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LETIZIA'S TRAINING & DEVELOPMENT

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# FIRST AID ESSENTIALS

Gain Life Saving First Aid Skills for the Workplace and Everyday Life

## FIRST AID LEVEL 2 MANUAL

LETIZIA'S CPR 100% CLUB LETIZIAS.COM.AU

BELIEVE . ACHIEVE . SUCCEED

# Table of Contents

## Welcome, and thank you for choosing Letizia's Training & Development.

First aid is about people.
It is about being ready to help when someone is injured, unwell, or in need. In those moments, what you do and how you respond can make a real difference.

This manual has been created to help you build confidence, knowledge, and practical first aid skills that you can use both in the workplace and in everyday life.

## Why We Created This Manual

We know that learning first aid can feel overwhelming for some people.
There is a lot of information, new terminology, and responsibility involved. That is why this manual has been written in plain English, using real life situations and clear explanations.

**This resource is designed to support:**

- People new to first aid
- Workers who need first aid skills for their job
- Students returning to learning
- Anyone who wants confidence in an emergency

You do not need to memorise everything. You need to understand what to do, in the right order, and stay calm.

## Our Approach to First Aid Training

At Letizia's, we focus on practical, real world learning.

**First aid is not about perfection. It is about:**

- Staying calm
- Assessing the situation
- Acting safely
- Getting help early

Mistakes can happen under pressure. What matters is knowing the steps, following them in order, and doing your best to protect life.


## A Shared Responsibility

## First aid is a shared responsibility in workplaces and communities.

While not everyone is a designated first aider, anyone can be the first person on the scene. Knowing how to respond safely until help arrives can make a critical difference.

**This manual supports learners to:**

- Recognise emergencies
- Act quickly and safely
- Support the injured person
- Work within their training and limits

## How to Use This Manual

This manual follows a clear learning pathway and is designed to be read alongside training and practical practice.

**Each section:**

- Builds on the previous one
- Follows the same order used in training sessions
- Links knowledge to real situations
- Supports assessment without teaching answers
- **Some images in this manual link to additional information to help support learning**

Take your time. Ask questions. Practise regularly.

## Believe. Achieve. Succeed.

**At Letizia's, we believe everyone can learn first aid.**

- **Believe** in your ability to help
- **Achieve** practical skills through practice and understanding
- **Succeed** by being ready when it matters most

We're proud to walk this journey with you.
Welcome to First Aid Essentials.

## Important Notice

**This resource is provided to support learning and assessment.**
**It does not replace formal first aid training or professional medical advice.**


# Chapter 1: Introduction to First Aid

## What Is First Aid

First aid is the initial care given to a person who is injured or suddenly unwell.
It is provided until professional medical help arrives or until the person recovers. First aid aims to preserve life, prevent the condition from worsening, and promote recovery.
Anyone can provide first aid if they know the steps and act safely.

## Why First Aid Matters

Emergencies can happen anywhere and at any time.
They can occur at work, at home, in public places, or during everyday activities. Often, the first person on the scene is not a medical professional.

**Knowing basic first aid skills can:**

- Save lives
- Reduce the severity of injuries
- Prevent conditions from getting worse
- Provide comfort and reassurance
- Improve outcomes while waiting for help

First aid is about doing something rather than doing nothing.

## The Role of a First Aider

A first aider is someone who responds to an emergency within the limits of their training.

**The role of a first aider includes:**

- Assessing the situation
- Keeping themselves and others safe
- Providing appropriate first aid treatment
- Calling for help when required
- Staying with the casualty until help arrives

First aiders must work calmly and confidently, even under pressure.

## What First Aid Is Not

First aid does not replace professional medical care.

**First aiders must not:**

- Attempt procedures outside their training
- Give medication unless authorised
- Put themselves or others in danger
- Delay calling emergency services when needed

Knowing your limits is an important part of providing safe first aid.

## First Aid in the Workplace

Many workplaces require trained first aiders.

**Workplace first aid helps:**

- Reduce the impact of injuries
- Support injured workers
- Meet legal and safety obligations
- Create a safer work environment

First aiders may be required to respond to a wide range of situations, from minor injuries to life threatening emergencies.

## First Aid in Everyday Life

First aid skills are not just for work.

**They can be used:**

- At home
- At sporting events
- While travelling
- In public places
- When helping family, friends, or strangers

Knowing first aid gives you confidence to act when it matters most.

## Staying Calm in an Emergency

Staying calm helps you think clearly and act safely.

**Good first aid starts with:**

- Taking a breath
- Looking at what is happening
- Following a clear process
- Asking for help early

Panic can make situations worse. A calm response can save lives.

## Key Message to Remember

First aid is about being prepared.
You do not need to know everything. You need to know the steps, follow them in order, and act within your training.
Your response can make a real difference.

# Chapter 2: Legal and Ethical Considerations in First Aid

## Why Legal and Ethical Awareness Matters

Providing first aid is about helping people, but it must be done responsibly.
First aiders have legal and ethical responsibilities to act safely, respectfully, and within their level of training. Understanding these responsibilities helps protect the casualty, the first aider, and others involved.
Doing the right thing includes knowing your limits.

## Duty of Care

Duty of care means having a responsibility to take reasonable action to prevent harm.

**When a person chooses to provide first aid, they have a duty of care to:**

- Act in a reasonable and careful way
- Follow accepted first aid procedures
- Work within their training
- Avoid causing further harm

Duty of care does not mean you must fix everything. It means you must do what is reasonable in the situation.

## Acting Within Your Training

Providing treatment beyond your training can place the casualty at risk and may have legal consequences.

**If you are unsure what to do, you should:**

- Follow basic first aid principles
- Call for emergency help
- Stay with the casualty
- Monitor their condition

Knowing when to stop is just as important as knowing when to act.

## Consent

Consent means permission to provide first aid.

**If a casualty is conscious and able to communicate, you should:**

- Identify yourself as a first aider
- Explain what you intend to do
- Ask for permission before providing care

If a casualty is unconscious or unable to respond, consent is implied.
This means it is assumed they would want help.
If a conscious casualty refuses first aid, their decision must be respected.

## Privacy and Confidentiality

First aiders must respect a person's privacy.

**Good practice includes:**

- Keeping information about the casualty confidential
- Only sharing information with emergency services or appropriate authorities
- Avoiding unnecessary discussion about the incident
- Completing incident reports accurately and respectfully

.

Casualties have the right to dignity and privacy at all times.

## Negligence

Negligence occurs when a person fails to act with reasonable care and harm results.

**Examples of negligence may include:**

- Ignoring a casualty who needs help
- Providing treatment beyond your training
- Acting recklessly or carelessly
- Failing to call for help when required

Following training and procedures helps reduce the risk of negligence.

## Ethical Behaviour in First Aid

Ethical first aid practice means acting with respect, honesty, and compassion.

**This includes:**

- Treating all people equally
- Respecting cultural beliefs where possible
- Remaining calm and professional
- Acting in the best interests of the casualty

Ethical behaviour builds trust and supports better outcomes.

## Good Samaritan Principles

In Australia, Good Samaritan laws help protect people who provide first aid in good faith.

This protection generally applies when a person:

- Acts voluntarily
- Acts within their training
- Does not expect reward
- Acts with reasonable care

These laws encourage people to help without fear when someone is in need.

# Key Message to Remember

First aid is about helping safely and responsibly.
Act within your training, respect consent and privacy,
and always put the wellbeing of the casualty first.

# Chapter 3: First Aider Behaviour and Scene Management

## Why Behaviour and Scene Management Matter

How a first aider behaves during an emergency can affect the outcome.
Staying calm, organised, and focused helps protect the casualty, the first aider, and others nearby. Poor behaviour or rushing can place people at risk and make the situation worse.
Good first aid starts with good control.

## Staying Calm and Focused

Emergencies can be stressful and unexpected.

**A calm first aider is better able to:**

- Think clearly
- Make safe decisions
- Communicate effectively
- Reassure the casualty and bystanders

Taking a breath before acting helps you stay in control and follow the correct steps.

## Personal Safety Comes First

A first aider must never put themselves in danger.

**Before approaching a casualty, you must check for hazards such as:**

- Traffic
- Fire or smoke
- Electricity
- Chemicals
- Violence or aggressive behaviour
- Unstable environments

If the scene is unsafe, you must not enter.
Make the area safe if possible or wait for emergency services.

## Scene Management

Scene management involves controlling the environment around the casualty.

**Good scene management includes:**

- Assessing what has happened
- Identifying hazards
- Removing dangers where safe to do so
- Keeping bystanders at a safe distance
- Creating space to work
- Using gloves or protective equipment if available

A well managed scene helps first aid to be delivered safely and effectively.



## Managing Bystanders

Bystanders can be helpful or distracting.

**Good practice includes:**

- Asking someone to call emergency services
- Asking someone to bring a first aid kit or AED
- Keeping unnecessary people away from the casualty
- Speaking clearly and confidently

Giving people specific tasks helps reduce panic and confusion.

## Communicating with the Casualty

Clear communication helps calm the casualty and builds trust.

**Good communication includes:**

- Introducing yourself
- Explaining what you are doing
- Speaking calmly and clearly
- Listening to the casualty
- Reassuring them where appropriate

Never make promises you cannot keep.

## Infection Control and Personal Protection

First aiders should protect themselves from infection.

**Good practice includes:**

- Wearing gloves where possible
- Avoiding contact with blood or body fluids
- Washing hands after providing first aid
- Using barrier devices for CPR when available

Protecting yourself helps ensure you can continue to help others.

## Handing Over to Emergency Services

When emergency services arrive, a clear handover is important.

**You should be ready to explain:**

- What happened
- What first aid was provided
- Any changes in the casualty's condition
- Relevant medical information if known

Clear handover supports continued care.

## Key Message to Remember

Your safety comes first.
Stay calm, manage the scene, protect yourself, and communicate clearly. Good behaviour and scene control are the foundation of effective first aid.

