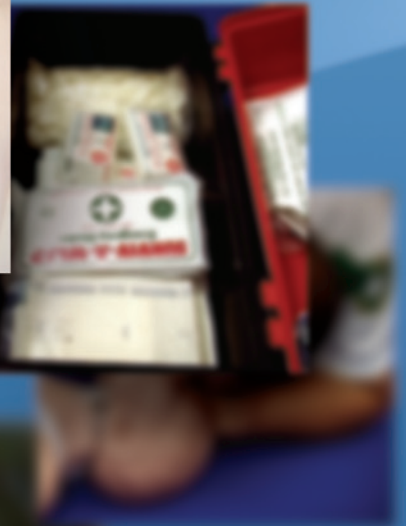


FIRST AID

THE FUNDAMENTAL SERIES



TEACHER NOTES

Standard Emergency Procedure

When discovering an unconscious or injured person, ALWAYS STOP to assess the DANGER first

- Check for electricity, traffic, chemicals, or other hazards that may endanger you or others.
- The history of the accident often gives important information to a first-aider.
- Bystanders can call for help, and assist in controlling hazards such as traffic
- If absolutely necessary and possible, carefully move the patient to safety, remembering to protect their neck from movement

Check the RESPONSE of the person

- Do they respond to simple questions, such as "Can you hear me?" and "What is your name?"
- Do they respond to a tap on the shoulder?
- If the person is responsive, reassure them. Your next priority is to check and treat them for bleeding and other injuries.
- If the person is unconscious call for help and begin basic life support immediately.

Management of an Unconscious Person

Clear the persons AIRWAY

- Check that their mouth is clear
- If the person was rescued from drowning, or has vomit, or other matter in their airway, Roll them into a recovery position, while supporting the neck;
- Otherwise leave them in the position found.
- Use two or three fingers to sweep clear any solid matter in the mouth.
- Open their airway by tilting the head back while supporting the jaw.
- Gently pull the mouth open by the chin.

Check for other 'Signs of Life' including 'Normal Breathing'

- LOOK for normal chest movement, other movement & normal colour
- LISTEN for normal breathing sounds coming from the mouth and nose.
- FEEL the chest or abdomen for regular movement and for warmth of skin
- Normal breathing rate is about 16 breaths per minute.
- Is the person breathing normally?
- If the person is not breathing normally, commence CPR immediately.

Rescue BREATHS

- Use a barrier if available
- Open their airway by tilting the head back while supporting the jaw.
- Gently pull the mouth open by the chin.
- Block the person's nose and seal their mouth with yours.
- Give 2 rescue breaths.
- Make sure the chest gently rises with each breath
- After each breath, listen for air escaping from the nose and mouth and watch the chest fall.
- Then immediately begin compressions

Perform chest COMPRESSIONS

- The patient should be on their back, on a flat, firm surface, preferably the floor.
- Kneel beside the patient's upper body to provide easy breath and compression changeover.
- Place the heel of one hand on the middle of the breastbone, at the nipple line using the other hand as reinforcement by interlocking the fingers.
- Ensure your arms are straight, with your shoulders squarely over the compression point.
- Depress the breastbone rhythmically and vertically, about 5 cm, or up to one third of the depth of the chest with each compression.
- Place pressure only through the heel of the bottom hand.
- Give 2 full breaths every 30 compressions
- Compressions are most effective at a rate of 100 per minute.
- Continue this process until help arrives or the person recovers.

2 Person CPR

- Assistance may be helpful.
- If another person is available, have the most experienced first aider do the ventilations.
- The changeover from 1 to 2 first aiders should be done smoothly without interrupting the resuscitation process.
- Compressions are most effective at a rate of 100 per minute.
- The other person can give two full breaths every 30 compressions.
- Continue resuscitation until help arrives or the person recovers.

If a person recovers during resuscitation, place them on their side into a recovery position and check and manage any bleeding, followed by other injuries.

Remember: DR ABC

CPR for Children and Infants

CPR for Young children

- Young children between the ages of 2 and 8 may require only a slight head tilt to open their airway for Rescue breathing
- Give 2 small rescue breaths then immediately begin compressions
- The first aider may block the child's nose with their cheek.
- Place the heel of one hand on the middle of the breastbone, at the nipple line for CPR compressions.
- Compressions should be 2 ½ cm, or up to 1/3rd of the depth of the chest.
- Give 2 small breaths every 30 compressions
- Compressions are most effective at a rate of 100 per minute.
- Continue until recovery or help arrives.

