



LETIZIAS

TRAINING & DEVELOPMENT



Allens Training
Pty Ltd

PROVIDE FIRST AID

INTRODUCTION TO FIRST AID

First Aid

is the initial care of a sick or injured person.

First Aid

can save lives in the critical time before emergency services or medical help arrives.

Objectives

- Preserve life
- Protect the unconscious person
- Prevent further injury
- Promote recovery



Keep your First Aid up to date attend your refresher when due

Duty of Care

As long as you follow accepted first aid guidelines and act as a “reasonable person” would do you do not need to be concerned.

Things to consider:

- **Consent** : by law we must ask the casualty if you are able to provide first aid (if they are conscious that is your consent)
- **Duty of Care** : We have duty of care to help others in need
- **Negligence** : If you decide not to offer assistance you can be found negligent and legal ramifications will occur

DUTY OF CARE



Consider :

Privacy : Where possible give Privacy, Comfort & Dignity

- Shield the casualty use an umbrella or jacket pillow
- If removing underwear or clothing in critical situations provide a shield to give the casualty dignity

Confidentiality : Do not mention the incident except to emergency services, do not post on social media, do not share names or details

First Aid in the workplace : Must have a list of the content and number of First Aid Kit in the workplace & a list of the First Aiders



Respect Rapport

- Be calm, take control, obtain consent
- Make the casualty comfortable
- Communicate and show compassion & understanding
- Only move a casualty if it is too dangerous to stay
- Keep casualty safe, spinal alignment, protect from elements
- Provide treatment within your capability and training
- Monitor and reassure
- Report the incident to authorities – facts only



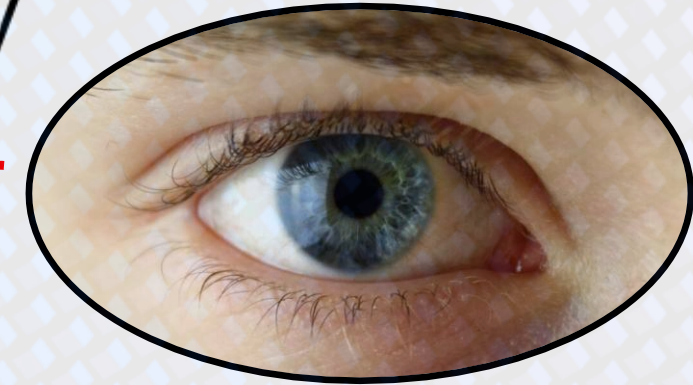
Checking Vitals

- Pulse**
- Fast or slow?
 - Weak or strong?
 - Regular or irregular?

- Eyes**
- Pupils react to light
 - Both pupils react in same way

- Look for a good pink colour
In the eyelid or socket

oximeter



Breathing

- Fast or slow?
- Deep or shallow?
- Easy or hard ?

Skin

- Cold or sweaty?
- Hot or dry?
- Pale or flushed?

Consciousness

- Fully alert?
- Drowsy or confused
- Unconscious

Assessing the Casualty

When assessing or monitoring a casualty's condition:

- Gather information about **history** of incident
- Carefully observe or examine casualty for any **signs** of injury or illness
- Have a conscious casualty describe any **symptoms** they are experiencing



Vital steps

- Get history from casualty or witnesses
- Check for any signs or symptoms
- Head to toe examination if necessary
- Care for most serious casualty or condition first
- Get bystanders to help
- Monitor and record vital signs



A red first aid kit with a white cross on the lid. The kit is shown from a slightly elevated perspective, with the lid open and the interior visible. The text "Chain of Survival" is written in white at the bottom of the image.

Chain of Survival

Chain of Survival



Early Access to the Ambulance

Purpose - to quickly get medical help.

Recognise the emergency.
Dial 000. Send for a defibrillator.



Early CPR

Purpose - to maintain oxygen circulation.

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



Early Defibrillation

Purpose - to restart the heart.

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



Early Advanced Care

Purpose - to keep alive.

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

CPR



Correct Steps Of Resuscitation

1. DANGER

- Check For Hazards Surrounding The Scene.

2. RESPONSE



3. SEND

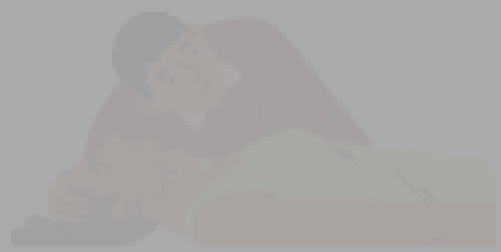


4. AIRWAY



DRSABCD

5. BREATHING



Check Breathing
(If Not Breathing /
Abnormal Breathing)

6. CPR



Start CPR
(Give 30 Chest Compressions
Followed By 2 Breaths)

7. DEFIBRILLATION



Repeat Until An Ambulance
Or AED Arrives

Danger

Before providing first aid care you must make sure the scene is safe for you, the casualty and any bystanders

Identify

- Look for all dangers in the area and associated with the casualty
- Wear PPE to protect yourself

Assess

How dangerous they are (risks) Do not proceed if unsafe

- Am I able to remove or minimise hazards?
- Do I need to move the casualty, is it safe to do so?
- How can I quickly protect myself, the casualty, and bystanders?
- Can I manually handle the hazards and the casualty safely? (spinal alignment, lifting capability, casualty too heavy)
- Do I need to call for assistance and not assist myself?



Response

Check for any response to “talk and touch”

Ask casualty

- Can you hear me?
- Open your eyes if can hear me
- What is your name?
- Squeeze my hands and let go if you can hear me

If no response manage as an unconscious casualty



Send for Help

- If casualty is unconscious you must send for or call for help as soon as possible
- If there are other people around ask them to call for help while you care for the casualty
- If you are alone call for help as soon as you know the casualty is unconscious





Ambulance Victoria

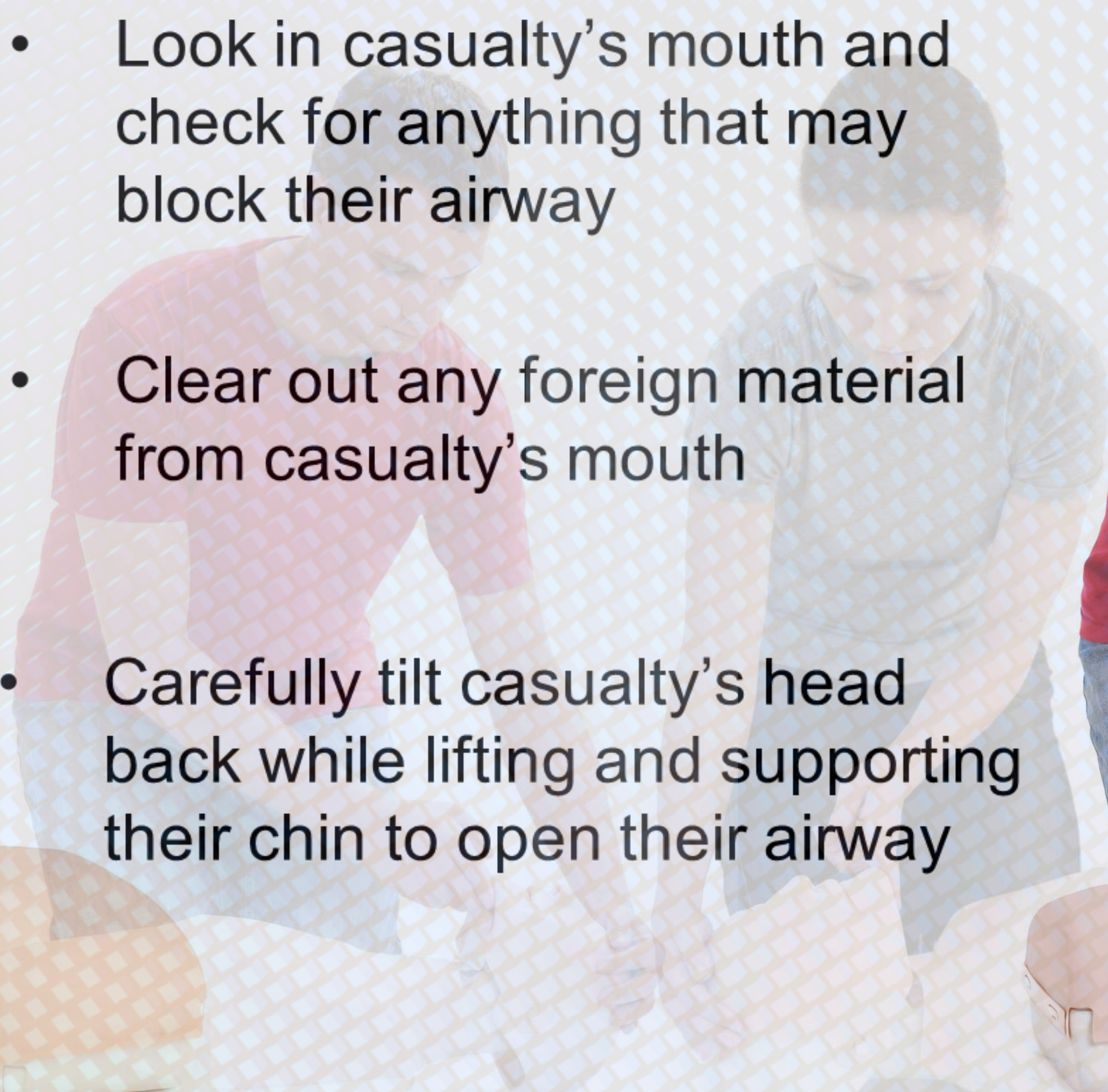
**Provide the
following
information :**

**Emergency Services will advise you of what
actions you should take until Ambulance or
Medical help arrives**

- Exact address of the emergency
- Phone number you are calling from
- What the problem is
 - Is the casualty conscious?
 - Is the casualty breathing?
- Casualty's age & gender
- Any hazards at the scene or in the area
- Answer any questions
- Don't hang up until told to

