ANAPHYLAXIS

Ensure Safety for Self & Others
Dial Triple Zero (000)
For an Ambulance

Adrenaline Autoinjectors

Common autoinjectors include: EpiPen, Anapen & Jext

EpiPen

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.

Intranasal Adrenaline Devices

Current intranasal device include neffy

neffy

Hold as shown
Do not test spray

Place nozzle into nostril until fingers touch nose

Press plunger firmly

SIGNS & SYMPTOMS

Symptoms are highly variable.
Maybe one or more of the following:

- Difficulty talking/hoarse voice.
- Wheeze or persistent cough.
- Pale and floppy (in young children).
- Abdominal pain and vomiting.
- Hives, welts and body redness.
- Signs of envenomation.
- Difficulty/noisy breathing.
- Swelling of face and tongue.
- Swelling/tightness in the throat.
- Persistent dizziness.
- Loss of consciousness/collapse.

HAZARD = TRIGGERS

- Foods (especially peanuts, tree nuts, cow's milk, eggs, wheat, seafood, fish, soy, sesame)
- Medication (e.g. penicillin)
- Venom from bites (ticks) or stings (e.g. bees, wasps or ants).
- Other – latex, exercise, cold temperatures

RISK = LIFE-THREATENING

- Airway
- Breathing
- Circulatory problems.
- Unconscious.
- Cardiac arrest.

ACTIONS FOR ANAPHYLAXIS

Immediate Actions:

- Immediately get someone else to call 000.
- Retrieve the individual's action plan and autoinjector(s).

Allergen Removal

- Remove Allergens: Flick out stings. Do not remove ticks; kill them using permethrin cream or ether-containing spray.

Do Not Stand or Walk: Lay the person flat on back.

- If unconscious or pregnant, place in the recovery position (left side if pregnant).
- If breathing is difficult, allow sitting with legs outstretched.
- Hold young children flat, not upright.

Administer Adrenaline (epinephrine):

- Follow the instructions for the correct size device.
- Inject the device immediately.
- If signs or Symptoms continue, administer another dose.
- If in doubt give the adrenaline device

If Breathing Stops:

- Begin CPR if the person is unresponsive
- Give Oxygen or Asthma medication if required.
- If breathing stops begin CPR and use AED if available.

FOLLOW ASCIA ACTION PLAN

or FIRST AID PLAN or these steps.

REMOVE ALLERGEN

Or move away, to prevent further exposure.

LAY THE CASUALTY FLAT ON BACK

If breathing is difficult, allow to sit, but keep still.

USE ADRENALINE DEVICE

Check contents and follow label instructions.

Call the Ambulance on Triple Zero (000)

MONITOR CLOSELY

Give another dose if condition doesn't improve after 5 minutes.

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ASTHMA

Ensure Safety for Self & Others

SIGNS AND SYMPTOMS

	Mild attack	Moderate attack	Severe attack
Speech	Sentences before taking a breath.	Short sentences or phrases before taking a breath.	Can only speak a few words before taking a breath
Breathing	Minor trouble.	Clearly having trouble.	Gasping for breath, anxious, pale, sweaty, stressed.
Wheeze	Yes may have a wheeze.	Yes may have a wheeze.	May no longer have a wheeze.
Cough	Small cough, won't settle.	Persistent cough.	May or may not be a cough, lips might be blue, skin sucking in between ribs & base of the throat.

Reliever medication given from a blue/grey puffer through a spacer with a mask.

You can use a puffer without a spacer.

Signs and symptoms and triggers vary from person to person.

May be some or all of those listed.

A blue/grey puffer is a reliever.

Triggers may be exercise, illness, animals, smoke, environment.

IF AVAILABLE FOLLOW THE PERSONS ACTION PLAN

Be calm, provide reassurance, do not leave alone.

Provide puffs through a spacer (and mask if under 4 if available).

A spacer delivers the medication more effectively.

OR

If directly from puffer - puff into mouth directly, breathe in, hold for 4 seconds, do this 4 times.

If after 2 sets of 4 puffs, still cannot breathe normally, call 000 immediately.

A severe attack is life-theatening if not treated.

Ask for consent to help.

POSITION SITTING UP
Shake the puffer. Insert in spacer.

4 PUFFS OF A RELIEVER
1 puff into the spacer, 4 breaths.
Shake the puffer.
Repeat 4 times.

WAIT 4 MINUTES
If still not fully recovered....

4 PUFFS OF A RELIEVER
1 puff into the spacer, 4 breaths.
Shake the puffer.
Repeat 4 times.

If still not fully recovered...

CALL 000
say, 'Asthma Emergency'

REPEAT TREATMENT
Until help arrives or recovery.