When performing CPR for an infant

- Infants under 2 years of age do not require a neck tilt to open their airway,
- It is usually more practical to cover both the mouth and nose of an infant with your mouth, when performing Rescue Breaths.
- Give 2 gentle puffs of air.
- Then immediately begin compressions.
- Use only 2 fingers in the middle of the chest, at the nipple line for CPR compressions.
- Compressions should be 1 ½ cm, or up to 1/3rd of the depth of the chest.
- Give 2 gentle puffs every 30 compressions
- Compressions are most effective at a rate of 100 per minute.
- Continue until recovery or help arrives.

Choking:

If the person who is choking can still cough and breathe, it is a **partial obstruction**.

The person may experience:

- Wheezing,
 - Coughing spasms
 - Difficulty breathing
 - And blue/mottled skin.
-
- In this case, do not intervene with back slaps, as this may cause the foreign material to completely block the airway.
 - Encourage the person to cough,
 - Loosen any tight clothing,
 - Use gravity where possible
 - And Calm and reassure the person

If the person has a **total obstruction** they may,

- be unable to breath
- grasp at their throat
- have blue/mottled skin
- and become unconscious

If the person is unconscious or has a total obstruction,

- Lay the person on their side on the floor into a recovery position and attempt to clear the airway using your fingers.
- If this does not clear the airway,
- Give 5 blows with the palm of the hand between the shoulder blades.
- And then check for breathing.

If still unsuccessful,

- Depress the breastbone about 5 cm, or up to one third of the depth of the chest with each compression, as with CPR.
- Give up to 5 chest thrusts, checking each time if the obstruction has been cleared.

If still unsuccessful, commence CPR immediately and continue until medical help such as an ambulance arrives.

Bleeding:

If possible, it is good practice for a first-aider to use disposable gloves to avoid infection.

- Promptly apply direct pressure on the wound using a sterile dressing.

If no dressing is immediately available, improvise with clean material such as clothing or use your hands to hold the wound together and apply pressure.

Small wounds should be washed, dried, and treated with mild antiseptic. However, do not attempt to apply antiseptic to large, life-threatening wounds.

- Where practical, bind the dressing to the wound using a roller bandage.
- If possible, elevate the injured part.
- Seek medical assistance.

After treating injury, it is important to reassure the person, ensuring they are relaxed and comfortable. This will lower their heart rate, reducing bleeding and the effects of shock.

Shock

Shock is a condition recognised by:

- rapid breathing
- a weak and rapid pulse
- pale and clammy skin.
- The person may experience nausea, vomiting and an altered state of consciousness.

Shock is the body's physical reaction to low blood pressure caused by bleeding or other physical trauma and can be very serious.

- Lay the person down and make them comfortable.
- Elevate the person's legs, if it is safe and comfortable to do so.
- Help them maintain normal body temperature using a blanket or other covering.

Seek medical assistance.

Foreign Object Wounds:

Do not remove a deeply embedded object

Only remove the object if it is a shallow penetration and you can do so easily, without causing further injury.

- Apply plenty of padding around the object.
- This can be achieved using the donut bandage method.
- Secure the padding with a roller bandage, while avoiding direct pressure on the object.
- If possible, elevate the injured part.
- Keep the person relaxed.

Seek medical assistance.

A deep puncture wound can heal over, but may require tetanus immunisation. Refer to a doctor immediately.

Amputation:

The primary concern for managing an amputation is to prevent blood loss and shock.

It is also important to try and preserve the severed part.

- Promptly apply direct pressure to the wound.
- Apply a sterile dressing and bandage over the wound.
- If possible, elevate the injured part.
- Lay the person down and make sure they are comfortable and relaxed.

Management of the severed part:

- Attempt to preserve the severed part, which may possibly be reattached by medical experts.
- Do not wash the severed part, but seal it in an air-tight plastic bag.
- Place the bag in icy water, ensuring no direct water or ice comes into contact with the part.

The severed part will need to be transported with the patient to the hospital.

- Seek medical assistance.

Abdominal Bleeding:

- Assist the person to lay them on their back, with their knees raised.
- Use pillows or items of clothing to make them comfortable and keep their knees bent.
- Control bleeding with a sterile dressing that covers the whole wound.
- Use a bandage to secure and totally cover the dressing.

Exposed Intestines

- If intestines are exposed, do not attempt to put them back in or apply direct pressure.
- If patient coughs or vomits, help support the wound
- Use a sterile, non-stick dressing such as dressings soaked in saline or clean warm water. Aluminium foil or plastic wrap can also be used as this will not stick to the intestines.
- Secure and cover these dressings gently with broad bandages.
- Seek medical assistance.

Nose Bleed:

- Instruct the person to tilt their head forward and to pinch the soft part of their nose for at least 10 minutes.
- Have the person sit down and relax.
- Apply a wrapped ice pack to the back of their neck or to their forehead.
- After 10 minutes, if the bleeding has stopped, refrain from physical activity or blowing the nose for at least half an hour.

If bleeding persists, seek medical assistance.