Airway

- Look in casualty's mouth and check for anything that may block their airway
- Clear out any foreign material from casualty's mouth
- Carefully tilt casualty's head back while lifting and supporting their chin to open their airway



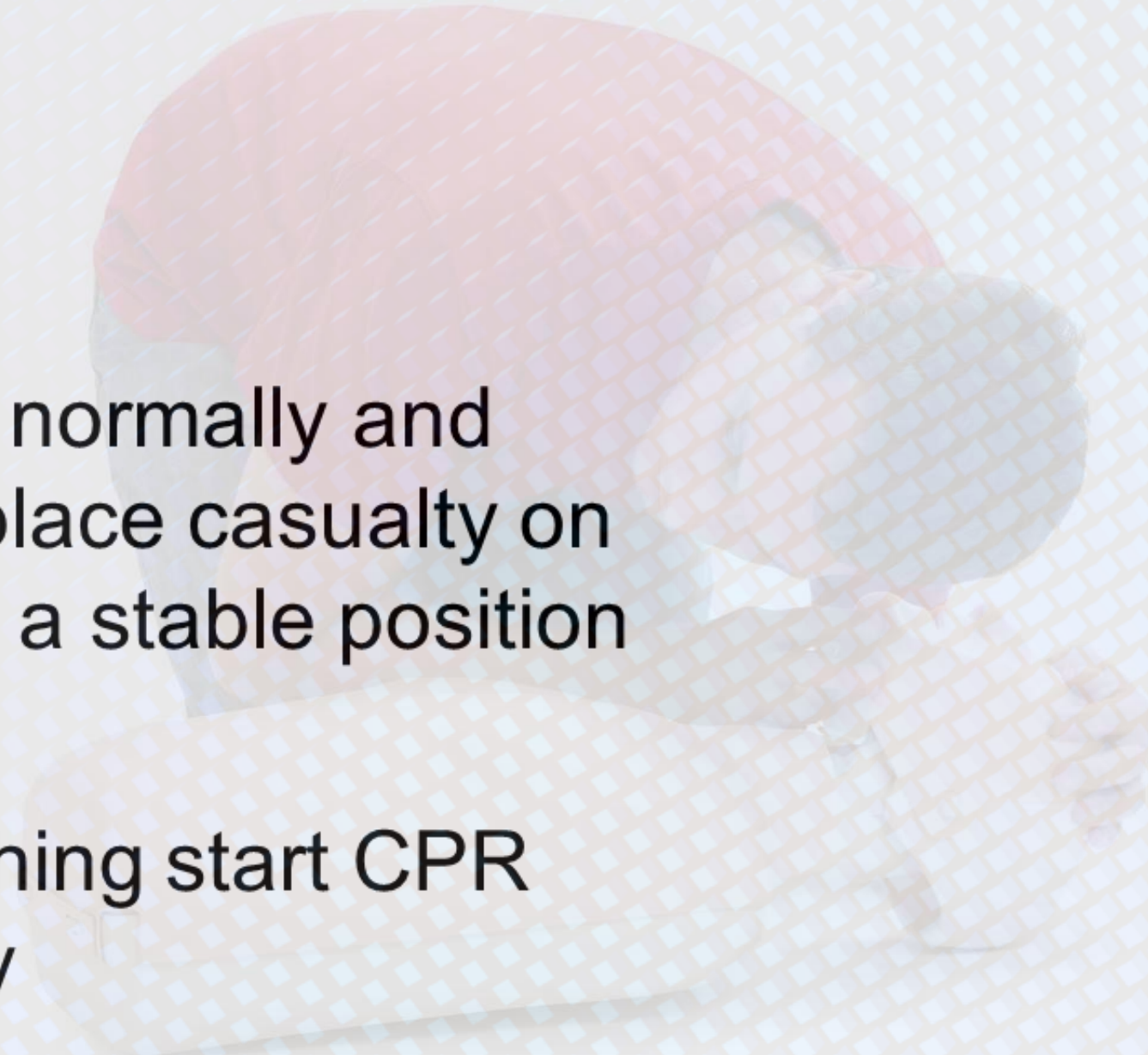
Breathing

Carefully check for signs of normal, effective breathing

- Look
- Listen
- Feel

If breathing normally and effectively place casualty on their side in a stable position

If **not** breathing start CPR immediately



Opioid Overdose (Naloxone)

Signs and Symptoms

- Unconscious
- Slow or no breathing
- Pinpoint pupils
- Blue lips or fingertips

Environmental Clues

- Needles or syringes
- Drug packaging
- Pills or powders
- Burnt spoons / foil
- Reports from bystanders

👉 Breathing problem + environment clues = possible opioid overdose

🔴 Key Point 👉 Do not assume — assess the situation



Naloxone – What to Do

Vital Steps

- Call 000
- Check breathing
- Start CPR if needed
- Give Naloxone

Continue to monitor

Administer Naloxone

- Follow **device instructions**
- Give via **nasal spray**
- If no response → **repeat dose as directed**

Continue Care

- Continue **CPR if required**
- Monitor breathing
- Stay with casualty until help arrives



👉 Call → CPR → Naloxone → Monitor

🔴 **Critical Point**

👉 **Do NOT delay CPR to give Naloxone**

Naloxone – Important Information

Key Points

- Works for **20–90 minutes**
- Effects can wear off
- May need **repeat doses**

Aftercare

- Stay with casualty
- Recovery position if breathing
- Wait for emergency services



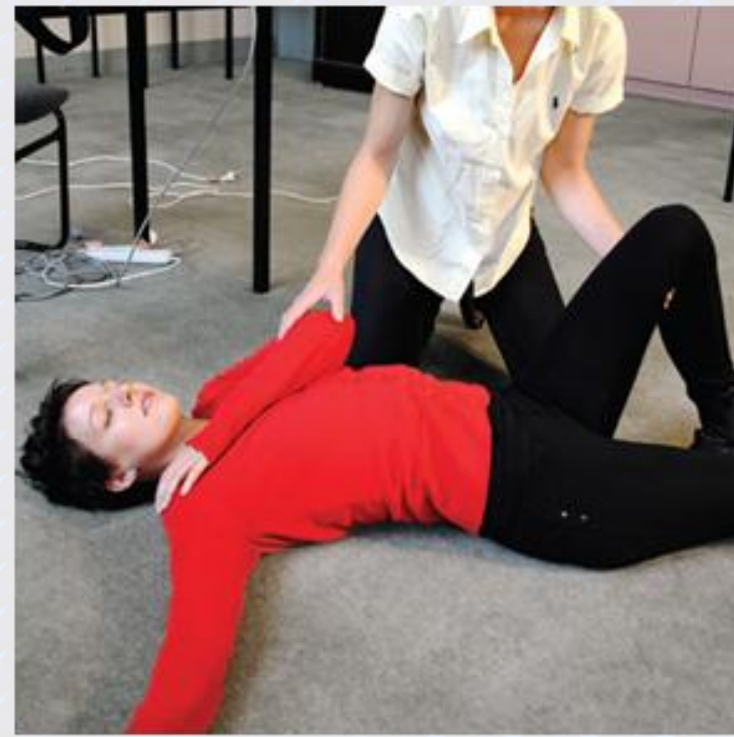
👉 Naloxone buys time — you stay in control

🔴 **Critical Point**

👉 **Do NOT delay CPR**

Recovery Position

ONLY IF THERE IS NO RISK DOING SO



CardioPulmonary Resuscitation (CPR)

Vital Steps

- Give 30 chest compressions : 2 rescue breaths
- Continue 30:2 at a rate of 5 cycles every 2 minutes
- If unwilling or unable to give rescue breaths, give continuous chest compressions at rate of 100/ 120 per minute

Chest Compression Depth

- Adults: 5cm
- Babies: 4cm

CPR – Summary

CPR steps	Adult & older child (9 years +)	Younger child (1 to 8 years)	Infant (Up to 1 year)
Head tilt	Fully tilted back	Partial – to suit age	No – head in neutral position
Chin lift	Yes	Yes	Yes
Breaths	2 full breaths	2 small breaths	2 puffs
Chest compressions	2 hands	1 or 2 hands	2 fingers
Compression depth	1/3 of chest depth – more than 5cm	1/3 of chest depth – approx 5cm	1/3 of chest depth – approx 4cm
Compression rate	Approx 100 per minute	Approx 100 per minute	Approx 100 per minute
Compression to breath ratio (applies to 1 or 2 first aiders performing CPR)	30 compressions: 2 rescue breaths	30 compressions: 2 rescue breaths	30 compressions: 2 rescue breaths
Ideal CPR cycle rate	5 cycles of 30:2 every 2 minutes	5 cycles of 30:2 every 2 minutes	5 cycles of 30:2 every 2 minutes

CPR steps

Adult & older child (9 years +)

Head tilt

Fully tilted back

Chin lift

Yes

Breaths

2 full breaths

Chest compressions

2 hands

Compression depth

1/3 of chest depth –
more than 5cm

Compression rate

Approx 100 per minute

Compression to breath
ratio (applies to 1 or 2 first
aiders performing CPR)

