of consciousness
- If casualty is unconscious, follow DRSABCD

You will be required to demonstrate the administration of an AAI
Scenario 5
You are having lunch in your work canteen. A colleague is complaining that their skin is itchy. You notice their eyes are puffy and a rash is appearing on their skin. There was satay sauce on the meatballs from the menu and this person has an anaphylactic history with peanuts.

What should your First Aid management include?
A. Give the casualty a cup of tea with a lot of sugar in it;
B. Help the casualty scratch their back as they could not reach the itchy spot;
C. Wait until the casualty has breathing difficulties before doing anything;
D. Call triple zero (000) for an ambulance and help the casualty self-administer their adrenaline auto injector.

HEART DISORDERS

<table>
<thead>
<tr>
<th>Angina</th>
<th>Heart attack</th>
<th>Heart failure</th>
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<tbody>
<tr>
<td><strong>Signs and symptoms</strong></td>
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</table>
| - Feeling of pressure or tightness in the centre of the chest.  
- Pain or discomfort may spread to the neck, jaw, shoulders and arms. | - Pain or discomfort is persistent.  
- Crushing sense of pressure or burning in the centre of the chest.  
- Sweating, shortness of breath and a sick feeling.  
- Pain may spread to back, neck and arms. | - General feeling of tiredness.  
- Breathlessness when exercising.  
- Swollen feet, ankles, legs, abdomen and veins.  
- Coughing and wheezing.  
- Blue lips and extremities. |
| **Management** | **Management** | **Management** |
| - Support casualty in sitting position.  
- Loosen tight clothing.  
- Assist casualty to take their prescribed medication, if appropriate.  
- If pain persists for longer than 10 minutes, call triple zero (000) for an ambulance.  
- **DO NOT** hang up.  
  Wait for advice from the triple zero (000) operator. Stay with the casualty until the ambulance arrives.  
- Monitor vital signs and be prepared to start CPR. | - Follow DRSABCD.  
- Call triple zero (000) for an ambulance.  
- If casualty is conscious, place in sitting position.  
- If casualty is unconscious, roll into recovery position.  
- Loosen tight clothing.  
- If conscious, give one tablet (300mg) of aspirin unless casualty is allergic to aspirin, has asthma or is already taking anti-coagulant medication (eg. warfarin), or their doctor has advised them not to take aspirin.  
- Manage for shock.  
If Cardiac-Arrest:  
- Follow DRSABCD.  
- Call triple zero (000) for an ambulance. | - Follow DRSABCD.  
- Call triple zero (000) for an ambulance.  
- If casualty is conscious, place in sitting position.  
- Reassure casualty and loosen tight clothing.  
- Manage for shock. |
**Scenario 6**
You are at work at your desk. A fellow worker is observed to be rubbing their left arm and complaining of tightening in their chest. They look pale and tired.

**What actions would you start with?**
A. Nothing as you are not the designated First Aid officer;
B. Ask if you can help and for more details of the pain;
C. Call triple zero (000) for an ambulance and let them rest in the First Aid room alone;
D. Commence CPR and call triple zero (000) for an ambulance after 2 minutes.

**DIABETES**

**Signs and symptoms**

**High blood sugar**
- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot, dry skin
There will normally be a slow onset of symptoms.

**Low blood sugar**
- Feel dizzy, weak and hungry
- Profuse sweating
- Look pale and have a rapid pulse
- Aggressive behaviour
There will normally be a fast onset of symptoms.

**Management**
A person who suffers from diabetes will generally recognise the symptoms themselves, and know whether their blood sugar level is high or low. They will know what action to take, but they may ask you to help them.

For a person with low blood sugar, give sugar, glucose or a sweet drink (eg. soft drink, but NOT ‘diet’ soft drinks). Continue giving sweet drinks every 15 minutes until the casualty recovers or medical aid arrives.

For a person with high blood sugar, allow casualty to self-administer insulin. DO NOT administer it yourself, but help if needed.

If unsure whether the casualty is suffering from high or low blood sugar, give them something with sugar. Giving any form of sugar can save a person’s life if blood sugar is low; and will not cause undue harm if blood sugar is high.