Head Injury:

If the person is unconscious, proceed with basic life support immediately.

- If the person is conscious, make them comfortable.
- Cover wounds with a sterile dressing.
- If you suspect a skull fracture, do not apply direct pressure on the wound
- Instead place padding carefully around the wound
- Secure the dressing with a bandage or head scarf.
- Calm and reassure the person
- Remain with the person until medical help arrives.
- Be prepared for changes in the patient's condition.
- Monitor the person until help arrives

Closed Fracture:

A closed fracture is when the broken bones do not protrude from the skin.

To identify a fracture

- Look for pain.
 - Loss of function.
 - Swelling.
 - Unnatural movement and
 - Deformity in the body part.
-
- Prevent any further movement of the fracture
 - Immobilise the joints above and below the fracture site using a splint
 - This may involve using a straight object, such as a stick or rolled-up magazine.
 - Unbroken limbs or the torso can also be used as a splint
 - Avoid applying any pressure to the fracture site
 - Do not attempt to realign a badly deformed limb
 - Place the fracture in the most comfortable position
 - Immobilise the fracture by securing it with a sling.
 - Check circulation in the arm by squeezing the tip of the thumb and looking for the return of colour to the part.
 - Seek medical assistance

Open fracture:

An open fracture is when broken bones protrude from the skin and cause an external wound.

- Apply padding around the protruding bone, avoiding direct pressure.
- This can be achieved using the donut bandage method.
- Secure the padding with a roller bandage, while avoiding direct pressure on the fracture.
- Immobilise the injured part, with the use of a splint. An uninjured body part can also assist as a splint.
- A figure 8 bandage may be used at the ankles to immobilize the lower joints.
- Do not move the person unnecessarily.
- Make the person comfortable and treat for shock, while awaiting medical assistance.

Spinal Injuries:

- If the person is unconscious, proceed with basic life support immediately, taking care to immobilise the neck and spine to prevent further damage.
- You can use a modified recovery position called the HAINES recovery position. It stands for High Arm IN Endangered Spine, and allows protection of the airway, while keeping spinal movement at a minimum.
- If the person is not breathing normally, proceed with basic life support immediately, as this is more important than the care of the neck and spine.

- If the person is conscious, ask them:
 - if they have any pain in the back or neck?
 - Do they have any unusual sensations, such as pins and needles?
 - Can they move their arms and legs?
- If you suspect a spinal injury, do not move person
- Reassure the person
- Support their head and neck
- Use a cervical collar if possible. This can be made with items such as bandages, a magazine, or clothing.
- Loosen any tight clothing on the person.
- Seek urgent medical assistance
- Protect them from the cold with a blanket or other cover.

Chest Injury/Internal Bleeding:

Even if a wound is not present, a chest injury may have internal damage, such as fractured ribs and internal bleeding.

If the chest moves irregularly, such as moving in two directions when breathing, The person may have broken ribs.

Shortness of breath, pain at the site of the injury, a rapid, weak pulse and blueness around the lips can all be indications of further damage.

- Assist the person to an upright position
- Give them plenty of reassurance

Coughing up blood can be an indication that a lung has been penetrated.

- Place a sterile dressing over any external injury.
- Give support to the chest by securing their arm to the injured side of the body. This can be done by securing broad bandages or using an elevation sling.
- Seek urgent medical attention
- Monitor the person until help arrives

Teeth:

If a tooth has been knocked out,

- Place a pad in the mouth to control any bleeding
- Attempt to salvage the tooth
- Rinse the tooth in milk or own saliva,
- Have the person rinse their mouth out and quickly replace the tooth in the original position
- Aluminium foil may be moulded around the teeth to hold tooth in the socket
- Ask the person to bite down on it gently
- If the tooth cannot be maintained in the mouth, place it in milk or glad wrap
- See a dentist immediately

Swallowed Poisons:

If the person is unconscious

- Wash any poisons from the person's mouth and proceed with basic life support.
- Avoid inhaling the person's expired air

If the person is conscious:

- Do not induce vomiting
- Wash any poison substance off the mouth and face with water
- Note the substance that was ingested
- If available, try to save the packaging for identification
- Seek immediate medical assistance
- Poisons information services can provide specific advice on treatment

Drug Overdose:

Seek immediate medical assistance

- Take measures to reduce the risk of infection, for example, dispose of any needles.

Check the RESPONSE of the person

- If they are unconscious, Begin basic life support immediately.
- Clear the person's airway
- Check that their mouth is clear
- Check for other signs of life including normal breathing
- Listen for normal breathing sounds coming from the mouth and nose
- If the person is not breathing normally, commence CPR immediately
- Use a barrier if available
- Give 2 rescue breaths
- Give 2 full breaths every 30 compressions
- Continue this process until help arrives or the person recovers
- If the person regains consciousness, find out from them what happened.
- Calm and reassure the person
- If possible, refer the person to counselling.