# Chapter 4: Casualty Assessment and Vital Signs

## Why Casualty Assessment Is Important

Casualty assessment helps you understand what is wrong and what needs to be done first. A structured assessment allows a first aider to identify life threatening conditions quickly and respond in the correct order. It also helps you monitor changes in the casualty's condition while waiting for help.
Assessment is ongoing and does not stop once first aid has started.

## Initial Assessment

**Before touching the casualty, you should:**

- Check the scene is safe
- Identify what has happened
- Look for obvious dangers
- Use protective equipment if available

Once it is safe, you can approach the casualty and begin assessment.

## Primary Assessment

The primary assessment focuses on identifying life threatening conditions.

**It includes checking:**

- Responsiveness
- Airway
- Breathing
- Severe bleeding

If any life threatening condition is found, it must be managed immediately before moving on.

## Secondary Assessment

The secondary assessment is performed once life threatening conditions have been managed.

**This assessment may include:**

- Asking the casualty what happened
- Checking for pain, injuries, or medical conditions
- Looking for signs of illness or trauma
- Gathering information about allergies, medications, and medical history

The secondary assessment helps guide ongoing care.

## Vital Signs

Vital signs provide important information about a casualty's condition.

**Common vital signs include:**

- Level of consciousness
- Breathing rate and quality
- Pulse
- Skin colour, temperature, and condition

Changes in vital signs can indicate improvement or deterioration.

## Monitoring the Casualty

Casualties must be monitored continuously until help arrives or they recover.

**Monitoring includes:**

- Rechecking breathing and responsiveness
- Observing changes in behaviour or condition
- Reassuring the casualty
- Recording observations where required

If the casualty's condition changes, first aid treatment may need to change.

## Recording Information

Information gathered during assessment is important.

**This information may be needed for:**

- Emergency services handover
- Incident reporting
- Workplace records

Clear and accurate information supports continued care.

## Key Message to Remember

Assess first, act quickly, and reassess often.
A calm and structured assessment helps you identify problems early and provide safe and effective first aid.


# Example First Aid Incident Report

This is an example of a completed first aid incident report for training purposes. Incident reports document what happened, the first aid provided, and the outcome. They support safety, communication, and workplace records.

## FIRST AID INCIDENT REPORT FORM

**DETAILS OF INCIDENT**

**NAME OF INJURED PERSON**

_____

**Time of incident** **Date of incident**

_____ ☐ **am** ☐ **pm** _____

**DISCRIPTION OF WHAT HAS HAPPENED**

**FIRST AID PROVIDED**

☐ CPR provided ☐ Defibrillation provided ☐ Oxygen given

☐ Medication for Asthma ☐ Epi Pen ☐ Oxygen given

**OTHER**

_____

_____

**OUTCOME ADDITIONAL NOTES**

**OUTCOME**

☐ Hospital by Ambulance ☐ Hospital by car ☐ Referred to own Dr.

☐ Casualty refused First Aid **OTHER**

**INCIDENT REPORTED TO**

_____

**NAME OF FIRST AIDER**

_____

# Chapter 5: Chain of Survival and Emergency Response

## Why the Chain of Survival Matters

The Chain of Survival is a series of actions that improve a person's chance of survival during a life threatening emergency.
Each link in the chain is important. When actions are taken quickly and in the correct order, outcomes improve. Delays or missed steps can reduce the chance of survival.
First aiders play a critical role in the early links of the chain.

## What Is the Chain of Survival

The Chain of Survival describes the key steps needed when a person suffers a sudden cardiac arrest.

**The main links include:**

- Early recognition of an emergency
- Early call for emergency services
- Early cardiopulmonary resuscitation
- Early defibrillation
- Advanced medical care

The goal is to keep oxygen and blood flowing to vital organs until professional help arrives.

## Early Recognition

Early recognition means identifying that something is seriously wrong.

**Signs may include:**

- Collapse
- Unresponsiveness
- Abnormal or absent breathing
- Sudden loss of consciousness

Recognising these signs early allows action to begin immediately.

## Calling for Emergency Help

Calling emergency services early is essential.

**When an emergency is identified:**

- Call triple zero
- Ask someone nearby to call if available
- Put the phone on speaker if possible
- Follow instructions given by the operator

Do not delay calling for help while trying to manage the situation alone.

Early Access to the Ambulance


Early CPR

Early Defibrillation

Early Advanced Care

## Early CPR

CPR helps keep oxygenated blood flowing to the brain and heart.

**Early CPR:**

- Increases the chance of survival
- Helps delay brain damage
- Buys time until defibrillation or advanced care is available

CPR should begin as soon as it is safe and appropriate to do so.

## Early Defibrillation

Defibrillation uses an AED to deliver an electric shock to the heart.

**An AED:**

- Can analyse heart rhythm
- Advises when a shock is needed
- Provides clear voice instructions

Early use of an AED significantly improves survival rates.

## Advanced Medical Care

Advanced medical care is provided by emergency services.

**This includes:**

- Advanced airway management
- Medications
- Ongoing monitoring
- Transport to hospital

Early actions by first aiders support better outcomes once advanced care arrives.

## Emergency Response in Different Settings

Emergencies can occur in many environments.

**First aiders must:**

- Adapt to the situation
- Use available resources
- Maintain safety
- Follow the same core principles

The Chain of Survival applies whether the emergency occurs at work, at home, or in public.

## Key Message to Remember

Every link in the Chain of Survival matters.
Recognise the emergency early, call for help immediately, start CPR,
and use an AED as soon as possible. Your actions can save a life.

# Chapter 6: DRSABCD, The Action Plan

## Why DRSABCD Is Important

DRSABCD is a simple action plan used to manage emergencies safely and in the correct order. Following DRSABCD helps first aiders stay calm, avoid missing critical steps, and provide effective care. It ensures that life threatening problems are identified and treated as early as possible. This action plan must be followed in sequence.

## What DRSABCD Stands For

DRSABCD represents the steps taken during an emergency.
Each letter reminds you what to do next, keeping your response organised and focused.

## D, Danger

Danger means checking that the scene is safe.
Before approaching the casualty, you must look for hazards such as traffic, electricity, fire, chemicals, or aggressive behaviour. You must not put yourself or others at risk.
If the area is unsafe, make it safe if possible or wait for emergency services.

## R, Response

Response means checking if the casualty is responsive.

**You should:**

- Talk to the casualty
- Ask their name
- Gently squeeze their shoulders
- Look for any movement or reaction

If the casualty responds, continue assessment and provide appropriate care.

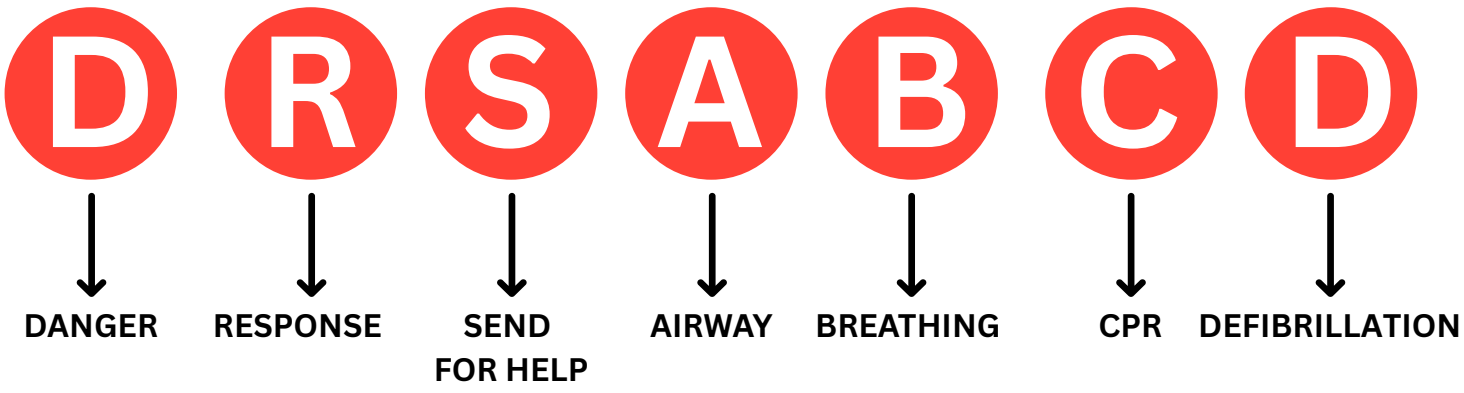
## S, Send for Help

Send for help means calling emergency services.

**If the casualty is unresponsive or seriously unwell:**

- Call triple zero immediately
- Ask a bystander to call if available
- Ask someone to bring a first aid kit or AED
- Put the phone on speaker if possible

Early help improves outcomes.



## A, Airway

Danger means checking that the scene is safe.
Before approaching the casualty, you must look for hazards such as traffic, electricity, fire, chemicals, or aggressive behaviour. You must not put yourself or others at risk.
If the area is unsafe, make it safe if possible or wait for emergency services.

## B, Breathing

Breathing means checking if the casualty is breathing normally.

**You should:**

- Look for chest movement
- Listen for breath sounds
- Feel for airflow from the mouth or nose

Check breathing for up to ten seconds.

## C, CPR

CPR is required if the casualty is unresponsive and not breathing normally.
CPR involves chest compressions and rescue breaths to keep oxygenated blood flowing to the brain and heart until help arrives.

**CPR should be continued until:**

**If the casualty is unresponsive or seriously unwell:**

- The casualty shows signs of life
- An AED is ready to use
- Emergency services arrive
- You are physically unable to continue

## D, Defibrillation

Defibrillation involves using an AED.

**An AED:**

- Analyses the heart rhythm
- Advises when a shock is needed
- Provides clear voice instructions

An AED should be used as soon as it is available and continued alongside CPR.

## Using DRSABCD Together

DRSABCD is a continuous process.
You may need to move back and forth between steps depending on the casualty's condition.
Reassessment is important until the situation is resolved.

## Key Message to Remember

**DRSABCD** provides a clear plan when seconds matter.
Follow the steps in order, stay calm, and act within your training. This action plan can save lives.