30 compressions:
2 rescue breaths

Ideal CPR cycle rate

5 cycles of 30:2
every 2 minutes



CPR ADULT

CPR steps	Younger child (1 to 8 years)
Head tilt	Partial – to suit age
Chin lift	Yes
Breaths	2 small breaths
Chest compressions	1 or 2 hands
Compression depth	1/3 of chest depth – approx 5cm
Compression rate	Approx 100 per minute
Compression to breath ratio (applies to 1 or 2 first aiders performing CPR)	30 compressions: 2 rescue breaths
Ideal CPR cycle rate	5 cycles of 30:2 every 2 minutes



CPR CHILD

CPR steps

Infant (Up to 1 year)

Head tilt

No –
head in neutral position

Chin lift

Yes

Breaths

2 puffs

Chest compressions

2 fingers

Compression depth

1/3 of chest depth –
approx 4cm

Compression rate

Approx 100 per minute

Compression to breath ratio (applies to 1 or 2 first aiders performing CPR)

30 compressions:
2 rescue breaths

Ideal CPR cycle rate

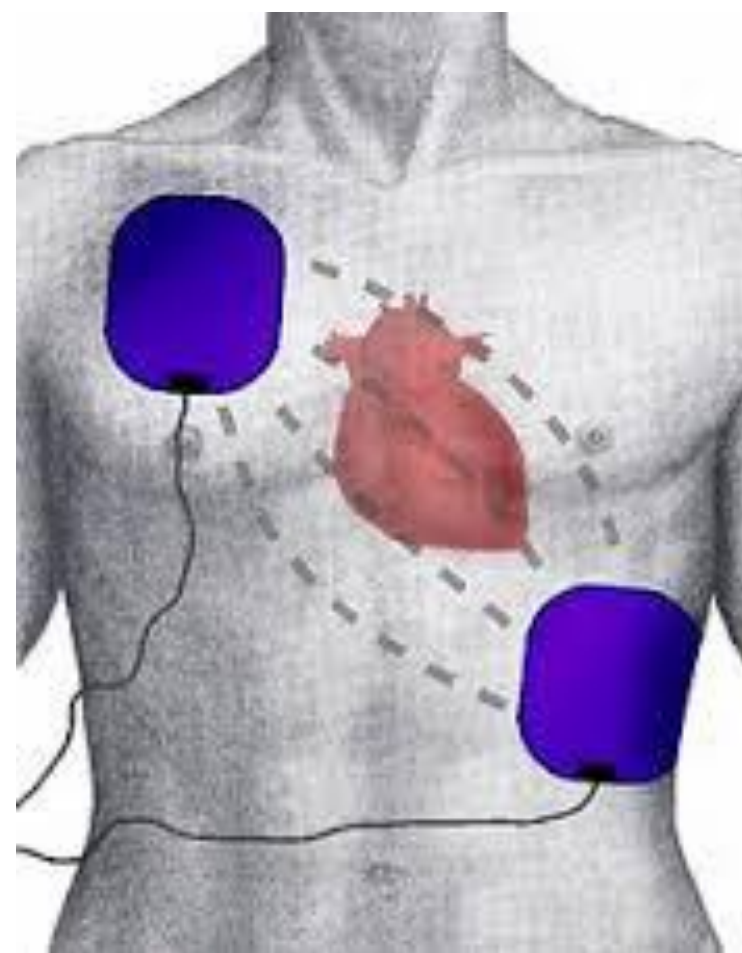
5 cycles of 30:2
every 2 minutes



CPR BABY

AED

Automated External Defibrillator



Vital steps

1. Open or turn on AED and follow voice or visual prompts
2. Attach AED pads to casualty's bare chest as instructed

AED Pad Positions

Adult & Child > 8 years

Same pad position for both male/female adult and older child

Child < 8 years

Pad position for male/female child

Alternate position for male/female child if the pads would touch

Infant

Pad position for male/female infant

Alternate position for male/female infant if the pads would touch

Pregnancy

AED

Automated External Defibrillator



Vital steps

3. Continue CPR until AED advises to stop

4. Stop CPR when advised by AED

- Make sure no one is touching casualty
- Wait for AED to analyse heart rhythm



A Defibrillator can still be used on a person with a pacemaker

The golden rule when applying a Defibrillator pad on someone with a pacemaker is to position it a few centimetres closer to the casualty's arm, away from the scar



Medical

Symptoms



Severe Allergic Reaction

Anaphylaxis



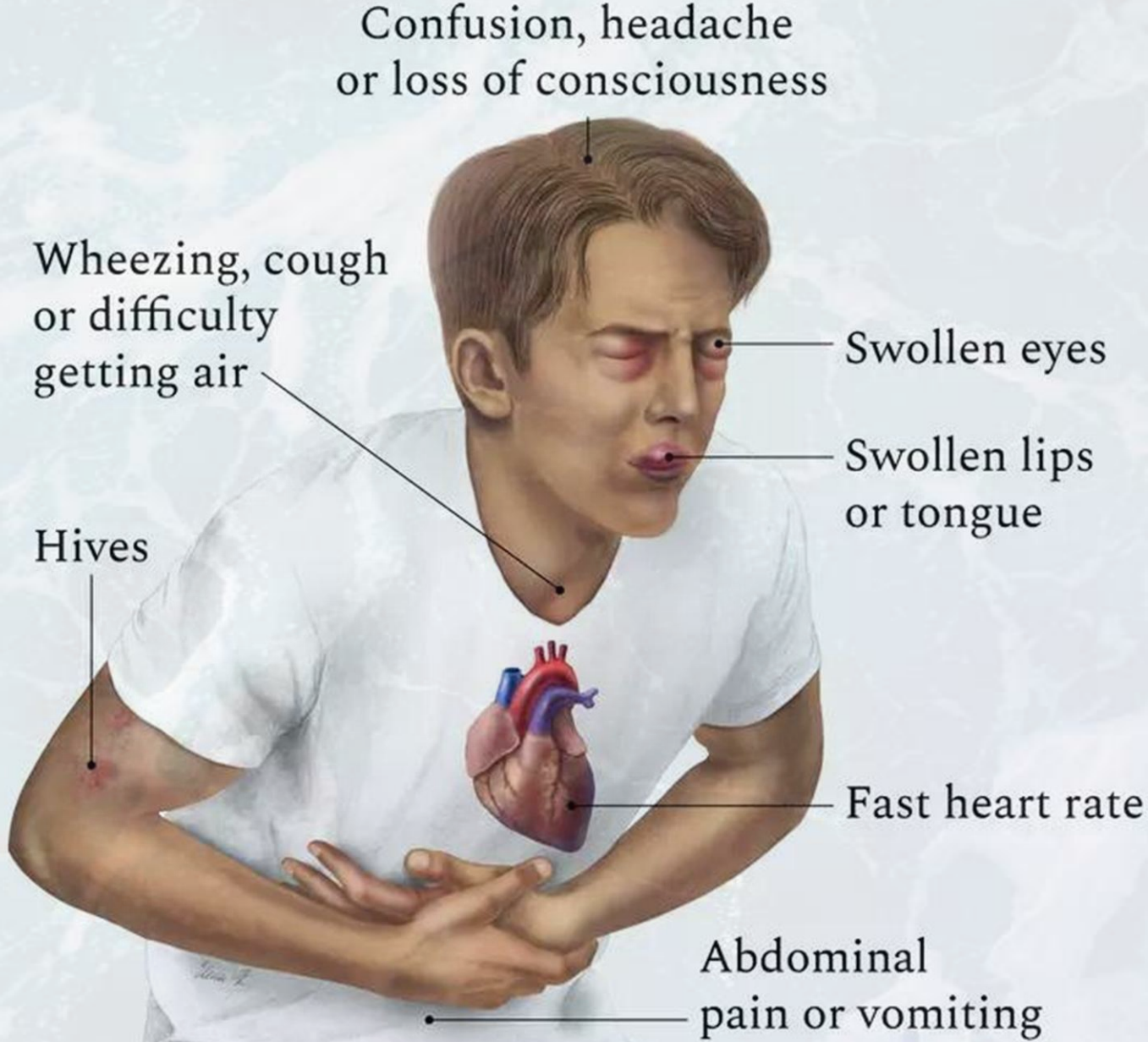
Anaphylaxis

Causes



Symptoms

- Skin** — Hives, swelling, warmth, redness
- Respiratory** — Coughing, wheezing, shortness of breath, hay-fever symptoms
- Gastro-Intestinal** — Nausea, stomach pain or cramps, vomiting, diarrhea
- Cardio-vascular** — Dizziness, weak pulse, fainting, shock, loss of consciousness
- Neurological** — Anxiety, feeling of impending doom



EpiPen

Anaphylaxis



EpiPen® Junior (150 microgram)



EpiPen® (300 microgram)

What is anaphylaxis:

- The most severe form of generalised allergic reaction
- Involves breathing and circulation difficulties or failure
- It is a potentially life-threatening condition
- Managed by adrenaline injections

Needle Stick Injury



Needle stick First Aid

- Dispose of needle stick
- Gently squeeze blood out
- Wash hand in hot soapy water
- Cover wound
- Report injury
- Go to hospital to get tested

1

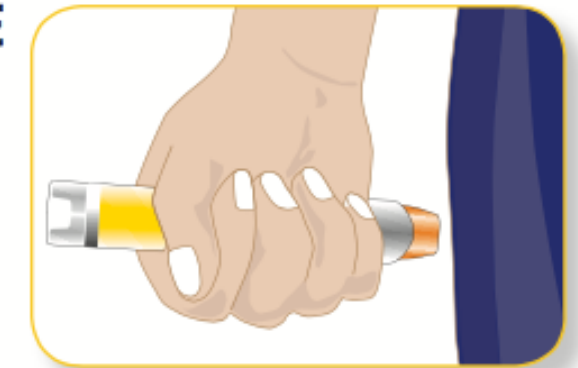
Form fist around EpiPen® and **PULL OFF BLUE SAFETY CAP.**



2

POSITION ORANGE END about 10cm away from outer mid-thigh*.