Snake Bite:

Snakebite can be identified from

- a bite with 1 or 2 puncture marks

Following symptoms can include

- Disturbed vision
 - Nausea or vomiting
 - A Headache
 - Drowsiness
 - Pain in the chest or abdomen
 - Shock
 - Respiratory failure
 - and Collapse
-
- Move away from the snake before giving treatment
 - Calm and reassure the person
 - Make sure they remain as still as possible
 - Apply a pressure immobilising bandage to the bitten area
 - and then immediately apply a pressure immobilising bandage to the entire limb
 - The bandage should be applied from the end of the limb, up the entire length

The primary concern in the event of snakebite is to slow the venom's absorption through the lymph tissue of the body.

- The bandage should not be too tight
- The aim is not to cut off blood flow
- Do not remove the bandage at any stage
- Place a mark on the bandage where the person was bitten
- Immobilise the limb with a sling or splint
- Seek immediate medical assistance

Do not wash away venom as it can be used to identify the snake

Beware that some bite marks are not easy to see. If a small child says they have been bitten, believe them until it is proven otherwise.

Try not to move the person. If possible, bring help to them.

General Spider Bite:

With due caution, try to identify the species of the spider

- Calm and reassure the person
- Wash the affected area with soap and water
- Apply a wrapped ice pack to the bite site for pain relief
- If the spider is a dangerous or unknown species, apply a pressure immobilising bandage
- And Seek immediate medical assistance

Bee Sting:

When treating the sting from a honey bee:

- Remove the barb by scraping it sideways
- Do not grasp the sting with your fingers, as this may inject more poison
- For Bee and Wasp stings, apply a wrapped ice pack for pain relief
- Be alert for any signs of an allergic reaction
- If the person is allergic, apply a pressure immobilising bandage.
- If necessary, proceed with basic life support and
- Seek immediate medical assistance

Jellyfish Sting:

When treating a sting from jellyfish tentacles

- Wash the tentacles off in sea water
- Do not use fresh water,
- fresh water can activate the stinging cells
- Avoid touching any tentacles
- If available, flood the area with vinegar to deactivate the stinging cells
- Apply a wrapped ice pack for pain relief
- Calm and reassure the person

Serious jellyfish stings can result in paralysis and respiratory failure

- Be prepared to carry out basic life support
- Seek immediate medical assistance

Smoke or Gas Inhalation:

The primary concern in the event of smoke or gas inhalation is to allow the person access to fresh oxygen. It is also to avoid becoming the next victim.

- Ensure it is safe to enter the area
- Remove the person to fresh air, only when it is safe to do so
- If the person is unconscious, proceed with basic life support.
- If the person is conscious,
- Administer medical oxygen if it is immediately available and someone is trained to do so
- Sit them up and loosen any tight clothing
- Treat them for any burns
- Seek immediate medical assistance

Ear Injury:

If the person has suffered a fall or hard impact, treat them for head injury and a possible skull fracture before managing the bleeding ear.

Bleeding from the ear can be caused by an infection or impact on the ear.

- Place the person on their side with the bleeding ear downwards
- Do not plug the ear
- Place a clean pad under ear and allow the blood to drain
- Seek medical advice

Eye Injury:

If the eye has been injured by foreign material:

- Do not allow rubbing of the eye.
- Never attempt to remove any large object that has penetrated the eye.
- Fine particles may be removed with irrigation of the eye
- Irrigate the eye using copious amounts of clean water
- Attempt to wash out any particles
- If this is unsuccessful, or if the person is still in pain,
- Assist the person to sit or lay down
- Place an eye pad over both eyes, and keep the uninjured eye closed.
- Both eyes move together, so this will avoid further damage
- Calm and reassure the person
- Seek medical advice

Sprain:

Sprained or strained tissue can be recognised by:

- Swelling
- Discolouration
- And Pain at the sight of injury

To treat a sprain,

- Have the person Rest the injured part
- Elevate the injured limb
- Apply an Ice pack to the injured area, making sure that there is a cloth barrier between the ice pack and the skin
- Apply a compression bandage firmly around the injury
- Apply an Ice pack at 10 minute intervals, reapplying it as the skin heats up again
- Continue this treatment for 24 hours

Dislocations:

Dislocations can be recognised by

- Irregularity
- Loss of function
- Swelling
- Deformity
- and Unnatural movement of the injured part

In order to treat a dislocation:

- Calm and reassure the person
- Prevent any further movement of the injury
- Immobilise the joints above and below the dislocation site using a splint
- This can be done using any straight object
- Undamaged limbs or the torso can also be used as a splint
- Avoid applying any pressure to the site of the dislocation
- Do not attempt to realign a badly deformed limb
- Apply an Ice pack to the injured area, making sure that there is a cloth barrier between the ice pack and the skin
- Elevate the injured area by securing it with a sling.
- Seek medical assistance