If there is no immediate recovery, seek medical aid.

**Scenario 7**
In a busy restaurant you noticed a person is becoming disorientated and confused, and their speech is slurring. Their fellow diner said they have a history of diabetes.

**What First Aid action should you take?**
A. Nothing as the casualty is a stranger;
B. Ask the restaurant to serve that table's order quickly;
C. Convince the casualty to have a sweet drink;
D. Assume the casualty is drunk.
STROKE

A stroke occurs when an artery taking blood to the brain becomes blocked or bursts. Brain cells are damaged and functions controlled by that part of the brain become paralyzed.

Although many people make a good recovery a stroke can be fatal. People most at risk of a stroke are those who are elderly, have high blood pressure, smoke, have heart disease or diabetes or have previously had a stroke. A stroke is a life threatening emergency.

Signs and symptoms
- Sudden decrease in the level of consciousness.
- Weakness or paralysis, usually on one side of the body.
- Feeling of numbness in face, arm or leg.
- Difficulty speaking or understanding.
- Unexplained dizziness.
- Disturbed vision.
- Loss of balance.
- Confusion.

Management
- Follow DRSABCD
- Call triple zero (000) for an ambulance

If casualty is conscious:
- Support head and shoulders on pillows
- Loosen tight clothing
- Maintain body temperature
- Wipe away secretions from mouth
- Ensure airway is clear and open.

If casualty is unconscious:
- Place in recovery position.

Scenario 8
You are at a meeting when you suddenly realise the speaker’s speech is slurring and not within the context of the meeting. The speaker also seems to be losing their balance and appears confused.

What should your First Aid actions include?
A. Stop the meeting, call an ambulance and make the speaker comfortable on the floor;
B. Help the speaker to the First Aid room to rest;
C. None as you are not in charge and it would look like you are interrupting;
D. Stop the meeting and let the speaker rest then continue where you left off.

EPILEPTIC SEIZURES

Epileptic seizures are caused by a disturbance of the brain. They can be a result of chemical imbalance, a previous injury or an unknown cause. This section is concerned with convulsive type seizures caused by epilepsy, which can affect people of any age. These seizures can last from 1 to 3 minutes.

Signs and symptoms
- A ‘cry’ as air is forced out through the vocal cords
- Casualty falls to the ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from the mouth
- Possible loss of bladder and bowel movement
Management

During seizure

- **DO NOT** try to restrain the person
- **DO NOT** put anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

After seizure

- Follow DRSABCD
- Place in the recovery position
- Manage all injuries
- **DO NOT** disturb if the casualty falls asleep but continue to check airway and breathing
- Seek medical aid if the casualty does not recover

Seek medical aid if seizure continues for more than 5 minutes, another seizure quickly follows, the casualty has been injured, there is no history of epilepsy, there is a history of a head injury, or when in doubt.

**Scenario 9**

You are at a party where strobe lights are playing. One of the dancers falls to the ground and is exhibiting jerky movements and frothing at the mouth.

What are some of the actions you can carry out to help the casualty?

A. Nothing as you do not know the casualty;
B. Make it safe for the casualty to have their seizure;
C. Call triple zero (000) for an ambulance immediately and leave;
D. Call the casualty’s family to come and manage the casualty.

**HYPERVENTILATION**

Hyperventilation is a result of involuntary over-breathing due to excitement, hysteria, stress or other emotion.

**Signs and symptoms**

There are a number of signs and symptoms which help you to distinguish hyperventilation from other breathing disorders, such as asthma.

- Shallow, rapid breathing
- Rapid pulse
- Feeling of choking or suffocation
- Dizziness
- Pins and needles in hands, feet and face

**Management**

- Follow DRSABCD
- Calm casualty; remove to a quiet, private place
- Encourage slow, regular breathing - slowly count breaths aloud
- Seek medical aid
FAINTING

Fainting is the result of a temporary reduction in blood flow (and therefore oxygen) to the brain. A person experiencing this effect will feel dizzy and may lose consciousness for a brief period of time. People usually faint from a standing position and injuries may result.