# Chapter 7: Cardiopulmonary Resuscitation, CPR

## Why CPR Is Important

CPR is used when a person is unresponsive and not breathing normally.
When the heart stops, oxygen rich blood is no longer delivered to the brain and vital organs.
CPR helps keep blood flowing until an AED or emergency services arrive.
Early CPR greatly improves the chance of survival.

## When CPR Is Required

**CPR is required when a casualty:**

- Is unresponsive
- Is not breathing normally
- Is not showing signs of life

If you are unsure whether breathing is normal, treat it as not normal and begin CPR.

## How CPR Works

CPR combines chest compressions and rescue breaths.

**Chest compressions:**

- Push blood around the body
- Help deliver oxygen to the brain and heart

**Rescue breaths:**

- Provide oxygen to the lungs
- Support circulation created by compressions

Both are important when trained to do so.

## All CPR is performed on:

- Bare chest
- Centre of chest
- **30:2** (30 Chest Compressions 2 Rescue Breaths)
- **Ideal CPR Cycle Rate** (5 cycles of 30:2 every two minutes)
- **100 / 120** per minute Compressions only (If unable to do rescue breaths)

## Adults CPR, 9 Years +

- Head Tilt
- Chin Lift
- 2 full breaths
- 2 hands
- ⅓ of chest depth (approximatley 5cm)

## Child CPR, 1 to 8 Years

- Head Tilt partial to suit age
- Chin Lift
- 2 small breaths to see chest rise
- 1 or 2 hands
- ⅓ of chest depth (approximatley 5cm)

## Baby CPR, Up to 1 Years

- No Head Tilt, neutral position (Using a neutral head position helps keep the airway open and allows effective breathing support.)
- Chin Lift
- 2 puffs to see chest rise
- 2 fingers
- ⅓ of chest depth (approximatley 4cm)


# Chapter 8: Automated External Defibrillators, AED

## What Is an AED

An Automated External Defibrillator, also known as an AED, is a portable device used to help treat sudden cardiac arrest.
An AED analyses the heart's rhythm and determines whether a defibrillation shock is required.
It then provides clear voice and visual instructions to guide the first aider.
AEDs are designed to be used by trained and untrained people.

## When an AED Is Used

**An AED is used when a casualty:**

- Is unresponsive
- Is not breathing normally
- Is not showing signs of life

An AED must be used as soon as it becomes available while CPR is in progress.
Early defibrillation significantly improves survival rates.

## How an AED Works

**An AED works by:**

- Analysing the casualty's heart rhythm
- Determining if a shock is advised
- Delivering a controlled electrical shock if required

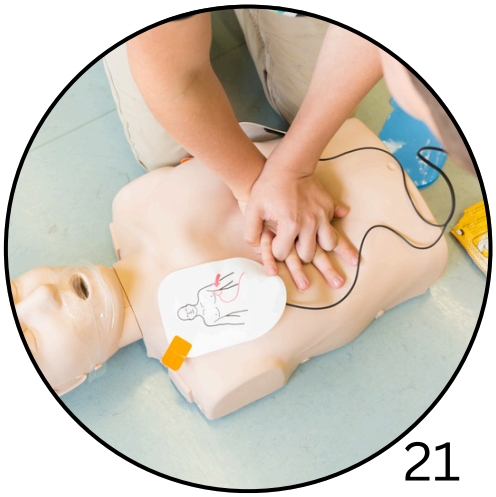
The shock may help the heart return to a normal rhythm.
An AED will not deliver a shock unless it is needed.

## Using an AED Safely

**When using an AED, you should:**

- Turn the AED on as soon as it is available
- Follow the voice and visual prompts
- Expose the casualty's chest
- Attach the pads as shown on the diagrams
- Ensure no one is touching the casualty during analysis
- Loudly state clear before shock if advised

Safety checks are essential before delivering a shock.

## Pad Placement

**Correct pad placement is important.** (see diagram)

- Always bare chest ensure good contact
- One pad is placed on the upper right side of the chest
- One pad is placed on the lower left side of the chest

**For infants and small children:**

- Paediatric pads should be used if available
- Pads may be placed on the front and back of the chest if instructed

Pads must not touch each other.

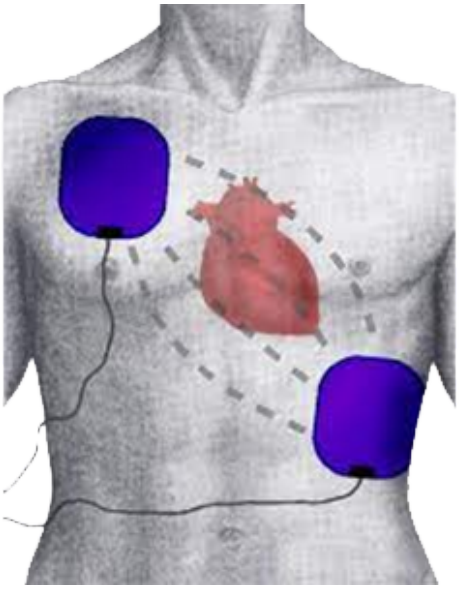
## AED Use on Different Casualties

**AEDs can be used on:**

- Adults
- Children
- Infants, using paediatric pads if available
- If paediatric pads are not available, adult pads
- May be used following manufacturer instructions.

**AEDs should not be used:**

- In water
- On a moving surface
- If the chest is wet, unless dried first



AED pads are positioned to allow the electrical shock to pass through the heart and restore a normal rhythm.

## AED and CPR Together

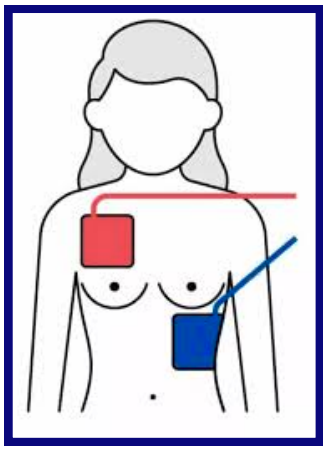
AED use does not replace CPR.

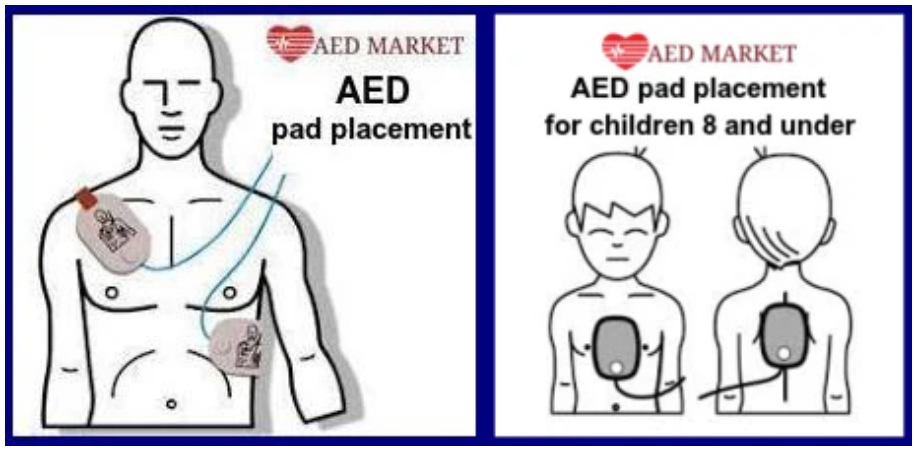
**Good practice includes:**

- Continuing CPR until the AED is ready
- Pausing CPR only when instructed by the AED
- Resuming CPR immediately after a shock or if no shock is advised

CPR and AED use work together as part of the Chain of Survival.

Pads must be placed correctly so the shock can reach the heart.
Correct pad placement helps the AED work effectively.





## Special Considerations When Using an AED

**Extra care is required if the casualty:**

- Has excessive chest hair
- Has a medical patch on the chest
- Has a pacemaker or implanted device

Follow AED prompts and training guidance to manage these situations safely.

## Pacemaker or Implanted Device Consideration

If the casualty has a pacemaker or implanted medical device, do not place the AED pad directly over the device, place the pad slightly to the side, ensuring pads are not positioned directly on top of the implant

## After Using an AED

**After AED use:**

- Continue CPR as instructed
- Monitor the casualty
- Hand over to emergency services
- Provide information about what occurred
- Assist with incident reporting if required

Do not remove the AED pads unless instructed.

## Key Message to Remember

AEDs save lives.
Use the AED as soon as it is available, follow the prompts, ensure safety, and continue CPR.
The AED will guide you through the process.

AED BRANDS

AEDs may vary by brand. Follow the device prompts and workplace training for your specific AED.




# Chapter 9: Recovery Position

## What Is the Recovery Position

The recovery position is used to help keep the airway open in an unconscious casualty who is breathing normally.
It allows fluids such as saliva or vomit to drain from the mouth and helps prevent airway obstruction.

## When to Use the Recovery Position

**Use the recovery position when a casualty:**

- Is unresponsive
- Is breathing normally
- Does not have a suspected spinal injury

If you are unsure, assess using **DRSABCD** first.