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BURNS

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For an Ambulance

IN CASE OF FIRE

If on fire: stop, drop, cover and roll. Smother flames with a blanket or water if safe.
Turn off power if electrical. Move to a safe area. Do not enter a burning or toxic atmosphere.
Raise the alarm and call for help.
Do not attempt to fight a fire unless trained and safe to do so.

SIGNS & SYMPTOMS

Around the burnt area:

- Pain, redness, blistering, or charred/blackened skin.

Significant or severe burns are burns that are:

Any of the following:

- Deep burns into the skin
- Burns covering a large area
- Burns to the face, hands, feet, genital area, or over joints
- Circumferential burns around a limb or the chest
- Suspected inhalation injury (singed nasal hairs, soot around nose/mouth, coughing, hoarse voice, breathing difficulty)
- Chemical or electrical burns
- Burns in very young, very old, or people with medical conditions

Other injuries:

- Look for fractures or bleeding
- Swelling of the airway
- Breathing difficulties
- Reduced responsiveness, signs of shock, poor circulation
- Risk of cardiac arrest

ASSESS AIRWAYS, SEVERITY, OTHER INJURIES

SEVERE BURNS - CALL 000

Call 000 for all significant or severe burns.
Monitor breathing and be prepared for CPR.
Move to a water source quickly. Put on gloves if available.

COOL TAP WATER

Apply cool running water to the burn for at least 20 minutes.
Do NOT use ice or ice water.

ELEVATE THE AREA

Remove rings, watches, or tight clothing before swelling begins.
Raise the affected area if possible.

COVER THE BURN

Use a loose, non-stick dressing
(cling film, clean cloth, sheet, or pillowcase).

TREAT OTHER INJURIES

Keep the casualty warm and at rest and check for bleeding, fractures, shock, or inhalation injury.

* Hydrogel may be used if water is not available.
Water and hydrogel stop the burning process.

Cool bitumen burns with water for 30 minutes.

DO NOT peel off stuck clothing.

DO NOT break blisters, apply lotions, ointments, creams or powders.

Use clean, dry, lint-free materials, i.e. plastic wrap, handkerchief, sheet or pillowcase.

A trained person should provide oxygen for smoke inhalation and face burns.

For chemical burns, consult the substance container and the SDS and call 000 and the Poisons Information Centre 131126

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CALLING FOR HELP

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STAY CALM
SPEAK CLEARLY

A Triple Zero (000) operator will ask key questions to assess the situation and send the right emergency service.

Be prepared to provide:

- **What is the emergency?**
  Briefly describe what has happened.
- **Where is the emergency?**
  Give the exact location, including address and nearest cross street or landmark.
- **Who needs help?**
  How many people are involved and their condition.
- **Are there any injuries or dangers?**
  Describe any medical issues, hazards, or ongoing risks.
  Stay on the line, follow instructions, and answer the operator's questions.
  If possible, have someone wait outside to guide emergency services.

FOR POLICE, FIRE & AMBULANCE

Triple Zero (000)

112 - mobile phones if 000 not available
106 - teletypewriter for hearing impaired

SELECT SERVICE

Ambulance, Fire, or Police

STATE EMERGENCY TYPE

Briefly describe the situation, e.g.:
"Person unconscious and not breathing"

PROVIDE LOCATION

Give the exact address, including:
"32 Smith Street, Bondi Beach,"

FOLLOW INSTRUCTIONS

Stay on the line.
Answer all questions and follow the operator's directions until told to hang up.

Download the Emergency Plus app to help emergency services find you fast

What 3 Words pinpoints your exact location in an emergency

ENSURE SAFETY FOR SELF AND OTHERS

Display this information by the phone in case of an emergency.

TOWN / SUBURB: _____

ADDRESS: _____

_____

CLOSEST INTERSECTION: _____

PHONE NUMBER: _____

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CHEST PAIN

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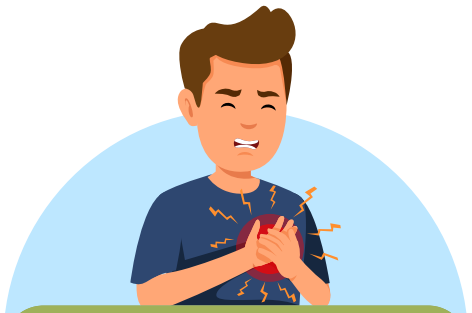

HEART ATTACK
Sudden blockage

- Pain, pressure, heaviness, squeezing, tightness
- In chest, neck, jaw, arm/s, back, shoulder/s
- Dizzy, cold sweat, short of breath, nausea, vomiting

INDIGESTION
Digestion problems

- Pain is not relieved by drinking milk or using antacids
- Heart attack is often mis-diagnosed as indigestion
- IF PAIN IS STILL PRESENT AFTER 10 MINUTES

ANGINA
Narrowed arteries

- Previously diagnosed, yet pain is different to past pain
- Take medication as prescribed Rest until recovered
- IF PAIN IS STILL PRESENT AFTER 10 MINUTES

CALL TRIPLE ZERO (000) IMMEDIATELY

KEEP CASUALTY STILL - COMFORT - MONITOR - BE PREPARED FOR CPR - SEND FOR DEFIBRILLATOR

Call 000 if symptoms persist after 10 minutes, even if previously diagnosed with angina.