Signs and symptoms

- Feeling light-headed, dizzy or nauseated
- Pale, cool, moist skin
- Numbness in the fingers and toes.

Management

- Lie the casualty down with legs raised, with the head and body flat
- Ensure plenty of fresh air
- Loosen tight clothing such as belts or ties
- Check for injury or illness
- After recovery, let the casualty rest for some minutes before moving

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

Scenario 10

A friend is complaining they are feeling dizzy and seeing stars.

What First Aid management can you put in place?

A. Make them sit down on a chair and push their head between their legs;
B. Ignore the situation as it will only embarrass them;
C. Give them a glass of water and tell them to take some deep breaths;
D. Request that they lie down and assist them to raise their legs.
FEBRILE CONVULSIONS

Convulsions may occur in infants and young children between the ages of 6 months and 5 years old. This may be due to fever, infection, epilepsy or other conditions.

Even a small rapid rise can cause convulsions. Often the seizure is the first sign of a fever to it is difficult to prevent these convulsions. Febrile convulsions are usually brief, lasting no more than 5 minutes and are quite common.

Signs and symptoms

- Fever
- Twitching of face and limbs
- Stiffness of body with arched back
- Eyes rolling up
- Congestion of the face and neck
- Blue face and lips

Note: DO NOT cool the child by sponging or bathing but remove excess clothing or wrapping.

Management

**During the convulsions**

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

**After the convulsion**

1. Follow DRSABCD
2. Seek medical aid

Scenario 11
You are cuddling a toddler you are baby-sitting who has a fever. The child suddenly begins to convulse.

What would you do?

A. Place the child on their side for safety and time the seizure;
B. Cuddle the child closer to sustain the child;
C. Give the child a double dose of Paracetamol immediately;
D. Cool the child by sponging the body with icy cold water.

FRACTURES

A fracture is a break in the continuity of bone and is defined according to the type and extent.

Fractures can be caused by either direct or indirect force. Other indirect fractures can occur when a muscle pulls violently on a bone, separating a fragment.

Complications

Any fractures can be complicated by injury to adjoining muscles, blood vessels, nerves and organs. Fractures of large bones usually result in considerable blood loss and shock.

Signs and symptoms

- Pain at or near the site of injury
- Swelling
- Tenderness at or near site of fracture
- Redness
- Loss of function
- Deformity
- Casualty feels or hears the break occur
- A coarse grating sound is heard or felt as the bones rub against each other - (crepitus).
Fractures are classified as closed, open or complicated.

**Aims of fracture management**

- Immobilise the injured part in order to lessen pain.
- Reduce serious bleeding and shock.
- Prevent further internal or external damage.
- Prevent a closed fracture from becoming an open fracture.

**Management**

1. Apply the DRSABCD Action Plan.
2. Assist casualty to remain as still as possible.
3. Control any bleeding and cover any wounds.
4. Observe casualty carefully.
5. Manage shock.

**NO** attempt should be made to force the fracture back into place.

Your trainer will discuss creating an improvised splint and demonstrate the use of one for a mid forearm fracture.

A splint can be made from almost any material. It should be:

- Rigid;
- Not too heavy;
- Wide enough to support the arm width wise slightly longer than;
- Long enough to support the arm length wise slightly longer than.

So for example packaging cardboard, newspaper, magazines can be used. It should be neatly folded so that it does not unravel or catch anywhere. The procedure is usually finished off by supporting the splinted limb with a full arm sling.

**Method:**

1. Place the forearm length wise on the improvised splint with the fingers wrapped over the edge of the splint and the splint protrudes slightly beyond the elbow.
2. Firmly apply a narrow bandage before and beyond the fracture site, try not to pull or jerk.
3. The procedure is usually finished off by supporting the splinted limb with a full arm sling.

*You will be required to demonstrate splinting of a forearm fracture and the application of a full arm sling.*
**DISLOCATION**

A dislocation occurs when one or more bones are displaced at a joint - most commonly at the shoulder and fingers. It always result in tearing of the ligaments which normally hold the joint in the connected position.