## When Not to Use the Recovery Position

**Do not place a casualty in the recovery position if:**

- They are not breathing normally
- CPR is required
- There is a suspected spinal injury unless airway management is needed

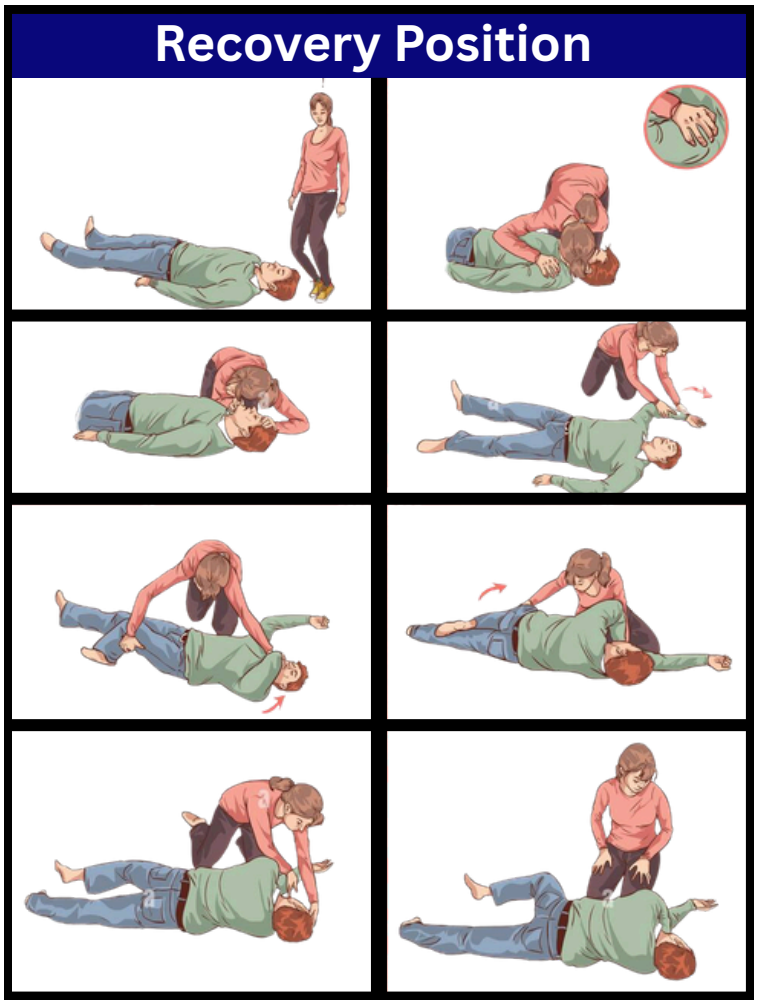
If airway protection is required, gently place them into the position with care.

## How the Recovery Position Helps

**The recovery position:**

- Keeps the airway open
- Prevents choking
- Allows fluids to drain
- Supports safe monitoring

It is a simple but important life saving position.




## Monitoring the Casualty

While the casualty is in the recovery position:

- Monitor breathing regularly
- Check responsiveness
- Keep them warm
- Call 000 if their condition changes
- Be prepared to begin CPR if required

Do not leave the casualty alone.

## Key Message to Remember

If a casualty is unconscious but breathing normally, place them in the recovery position and monitor closely until help arrives.

# Chapter 10: Anaphylaxis and Adrenaline Auto Injectors

## What Is Anaphylaxis

Anaphylaxis is a severe and life threatening allergic reaction.
It can develop rapidly and affects the airway, breathing, and circulation. Without prompt treatment, anaphylaxis can be fatal.
Anaphylaxis is a medical emergency and must be treated immediately.

## Common Triggers of Anaphylaxis

**Anaphylaxis can be triggered by:**

- Foods such as nuts, shellfish, eggs, or dairy
- Insect stings or bites
- Medications
- Latex

A person may know they have allergies, or anaphylaxis may occur without warning.

## Recognising Anaphylaxis

**Signs and symptoms of anaphylaxis may include:**

- Difficulty breathing or noisy breathing
- Swelling of the lips, tongue, or throat
- Difficulty speaking or swallowing
- Tightness in the chest
- Hives, rash, or itching
- Dizziness or collapse
- Pale or floppy appearance in children

Allergy & Anaphylaxis Australia®
Your trusted charity for allergy support

Symptoms can worsen quickly and must not be ignored.

## Adrenaline Auto Injectors

Adrenaline auto injectors are used to treat anaphylaxis.

**They:**

- Deliver a measured dose of adrenaline
- Help reduce swelling
- Improve breathing
- Support blood circulation

Adrenaline auto injectors are safe and designed for use by trained and untrained people.

## Key Message to Remember

Anaphylaxis is life threatening.
Give adrenaline early, call emergency services immediately, and monitor the casualty until help arrives. Acting quickly can save a life.


## First Aid Response for Anaphylaxis

First aid for anaphylaxis must be immediate.

**You should:**

- Lay the casualty flat, or sit them up if breathing is difficult
- Administer an adrenaline auto injector if available **(Note Time)**
- Call triple zero immediately
- Monitor the casualty closely
- Be prepared to begin CPR if required

Do not allow the casualty to stand or walk.

## Giving a Second Adrenaline Auto Injector (5 minutes later)

**If there is no improvement in symptoms and another adrenaline auto injector is available:**

- A second adrenaline auto injector may be administered
- The second injector should be given in the other outer thigh
- Follow the instructions on the device
- Continue to monitor the casualty closely

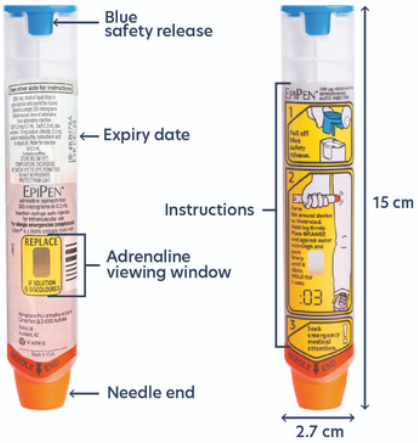
Emergency services must already have been called.

## Use of Ventolin During Anaphylaxis

If the casualty has asthma symptoms such as wheezing or difficulty breathing

**If Ventolin is available:**

- Assist the casualty to take four puffs of Ventolin
- Use a spacer if available
- Ventolin may be given every four minutes
- Continue until ambulance services arrive

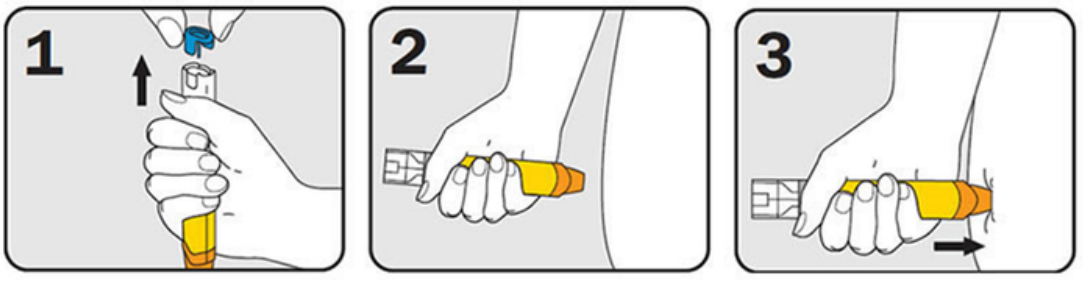



Ventolin does not replace adrenaline.
Adrenaline is the priority treatment for anaphylaxis.
Monitoring Until Help Arrives.

**While waiting for emergency services:**

- Keep the casualty lying flat or sitting upright if breathing is difficult
- Do not allow the casualty to stand or walk
- Be prepared to commence CPR if required
- Reassure the casualty and stay with them

All treatment provided must be handed over to emergency services on arrival.




Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

# Neffy Nasal Spray for Anaphylaxis

**What Is Neffy?**
Neffy is a needle-free adrenaline nasal spray used for the emergency treatment of severe allergic reactions and anaphylaxis.

Unlike traditional adrenaline auto injectors, Neffy delivers adrenaline through the nose instead of an injection into the thigh.

## Neffy is designed to:

- Help improve breathing
- Reduce swelling
- Support blood circulation during an allergic emergency

Anaphylaxis is life threatening and must always be treated immediately.

**All treatment provided must be handed over to emergency services on arrival.**

## When Neffy May Be Used

Neffy may be used when a casualty shows signs of anaphylaxis, including:

- Difficulty breathing
- Swelling of the lips, tongue, or throat
- Difficulty speaking or swallowing
- Wheezing or persistent coughing
- Dizziness or collapse

Always follow workplace procedures, training guidelines, and product instructions.
Using Neffy

## If anaphylaxis is suspected:

- Lay the casualty flat, or sit them upright if breathing is difficult
- Administer Neffy as directed
- Note the time the medication was given
- Call triple zero immediately
- Monitor the casualty closely
- Be prepared to begin CPR if required

Do not allow the casualty to stand or walk.


## Important Information

- Neffy does not replace emergency medical care
- Emergency services must always be called
- A second dose may be required if symptoms do not improve
- Follow the product instructions carefully
- Continue monitoring the casualty until help arrives

## Key Message to Remember

Neffy is a needle-free adrenaline treatment for anaphylaxis.
Act quickly, call emergency services early, and continue to monitor the casualty closely until help arrives.

# Chapter 11: Needle Stick Injury and Safe Disposal

## What Is a Needle Stick Injury

What Is a Needle Stick Injury
A needle stick injury occurs when a needle or sharp object pierces the skin. This can expose a person to blood or body fluids and must always be taken seriously.

## When Needle Stick Injuries May Occur

Needle stick injuries may occur during first aid treatment, when using or disposing of sharps, when handling waste, or after using an adrenaline auto injector.

## First Aid Response


**If a needle stick injury occurs:**

- Encourage the wound to bleed gently if possible
- Wash the area with soap and water
- Do not scrub the wound
- Cover with a clean dressing

Do not suck the wound or use harsh chemicals.

## Reporting and Medical Follow Up

All needle stick injuries must be reported.
Report the injury according to workplace procedures, complete an incident report, and seek medical advice as soon as possible.

## Safe Disposal of Needles and Sharps

Needles and sharps must be disposed of safely.
Use an approved sharps container, never recap needles, never place sharps in general waste, and do not overfill sharps containers.

## Disposal After Using an Adrenaline Auto Injector

After using an adrenaline auto injector, place the used device into a sharps container if available or hand it to emergency services. Do not place it in general waste.

## Key Message to Remember

Needle stick injuries must be managed immediately. Provide first aid, report the injury, and dispose of sharps safely to prevent further harm.

# Chapter 12: Asthma Emergency Management

## What Is Asthma

Asthma is a medical condition that affects the airways in the lungs. During an asthma attack, the airways narrow, making breathing difficult. Attacks can range from mild to life threatening and may occur suddenly. Asthma must always be taken seriously.