Give the casualty **aspirin (300mg)** unless they are allergic or have a bleeding disorder.

Please note:
Heart attack may be overlooked as angina or indigestion.
These are some of the symptoms, there may be others.
Not all heart attacks are accompanied by pain.
Some casualties simply look and feel unwell.

HAZARD = LIFE-THREATENING MEDICAL EMERGENCY

RISK = PERMANENT HEART DAMAGE, DEATH

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CHILDHOOD HEALTH CONDITIONS

Signs and symptoms vary,
Some or all may be present,
Seek medical assistance.

Meningococcal Disease

- Fever
- Difficulty feeding or reduced feeds
- Irritability
- Tiredness and floppiness
- Seizures
- High-pitched moaning cry
- Bulging fontanelle (the soft spot on the top of their head)
- Pale or blotchy skin
- Rash (red/purple spots that don't fade under pressure)

Whooping Cough

- Runny nose, sneezing, mild dry cough and fever (early stage)
- Intense coughing fits
- "Whoop" sound when gasping for breath
- Vomiting after coughing
- Fainting
- Broken ribs
- Poor bladder control

Hand, foot & mouth disease

- Rash
- Small mouth ulcers so may refuse food and drink
- Blisters on hands and feet
- Provide fluids to avoid dehydration

Meningitis

- Fever or low temperature
- Irritable, drowsy ordifficult to wake
- Poor feeding
- Feeling stiff or floppy
- Vomiting and diarrhoea
- Pale or blotchy skin
- Seizures
- Bulging fontanelle (the soft spot on top of their head)
- An unusual or high-pitched cry

Ear Infection

- Redness or swelling around the ear
- Ear pain or pulling/rubbing ear
- Fever
- Irritability or crying
- Difficulty hearing/speaking
- Balance problems

Measles

- Fever
- Feeling unwell
- Severe cough
- Conjunctivitis (red eyes)
- Runny nose
- White spots in the mouth
- Rash starting on face spreading to body

Chicken Pox

- Itchy rash with red spots that turn into fluid-filled blisters
- Blisters crust over after a few days
- Fever
- Headache, feeling tired or irritable

Gastroenteritis (gastro)

- Diarrhoea
- Loss of appetite
- Vomiting
- Nausea
- Stomach ache
- Fever
- Decreased wet nappies reduced fluid intake

Upper respiratory tract infections (colds/flu)

- Runny or blocked nose
- Sneezing
- Cough
- Sore throat
- Mild fever
- Irritability or tiredness
- Decreased appetite

Febrile seizures

- May lose consciousness
- Become stiff or floppy
- Make jerking or twitching movements
- Go red or blue in the face
- Roll their eyes back
- Froth at the mouth
- Make gurgling noises when they breathe
- Usually last 1-2 minutes

Mumps

- Fever
- Headache
- Tiredness
- Body aches
- Poor appetite

Croup

- Starts with cold symptoms – fever, sore throat, red eyes, runny nose
- Barking cough (like a seal)
- Wheezing
- Raspy or hoarse voice when crying or talking
- Stridor (high-pitched breathing sound)
- Floppiness, in severe cases
- Chest retractions, in severe cases — when the skin between ribs or under their neck may be pulled in when they breathe and cough
- Worse at night

Phlegm Refer to 'Staying Healthy; Preventing Infectious Diseases in Early Childhood Education and Care Services'

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CHOKING

COMPLETE / SEVERE AIRWAY OBSTRUCTION

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SIGNS & SYMPTOMS

- Trying to breathe
- Gasping, coughing
- Cannot speak or breathe
- No escape of air can be felt
- Hands held to throat
- Extreme anxiety, agitation

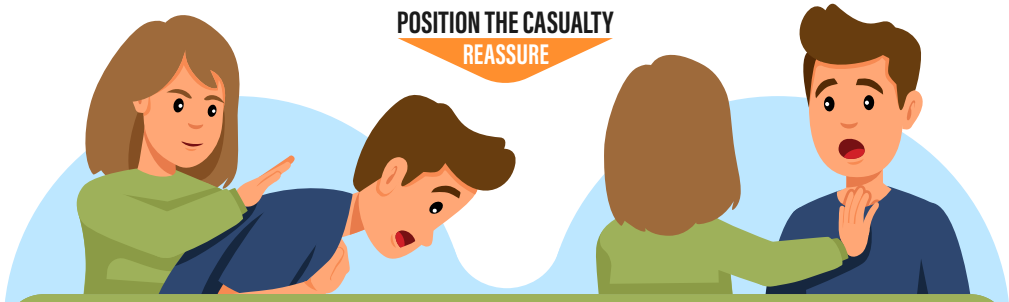
HAZARD

Panic. Complete obstruction.