Bruises:

Bruises are recognised by

- Swelling
- Discolouration
- and Pain

In order to treat a bruise:

- Elevate the injured area
- Apply a wrapped ice pack at 10 minute intervals
- And Rest the injured area

Black Eye:

In order to treat a black eye

- Apply a cold compress around the eye at 10 minute intervals
- Do not apply pressure to the eyeball
- If necessary, seek medical assistance

Concussion:

A concussion is a result of an impact to the head. It is often associated with a head injury and can lead to effects such as:

- Momentary unconsciousness
- Loss of memory
- Nausea or vomiting
- Blurred vision
- a Severe headache
- and Drowsiness

If the person is unconscious, begin basic life support immediately.

- Seek immediate medical assistance

If the person is conscious,

Manage any bleeding before managing concussion.

- Calm and reassure the person
- Do not allow the person to continue any physical activity
- Assist them to lay down, with their head slightly raised
- Do not raise the person's legs.
- Treat any bruises with a wrapped ice pack.
- Be prepared for changes in the person's condition.
- If the person's condition worsens,
- Seek immediate medical assistance
- monitor the person until help arrives

Even if a person experiences momentary unconsciousness, they should be immediately admitted to a hospital for the appropriate examinations.

Hypothermia:

Hypothermia is when the core body temperature becomes dangerously low.

It often affects a person who is cold and wet for a long period of time:

- The person may become slow and stumble.
- They may develop muscle cramps,
- attacks of shivering,
- Blurred vision,
- And unreasonable behaviour.

Protect the person from the wind, weather and the ground with layers of covering to trap heat.

- Seek shelter as soon as possible
- Calm and reassure the person,
- Make sure the person does not continue physical activity

When shelter is found,

- Remove any wet clothing
- Wrap the person in dry clothes and blankets or any coverings that prevent heat loss
- Cover the person's head to prevent heat loss
- Have the person lay down
- hot water bottles may be used where there are major blood vessels, such as between the legs, the neck or under the arms
- Avoid direct external heat as a solution
- Give them sweet warm drinks
- If hypothermic symptoms are severe
- Seek immediate medical assistance

Frost Bite:

Frostbite is when skin or parts of the body freeze in sub-zero temperatures. Tissue damage by frostbite may occur on the nose, chin, ears, fingers or toes. The skin may appear white and waxy, also bluish grey in deep frostbite. Frozen areas will be cold and hard.

Check and treat for hypothermia before managing frostbite.

If shelter or emergency assistance is not immediately available, it is possible to rewarm the frost-bitten part.

- Do not rub the frostbitten part, and treat it as gently as possible.
- Warm the affected area with body heat
- Frostbitten fingers may be placed in the armpit to rewarm.
- Frostbitten toes and feet should not be thawed unless medical evacuation is imminent.
- Never allow a part to freeze again after it has thawed.

If warm, dry shelter is available, hot water may be used to rewarm a frozen part, making sure the temperature does not exceed 40 degrees Celsius, or is comfortable to the elbow.

- Totally immerse the frozen part in hot water,
- Treat the frostbitten part as gently as possible
- Continually maintain the temperature by adding hot water
- Re-warming the part can be painful
- Heat in this way until normal sensation and colour returns, or when there is no further improvement.
- Apply a light dressing to the part, and keep it elevated.

Seek immediate medical assistance

Electric Shocks:

Electrocution can be the cause of burns and cardiac arrest.

If a person has been electrocuted

- Do not become the next victim
- Turn off the power and unplug any device before approaching the person
- When the area is safe, begin basic life support immediately

If the person is conscious,

- Calm and reassure the person
- Look for and treat any burns
- There may be entry and exit burns
- Seek immediate medical attention

Burns:

Burns can be recognised in various stages

- Superficial burns are usually red and painful
- Partial thickness burns have redness, blisters, and are painful
- Full thickness burns are white or charred, and are usually painless

To treat a burn:

- Quickly cool the burnt area with cold water
- Remove outer clothing if it is soaked with boiling water or oil
- Never remove clothing that is stuck to the skin, simply cut the clothing around the area
- A burn on the hand, foot or arm may be held under a running cold tap
- Make sure the water cools any skin creases that may be on the neck or wrist
- Cool the burn like this for up to 15 minutes - resume this treatment after the skin reheats
- Remove any jewellery from the burned area, in case of swelling
- Never apply creams or ointments to burns
- Apply a non-stick dressing or a wet clean cloth to the burn
- Never prick or break blisters
- Do not let the person get too cold

Sunburn:

Sunburn is usually a superficial burn that is red and painful.