## Signs of an Asthma Attack

Signs and symptoms may include difficulty breathing, wheezing, tightness in the chest, persistent coughing, difficulty speaking in full sentences, anxiety or distress.
If symptoms worsen or breathing becomes difficult, treat it as an emergency.

## First Aid Response for Asthma

First aid for asthma should be provided immediately.
You should sit the casualty upright, reassure them and encourage calm breathing, assist with their reliever medication, do not leave them alone, and call emergency services if symptoms do not improve or worsen.
The casualty should never lie flat during an asthma attack.

## Using a Reliever Inhaler

A reliever inhaler such as Ventolin helps open the airways.

**If an asthma attack occurs:**

- Give four puffs of the reliever inhaler
- Use a spacer if available
- Allow slow steady breaths
- Wait four minutes

**If symptoms do not improve:**

- Give another four puffs
- Wait four minutes

**If there is still no improvement:**

- Call 000
- Continue giving four puffs every four minutes until emergency services arrive

## Key Message to Remember

Asthma attacks can worsen quickly.
Sit the casualty upright, assist with reliever medication, repeat doses if needed, and call emergency services early. Calm action saves lives.

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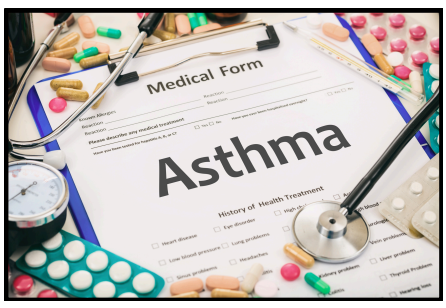


# Chapter 13: Opioid Overdose & Naloxone

## What is an Opioid Overdose

An opioid overdose occurs when a person has taken too much of a drug that slows down the central nervous system, affecting breathing and consciousness.
Common opioids include heroin, morphine, oxycodone, fentanyl and codeine.
During an overdose, breathing can become slow, irregular, or stop completely. This is a life-threatening emergency and must always be treated immediately.

### Signs of an Opioid Overdose

Signs and symptoms may include:

- Unconscious or difficult to wake
- Slow, irregular or no breathing
- Pinpoint pupils
- Blue or grey lips and fingertips
- Snoring or gurgling sounds


### Environmental Clues

- Needles or syringes
- Drug packaging or pills
- Burnt spoons or foil
- Reports from bystanders
- If an overdose is suspected, treat it as an emergency.

### Using Naloxone

Naloxone is a medication that temporarily reverses the effects of an opioid overdose by restoring breathing.
Naloxone can be given as a nasal spray or injection, depending on availability.
If an opioid overdose occurs:

- Call 000 immediately
- Start CPR if the casualty is not breathing
- Administer Naloxone as per instructions
- Continue to monitor breathing

### If no response:

- Continue CPR if required
- Repeat Naloxone dose if available and instructed
- Follow directions from emergency services

### Aftercare

- Stay with the casualty at all times
- Place in recovery position if breathing normally
- Be aware the effects of Naloxone may wear off within 20–90 minutes
- The casualty may relapse into overdose once it wears off

### Key Message to Remember

Opioid overdose is life-threatening and requires immediate action.
Call emergency services, begin CPR if needed, and use Naloxone as a support.
Naloxone can save a life — but ongoing care is essential until help arrives.

# Chapter 14: Heart Attack and Angina Emergency Management

## What Is a Heart Attack and Angina

A heart attack occurs when blood flow to part of the heart is blocked, causing damage to the heart muscle. Angina is chest pain caused by reduced blood flow to the heart and may be triggered by exertion or stress.

A heart attack is life threatening and requires urgent medical care. Angina can be a warning sign of a heart attack.

## Signs of a Heart Attack or Angina

Signs and symptoms may include chest pain, pressure, tightness or discomfort, pain spreading to the arm, neck, jaw, shoulder or back, shortness of breath, nausea, dizziness, sweating, pale or clammy skin, anxiety.

Symptoms may vary and can be different in women, older people, and people with diabetes.

## First Aid Response

First aid must be provided immediately.

You should stop the casualty from exerting themselves, sit them upright in a comfortable position, reassure them and encourage calm breathing, loosen tight clothing, and stay with them at all times.

## Use of Medication

**If the casualty has prescribed medication for angina:**

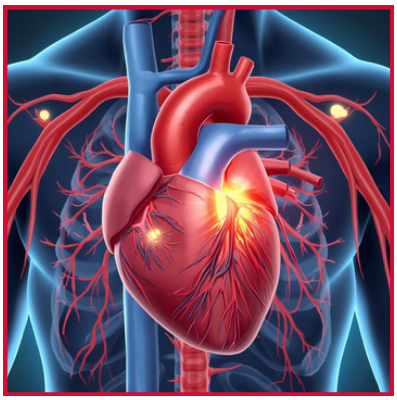
- Assist them to take their medication as directed
- Allow them to self administer if conscious and able
- Do not give medication that is not prescribed to them

If pain is not relieved within a few minutes or worsens, treat it as a heart attack.

When to Call Emergency Services

**Call 000 immediately if:**

- Chest pain is severe, persistent, or worsening
- Symptoms last longer than a few minutes
- The casualty has never experienced these symptoms before
- Angina medication does not relieve symptoms
- You are unsure or concerned



Do not delay calling for help.

## While Waiting for Help

**While waiting for emergency services:**

- Keep the casualty resting and calm
- Monitor breathing and responsiveness
- Be prepared to begin CPR if the casualty becomes unresponsive and not breathing
- Do not leave the casualty alone

## Key Message to Remember

Chest pain must always be taken seriously. Sit the casualty down, assist with prescribed medication if available, and call emergency services early. Acting quickly can save a life.

# Chapter 15: Stroke – Recognition and First Aid Response

## What Is a Stroke

A stroke occurs when blood flow to part of the brain is interrupted. This may be caused by a blocked blood vessel or bleeding in the brain. A stroke is a medical emergency and requires immediate action.
Early recognition and fast response can reduce brain damage and improve recovery.

## Recognising a Stroke, FAST

### F – Face

Check if the face has dropped on one side or if the person cannot smile evenly.

### A – Arms

Ask the person to raise both arms. Check if one arm drifts down or cannot be lifted.

### S – Speech

Listen for slurred speech, difficulty speaking, or inability to understand simple sentences.

### T – Time

If any of these signs are present, call 000 immediately.
Time is critical during a stroke.

## Other Possible Signs of Stroke

Additional signs may include:
Sudden headache
Dizziness or loss of balance
Blurred or lost vision
Confusion
Difficulty swallowing
Not all signs appear at once.


## First Aid Response for Stroke

If a stroke is suspected:
**Call 000 immediately**
Keep the casualty at rest
Reassure the casualty and stay with them
Loosen tight clothing
Monitor breathing and responsiveness
Do not give food or drink.

## While Waiting for Emergency Services

Remain calm and observe changes.
If the casualty becomes unconscious, place them in the recovery position and monitor their airway and breathing.

## Key Message

Recognising a stroke early saves lives. Use **FAST**, call 000 immediately, and stay with the casualty until help arrives.

# Chapter 16: External Bleeding
# Life Threatening and Non Life Threatening

## What Is External Bleeding

External bleeding occurs when blood flows outside the body due to a wound or injury. Bleeding can range from minor to severe and may become life threatening if not controlled quickly. Controlling bleeding early helps prevent shock and serious injury.

## Life Threatening Bleeding

Life threatening bleeding is severe and must be treated immediately.
Signs of life threatening bleeding may include heavy or uncontrolled bleeding, blood spurting from a wound, pooling of blood on the ground, partial or complete amputation, clothing soaked with blood, pale or clammy skin, dizziness or collapse.
Life threatening bleeding is a medical emergency.

## Non Life Threatening Bleeding

Non life threatening bleeding is usually slower and easier to control.
Signs may include minor cuts, grazes, small wounds, or bleeding that slows with pressure.
Non life threatening bleeding still requires first aid to prevent infection.

## First Aid Response for External Bleeding

**First aid for external bleeding should be provided immediately.**

**You should:**

- Ensure your safety and use gloves if available
- Apply firm direct pressure to the wound
- Use a clean dressing or cloth
- Raise the injured area if possible
- Apply additional dressings if bleeding continues
- Do not remove objects embedded in the wound

Pressure is the most effective way to control bleeding.


## When to Call Emergency Services

**Call 000 immediately if:**

- Bleeding is severe or cannot be controlled
- There is a large or deep wound
- An object is embedded in the wound
- There is amputation
- The casualty shows signs of shock
- You are unsure or concerned

Do not delay calling for help.


**Tourniquet, used for uncontrolled life threatening bleeding.**
**Haemostatic dressing, assists clotting to control severe bleeding.**

## While Waiting for Help

**While waiting for emergency services:**

- Keep the casualty resting and calm
- Monitor breathing and responsiveness
- Be prepared to begin CPR if the casualty becomes unresponsive and not breathing
- Do not leave the casualty alone

# Chapter 17: Choking, Partial and Complete Airway Obstruction

## What Is Choking

Choking occurs when a foreign object blocks the airway, preventing normal breathing. Choking can be partial or complete and may become life threatening if not managed quickly.

## Partial Airway Obstruction

A partial airway obstruction allows some air to pass.
Signs may include coughing, gagging, noisy breathing, and the ability to speak or breathe. The casualty may appear distressed but is still able to move air.

## First Aid for Partial Choking

If the casualty has a partial airway obstruction:

- Encourage them to cough
- Do not interfere
- Monitor their condition closely

Coughing is the most effective way to clear a partial obstruction.

## Complete Airway Obstruction

A complete airway obstruction occurs when no air can pass.
Signs may include inability to breathe, speak, or cough, silent attempts to breathe, clutching the throat, panic, bluish skin colour, and collapse.
Complete choking is a medical emergency.

**First Aid for Complete Choking**
**If the casualty has a complete airway obstruction:**

- Call 000 immediately or ask someone else to call
- Give up to five back blows between the shoulder blades
- Check if the obstruction has cleared
- If not cleared, give up to five chest thrusts
- Alternate back blows and chest thrusts until the obstruction clears or the casualty becomes unresponsive

Do not perform abdominal thrusts.