**SPRAINS AND STRAINS**

A sprain occurs when the ligaments holding a joint together are stretched and torn. A strain is where the fibres of a muscle or tendon are stretched and torn.

**Management**

Assess DRSABCD

**Follow RICE:**

- Rest the casualty and the injured part
- Apply Ice pack wrapped in a damp cloth or a cold compress for 15 minutes, every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours
- Apply a Compression bandage firmly to extend well beyond the injury
- Elevate the injured part.

If the application of the ice pack does not help seek medical aid.

**NOTE:** If in doubt about the injury, treat as a fracture.

*You will be required to demonstrate the application of a compression bandage to a sprain.*

---

**Scenario 12**

A young child has fallen off their bicycle. They landed on their right lower arm. It is now painful and has a slight swelling.

**What should you do?**

A. Apply a sling to the injured arm and send them back out to play;
B. Apply a sling to the injured arm and seek medical advice;
C. Apply a heat pack on the area and repeat every 15 minutes;
D. Apply an ice pack on the injury for an hour and repeat.

---

**Scenario 13**

You are playing football with a group of people. One of them rolled their ankle.

**What First Aid actions can you take?**

A. Massage the ankle for 15 minutes;
B. Get the casualty to rotate their injured ankle a few times;
C. Apply the RICE management;
D. Get the casualty to rest and give them a sweet drink.
HEAID INJURIES

As the brain is the controlling organ for the whole body, injuries to the head are potentially dangerous and always require medical attention.

When a casualty has a serious head injury, the neck or spine may also be injured.

Some common head injuries:

The skull may be fractured by either a direct force (a blow to the head) or indirect force such as a fall from a height, landing heavily on their feet or severe injuries may cause multiple cracking (an 'eggshell' fracture) which may extend to the base of the skull.

Concussion is an altered state of consciousness, usually caused by a blow to the head or neck. The casualty may become unconscious but this is often momentary.

Compression is excess pressure on part of the brain. It may be caused by a depressed skull fracture where the broken bones put pressure on or directly damage the brain, or by a build-up of blood inside the skull. If a blow to the head causes bleeding in the brain or on the surface of the brain and the blood cannot drain from the closed space, it builds up and puts pressure on the brain. This is life-threatening.

Assessment of Head Injuries

It is often very difficult to make an accurate assessment of the severity of a head injury. Therefore no head injury should be disregarded or treated lightly. The cause of the injury is often the best indication of its severity. Strong forces will usually cause severe injuries to head and spine.

Signs and Symptoms

If the casualty temporarily loses consciousness, but does not have any apparent injury of after effects, the First Aider should assume the potential for hidden injury and advise the casualty to seek medical aid promptly.

• Headache
• Loss of memory, particularly of the event
• Confusion
• Altered or abnormal responses to commands and touch
• Wounds to the scalp or to face
• Nausea, vomiting
• Dizziness

In more complicated injuries, signs include:

• Blood or clear fluid escaping from nose or ears. Depending on where the injury is, blood may appear from the ears or nose. If the base of the skull is fractured there may be no obvious sign or injury, but cerebrospinal fluid or blood may escape through the ears
• Pupils becoming unequal in size
• Blurred vision

Management

1. Follow DRSABCD
2. If casualty is conscious:
   • Place casualty in a comfortable position with head and shoulders slightly raised.
3. If casualty is unconscious:
   • Place in recovery position
   • Clear and open airway
   • Monitor breathing
4. Support casualty's head and neck during any movement; avoid twisting movement
5. Keep casualty's airway open with a chin lift
6. Control bleeding but do not apply direct pressure to the skull if you suspect a depressed fracture.
7. If blood or fluid comes from the ear, cover with a sterile dressing (lie casualty on injured side if possible to allow fluid to drain).
8. Call triple zero (000) for an ambulance. Note the casualty's condition so that you can report it to the paramedics.
PENETRATING CHEST INJURIES

A penetrating chest wound can cause severe internal damage within both the chest and upper abdomen. The lungs are particularly vulnerable to injury. If a puncture is deep enough, the rib cage may be penetrated allowing air to enter the chest through the wound. When air enters this space (pleural cavity), the lung on the side of the injury collapses. Pressure in the chest cavity may build up to such an extent that the heart is pushed to the side. The function of the uninjured lung on that side may also be affected.