RISK

Unconsciousness. Respiratory arrest. Cardiac arrest. Death.

If the object cannot be dislodged by coughing - Call 000
Then do the back blow / chest thrust sequence.



BACK BLOW / CHEST THRUST SEQUENCE

Give up to

5 SHARP BACKBLOWS

In the middle of the back
Check for removal between blows

USE THE HEEL OF YOUR HAND

REPEAT
Until the obstruction is dislodged.

Still choking, give up to

5 SHARP CHEST THRUSTS

In the middle of the chest
Check for removal between thrusts

IF UNCONSCIOUS

Airway obstruction may not be apparent until assessing the airway and breathing. Finger sweep if solid material is visible.
Commence CPR for cardiac arrest.

CHILD AND ADULT:

Back blows - lean forward. Chest thrusts - upright, use your other hand to hold them or position against a station-ary/stable object so you don't knock them over (e.g. wall, in a chair etc.)

Infant: Back blows - head down-wards so gravity will assist with expulsion. Across your lap/thigh or over your arm. Chest thrusts - turn over and on a hard surface eg. Floor or table.

This is one method for infant- if having to act quickly where no seat is available to allow for positioning over the first aiders thigh.

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CONCUSSION

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For an incident/accident where concussion is suspected - Stop all activity around the casualty - Follow the 3Rs

RECOGNISE - REMOVE OR STOP - REFER

RECOGNISE

DRSABCD - Do not allow to move until clear of spinal injury - Did they lose consciousness at any time?
Assess for response and breathing - Assess for concussion - Assess for spinal injury

FOR CONCUSSION SYMPTOMS

REMOVE FROM ACTIVITY

Keep still and at rest
Do not leave alone

OR

FOR SUSPECTED SPINAL INJURY

STOP

Keep still
Keep the neck and spine aligned

IF UNCONSCIOUS

ASSUME SPINAL INJURY

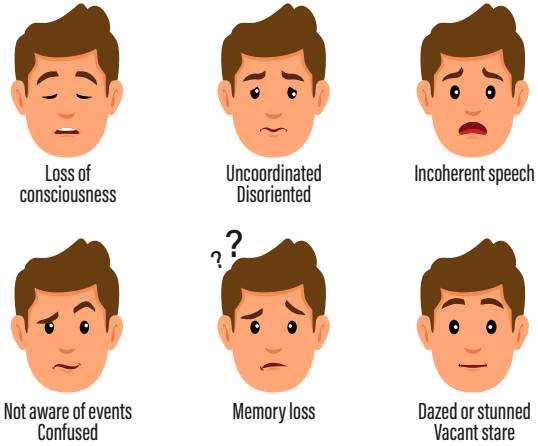
Gain assistance if possible - Assess airway/breathing
If not breathing normally: Provide CPR
If breathing normally: Align and immobilise spine/neck
With help, gently roll on his/her side - Ensure airway is clear

REFER

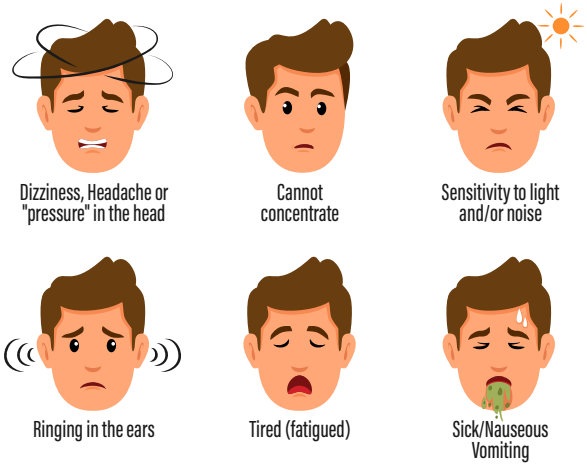
Take note of symptoms
When - How long - How bad - Record if possible
Report information on handover of the casualty
For spinal injury and/or unconsciousness call 000
For concussion take to a medical professional
Treat other injuries as required and monitor constantly
Do not allow to return to the activity
Ensure parents/carers are contacted if a minor

FOR SPINAL INJURY
AND UNCONSCIOUSNESS,
NO MATTER HOW BRIEF
Call 000

Signs - visible clues:



Symptoms - what the casualty feels:



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RESUSCITATION

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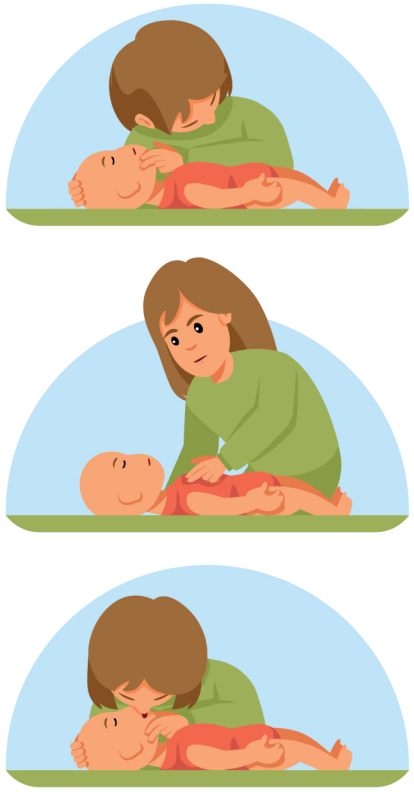
DRSABCD RESPONSE

INFANTS UNDER 1 YEAR



DANGER
Check for hazards & ensure safety.

RESPONSE
A casualty who is unresponsive and not breathing normally needs urgent resuscitation.

SEND FOR HELP
Call the ambulance - 000.

AIRWAY
Open to check breathing.

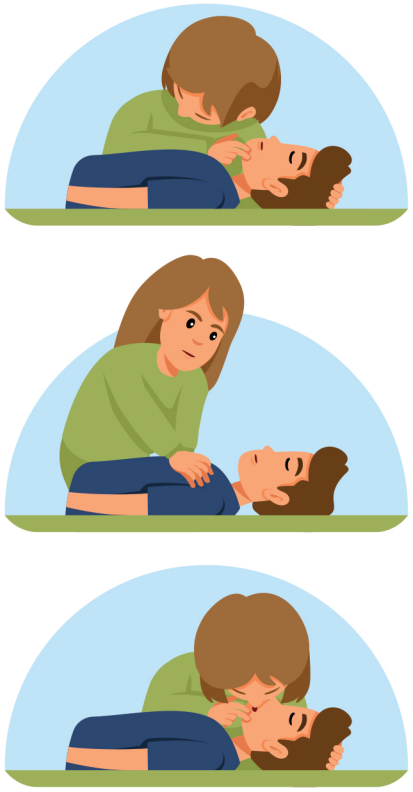
BREATHING
If the casualty is not breathing OR breathing abnormally, start CPR.

CPR
30 Compressions: 2 Breaths.
(if unwilling or unable to do breaths, ensure compressions only).

DEFIBRILLATE (AED)
As soon as available, follow the prompts.

SIGNS & SYMPTOMS
Unconscious, not responding, not breathing normally, or not breathing at all.

ADULTS & CHILDREN



CPR DETAILS

	INFANTS UNDER 1 YEAR	ADULTS & CHILDREN
Open Airway	Neutral head	Head tilt/chin lift
Press with?	2 Fingers	2 Hands
How hard?	1/3 chest depth approx 4 cm	1/3 chest depth approx 5 cm
Breath pressure?	Puffs	Full breaths
How many?	30 Compressions : 2 Breaths	
How fast?	Compressions should be done at the rate of almost 2 per second (continuous rate of 100 - 120 per minute)	

For more information visit:
www.resus.org.au

CONTINUE CPR / DEFIBRILLATION
Until responsive or normal breathing returns, or help arrives.

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DIABETES

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Onset Symptoms:

Hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar) may share similar or overlapping signs and symptoms, which can include:

- Anxiety or agitation
- Sweating
- Pale skin (pallor)
- Rapid pulse; rapid or deep breathing
- Shaking, trembling or weakness
- Nausea or hunger; excessive thirst
- Light-headedness or dizziness
- Headache
- Mood or behaviour changes; irritability
- Confusion or difficulty concentrating
- Visual disturbance or slurred speech
- Difficulty following instructions
- Drowsiness, unresponsiveness (loss of consciousness), or seizure

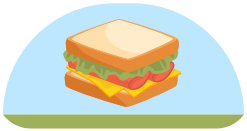
If the person is able to swallow:

GIVE SUGARY FOOD
Glucose tablets or gel, honey, sugary food, or a sugary drink.

MONITOR FOR IMPROVEMENT
If symptoms persist after 10–15 minutes, give more sugary food or drink.

GIVE A LONG-ACTING CARBOHYDRATE SNACK
Examples: bread, milk, or a snack-size tub of yoghurt.

MONITOR UNTIL FULLY RECOVERED



Make the person comfortable and sitting.
If they can swallow, give a fast-acting sugary food or drink (glucose tablets or gel, honey, jellybeans, or a sugary drink).
Check for improvement. If symptoms persist after 10–15 minutes, give more sugary food or drink.
When improving, give a long-acting carbohydrate (sandwich, bread, milk, or a snack-size yoghurt).
They may remain confused for a short time.
Stay with them until fully recovered.