## If the Casualty Becomes Unresponsive

If the casualty becomes unresponsive:

- Support them to the ground
- Begin DRSABCD
- Call emergency services if not already done
- Start CPR

CPR may help dislodge the obstruction.


**Very effective Australian Owned / operated by Medics for Life**

## Key Message to Remember

Choking can become life threatening quickly. Encourage coughing for partial choking and act immediately for complete choking. Call emergency services early and follow the correct steps.

# Chapter 18: Shock and Seizure Emergency Management

## What Is Shock and a Seizure

**Shock is a life threatening condition** where the body is not getting enough blood flow and oxygen to vital organs. It can result from severe bleeding, injury, illness, burns, or medical emergencies.

**A seizure is caused by abnormal electrical activity in the brain** and may result in loss of consciousness, muscle stiffness, or jerking movements.
Both conditions require calm, immediate first aid.

## Signs of Shock

Signs and symptoms of shock may include pale or clammy skin, rapid breathing, fast pulse, dizziness, nausea, confusion, weakness, or collapse.
Shock can worsen quickly and must be treated urgently.

## First Aid Response for Shock

First aid for shock should be provided immediately.
**You should:**

- Lay the casualty flat
- Raise their legs if possible unless injury prevents this
- Control any bleeding
- Keep the casualty warm
- Reassure and monitor them
- Call 000

Do not give food or drink.

## Signs of a Seizure

Signs of a seizure may include loss of consciousness, muscle stiffness, jerking movements, confusion after the seizure, or unusual behaviour before or after the event.

**First Aid Response for Seizures**
**If a seizure occurs:**

- Protect the casualty from injury
- Clear the area around them
- Place something soft under the head if possible
- Do not restrain the casualty
- Do not place anything in the mouth
- Time the seizure

After the seizure stops, place the casualty in the recovery position and monitor breathing.

## When to Call Emergency Services

**Call 000 immediately if:**

- The seizure lasts longer than five minutes
- Seizures repeat
- The casualty is injured
- It is their first seizure
- Shock is suspected
- You are unsure or concerned

Do not delay calling for help.

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# Chapter 19: Diabetes Emergency Management
# High and Low Blood Sugar

## What Is Diabetes

Diabetes is a medical condition that affects how the body controls blood sugar levels. A diabetic emergency occurs when blood sugar becomes too low or too high.
Low blood sugar is more common and can become life threatening if not treated promptly.

## Low Blood Sugar, Hypoglycaemia

Low blood sugar occurs when the body does not have enough glucose.
Signs and symptoms may include shaking, sweating, pale or clammy skin, hunger, confusion, drowsiness, headache, dizziness, behaviour changes, or loss of consciousness.

## First Aid Response for Low Blood Sugar

**If the casualty is conscious and able to swallow:**

- Give fast acting sugar such as glucose tablets, jelly beans, juice, or soft drink
- Allow time for improvement
- Repeat sugar if needed
- Monitor the casualty

**If the casualty becomes unconscious or cannot swallow:**

- Do not give food or drink
- Place in the recovery position
- Call 000 immediately

## High Blood Sugar, Hyperglycaemia

High blood sugar occurs when there is too much glucose in the blood.
Signs and symptoms may include increased thirst, frequent urination, fatigue, dry skin, nausea, fruity smelling breath, confusion, or drowsiness.
High blood sugar usually develops more slowly than low blood sugar.

## First Aid Response for High Blood Sugar

**If high blood sugar is suspected:**

- Assist the casualty to follow their diabetes management plan if known
- Encourage rest and monitoring
- Do not give insulin unless prescribed and self administered
- Call emergency services if the condition worsens or you are concerned

## When to Call Emergency Services

**Call 000 immediately if:**

- The casualty is unconscious
- The casualty cannot swallow
- Symptoms are severe or worsening
- You are unsure whether blood sugar is high or low

Do not delay calling for help.

# Chapter 20: Burns, Severe and Non Severe

## What Is a Burn

A burn is an injury caused by heat, electricity, chemicals, radiation, or friction. Burns damage the skin and sometimes deeper tissues. Burns can be minor or life threatening depending on the size, depth, and location.

## Non Severe Burns

Non severe burns usually affect a small area of skin and are not deep.
Signs may include redness, mild swelling, pain, and small blisters.

## First Aid Response for Non Severe Burns

First aid for non severe burns should be provided immediately.

**You should:**

- Remove the casualty from the source of the burn
- Cool the burn under cool running water for at least 20 minutes
- Remove jewellery or tight clothing near the burn if safe to do so
- Cover the burn with a clean non stick dressing
- Reassure and monitor the casualty

Do not apply creams, oils, butter, or ice.

## First Aid Response for Severe Burns

First aid for severe burns must be provided urgently.

**You should:**

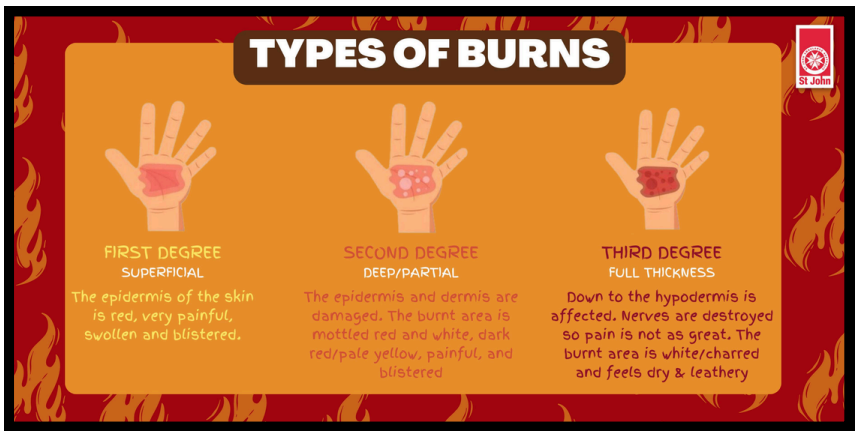
- Ensure the scene is safe
- Remove the casualty from danger
- Cool the burn with cool running water for 20 minutes if possible
- Do not remove clothing stuck to the burn
- Cover the burn with a clean dry non stick dressing
- Treat for shock
- Call 000 immediately

Do not apply creams, break blisters, or give food or drink.

## When to Call Emergency Services

**Call 000 immediately if:**

- The burn is severe, large, or deep
- The airway, face, hands, feet
- The burn is electrical or chemical
- The casualty shows signs of shock
- You are unsure or concerned




## Key Message to Remember

Cool the burn with cool running water for 20 minutes, cover it, and call emergency services early for severe burns. Quick and correct first aid reduces damage and saves lives.

# Chapter 21: Eye Injuries, Minor and Major

## What Is an Eye Injury

An eye injury occurs when the eye is damaged by a foreign object, chemical, blunt force, or penetrating injury. Eye injuries can range from minor irritation to serious damage that threatens vision.
All eye injuries must be taken seriously.

## Minor Eye Injuries

Minor eye injuries usually involve irritation or small particles.
Signs may include redness, watering, discomfort, mild pain, or a feeling of something in the eye.

## First Aid Response for Minor Eye Injuries

First aid for minor eye injuries should be provided immediately.
**You should:**

- Encourage the casualty not to rub the eye
- Wash your hands if possible
- Rinse the eye gently with clean water or saline
- Allow the eye to flush naturally
- Seek medical advice if discomfort continues

Do not attempt to remove objects stuck to the eye.

## Major Eye Injuries

Major eye injuries are serious and may threaten vision.
Signs may include severe pain, bleeding, changes to vision, visible damage to the eye, an embedded object, chemical burns, or inability to open the eye.
Major eye injuries are a medical emergency.

## First Aid Response for Major Eye Injuries

First aid for major eye injuries must be provided urgently.
**You should:**

- Keep the casualty still and calm
- Prevent pressure on the injured eye
- Cover the injured eye with a clean dressing
- If possible, cover both eyes to limit movement
- Call 000 immediately

Do not allow the casualty to rub the eye.

Embedded objects following page

## Embedded Objects

An embedded object is any object that has pierced the body and remains in place.

**If an object is embedded in the eye or any other part of the body:**

- Do not remove the object
- Do not apply pressure to the object
- Stabilise the object if required to prevent movement
- Cover the injury gently with a clean dressing
- Keep the casualty still and calm
- Call 000 immediately

Removing an embedded object can cause severe bleeding, further injury, or death.

## Chemical Eye Injuries

I**f a chemical enters the eye:**

- Flush the eye with clean running water immediately
- Continue flushing for at least 20 minutes
- Seek Material Safety Data Sheet for the chemical **(MSDS)**
- Call emergency services or seek urgent medical help

Do not delay flushing the eye.

## Key Message to Remember

Eye injuries can worsen quickly. Rinse minor irritations gently, treat major injuries as an emergency, and never remove embedded objects. Early action protects vision.

**Material Safety Data Sheet**

0261 (10273), 0265 (10274)
TSP-90 Heavy Duty Cleaner

MSDS No. 0009 Rev. 4

Emergency Phone No.
800-535-5053 - INFOTRAC

**SECTION 1 – PRODUCT NAME & MANUFACTURER INFORMATION**

| | |
|---|---|
| PRODUCT NAME | TSP-90 Heavy Duty Cleaner – White Granular Powder |
| MANUFACTURER'S NAME & TELEPHONE NUMBER | Red Devil, Inc. (918)825-5744 |
| STREET ADDRESS | 4175 Webb Street |
| CITY / STATE / ZIP | Pryor, Oklahoma 74361 |

| SECTION 2 – COMPOSITION / HAZARDOUS INGREDIENTS | % | TLV | PEL | UNITS |
|---|---|---|---|---|
| PRODUCT CONSISTS OF: | | | | |
| Sodium Metasilicate, Pentahydrate (6834-92-0) | 100 | NE | NE | |
| Non-hazardous ingredients* | 0 | NE | NE | |

*Unlisted ingredients are not considered hazardous under the OSHA Hazard Communication Standard (29 CFR 1910.1200).
Calculated VOC: 0%/wt, 0 g/L. CARB Compliance: Yes. Prop 65 Ingredients: None.