* Either clothed, or unclothed, avoiding seams and pocket areas.



3

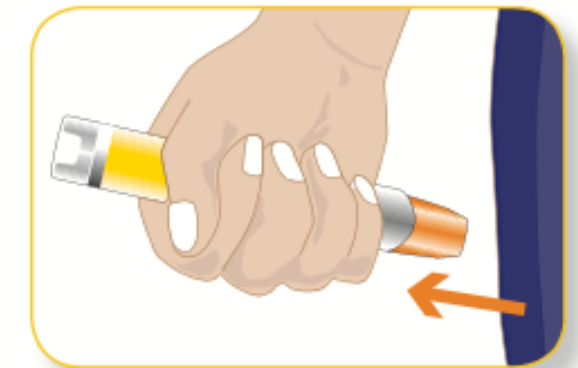
SWING AND JAB ORANGE TIP into thigh at 90° angle and hold in place for 10 seconds.



4

REMOVE EpiPen® Massage injection site for 10 seconds*.

*After use the orange needle cover automatically extends to cover the injection needle.



NOTICE

REPORT ALL INJURIES AT ONCE



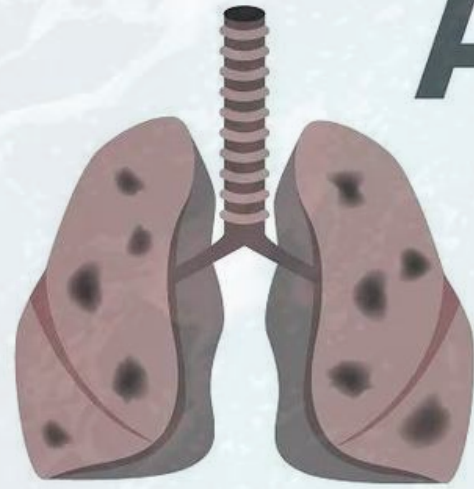
Asthma

Mild to moderate signs and symptoms

- Short of breath
- Dry, irritating, persistent cough
- Chest tightness
- Wheezing

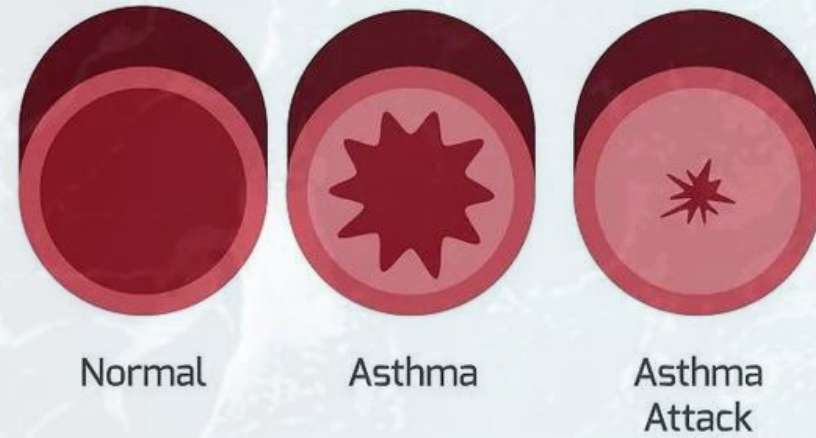
Severe signs and symptoms

- Severe difficulty breathing
- Difficulty speaking
- Symptoms getting rapidly worse
- Feeling frightened or panicked
- Lips turning blue
- Little or no improvement from reliever medication
- Loss of consciousness

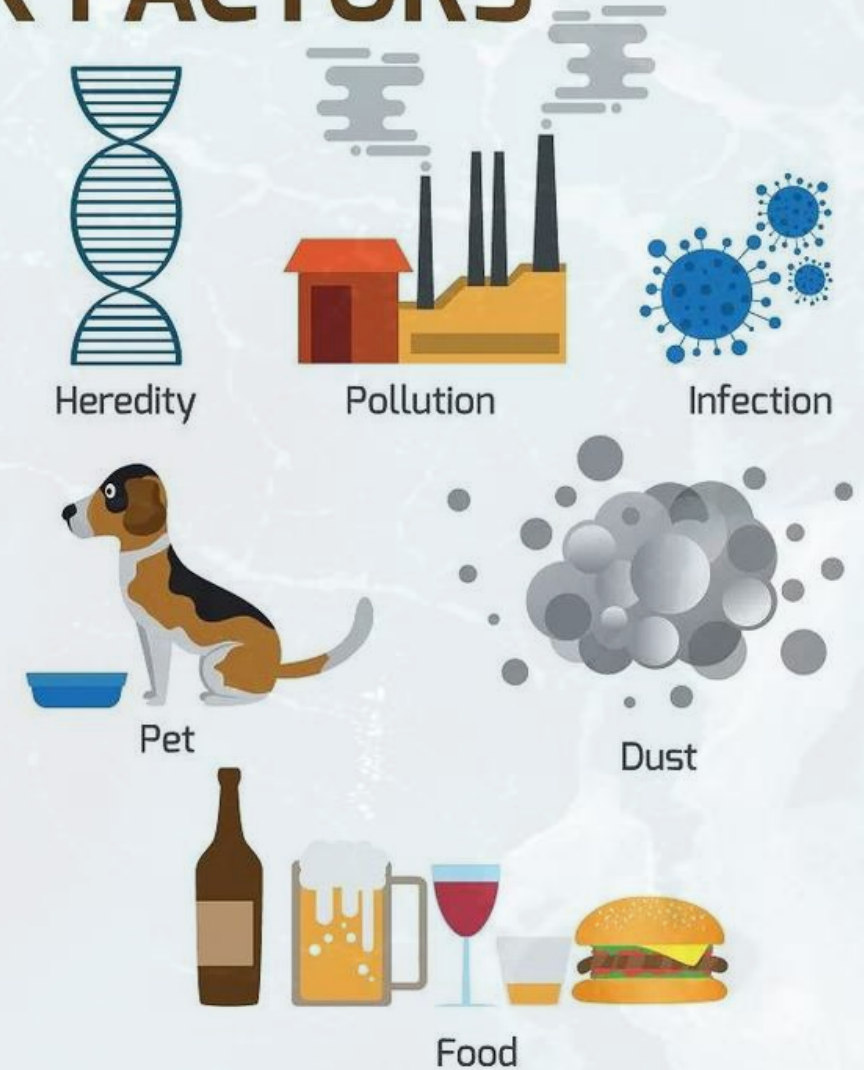


ASTHMA INFOGRAPHICS

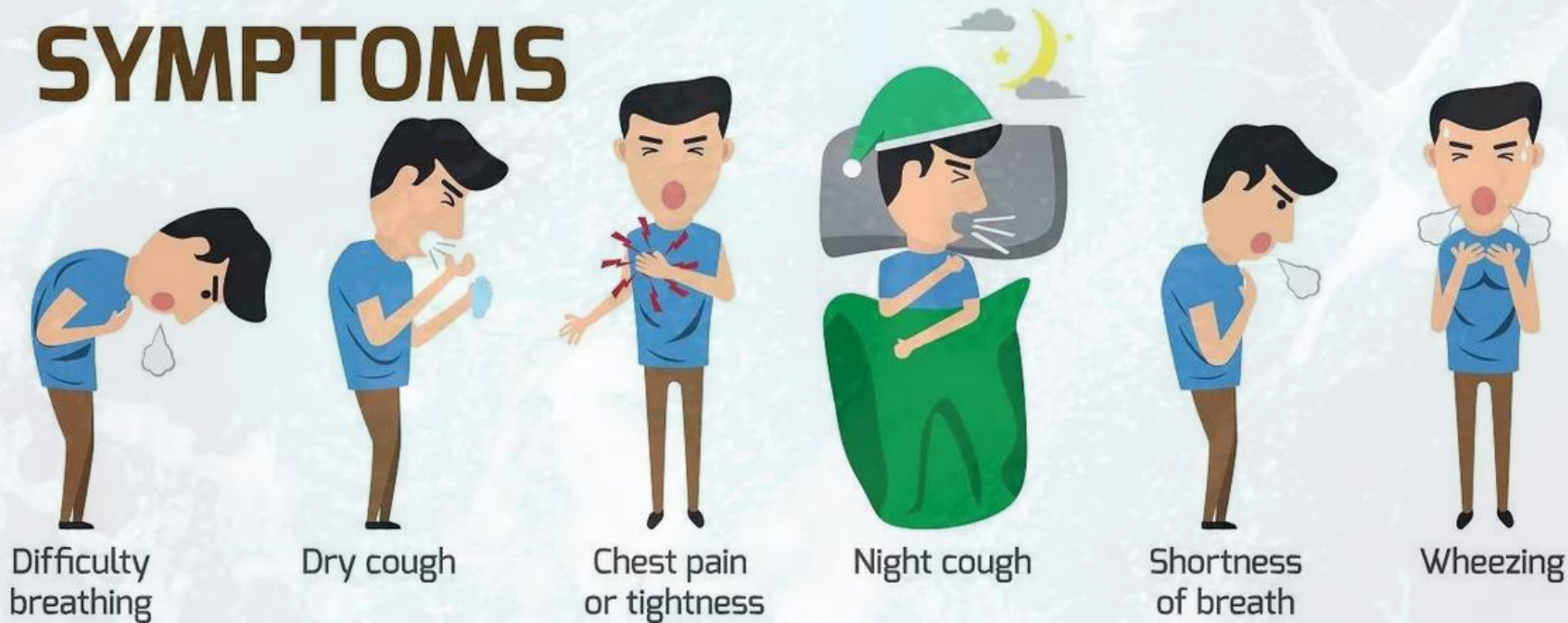
TREATMENTS



RISK FACTORS



SYMPTOMS



Asthma

Vital steps – Part 1

- Reassure casualty and sit them comfortably upright
- **Do not** leave casualty alone
- Give 4 puffs of reliever medication, preferably using a spacer device
 - Have them take 4 breaths between each puff
- Wait 4 minutes to see if casualty's condition improves

Vital steps – Part 2

- If no improvement give another 4 puffs of reliever medication (as above)
- If little or no improvement **call ambulance** immediately
- Continue to give 4 puffs of medication every 4 minutes until ambulance arrives or condition improves
- If unconscious, follow Basic Life Support steps

Let's Know About Correct Use Of Inhaler

Correct inhaler technique helps you to manage your symptoms and avoid side effects of medicines

How to use metered dose inhaler?