To treat sunburn,

- Place the person out of the sun and cool the burned area with cold water
- Cool the burn for up to 15 minutes – resume this treatment after the skin reheats
- Apply a non-stick dressing or a wet cloth to the burn
- Never prick or break blisters
- Medical aid should be sought if the person has blisters.

Heat Exhaustion/Stroke:

Heat Exhaustion occurs with dehydration and physical exercise in the heat.
Symptoms of heat exhaustion can include

- Pale, clammy skin
- Profuse sweating
- A Weak and rapid pulse
- Drowsiness
- Thirst
- Nausea
- A headache
- And muscle cramps

To treat heat exhaustion:

- Place the person in a cool, shaded area
- Calm and Reassure the person
- Sponge the person's skin with cool water
- Give them frequent cool drinks
- Calm and reassure the person
- If the person does not recover or falls unconscious,
- Seek immediate medical assistance

Heat Stroke

Heat exhaustion can progress to heat stroke. Heat stroke is a life threatening condition:

Someone suffering heatstroke may have

- a red, flushed face
- Hot, dry skin
- A strong rapid pulse
- Nausea
- A strong, rapid pulse
- Mental disturbance
- And erratic behaviour.
- The person may be too dehydrated to sweat
- And have an extremely high temperature

If you suspect a person has heatstroke, and they are unconscious

- Begin basic life support immediately

If they are conscious,

- Place the person in cool, shaded area
- Have all unnecessary clothing removed
- Wrap the person in a wet, cold sheet
- and Cool them with a fan
- Wrapped ice packs may be placed where there are major blood vessels, such as between the legs, the neck or under the arms
- If the person is conscious, give them frequent cool drinks or water
- Seek immediate medical assistance

Seizures/Epilepsy:

A person can have a seizure for a variety of reasons. They may suffer from epilepsy, but also problems such as a head injury or high fever can cause a seizure.

If a person is having a seizure, they may experience

- Twitching and jerking movements,
- Collapse
- A short spell of unconsciousness.
- Blue skin colouration,
- Frothing at the mouth and
- Loss of bladder or bowel control.

In the event of a seizure

- Do not attempt to hold down the person
- Guard the person from surrounding dangers, for example, move furniture and protect their head from injury
- Wait until the seizure subsides and then gently roll the person onto their side
- Calm and reassure the person when they are awake
- If the person experiences another seizure, or has other serious injuries,
- Seek immediate medical assistance

Fainting:

A person who faints usually experiences

- Light headedness
- Pale skin
- And a slow pulse rate
- before collapse

If a person has fainted

- Have the person lay down
- Raise their legs
- Loosen any tight clothing
- Place a cool wet cloth on their forehead
- If the person does not recover or has sustained any injuries
- Seek medical assistance

Diabetes:

Diabetes is a condition involving an imbalance of sugar and insulin levels in the body due to problems with the pancreas.

A diabetic with High blood-sugar levels (or **Hyperglycaemia**) may experience:

- Drowsiness
- Thirst
- And Hot, dry skin
- The person's breath can smell like acetone and
- Unconsciousness may follow

If the person is unconscious, begin basic life support immediately.

- Seek immediate medical aid.

If the person is conscious, allow them to take their insulin medication and seek medical assistance if necessary.

A diabetic with Low blood-sugar levels (or **Hypoglycaemia**) is a more common emergency. The person may become:

- Pale
- Weak
- confused or irritable
- and sweat heavily

If the person is unconscious, begin basic life support immediately.

- Seek immediate medical aid.

If the person is conscious,

- Give them a sugary drink every 15 minutes until they recover
- Make sure the drink contains real sugar, not a supplement
- Calm and reassure the person
- More food may be given when the person has recovered
- Seek medical assistance if necessary

If you are uncertain if the person has high or low blood sugar levels,

- Always give them a sugary drink.
- This may save the life of a person with low blood-sugar levels.
- But it will not harm a person with high blood-sugar levels
- Seek immediate medical assistance

Chest Pain: Angina

Angina develops as a result of lack of oxygen from the coronary arteries to the heart muscle.

The person may experience:

- a slow onset of pain across the chest
- the pain may radiate to the neck, jaw shoulders or arms
- The person may experience shortness of breath
- Pale skin
- and become distressed

Angina can occur during physical exertion or emotional distress

The person may have medication to relieve Angina

- Calm and reassure the person
- Place them in a comfortable position, usually sitting upright.
- Assist the person to take their own medication.

If the person's chest pain is not relieved with rest and medication, seek immediate medical assistance such as an Ambulance.

Chest Pain: Heart Attack

Heart attack occurs when a coronary artery becomes completely blocked.