**SECTION 3 – HAZARDS IDENTIFICATION**

| | |
|---|---|
| PRIMARY ROUTE(S) OF ENTRY | ☒ Skin Contact ☒ Skin Absorption ☒ Eye Contact ☒ Inhalation ☒ Ingestion |
| EMERGENCY OVERVIEW | White, odorless, granular powder. Corrosive to eyes, skin & digestive tract. Dust corrosive to respiratory tract. Due to high pH of product, release into surface water is harmful to aquatic life. Noncombustible. Reacts w/ acids & some organics. |
| EFFECTS OF OVEREXPOSURE | Eye Contact: Corrosive, causes eye burns. Skin Contact: Corrosive, causes skin burns. Inhalation: Dust corrosive to respiratory tract. Ingestion: Corrosive, causes burns to mouth, esophagus & stomach. Chronic Hazards: None known. Not listed by NTP, IARC or OSHA as a carcinogen. Physical Hazards: Can etch glass if not promptly removed. |
| MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE | None known. |

**SECTION 4 – FIRST AID MEASURES**

| | |
|---|---|
| SKIN CONTACT | Immediately flush skin w/ plenty of water for @ least 15 minutes, while removing contaminated clothing & shoes. Seek medical attention immediately. Wash clothing before reuse. Thoroughly clean shoes before reuse. |
| EYE CONTACT | Immediately flush eyes w/ plenty of water for @ least 15 minutes. If easy to do, remove contact lenses, if worn. Seek medical attention immediately. |
| INHALATION | Remove to fresh air. If not breathing, give artificial respiration. If breathing difficult, give oxygen. Seek medical attention. |
| INGESTION | DO NOT INDUCE VOMITING. Seek medical attention immediately. If person is fully conscious, give cupful of water. Never give anything by mouth to an unconscious person. |

# Chapter 22: Sprains, Strains, and Dislocations

## What Are Sprains, Strains, and Dislocations

Sprains, strains, and dislocations are common soft tissue and joint injuries.
A sprain involves ligaments, a strain involves muscles or tendons, and a dislocation occurs when a bone is forced out of its normal position at a joint.
These injuries can be painful and may limit movement.

## Signs of Sprains and Strains

Signs and symptoms may include pain, swelling, bruising, tenderness, reduced movement, or weakness in the injured area.

## Signs of a Dislocation

Signs of a dislocation may include severe pain, visible deformity, swelling, inability to move the joint, or the joint appearing out of place.
Dislocations are serious injuries and require medical assessment.

## First Aid Response, RICER

**RICER** is used to manage sprains and strains.
**RICER stands for:**

- Rest, stop activity and avoid movement
- Ice, apply a cold pack for up to 20 minutes
- Compression, apply a firm bandage if trained
- Elevation, raise the injured area if possible
- Referral, seek medical advice or assessment

Do not apply ice directly to the skin.

raisingchildren.net.au
the australian parenting website


## Dislocations

If a dislocation is suspected:

- Keep the casualty still
- Support the injured joint in the position found
- Do not attempt to relocate the joint
- Apply ice if possible
- Call 000 or seek urgent medical care

Do not force movement.

### When to Call Emergency Services

Call 000 if:

- A dislocation is suspected
- Pain is severe
- There is loss of circulation or sensation
- You are unsure or concerned

## Key Message to Remember

Use RICER for sprains and strains. Do not move or relocate dislocations. Early care and medical assessment support recovery.

# Chapter 23: Head Injuries and Concussion

## What Is a Head Injury

A head injury occurs when the head is struck, shaken, or penetrated. This may cause injury to the scalp, skull, or brain. Head injuries can be mild or life threatening and must always be taken seriously. A concussion is a type of mild traumatic brain injury.

## Signs and Symptoms of a Head Injury

Signs and symptoms may include headache, dizziness, nausea or vomiting, confusion, memory loss, blurred vision, sensitivity to light or noise, drowsiness, loss of consciousness, seizure, bleeding from the head, or changes in behaviour.
Symptoms may appear immediately or develop over time.

## First Aid Response for Head Injuries

First aid for a head injury should be provided immediately.
**You should:**

- Keep the casualty still and calm
- Support the head and neck
- Monitor breathing and responsiveness
- Control bleeding using gentle pressure around the wound
- Treat for shock if require

Do not move the casualty unless necessary for safety.

## Concussion

Concussion may occur even without loss of consciousness.
Signs of concussion may include confusion, slow responses, headache, dizziness, nausea, or difficulty concentrating. Any suspected concussion requires medical assessment.

## When to Call Emergency Services

**Call 000 immediately if:**

- The casualty loses consciousness
- The casualty becomes confused or drowsy
- There is vomiting, seizure, or worsening headache
- There is bleeding that cannot be controlled
- There is a suspected skull fracture
- You are unsure or concerned

Do not delay calling for help.

## What Not to Do

Do not:

- Allow the casualty to continue activity
- Give food or drink
- Leave the casualty alone
- Remove a helmet unless airway management is required

## Key Message to Remember

All head injuries must be taken seriously. Keep the casualty still, monitor closely, and seek medical help early. When in doubt, call emergency services.

# Chapter 24: Spinal Injuries

## What Is a Spinal Injury

A spinal injury occurs when the spine or spinal cord is damaged. This can affect movement, sensation, and breathing. Spinal injuries can be life threatening and may cause permanent damage if not managed correctly.
Any suspected spinal injury must be treated seriously.

## Causes of Spinal Injuries

Spinal injuries may occur from falls, vehicle accidents, sporting injuries, diving incidents, or trauma involving force to the head, neck, or back.

## Signs and Symptoms of a Spinal Injury

Signs and symptoms may include pain or tenderness in the neck or back, numbness or tingling, weakness or paralysis, loss of movement or sensation, difficulty breathing, altered level of consciousness, or unusual body positioning.
Symptoms may not always be obvious.

## First Aid Response for Suspected Spinal Injury

First aid for a suspected spinal injury must focus on preventing movement.
**You should:**

- Keep the casualty still and calm
- Support the head and neck in a neutral position
- Encourage the casualty not to move
- Monitor breathing and responsiveness
- Call 000 immediately

Only move the casualty if there is immediate danger or airway management is required.

## If the Casualty Is Unconscious

If the casualty is unconscious:

- Use DRSABCD
- Support the head and neck
- If airway protection is required, gently roll the casualty while maintaining head and neck alignment
- Monitor breathing closely

Movement must be kept to a minimum.

## Helmets and Spinal Injuries

If a helmet is present:

- Do not remove the helmet unless airway management is required
- Support the head and neck at all times

Incorrect helmet removal can worsen spinal injuries.

## Key Message to Remember

All head injuries must be taken seriously. Keep the casualty still, monitor closely, and seek medical help early. When in doubt, call emergency services.

## When to Call Emergency Services

**Call 000 immediately if:**

- A spinal injury is suspected
- There is loss of movement or sensation
- The casualty is unconscious
- The injury involves high force or trauma
- You are unsure or concerned

## Key Message to Remember

Suspected spinal injuries require minimal movement. Keep the casualty still, support the head and neck, and call emergency services immediately. Protecting the spine protects life.

# Chapter 25: Pressure Immobilisation Technique
# PIT Reccommended

## What Is the Pressure Immobilisation Technique

**The Pressure Immobilisation Technique, PIT**, is a first aid method used to slow the spread of venom through the lymphatic system.
It involves applying firm pressure and immobilising the affected limb.
**PIT** is not used for all bites or stings and must only be applied when recommended.

## When PIT Is Recommended

PIT is recommended for bites and stings from:

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

PIT should only be used when trained.

## How to Apply PIT

If PIT is required:

- Keep the casualty still and calm
- Apply a firm pressure bandage over the bite site
- Bandage the entire limb starting from the bite and working upwards
- Immobilise the limb using a splint or sling
- Do not remove clothing
- Do not wash the bite site
- Call 000 immediately

The casualty must remain still until medical help arrives.


## What Not to Do

Do not:

- Remove the bandage
- Allow movement
- Cut or suck the bite
- Use a tourniquet
- Apply ice

Incorrect treatment can worsen the spread of venom.

## Key Message to Remember

PIT slows venom spread but does not neutralise venom. Keep the casualty still, apply firm pressure and immobilisation, and call emergency services immediately.

# Chapter 26: Pressure Immobilisation Technique
# PIT Not Recommended

## When PIT Is Not Recommended

The Pressure Immobilisation Technique, PIT, is not recommended for all bites and stings. Using PIT in the wrong situation can worsen pain, cause tissue damage, or delay appropriate treatment.

## Bites and Stings Where PIT Is Not Recommended

PIT is not recommended for bites and stings from:

- Redback spider or other spider bites
- Jellyfish stings
- Fish stings, including stonefish
- Bites or stings from scorpions, centipedes, or beetles

These injuries require different first aid management.

## Spider Bites and Stings

For spider bites other than funnel web or mouse spider:

- Apply a cold pack or cold compress
- Monitor the casualty
- Seek medical advice if symptoms worsen

Do not apply PIT.

## Jellyfish Stings

Jellyfish stings are managed differently depending on location.

Stone Fish

**For tropical jellyfish stings:**

- Call 000 immediately
- Follow emergency advice
- If vinegar is available and advised, apply vinegar to the affected area to deactivate stinging cells


**For non tropical jellyfish stings:**

- Use hot water if available
- Do not apply PIT

Follow local first aid guidelines.

## Fish Stings Including Stonefish

Fish stings, including stonefish, are treated using heat.

You should:

- Immerse the affected area in hot water, as hot as the first aider can comfortably tolerate
- If hot water does not relieve pain, apply a cold compress
- Seek medical aid if symptoms are severe

Do not apply PIT.