Signs and symptoms
- Pain at site of wound
- Unconsciousness
- Difficult and painful breathing
- Bloodstained bubbles around wound when casualty exhales
- Sound of air being sucked into chest as the casualty inhales
- Check for an exit wound

Management
1. Follow DRSABCD
2. Place casualty in a sitting position with affected side down
3. Cover the wound – use the casualty’s or your own hand to stop air flowing in and out of chest cavity.
4. Cover wound with a dressing such as plastic sheet or bag or aluminium foil.
   If not available, use a sterile dressing or pad.
5. Seal with tape on three sides (not bottom).
6. Call triple zero (000) for an ambulance

Scenario 15
In an industrial incident, a casualty has a chest wound. When the casualty exhales you can see blood stained bubbles around the wound and on inhalation a sound of air being sucked in is heard.

What is the priority in managing the injury?
A. Call triple zero (000) and ensure another colleague is waiting for them outside;
B. Seal the wound while allowing fluid and air to escape from the wound;
C. You are not the First Aider so you must get out;
D. Standby to do CPR and give oxygen with a mask.
ABDOMINAL INJURIES

Organs in the abdomen can easily sustain an injury because there are is no bone structure to protect them. The liver, spleen and stomach tend to bleed easily and profusely, so injuries to them can be life-threatening. Injury to the bowel may result in the contents being spilled into the abdominal cavity, causing infection.

An injury to the abdomen can be open or closed. Both are serious as even in a closed wound an organ can be ruptured, causing serious internal bleeding and shock. With an open injury, abdominal organs can protrude through the wound.

Signs and symptoms

- Severe pain
- Nausea or vomiting
- Bruising and tenderness around the wound
- Unnatural paleness
- External bleeding
- Blood in the urine
- Distension/swelling
- Protrusion of intestines through an abdominal wound
- Shock

Management

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

DO NOT give anything to drink

DO NOT try to push organs back into abdomen

DO NOT apply direct pressure to the wound

Scenario 16
You are in a café when a brawl occurs between two patrons. You notice one of them holding onto their abdomen, looking pale and there is blood coming through their fingers.

What First Aid action would you take in managing the injury?

A. Ignore the situation as it has nothing to do with you and it is too dangerous to approach;
B. Race across immediately apply firm pressure to the wound to stop the bleeding with your hands;
C. Ensure there is no danger then cover the protruding organs with plastic food wrap soaked in clean water;
D. Call triple zero (000) and leave as that is all you can do as you have no duty of care.
**BURNS**

The following table shows the various types of burns that can be received.

<table>
<thead>
<tr>
<th>Most common is sunburn</th>
<th>Fire (flame), steam, hot objects or liquids in direct contact with the body.</th>
<th>Heat generated when skin rubs on materials such as rope and carpet.</th>
<th>Electrical energy from the mains or lightning can produce very serious burns.</th>
<th>Many common chemicals in the home cause burns eg. pool acid, caustic soda.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation</td>
<td>Thermal</td>
<td>Friction</td>
<td>Electrical</td>
<td>Chemical</td>
</tr>
</tbody>
</table>

Burns are injuries to the skin and underlying tissues caused by heat, extreme cold, chemicals, corrosive substances, electricity, friction and radiation. Burn injuries are usually extremely painful and the risk of infection is high.

Although there is no bleeding, burn injuries result in fluid loss, loss of temperature control and damage of varying degrees of underlying layers of tissue and nerves. Damage may include the respiratory systems and eyes. The probability of the casualty going into shock is very high. Besides the obvious physical damage, burns also cause psychological damage as they can disfigure and disable resulting in an altered body image.

**General Principles:**

1. DRSABCD
2. Remove the source of the burn
3. Cool the burnt area with cool running water
4. Cover burn for example with a non adherent burns dressing, or plastic food wrap
5. Manage shock.