The person usually experiences:

- a sudden onset of pain across the chest, with no relief from their medication or posture.
- the pain may radiate to the neck, jaw shoulders or arms
- The person may experience shortness of breath
- nausea
- Pale, sweaty skin
- Dizziness, fatigue
- and become distressed

If you suspect a person is having a heart attack:

- seek immediate medical assistance such as an Ambulance.
- Do not allow the person to move around unnecessarily, as this will place more strain on the heart.
- Do not leave the person unattended.
- Loosen any tight clothing around the neck, chest and waist.
- Administer medical oxygen if it is immediately available and someone is trained to do so
- If the person loses consciousness, proceed with basic life support immediately.

Asthma:

Asthma is a condition that can affect all ages, but especially children. The airway can become blocked, causing a person to have difficulty breathing.

Some common triggers of an asthma attack include

- changes in the weather,
- allergies,
- infections,
- air pollution,
- exercise
- and stress.

When a person has an asthma attack, they may experience

- Rapid breathing
- A rapid pulse
- Pale, sweaty skin
- And Wheezing
- They may be distressed, anxious and short of breath
- And become exhausted

When someone is having an asthma attack,

- Calm and reassure the person
- If the person is unconscious, begin basic life support immediately
- Place the person in an upright position, resting their arms up on pillows or a flat, raised surface
- Keep person out of a cold environment
- A Warm, moist and steaming environment can help
- Assist the person with any medication they may have prescribed
- A reliever spray should be used with 4 puffs every 4 minutes until help arrives
- If the medication brings little or no improvement
- Seek immediate medical assistance

Bandaging techniques:

Pressure Pad

1. Using an open triangular bandage, place the apex of the bandage about 2 inches below the base.
2. Fold in half horizontally to make a broad bandage
3. Fold in half again horizontally to make a narrow bandage
4. Place both ends of the bandage to meet in the middle
5. Fold in each side to the center
6. Fold in the center to make a pressure pad

Collar and Cuff

1. Using a narrow bandage, make two loops with each end facing opposite directions
2. Place hand through both loops and secure around the wrist
3. Each loose end is tied around patients neck using a reef knot
4. In the case of an arm fracture, keep the arm completely immobilized by tying two narrow slings around the injured arm above and below the fracture site, and tie under the uninjured arm.

Donut Bandage

1. Using a narrow bandage, hold one end in your hand and wrap the bandage around spread fingers
2. Wrap tail end of the bandage around the donut to hold it together.

Roller Bandaging

1. For Musculoskeletal injuries such as sprains, an elastic roller bandage can be used to apply a firm and even pressure for support and to minimize swelling
2. When applying a roller bandage always be sure that the pressure is even and firm
3. Ensure that the circulation of blood is not slowed to the fingers or toes of the affected limb
4. This can be checked by squeezing the tip of the toe or finger and looking for the return of colour to the part

Elevation Sling

1. Place the injured arm across the chest with the hand towards the shoulder of the opposite side
2. Place a triangular bandage over the injured arm with the apex towards the elbow of the injured limb
3. Tuck the bandage from below the arm under the injured limb
4. Take the inside edge of the bandage and twist with the outside edge at the elbow
5. Pull the bandage around from the elbow to the shoulder of the uninjured limb to meet with the other point
6. Tie a reef knot just below the collarbone and tuck the loose end in

Reef Knot

1. Hold one end of the bandage in each hand
2. Place the Right end over the Left end and loop it under so it is now on the left side
3. Take the new left side end and place it over the right side end and loop it under
4. Pull each end tightly across to make a reef knot.
5. The flat side of the knot should be facing down for comfort
6. To untie the knot, take the left end and pull it across to the right.
7. This will loosen the knot making it easier to remove

Head Bandage

1. Place pressure pad onto the wound, if possible ask patient or assistant to hold the pad in place.
2. Using an open triangular bandage, place the middle of the bottom edge just above the eye brows, ensuring that pressure is constantly maintained on the wound.
3. Bring the two ends of the bandage over the ears and to the back of the head
4. Tie the ends together and pull to tighten it at the base of the skull
5. Bring the ends to the front and tie a reef knot on the forehead
6. Tuck the ends into the bandage on the sides
7. Place one hand on the top of the head, and by pulling on the excess material, under the knot at the back of the neck, the head bandage will tighten and pressure will be maintained on the wound

Forearm Splint

1. Using a magazine or a stick as a splint, tie one narrow bandage below and one above the fracture site

Immobilization Sling

1. Use an open triangular bandage placed under the injured arm and across the body.
2. The Apex of the triangular bandage should point to the side of the injury and one end should sit over the shoulder of the uninjured side
3. Tuck the apex in behind the elbow and take the loose end to the shoulder of the injured limb and around the neck to meet the other end.
4. Tie the ends together in a reef knot just below the collarbone
5. Check circulation in the arm by squeezing the tip of the thumb, looking for the return of colour to the part.