1. Remove the cap
2. Hold the Inhaler upright and shake it 5-10 times
3. Prepare your spacer if you are using one
4. Breathe out fully
5. Place the inhaler or the inhaler with the spacer in your mouth
6. Breathe in while you press down on the canister
7. Hold your breath for 10 seconds
8. Remove the mouthpiece from your mouth

- Make sure that you take the prescribed amount of puffs
- Rinse out your mouth after using the inhaler
- Clean the inhaler after use

Angina

What is Angina?

Angina is a discomfort or pain in the chest area caused by a blood flow decrease into the heart muscles.

It usually happens when the coronary arteries are blocked, with heavy deposits, which reduce the blood flow to the heart muscles, causing a lack of oxygen, such as during physical activity.

Vital steps

- Try to keep casualty comfortable
- Assist them to take any prescription medication
- Reassure casualty and monitor their condition
- If no improvement within 10 minutes or if condition gets worse **call ambulance**

Angina

Symptoms

- Burning sensation
- Feeling of fullness
- Pressure on the chest causes uneasiness.
- Radiated pain in shoulders, back, jaws, and back.



Heart Attack

A heart attack occurs when the flow of blood to the heart is severely reduced or blocked.

The blockage is usually due to a buildup of fat, cholesterol and other substances in the heart (coronary) arteries.

The fatty, cholesterol-containing deposits are called plaques. The process of plaque buildup is called **atherosclerosis**.

Warning signs of a heart attack

Pain, pressure or tightness in one or more of these areas:




Chest Arm/s Shoulder/s or Back Neck or Jaw



You may also feel:



Short of breath Dizzy Sweaty Sick

Tell someone how you feel.
If feeling worse or not better after 10 minutes,
 **Call triple zero (000)** 

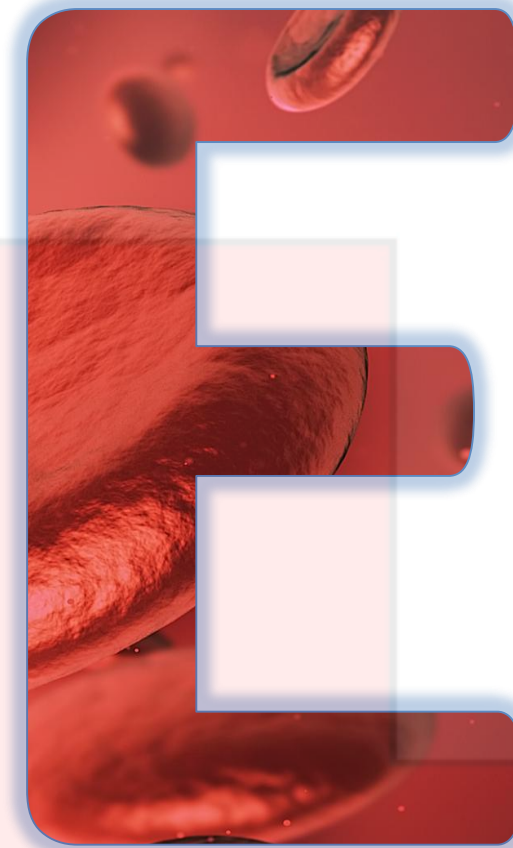
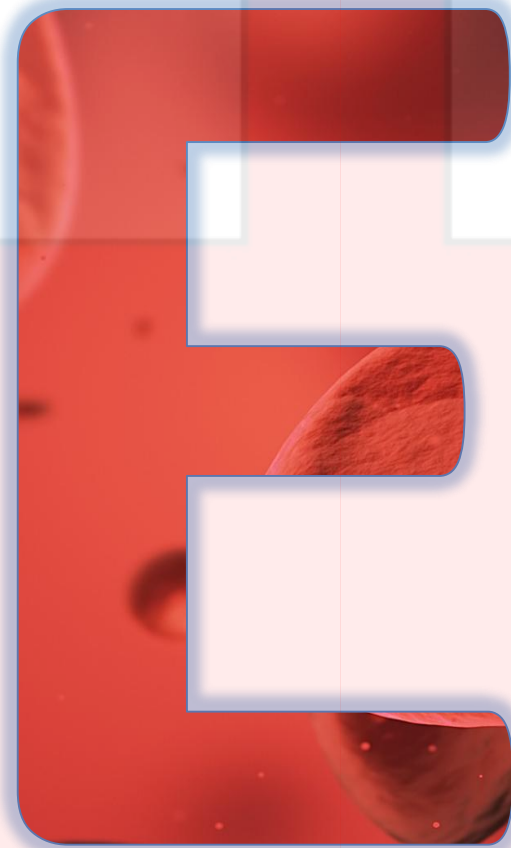
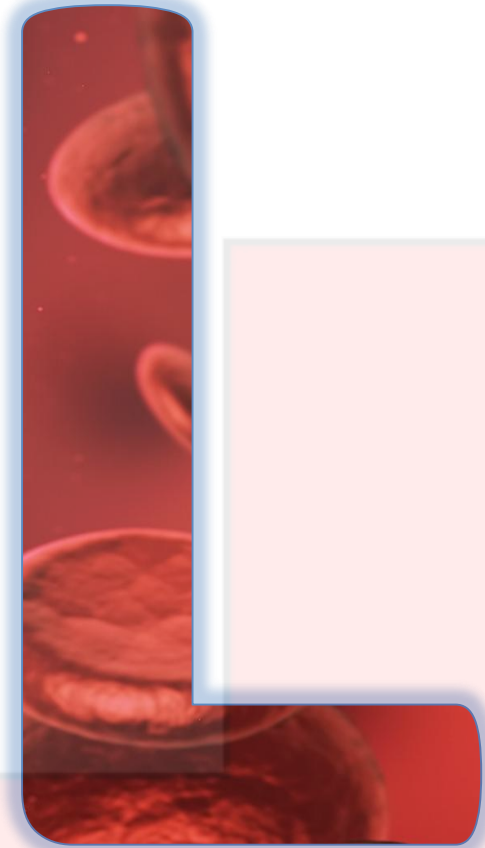
Chew 300mg of aspirin if you have it, unless you are allergic or your doctor has told you not to.

© 2022 National Heart Foundation of Australia ABN 98 008 419 761. H04-P855K-030.1.1122 (Eng)

External Bleeding Non-Life Threatening

Vital steps - casualty

- Control bleeding by applying direct pressure to injured area
- Elevate injured area if possible
- **Call ambulance**
- Reassure casualty and try to keep them comfortable
- Treat casualty for shock
- Monitor and record vital signs
- Give oxygen if available and safe to do so



BARRIER

Use gloves or a barrier to protect yourself

LOCATE

And examine for embedded objects

EXTERNAL

Direct pressure on wound

ELEVATE

Elevate wound above the heart

DRESSING

Dress wound with gauze and bandages

External Bleeding Life Threatening

- **Vital steps – Part 2**

Uncontrolled life-threatening bleeding.