The purpose of the cool running water is to return the burnt area to normal temperature. It can take up to 20 minutes. With bitumen burns continue the cooling for 30 minutes but no longer.

Clothing, jewellery and rings may be removed unless stuck. If a person’s clothing is on fire, manage by applying the action of STOP-DROP-ROLL.

**DO NOT** apply lotions, ointments or oily dressings
**DO NOT** prick or break blisters
**DO NOT** give alcohol
**DO NOT** over cool casualty
**DO NOT** Use towels, cotton wool, blankets or adhesive dressings directly on burn
**DO NOT** remove clothing stuck to burnt area.

**Seek medical aid if:**

- Burn involves airway, hands, face, feet or genitals
- Burn is deep, even if casualty does not feel any pain
- A superficial burn is bigger than a 20 cent piece
- You are unsure of severity of burn.

**Scenario 17**

You are looking after a child who has pulled on the tablecloth, and a hot cup of tea has slipped off the table onto their arm. Their right lower arm is turning red.

**What is your FIRST priority?**

A. Put their injured arm under cool gently running water;
B. Spread toothpaste evenly all over their injury;
C. Pick up the child and give them a cuddle;
D. Drive the child to the nearest hospital.
POISONS

A poison is any substance which, when introduced into the body, interferes with one or more normal body functions. Poisons may be solid, liquid or gaseous. They may be found in food, medication, household substances and industrial products.

Poison may enter the body by:
- Ingestion
- Inhalation
- Absorption
- Injection.

Signs and symptoms

The signs and symptoms of poisoning depend on the nature of the substance and, in some cases, how it entered the body. Any of the following may occur:

- Abdominal pain
- Drowsiness
- Nausea and/or vomiting
- Burning pain from mouth through to stomach
- Difficulty breathing
- Tight feeling in chest
- Headache
- Ringing in ears
- Blurred vision
- Seizures
- Smell of fumes
- Odour on breath
- Bite or injection marks, with or without local swelling
- Contamination of skin
- Change of colour; blueness around lips
- Burns around and inside mouth or on tongue
- Sudden collapse
- Abdominal pain
- Drowsiness
- Nausea and/or vomiting
- Burning pain from mouth through to stomach
- Difficulty breathing
- Tight feeling in chest
- Headache
- Ringing in ears
- Blurred vision

General management

1. DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Call fire services if atmosphere is contaminated with smoke or gas.
4. With a conscious casualty - listen to history and give reassurance.

DO NOT try to induce vomiting, but if the casualty does vomit, you should send as much of the vomit as possible to the hospital with them.

DO NOT give the casualty anything to eat or drink.

- Wash corrosive substance off mouth and face with water or wipe it off.
- With inhaled poisons - move casualty to fresh air if possible.

Scenario 18

Your child tells you that the lemonade in the shed tastes awful. You are aware that you have just mixed a chemical spray for the roses in a lemonade bottle and had left it on the workbench in the shed. Your child is not showing any signs or symptoms of poisoning.

What First Aid steps should you take?
A. Make your child vomit by sticking your finger down their throat;
B. Give your child several glasses of milk to drink;
C. Drive your child to your local doctor as fast as you can;
D. Sit your child down and call the Poison Information Centre for advice.
 BITES & STINGS

Bites and stings fall into four main categories: INSECTS - SPIDERS - SNAKES - MARINE

Management

<table>
<thead>
<tr>
<th>Pressure Immobilisation</th>
<th>Ice or Cold Pack</th>
<th>Hot Fluid</th>
<th>Vinegar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snakes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funnel Web and Mouse</td>
<td>Bee</td>
<td>Stonefish</td>
<td>Box Jellyfish</td>
</tr>
<tr>
<td>Spiders</td>
<td>Wasp</td>
<td>Bullrout</td>
<td></td>
</tr>
<tr>
<td>Blue Ring Octopus</td>
<td>Centipedes</td>
<td>Stingray</td>
<td></td>
</tr>
<tr>
<td>Cone Shell</td>
<td>Scorpions</td>
<td>Bluebottle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red-Back Spider</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ant &amp; Tick</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Snakes

Apply a pressure immobilisation bandage to manage a snake bite.