Emergency Symptoms:

(Unable to Swallow)

- Inability to swallow
- Loss of coordination
- Slurred speech
- Visual disturbance
- Inability to follow instructions
- Marked confusion or disorientation
- Unresponsiveness or collapse
- Seizure (fitting)

If the person is unable to swallow:

PLACE ON SIDE
Recovery position

CALL 000
Monitor and manage

If drowsy, unable to swallow or unconscious
IT IS AN EMERGENCY

DIAL 000 IMMEDIATELY
Say "Diabetic Emergency" and follow instructions.
Wait with them until the ambulance arrives.

If a family member or carer is trained to do so
use a blood glucometer.
Use a GlucaGen ®HypoKit® glucagon injection

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ALCOHOL & DRUG

Ensure Safety for Self & Others
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ALCOHOL OVERDOSE

- Occurs when a person drinks more alcohol than their body can process
- Can lead to poisoning and serious health risks
- Can result in serious harm or death

SIGNS & SYMPTOMS

- Feeling sick
- Vomiting
- Feeling shaky
- Having a hangover the next day
- Evidence of alcohol drinking, empty bottles or cans
- Decreased level of consciousness
- Confusion or disorientation
- Slow irregular or absent breathing/gurgling
- Risk of aspiration (choking)

WHAT TO DO

1 CHECK for danger, response & breathing
Check for danger, response and breathing.

2 Send for help
Dial Triple Zero (000) and ask for an ambulance immediately.

3 CPR (if not breathing normally)
30 compressions, 2 breaths
Use AED if required

4 Position & Support

- If breathing: place on their side (recovery position) to protect airway.
- Continually monitor breathing and responsiveness until help arrives.
- Commence CPR if stops breathing and is not responding.

DO NOT

- Leave the person alone
- Give food, drink, alcohol or unprescribed medications
- Try to make them vomit
- Walk the person around

DRUG OVERDOSE

- Occurs when a person takes more of a drug than their body can handle
- Includes opioids, stimulants, prescription medications and illicit substances
- May be accidental or intentional
  Can result in serious harm or death

SIGNS & SYMPTOMS

- Unresponsiveness or inability to wake
- Slow, irregular or absent breathing
- Slow heartbeat
- Gurgling/snoring (respiratory) sounds
- Blue or pale skin, lips or fingernails
- Extreme drowsiness, confusion, limp body
- Vomiting, seizures,
- Erratic behaviour or agitation (varies by drug)
- Evidence of drug use, empty pill packets, syringes, needles

WHAT TO DO

1 CHECK for danger, response & breathing
Check for danger, response and breathing.

2 Send for help
Dial *Triple Zero (000)* and ask for an ambulance immediately.

3 CPR (if not breathing normally)
30 compressions, 2 breaths
Use AED if required

4 Give Naloxone (opioid overdose only)
Suspect opioids if drugs such as morphine, codeine, methadone, oxycodone, heroin or fentanyl are involved.

- Lay the person on their back.
- Insert the intranasal spray into one nostril.
- Press firmly until it clicks to deliver the dose.
- Remove the nozzle.
- Repeat after 2–3 minutes if no response and another dose is available.

Important:

- Naloxone is not a substitute for CPR or emergency care.
- Prioritise CPR if the person is not breathing normally.
- Naloxone will not harm the person if opioids are not present.

Naloxone is available free and without prescription in all states and territories through participating pharmacies.

5 Position & Support

- If breathing: place on their side (recovery position) to protect airway.
- Continually monitor breathing and responsiveness until help arrives.
- Naloxone can still be given if the person is breathing but unresponsive
- Commence CPR if stops breathing and is not responding.

DO NOT

- Leave the person alone
- Give food, drink, alcohol or unprescribed medications
- Try to make them vomit
- Walk the person around

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INFECTION CONTROL

Ensure Safety for Self & Others
Dial Triple Zero (000)
For an Ambulance

HOW TO REDUCE THE RISK OF INFECTION

HAZARD = EXPOSURE

- Airborne droplets from coughing or sneezing.
- Contact with blood, body fluids, or contaminated surfaces/items.

RISK = CONTAMINATION

- Getting infected.
- Passing infection to others.

FOR FIRST AID

- Perform hand hygiene with soap and water or an alcohol-based hand rub.
- Wear appropriate PPE: gloves, CPR mask, eye protection, apron if needed.
- Avoid direct contact with blood and other body fluids.
- Remove PPE carefully and dispose of contaminated waste safely
- Wash hands thoroughly after providing care.