## Tick Bites

**Tick bites do not require PIT.**

**You should:**

- Do not squeeze or forcibly remove the tick
- Use a freezing product if available
- Allow the tick to drop off
- Monitor for allergic reaction

**Call 000 if an allergic reaction occurs.**

## When to Seek Emergency Help

**In all cases, call 000 if:**

- Symptoms worsen
- The casualty has difficulty breathing
- Signs of an allergic reaction occur

Do not delay calling for help.

## Key Message to Remember

PIT is not suitable for all bites and stings. Use PIT only when recommended and follow the correct first aid treatment for each injury.


In all cases if casualty

symptoms worsens or has

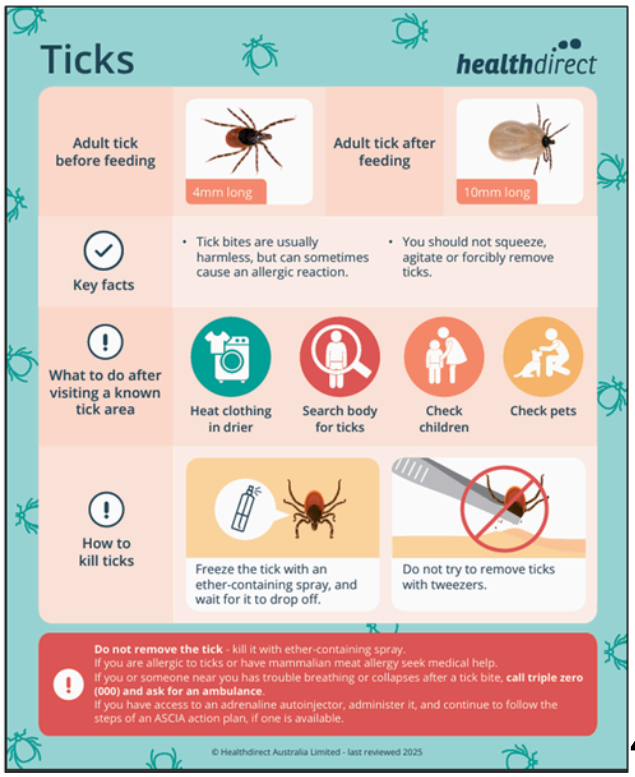
breathing difficulty call 000


Spider bites & Stings


Jelly Fish

Tropical


Non Tropical

# Chapter 27: Heat Exhaustion, Hyperthermia, and Hypothermia

## What Are Heat Exhaustion, Hyperthermia, and Hypothermia

Heat exhaustion occurs when the body overheats due to prolonged heat exposure, dehydration, or physical exertion. It is a serious condition and can progress to hyperthermia if untreated.

Hyperthermia occurs when the body temperature rises to a dangerous level and the body can no longer cool itself effectively.

Hypothermia occurs when the body loses heat faster than it can produce it, resulting in a dangerous drop in body temperature.

All three conditions require prompt first aid.

## Signs and Symptoms of Heat Exhaustion

Signs and symptoms may include heavy sweating, pale or clammy skin, weakness, dizziness, headache, nausea, vomiting, muscle cramps, and fainting.

Heat exhaustion is a warning sign.

## First Aid Response for Heat Exhaustion

First aid for heat exhaustion should be provided immediately.

You should:

- Move the casualty to a cool or shaded area
- Loosen or remove excess clothing
- Cool the casualty using cool cloths or fans
- Give small sips of water if conscious and able to swallow
- Monitor the casualty closely

If symptoms worsen or do not improve, treat as hyperthermia and call 000.

## Signs and Symptoms of Hyperthermia

Signs and symptoms may include high body temperature, hot or flushed skin, confusion, dizziness, nausea, vomiting, rapid pulse, collapse, or loss of consciousness.

Hyperthermia is a medical emergency.

## First Aid Response for Hyperthermia

First aid for hyperthermia must be provided urgently.

**You should:**

- Move the casualty to a cool area
- Actively cool the casualty using cool water, ice packs, or fans
- Remove excess clothing
- Give water only if conscious and able to swallow
- Call 000 immediately

Do not delay emergency care.

## Signs and Symptoms of Hypothermia

Signs and symptoms may include shivering, cold or pale skin, slurred speech, confusion, drowsiness, slow breathing, weak pulse, or loss of consciousness.
Shivering may stop in severe cases.

## First Aid Response for Hypothermia

First aid for hypothermia should be provided immediately.

**You should:**

- Move the casualty to a warm, dry area
- Remove wet clothing if possible
- Warm the casualty gradually using blankets or dry clothing
- Give warm sweet drinks if conscious and able to swallow
- Monitor breathing and responsiveness
- Call 000 for moderate or severe hypothermia

Do not rub the skin or apply direct heat.

## When to Call Emergency Services

**Call 000 immediately if:**

- The casualty is unconscious
- Symptoms are severe or worsening
- The casualty shows confusion or collapse
- Shivering has stopped
- You are unsure or concerned

## Key Message to Remember

Heat exhaustion is a warning sign, hyperthermia and hypothermia are medical emergencies. Cool the body in heat, warm the body gradually in cold, and call emergency services early when symptoms are severe.



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

# Chapter 28: Poisoning and Overdose

**What Is Poisoning**

Poisoning occurs when a harmful substance enters the body. This may happen through swallowing, inhaling, injecting, or absorbing chemicals, medications, or toxic substances through the skin.

Poisoning can be accidental or intentional and must always be taken seriously.

## Signs and Symptoms of Poisoning

Signs and symptoms may include nausea, vomiting, abdominal pain, burns around the mouth, difficulty breathing, dizziness, confusion, drowsiness, seizures, or loss of consciousness.

## Symptoms vary depending on the substance involved.

First Aid Response for Poisoning

First aid for poisoning should be provided immediately.

**You should:**

- Ensure the scene is safe
- Remove the casualty from further exposure if possible
- Give the casualty a sip of water to rinse the mouth onlyif conscious and able to swallow
- Do not induce vomiting
- Do not give food, drink, or medication unless advised
- Monitor the casualty closely

Never guess the treatment.

## Poisons Information Centre

For poisoning advice, call the Poisons Information Centre on 13 11 26.

Follow all instructions provided.

If the casualty is unconscious, having seizures, difficulty breathing, or collapses, call 000 immediately.

## Safety Data Sheets

Many workplaces use chemicals that have safety information available.

A Safety Data Sheet, SDS, MSDS, or PSDS:

- Provides information on hazardous substances
- Outlines safe handling and first aid measures
- Should be followed during a poisoning incident if available

Always follow emergency advice first.


## What Not to Do

Do not:

- Make the casualty vomit
- Give alcohol or milk
- Delay calling for advice
- Leave the casualty alone

Incorrect actions can worsen injury.

## When to Call Emergency Services

Call 000 immediately if:

- The casualty is unconscious
- Breathing is affected
- Symptoms are severe or worsening
- You are unsure or concerned

## Key Message to Remember

Poisoning requires immediate action. Do not induce vomiting. Call the Poisons Information Centre on 13 11 26 or emergency services for urgent help.


MSDS Contains First Aid Procedures

**Material Safety Data Sheet**

0261 (10273), 0265 (10274)
TSP-90 Heavy Duty Cleaner

MSDS No. 0009 Rev. 4

Emergency Phone No.
800-535-5053 - INFOTRAC

**SECTION 1 – PRODUCT NAME & MANUFACTURER INFORMATION**

| | |
|---|---|
| PRODUCT NAME | TSP-90 Heavy Duty Cleaner – White Granular Powder |
| MANUFACTURER'S NAME & TELEPHONE NUMBER | Red Devil, Inc. (918)825-5744 |
| STREET ADDRESS | 4175 Webb Street |
| CITY / STATE / ZIP | Pryor, Oklahoma 74361 |

| SECTION 2 – COMPOSITION / HAZARDOUS INGREDIENTS | % | TLV | PEL | UNITS |
|---|---|---|---|---|
| PRODUCT CONSISTS OF: | | | | |
| Sodium Metasilicate, Pentahydrate (6834-92-0) | 100 | NE | NE | |
| Non-hazardous ingredients* | 0 | NE | NE | |

*Unlisted ingredients are not considered hazardous under the OSHA Hazard Communication Standard (29 CFR 1910.1200).
Calculated VOC: 0%/wt, 0 g/L. CARB Compliance: Yes. Prop 65 Ingredients: None.

**SECTION 3 – HAZARDS IDENTIFICATION**

| | |
|---|---|
| PRIMARY ROUTE(S) OF ENTRY | ☒ Skin Contact ☒ Skin Absorption ☒ Eye Contact ☒ Inhalation ☒ Ingestion |
| EMERGENCY OVERVIEW | White, odorless, granular powder. Corrosive to eyes, skin & digestive tract. Dust corrosive to respiratory tract. Due to high pH of product, release into surface water is harmful to aquatic life. Noncombustible. Reacts w/ acids & some organics. |
| ECTS OF EXPOSURE | Eye Contact: Corrosive, causes eye burns. Skin Contact: Corrosive, causes skin burns. Inhalation: Dust corrosive to respiratory tract. Ingestion: Corrosive, causes burns to mouth, esophagus & stomach. Chronic Hazards: None known. Not listed by NTP, IARC or OSHA as a carcinogen. Physical Hazards: Can etch glass if not promptly removed. |
| ED BY | None known. |

**SECTION 4 – FIRST AID MEASURES**

| | |
|---|---|
| SKIN CONTACT | Immediately flush skin w/ plenty of water for @ least 15 minutes, while removing contaminated clothing & shoes. Seek medical attention immediately. Wash clothing before reuse. Thoroughly clean shoes before reuse. |
| EYE CONTACT | Immediately flush eyes w/ plenty of water for @ least 15 minutes. If easy to do, remove contact lenses, if worn. Seek medical attention immediately. |
| INHALATION | Remove to fresh air. If not breathing, give artificial respiration. If breathing difficult, give oxygen. Seek medical attention. |
| INGESTION | DO NOT INDUCE VOMITING. Seek medical attention immediately. If person is fully conscious, give cupful of water. Never give anything by mouth to an unconscious person. |

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