- **DO NOT** wash the venom off the skin, it can be used to identify the type of snake that bit the casualty
- **DO NOT** cut the bitten area
- **DO NOT** try to suck the venom out of the wound
- **DO NOT** use a constrictive bandage
- **DO NOT** try to catch the snake

Your trainer will demonstrate the application of a PIT

**Scenario 19**

You are bush walking with friends. One of your friends called out that they have been bitten by a snake.

**What would your First Aid management include?**

A. Ask your friend to lie down, apply a pressure immobilisation bandage;
B. Find a knife to cut the bite site and suck on the wound three times;
C. Ask everyone to find and catch the snake for identification purposes;
D. Wash the bite site. Hurry back to the car and drive to the nearest hospital.
EXPOSURE TO HEAT

The body works efficiently only as long as it remains at a constant temperature between 36°C and 37°C. If the body temperature drops or rises more than a few degrees it cannot function properly.

**Heat cramps** - Result of losing too much water and salt through sweating causing painful muscle cramps, usually in legs and abdomen.

**Heat exhaustion** - Results from being physically active in a hot environment without taking the right precautions.

**Heat stroke** - Potentially lethal condition. Water levels in the body become so low that sweating stops and body temperature rises because the body can no longer cool itself.

**Management**

The basic principle of management of exposure to heat is immediate cooling. However, you must take care to ensure that the casualty is not over cooled.

**General management**

- DRSABCD
- Move the casualty to a cool environment
- Give fluids to drink in small amounts.

**For heat cramps**

- Ask the casualty to stop the activity and rest in a cool environment
- Gently stretch the affected muscle and massage gently if this assists in relieving pain
- Place an ice pack on muscle area
- Give cool water to drink.

**For heat exhaustion**

- Move the casualty take down in a cool place with circulating air
- Loosen tight clothing and remove unnecessary garments
- Sponge with cold water
- Give cool water to drink if conscious
- Seek medical aid if casualty vomits or does not recover promptly

**For heat stroke**

In the case of heat stroke, you must cool the casualty more rapidly by:

- Removing almost all clothing
- Applying cold packs or ice to neck, groin and armpits
- Cover body with a wet sheet. Direct a fan onto the wet sheet if possible to increase air circulation
- Call triple zero (000) for an ambulance.

**Scenario 20**

You are acting as a marshal for a fun run when a runner arrives at your station and collapses. The casualty tells you they feel exhausted, dizzy, has a headache, and is nauseated. The casualty is breathing rapidly and has pale, cool and clammy skin.

**Which of the following actions would you take in managing the casualty?**

A. Call triple zero (000) for an ambulance and wait with the casualty;
B. Give the runner a bottle of water to drink and tell them to continue the run;
C. Lie the casualty down in the shade, give fluids and sponge with cold water;
D. Massage the casualty’s limbs for 15 minutes and make them drink 2 litres of water.
EXPOSURE TO COLD

To conserve body heat, blood vessels in the skin shut down to prevent the body's core heat escaping. Wind and skin wetness increases the effects of cold air.

The body loses heat by radiation especially from the head, evaporation, breathing, conduction and convection. Certain groups of people are particularly prone to cold-induced conditions. These include the elderly, babies and young children, and any body weakened by disease/illness, starvation, fatigue, injury etc.

Signs and Symptoms

When body temperature first drops, the signs are:
• Feeling cold
• Shivering
• Clumsiness and slurred speech
• Apathy and irrational behaviour.

As the body temperature continues to drop:
• Shivering usually ceases
• Pulse may be difficult to find
• Heart rate may slow
• Level of consciousness continues to decline.

Management

Hypothermia occurs when the body's warming mechanisms fail, or are overwhelmed, and the body temperature drops below 35°C.