Apply arterial tourniquet/haemostatic dressing if trained in its use and one is available

- Elevate wound if possible, to relieve pain
- Restrict movement of injured area
- Reassure casualty and try to keep them comfortable
- Monitor and record vital signs
- Give oxygen if available and safe to do so

- **Call 000 immediately**



Medical Combat Tourniquet



Choking Partial

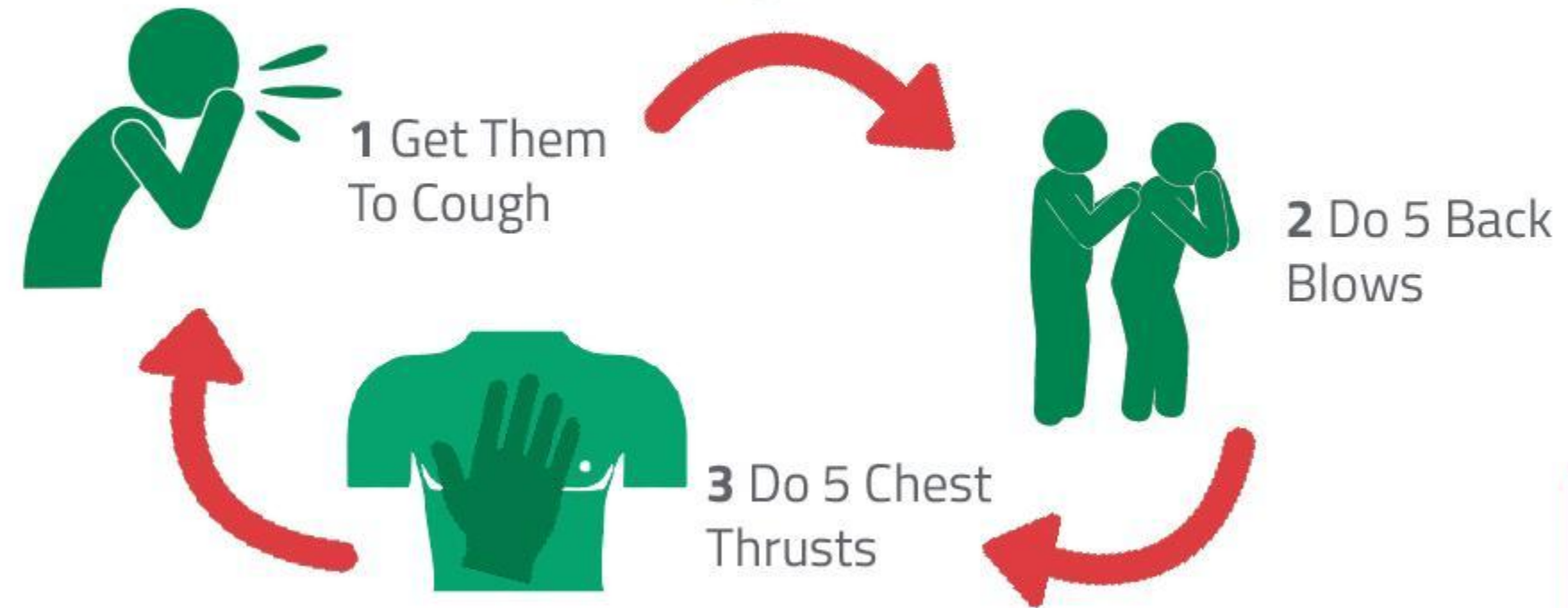
- **Signs and symptoms**

- Difficulty breathing
- Noisy breathing
- Some air movement from mouth or nose when casualty breathes or coughs

- **Vital steps**

- Reassure casualty and try to keep them calm
- Encourage them to cough
- If obstruction cannot be cleared **call ambulance**

Choking First Aid



Choking - Top 5 What Not To Do



1 Don't ask them if they're ok. Instead ask them if they are choking



4 Don't give a breath first if you need to start CPR - start with compressions



2 Don't attempt to perform the Heimlich manoeuvre - it can break ribs & cause damage



5 Don't pick up a child and turn them upside down



3 Don't put your fingers in



Choking Complete

Signs and symptoms

- Casualty unable to speak or cough
- No sound of breathing
- No air movement from mouth or nose
- **Vital steps** If obstruction does not clear give up to 5 separate chest thrusts in centre of chest (use the heel of your hand as you would for CPR compressions)
- If obstruction does not clear continue to give back blows followed by chest thrusts
- If casualty is **unconscious**
 - Check and clear airway
 - Start **CPR**

SIGNS OF CHOKING



Inability to cry or make any sound



Unable to cough, or weak, ineffective coughing



Soft or high-pitched sounds while inhaling



Difficulty breathing - ribs and chest retract



Bluish skin colour or lips



Loss of consciousness if the blockage is not cleared



The casualty may be clutching or pointing at their throat



Shock

What is shock?

Shock can be caused by anything that reduces the flow of blood, such as:

- severe internal
- external bleeding
- heart problems
- heart failure
- loss of body fluids
- dehydration
- severe allergic reaction
- overwhelming infection
- spinal cord injury.



Vital steps

- Control any bleeding
- **Call ambulance**
- If casualty is unconscious follow Basic Life Support steps
- Reassure casualty
- Assist them to rest in a comfortable position (preferably lying down)
- Maintain their body temperature
- Monitor and record vital signs
- Give oxygen if available and safe to do so

Diabetes

Hypoglycemia (Low Blood Sugar)

Vital steps - hypoglycemia

- If casualty is conscious, cooperative and able to swallow:
 - Have them eat or drink some quickly absorbed sugars
 - Reassure casualty and try to keep them comfortable
 - Stay with casualty until they recover
 - If casualty's condition improves have them eat some longer acting carbohydrate
 - After casualty improves **seek medical aid**
 - If no improvement or casualty's condition gets worse **call ambulance**

HYPOGLYCEMIA SYMPTOMS



Signs and symptoms

- Feeling weak, trembling or shaking
- Feeling dizzy or light-headed
- Sweating
- Headache
- Feeling irritable, tearful or crying
- Lack of concentration
- Feeling hungry
- Numbness around lips and fingers
- Symptoms can develop quickly
- Loss of consciousness

Diabetes

Hyperglycemia (High Blood Sugar)

Follow Diabetes management plan
or Seek medical attention

Vital steps

If casualty is unconscious, uncooperative
or unable to swallow

- **Call ambulance**
- Follow Basic Life Support steps
- **Do not** give casualty any food or drink
- **Do not** try to give insulin injection

Signs and symptoms

- Excessive thirst
- Feeling weak or tired
- Frequent urination
- Headache
- Blurred vision
- Symptoms usually develop slowly

HYPERGLYCEMIA SYMPTOMS



Seizures

Seizure first aid varies depending on the type of seizure the person is experiencing.

The most common seizure types are described here along with the recommended first aid responses.



Seizure First Aid



TIME the seizure

PROTECT from injury

ROLL onto side if unconscious

SUPPORT head if seated

REDIRECT if confused

REASSURE and re-orientate

STAY with the person

DO NOT restrain

DO NOT put anything in mouth

DO NOT give any food or drink until recovered

**CALL AN
AMBULANCE
000**

or 112 for mobile phones

- As per management plan
- Seizure longer than 5 minutes
- Second seizure follows
- Seizure occurs in water
- Person is eating or drinking
- Person's first seizure

Types of Burns



Medical assistance

Burns First Aid



Remove jewellery and any clothing around the burn unless stuck to the skin.



Cool the burn under cool running water for 20 minutes, this stops the burning process. NEVER use ice, oil, butter or ointments.



Lightly cover the area with a lint free cloth or cling wrap to protect the skin.



Seek medical advice. In an emergency, phone 000.

TYPES OF BURNS



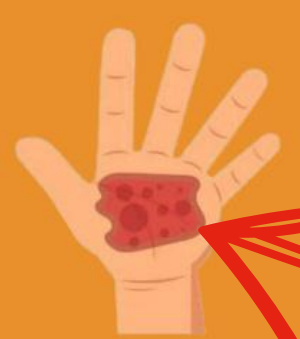
FIRST DEGREE
SUPERFICIAL

The epidermis of the skin is red, very painful, swollen and blistered.



SECOND DEGREE
DEEP/PARTIAL

The epidermis and dermis are damaged. The burnt area is mottled red and white, dark red/pale yellow, painful, and blistered



THIRD DEGREE
FULL THICKNESS

Down to the hypodermis is affected. Nerves are destroyed so pain is not as great. The burnt area is white/charred and feels dry & leathery



kidsafesa.com.au

000 Ambulance CPR if needed

MINOR Eye Injury

Signs and symptoms

- Sore, irritated or itchy eye
- Continuous flow of tears
- Frequent blinking

Vital steps

- Tell casualty to not rub their eye
- Flush the eye carefully with saline solution or clean water
- If no improvement **seek medical aid**



Management of a foreign object in the eye



1

If tears are unsuccessful in dislodging the object:

Request casualty looks up
Carefully pull the lower eyelid downwards

2

If you see the foreign object:

Dislodge the object with the corner of a clean, soft, wet cloth, gauze, or cotton bud

3

If you cannot see the foreign object:

Request casualty looks down
Carefully grip upper eyelashes
Pull upper eyelid over lower to try to remove foreign object

4

If this doesn't work:
Wash eye out with clean water or sterile saline

5

If nothing works, manage as an embedded object eye injury

MAJOR Eye Injury

Signs and symptoms

- Pain in or around eye
- Eyelid spasms
- Bleeding or swelling in or around eye
- Blurred or double vision
- Loss of vision



Management of penetrating eye injury



1

DRSABCD

2

Lie the casualty down onto their back

3

DO NOT remove the object

4

Position pads around the object to secure from movement

5

Bandage around object and secure pads

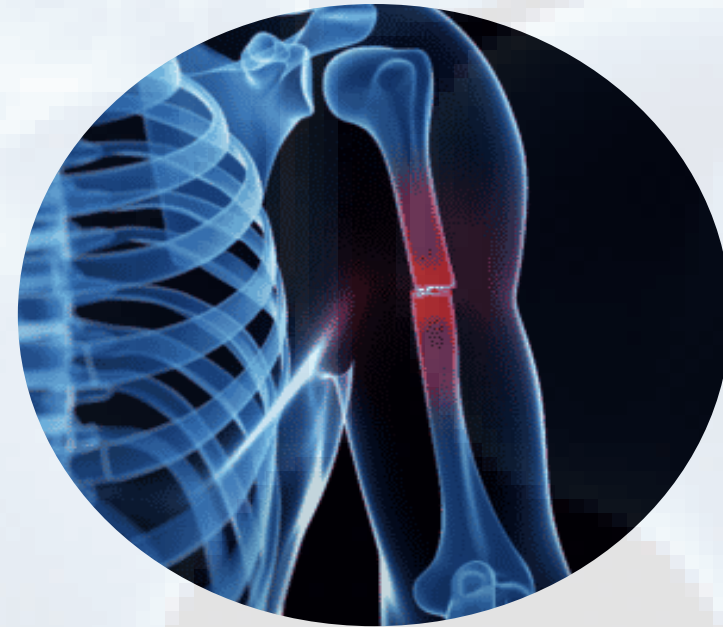
6

Call triple zero (000)