WASH HANDS

USE PPE

DISPOSE AND CLEAN UP SAFELY

WASH HANDS

IN GENERAL

1. Keep vaccinations up to date. Stay home when unwell.
2. Wash hands regularly, especially before preparing food, before eating, and after toilet use.
3. Practise safe, hygienic food handling and preparation.
4. Avoid sharing food, drinks, utensils, or personal items.
5. Dispose of food waste and other waste safely.
6. Use PPE when cleaning spills; absorb, clean, and disinfect the area.
7. Clean spills of blood or body fluids immediately; they may carry infection.
8. Avoid direct contact with blood, vomit, saliva, or other bodily fluids.

Reduce exposure.

Wash hands.

Use hand rub gel.

Use gloves.

Use CPR mask.

Safe disposal.

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JELLYFISH STINGS

Ensure Safety for Self & Others
Dial Triple Zero (000)
For an Ambulance

SIGNS & SYMPTOMS

Any or all of the following:

From tentacles:
(i.e. Box Jellyfish, Bluebottle)

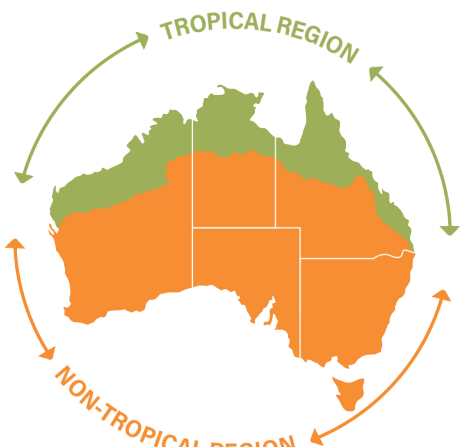
- Tentacles visible on the skin
- Immediate intense or severe pain
- Skin marks: red welts, whip-like lines, orange-peel effect, ladder pattern
- In Box Jellyfish: respiratory or cardiac arrest may occur rapidly

Irukandji syndrome:

- Often minimal or no visible sting site
- Severe generalised pain 5–40 minutes after the sting
- Cramping, nausea, vomiting
- Difficulty breathing, sweating
- Restlessness or anxiety: feeling of impending doom
- Serious complications can occur

First aid depends on:
1. The type of sting, and
2. Where the sting occurred

Serious incidents occur in the tropical region
Tropical - from Bundaberg (QLD) across the northern coastline, down to Geraldton (WA)



If casualty stops breathing:

- **Stop treatment**
- **Perform CPR**

TROPICAL STINGS

PRIORITY: PRESERVE LIFE
- Remove the person from the water; restrain if necessary
- Start CPR if required

Vinegar for 30 seconds
- Generously douse the stung area with vinegar
- Pick off remaining tentacles (not harmful to first aider)

If no vinegar:
- Pick off tentacles
- Rinse with seawater

Do NOT apply fresh water may cause more stinging

Pain management Apply a cold pack

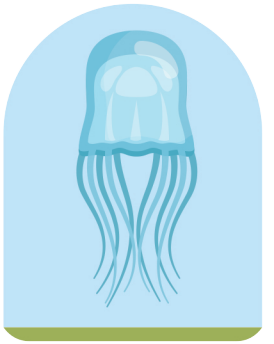
SEEK URGENT MEDICAL ASSISTANCE
lifeguard, 000

NON-TROPICAL STINGS

PRIORITY : RELIEVE PAIN
- Rest, reassure, and monitor
- Do NOT use vinegar
- Do NOT rub the sting area

Remove tentacles:
- Pick off visible tentacles
- Rinse with seawater

HOT WATER IMMERSION
- Immerse the area in hot water (around 45°C)
- for 20 minutes or as hot as the person can tolerate
- If heat is unavailable or ineffective ▸ apply a cold pack

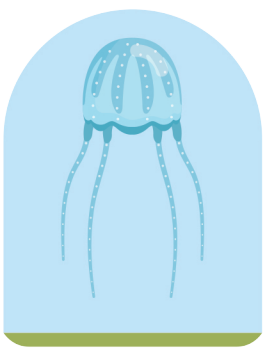


Box jellyfish

A large box like bell with multiple very long tentacles (20-30cm).

Urgent assistance is required.

In tropical areas hospitals and ambulances carry anti-venom.



Irukandji

Some small offshore and onshore jellyfish are known to produce an "Irukandji syndrome." These jellyfish have only four tentacles and some are too small to be seen.

Bluebottle

(Portuguese-Man-O-War)
Although a tropical jellyfish, if obviously stung by bluebottle, treat as for non-tropical.

POISONING

Ensure Safety for Self & Others
Dial Triple Zero (000)
For an Ambulance

Protect yourself - wear gloves, use a face mask, wash contaminated area, do not come in contact with the poison.

1 | WHAT, HOW MUCH, WHEN
If possible, determine what poison or medicine has been taken, how much, and when. Look for evidence or ask.