Neck Brace

1. A neck brace can be easily made by folding a magazine and wrapping it up in a triangular bandage.
2. The height of the brace should be 12 – 15 cm
3. Rub the wrapped magazine around your knee to give it more flexibility

Moving Patients:

- Emergency first aid should be given where the person is found.
- Only move an injured person if they are in immediate danger.
- When moving an injured person, bend your knees and keep your back straight when lifting.
- Try to hold the weight close to your body.
- This will provide more stability and is safer for both the injured person and the first-aider.

Ankle Drag

The ankle drag is ideal for moving heavy casualties away from danger. This method is best used on a flat, smooth surface.

Arm Drag

The arm drag can provide extra support to the head and neck of the injured person

Clothes Drag

The clothes on an injured person can be used to drag them to safety. The clothing can be gathered to cradle the head and neck, in case of spinal injury.

Human crutch

This method is used to help a person with one injured leg or foot.
Support the person on their injured side.
Hold their wrist and take their weight on your shoulders.

4 Handed Seat Carry

Grasp your left wrist firmly, and then grasp the other person's right wrist.
Allow the injured person to sit on your hands, while supporting themselves with their arms.

Fore & Aft Carry

Both first-aiders should lift the injured person simultaneously and walk in step with each other to minimise rough movement.

Chair Carry

If an injured person can be placed in a chair, 2 people may carry the injured person to safety.
When lifting and carrying the chair, it is important for each first-aider to keep their back straight.

Safety:

Electricity

- Never attempt to touch or rescue a person without first making sure the area is safe
- Turn off the power and unplug any device before approaching the person
- If this is not possible, the power should be turned off at the mains supply board
- Never touch a plug or switch with wet hands
- A person can be removed from electrocution using a dry, non-conductive object such as a wooden broom handle.
- If the source is high voltage such as power lines, all bystanders must stay at least 10 meters away, as the electricity can travel up to 8 meters from the cable, or further in wet conditions.
- No emergency action or first aid can be given until the area is declared safe by authorities.

Water

- Unless the rescuer is an excellent swimmer, do not attempt to swim and rescue a person from deep water.
- Conscious water victims may panic and endanger a rescuer who is in direct contact.
- Use a rope, tree branch, flotation device or long towel to rescue a conscious person.
- Pull the victim to safety.

Fire

- It is unwise for a first aider to enter a burning building, or areas filled with dense smoke.
- The fire authority should be notified.
- If any conscious person is trapped in a smoke filled area, they should drop to the floor and crawl to safety.

Chemicals

- The first aider should generally not approach a chemical accident.
- The first aider should ensure safety of other bystanders by advising them to stay well clear of the chemicals
- When treating a victim for chemical burns, the first aider should be careful not to be contaminated by the victims skin or clothing. Appropriate gloves should be worn when dealing with any chemical substance or injury.

Road Accidents

- At the scene of a road accident, the first aider should first ensure safety for themselves, the victim and bystanders.
- This may involve using hazard lights of another vehicle to warn other motorists of the emergency scene, or obtaining the help of a bystander to divert traffic around the accident scene.
- Send for ambulance and police
- If there is fire, petrol, chemicals or similar hazards, the fire authority should be notified
- When it is safe to approach the vehicle, always check that the vehicle ignition is turned off, the vehicle's park brake is on and the car remains stationary.
- Warn bystanders not to light a cigarette or use naked flames in case there is a fuel leak.
- If the victim is lying on the road, use an appropriate dragging method to move them to a safer location.
- Do not remove any injured person from a vehicle
- Check for any unconscious people
- Maintain their airway, breathing and pulse
- Treat any bleeding before managing fractures
- Continually calm and reassure all involved
- Remain at the scene until help arrives

Infection Prevention:

- When performing first aid, it is important to minimise the risk of a wound becoming infected. It is also essential to stop infection being transmitted between the injured person and the first-aider.
- If possible, use protective gloves when treating wounds. Use fresh gloves every time when treating a different person.
- Wash your hands thoroughly with soap and water and dry them before and after you treat a wound.

If you have come into contact with any bodily fluids, wash the area thoroughly with soap and water.

By using a special barrier such as a CPR life mask, you provide yourself with a better level of hygiene protection compared with direct mouth to mouth contact.

First Aid Kits:

- First Aid Kits should be kept and easily accessed in your home, car and workplace.
- It is important to regularly check your first aid kit to ensure the contents are not past their use by date, are sealed and sterile and that any used items have been replaced.
- Although it is safer to use sterile dressings and bandages, if a first aid kit is not accessible in any emergency, a first aider should use any materials available.
- It is a requirement in all workplaces that a first aid kit be readily available at all times.
- First aid kit contents should be adequate for the type of workplace and the amount of people regularly using the area.