Dislocation Fracture

Signs and symptoms

- Pain or tenderness
- Deformity
- Swelling, inflammation or bruising
- Unable to move joint normally
- Signs and symptoms of shock



MANAGEMENT OF DISLOCATIONS



Sit the casualty down, and make them as comfortable as possible



Support the injured limb in a comfortable position



Ice packs can be applied to the area to help reduce swelling



Seek medical assistance immediately. The longer the joint is out of place, the more significant the injury will be to the blood vessels and nerves

Sprains and Strains

R

R

I

C

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Head Injury

Signs and symptoms

- Temporary confusion or memory loss
- Headache, blurred or double vision
- Mild to moderate irritability or refusal of assistance
- Nausea and vomiting
- Numbness, tingling or loss of power in limbs
- Seizure
- Blood or fluid coming from ear, nose or mouth
- Change in size or shape of eye pupils
- Feeling drowsy or vague
- Loss of consciousness

Call - 000

LIFE THREATING

Concussion Symptoms

Excessive
drowsiness

Slurred
speech

Severe
weakness
in muscles

Numbness
anywhere
on the body

Decreased
coordination

Repeated
vomiting

Patient
cannot be
awakened

One pupil
becomes
larger than
the other

Convulsions
& Seizures

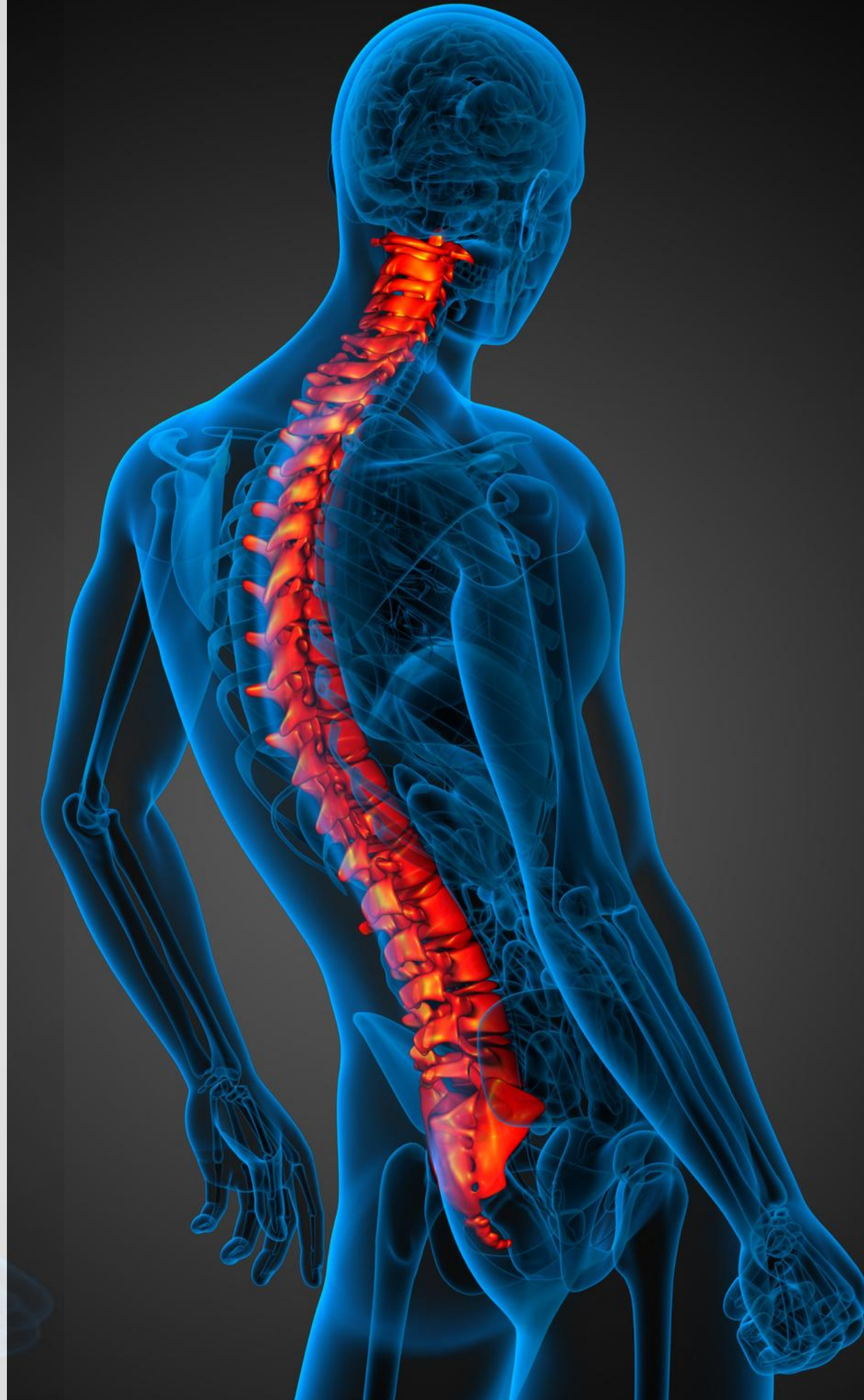
Spinal Injury

Signs and symptoms

- History of incident
- Pain at or below injury site
- Tenderness at injury site
- Numbness or tingling in hands or feet
- Weakness or loss of movement below injury site

Important: You must follow the Basic Life Supports steps **before** managing a possible spinal injury.

Call - 000



Spinal Injury



If casualty is **conscious**:

Vital steps

- **Call ambulance**
- **Do not** move the casualty unless they are in danger
- Tell the casualty not to move
- Carefully support the casualty in the position you found them



Call - 000

Important: You must follow the Basic Life Supports steps **before** managing a possible spinal injury.



PIT Recommended

PIT is recommended for bites and stings of the following:

- All Australian venomous snakes, including sea snakes
- Funnel web or mouse spider
- Blue-ringed octopus
- Cone shell
- Allergic reactions to bee, wasp and ant stings



Snake Bite Kit



PIT Not Recommended

PIT is not recommended for bites and stings of the following:

- Redback spider or other spider bites
- Jellyfish stings
- Fish stings including stone fish
- Bites or stings by scorpions, centipedes or beetles



Stone Fish

Vital steps

- Immerse wound in hot water (only as hot as first aider can comfortably stand)
- If hot water does not ease pain apply ice pack or cold compress
- **Seek medical aid** or if symptoms are severe **call ambulance**

Spider bites & Stings



Jelly Fish

Tropical



Non Tropical





In all cases if casualty

symptoms worsens or has breathing difficulty call 000



healthdirect

Ticks

<p>Adult tick before feeding</p>  <p>4mm long</p>	<p>Adult tick after feeding</p>  <p>10mm long</p>
<p>Key facts</p> <ul style="list-style-type: none"> • Tick bites are usually harmless, but can sometimes cause an allergic reaction. • You should not squeeze, agitate or forcibly remove ticks. 	
<p>What to do after visiting a known tick area</p> <ul style="list-style-type: none"> Heat clothing in drier Search body for ticks Check children Check pets 	
<p>How to kill ticks</p> <ul style="list-style-type: none"> Freeze the tick with an ether-containing spray, and wait for it to drop off. Do not try to remove ticks with tweezers. 	