General management

The aim is to stabilise core temperature rather than attempt rapid rewarming.
1. DRSAABCD.
2. Remove the casualty to a warm, dry place.
3. Protect casualty from wind, rain, sleet, cold and wet ground.
4. Handle gently, avoid activity or movement
5. Remove wet clothing.
6. Wrap casualty in blanket.
7. Cover head to maintain body heat.
8. Give casualty warm drinks if conscious.
   Note: Add hot water bottles or heat packs to casualty's neck, armpits and groin if managing hypothermia.
9. Call triple zero (000) for an ambulance if hypothermia is severe and when in doubt.

A space blanket reflects radiated heat back to the body, but it can also conduct heat away. So some form of insulation such as blankets, sleeping mat, even thick layers of newspaper should be provided either inside or outside of the space blanket.
Frostbite occurs when the skin and underlying tissues become frozen as a result of exposure to below zero temperatures. In superficial frostbite, the skin is white, waxy-looking and firm to touch but the tissue underneath is soft. The casualty may feel pain at first, followed by numbness. In deep frostbite, the skin turns grayish-blue. The skin feels cold and hard and there is no feeling.

General management

1. DRSABCD.
2. Remove the casualty to a warm, dry place and prevent further heat loss.
3. Rewarm the frostbitten part with body heat (e.g. place frostbitten fingers in armpit).
4. Handle the frozen tissue very gently to prevent further tissue damage.
5. Call triple zero (000) for an ambulance.
6. If possible remove any jewellery.

**DO NOT** rub or massage the frozen area
**DO NOT** rewarm with fire or other direct heat
**DO NOT** apply snow or cold water to area
**DO NOT** give person alcohol

Scenario 21

In a group of bushwalkers you notice that one of them does not have rain protection. The person is staggering, has slurred speech, is shivering and complains of feeling cold.

What would you do?

A. Place the casualty as near as possible to the camp fire;
B. Provide the casualty with an alcoholic drink;
C. Massage the casualty arms and legs briskly to warm them up;
D. Move the casualty to a warm place and warm them up slowly.
FIRST AID KITS

Contents of a First Aid kit

Workplaces from industrial to sporting venues should have an appropriate First Aid kit on site. It is also a good idea to keep one at home and in the car.

You should be aware of the items that are included in a typical First Aid kit, and also know what each item is used for.

Items that should be considered when selecting a First Aid kit:

<table>
<thead>
<tr>
<th>Non Adhesive Dressings</th>
<th>Note pad &amp; Pencil</th>
<th>Triangular Bandage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypo-Allergenic Tape</td>
<td>Roller Bandages</td>
<td>Tweezers</td>
</tr>
<tr>
<td>Disposable Gloves</td>
<td>Normal Saline Solution</td>
<td>Adhesive Strips</td>
</tr>
<tr>
<td>Resuscitation Face Shield</td>
<td>Scissors</td>
<td></td>
</tr>
<tr>
<td>Ice Pack</td>
<td>Thermal Blanket</td>
<td></td>
</tr>
</tbody>
</table>

Improvising

There may be occasions where you need to give First Aid but there is no First Aid kit available.

If a kit is not available, you will need to improvise First Aid equipment, by using whatever you can find but, sort out the pros and cons of using the item before applying it.

For example, using a plastic bag for gloves, and a folded face cloth wrapped in cling wrap as a non adhesive pad are feasible and has positive outcomes. But using a plastic bag as a mask is not, as there is no substitute for a face mask.

However you should not let the absence of a First Aid kit prevent you from offering First Aid to a casualty.
Scenario Answers

1. C
2. D
3. B
4. B
5. D
6. B
7. C
8. A
9. B
10. D
11. A
12. B
13. C
14. A
15. B
16. C
17. A
18. D
19. A
20. C
21. D

CONGRATULATIONS

You have completed the self-directed pre course learning pack.

If you have answered all your scenario questions correctly, well done. If you have missed a couple then we suggest you go back and review those sections to make sure you understand the correct answer.

Again, thank you for choosing St John. We look forward to seeing you at the one day course.

References
Australian and New Zealand Resuscitation Council Guidelines
St John Australian First Aid Manual Edition 2011