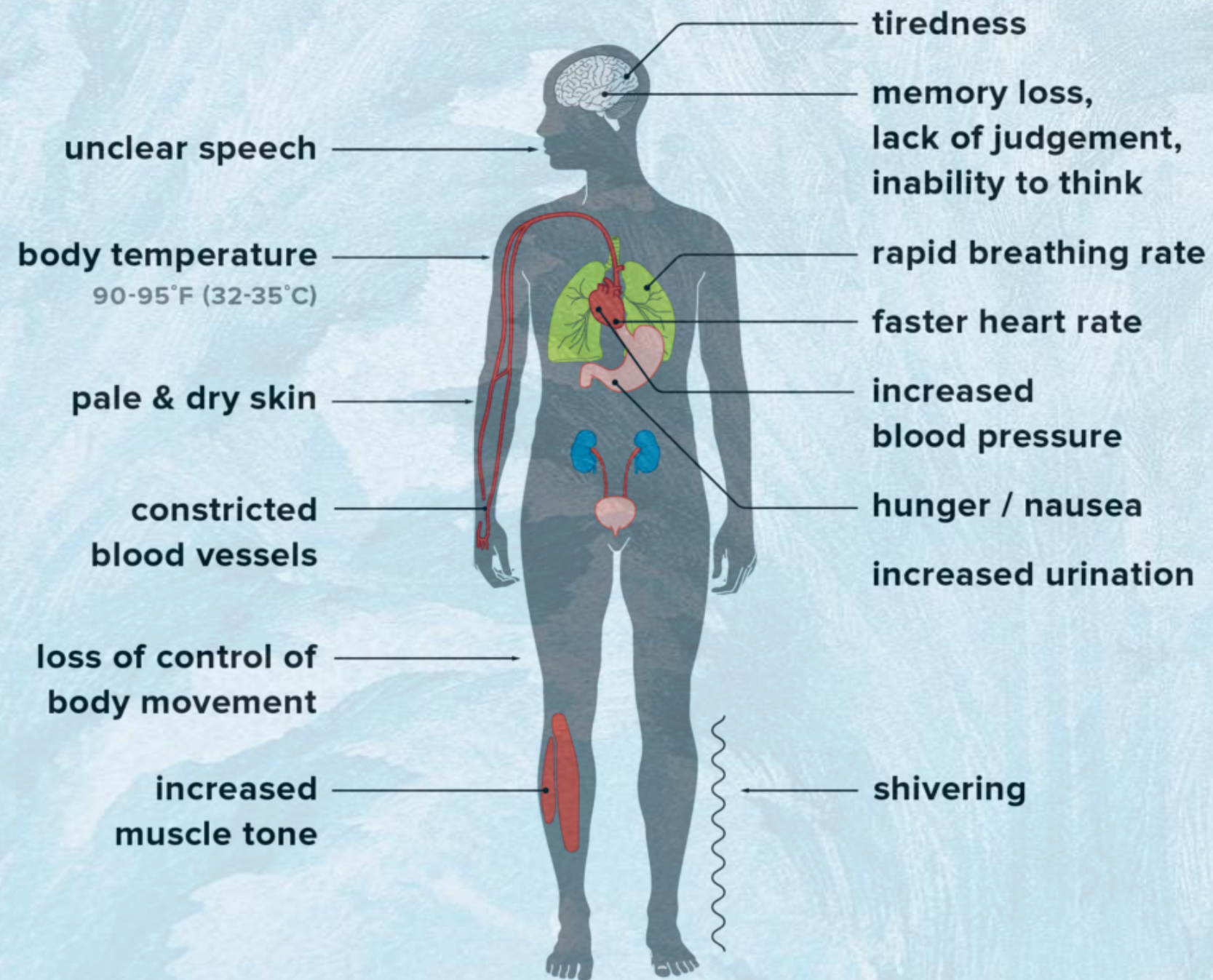
Do not remove the tick - kill it with ether-containing spray. If you are allergic to ticks or have mammalian meat allergy seek medical help. If you or someone near you has trouble breathing or collapses after a tick bite, **call triple zero (000) and ask for an ambulance.** If you have access to an adrenaline autoinjector, administer it, and continue to follow the steps of an ASCIA action plan, if one is available.

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Hypothermia (cold)

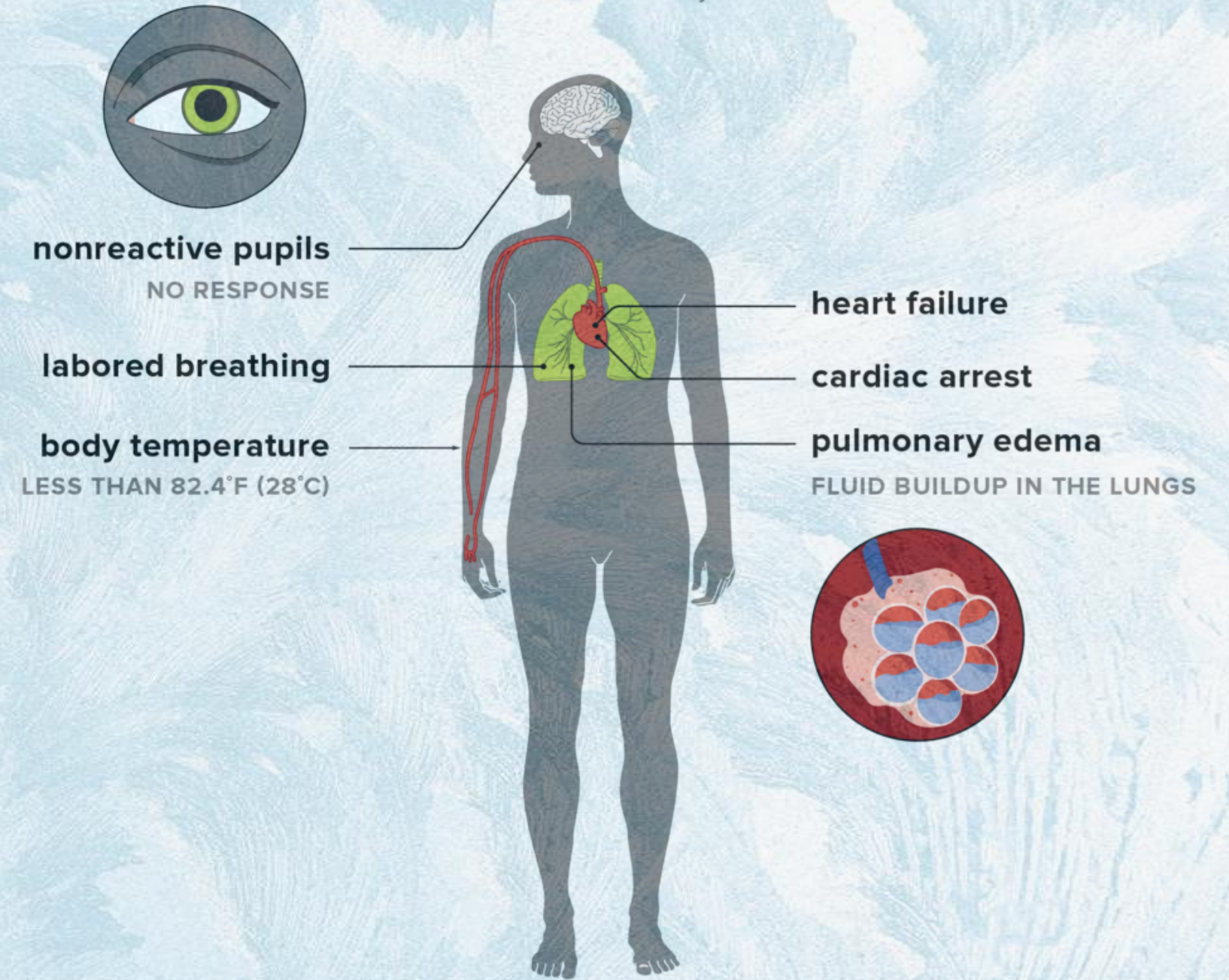
MILD HYPOTHERMIA

effects on the body



SEVERE HYPOTHERMIA

effects on the body



>35°C	Cold Stressed	+	+	+	+
32-35°C	Mild Hypothermia	+	(+)	+	+
28-32°C	Moderate Hypothermia	+	(+)	-	-
<28°C	Severe Hypothermia	-	-	-	-

Hypothermia (cold) Treatment

Vital steps

- Remove casualty from cold environment
- improvise shelter if necessary
- **Call ambulance**
- Carefully remove wet clothing **only** if dry clothing or blankets are available
- Rewarm casualty gradually
- Monitor vital signs closely
- Follow Basic Life Support steps
- **Do not** use direct heat or massage to re-warm casualty
- **Do not** give alcohol or **hot** drinks



Hyperthermia (Hot) Treatment

Vital steps

- **Call ambulance**
- Reassure casualty and lie them down in coolest available place
- Remove excess clothing
- Immerse casualty (if over the age of 5) in cold water for 15 minutes if available
- Cool casualty by sponging with water and fanning repeatedly
- Apply wrapped ice packs to neck, armpits and groin
- Follow Basic Life Support steps

HEAT EXHAUSTION

- Headaches
- Nausea and vomiting
- Fatigue, weakness and restlessness
- Thirsty
- Anxiety
- Poor coordination
- Weak, rapid pulse
- Sweating heavily
- Raised body Temperature



HEAT STROKE



- Headaches
- Nausea and vomiting
- Rapid pulse
- Extremely thirsty
- Dry, swollen tongue
- Disoriented, dizzy or delirious, slurred speech
- Body temperature more than 40 c
- Convulsions, seizures or coma
- May be sweating, skin may feel deceptively cool

WHAT TO DO

- > Lie down in shade or air-conditioning
- > Drink water
- > Cool compress or tea towel
- > Cool shower or bath

WHAT TO DO

- > **Call 000 immediately**
- > Reduce temperature until ambulance arrive

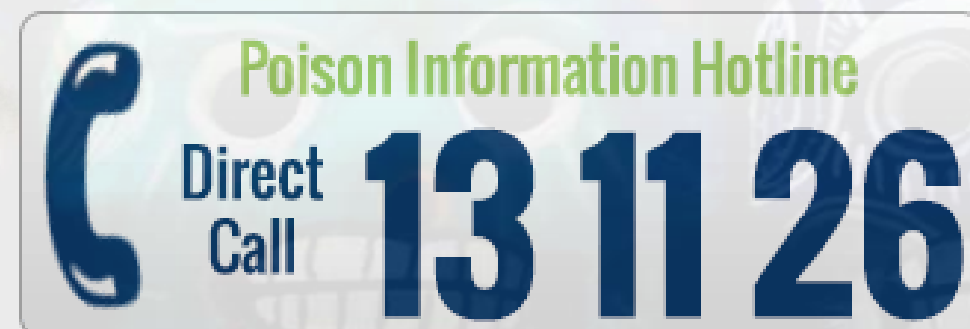
Poison

Vital steps

- Give casualty a small sip of water to wash out their mouth
- **Do not** try to make casualty vomit
- Call **Poisons Information Centre** on **13 11 26** and follow instructions given



- **Safety data sheet (SDS)**
- **Material safety data sheet (MSDS)**
- **Product safety data sheet (PSDS)**



Is a document that lists information relating to occupational safety and health for the use of various substances and products.