2 | CALL 13 11 26 POISONS INFORMATION CENTRE
Obtain medical advice promptly

3 | CALL THE AMBULANCE
Dial Triple Zero (000)
Ask for ambulance

4 | TREAT AND MONITOR
Follow medical advice until help arrives

If unconscious, call 000 first then place on side and maintain airway. **If unconscious and not breathing call 000 first then perform CPR.**

SIGNS & SYMPTOMS

IN GENERAL
A poison can enter the body by ingestion, injection, absorption, or inhalation.

Unconsciousness
Nausea and vomiting
Blurred vision
Headache
Burning pain in mouth and throat
Seizures
Respiratory arrest
Cardiac arrest

Burns to skin, eyes, mouth, nose and throat

SKIN CONTACT
Remove contaminated clothing

Avoid contact with the poison

Flood skin with running water

Wash gently with soap and water and rinse well

ENTERS THE EYE
Flood the eye with saline, contact lens solution or tap water for 15 minutes,

Do NOT try to make them vomit, holding eyelids open

IF SWALLOWED
Rinse mouth with small amount of water (spit out, do not swallow)

Do NOT give syrups or solutions that induce vomiting

IF INHALED
If safe (don't go into an unsafe environment):

Immediately get the casualty to fresh air

Avoid breathing fumes

Open doors and windows if safe to do so

SIGNS & SYMPTOMS OF BUTTON BATTERY INGESTION
Says they've swallowed a battery
Found with the battery compartment open, battery missing
Drooling or vomiting, complaining of chest pain
Symptoms vary and may have none

IF SWALLOWED – BUTTON BATTERIES OR SUSPECTED INGESTION
Seek medical care immediately, either by sending for an ambulance or taking the person to the nearest Emergency Department

Give nothing by mouth if difficulty breathing or bleeding.

Give 10 mL honey (2 tsp) immediately and then every 10 minutes en route if airway clear (give jam if no honey)

Nose/ears: Urgent medical help, no drops

For children >1 give honey
For children <1 give jam (risk of botulism)

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SEIZURE

Ensure Safety for Self & Others

SIGNS & SYMPTOMS

Some or all of the following:

- Altered awareness
- Spasm and rigid muscles
- Collapse
- Jerking movements of head, arms and legs
- Shallow or intermittent breathing
- Lips or complexion may change colour
- Change in or loss of consciousness
- Noisy breathing, dribbling
- Faecal or urinary incontinence
- Changes in behaviour such as fidgeting with their clothes

***Febrile Seizures are usually associated with a rapid rise in temperature in young children, most only last 1 – 2 minutes**

Consult the person's Medical Management Plan as soon as possible if they have one.

STEP 1

PROVIDE SAFETY
remove unsafe objects
protect the head

TIME THE SEIZURE
if possible from start to finish

MAINTAIN THE AIRWAY
roll onto their side once jerking stops or immediately if food, vomit or fluid enters their mouth

STEP 2

REMAIN CALM
reassure the person
tell them where they are and that they are safe

DO NOT
restrain unless in danger
move unless in danger
place anything in their mouth

STEP 3

MAINTAIN PRIVACY & DIGNITY

STAY WITH THEM
until seizure naturally ends and they fully recover

REASSURE
they will be dazed and confused or drowsy

***For further information consult Australian Resuscitation Council guidelines or your local epilepsy organisation or go to www.epilepsy.org.au**

Dial Triple Zero (000) for an Ambulance

Call 000 if the seizure:

- lasts more than 5 minutes
- is quickly followed by a second seizure
- occurs in water

Call 000 if the casualty:

- is unresponsive more than 5 minutes after the seizure
- goes blue in the face
- is pregnant or is injured

Call 000 if you:

- think it is their first ever seizure
- are concerned about their condition
- are uncomfortable treating them

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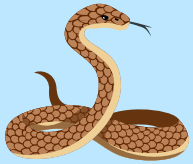
SNAKE & FUNNEL WEB SPIDER BITE

Ensure Safety for Self & Others
Dial Triple Zero (000)
For an Ambulance
Lay Down - Keep Still - PIT Immediately

SNAKE BITE SIGNS & SYMPTOMS



Any or all of the following:

- Fang marks - two, one or a mark or scratch (localised redness and bruising are uncommon in Australia). Sometimes painless without visible marks.
- For Brown snake, may initially collapse, or confusion followed by partial or complete recovery (useful information on handover).
- Swollen sore glands in groin or armpit of the bitten limb.
- Headache / abdominal pain / nausea / vomiting.
- Blurred or double vision / drooping eyelids.
- Difficulty speaking, swallowing, breathing.
- Limb weakness or paralysis.
- Bleeding due to inability to clot blood and/or muscle damage.
- Respiratory weakness or arrest.

Funnel Web Spider Bite Signs & Symptoms

Any or all of the following:

- Intense pain at bite site, but little local reaction.
- Tingling around the mouth.
- Profuse sweating, excessive saliva.
- Abdominal pain.
- Muscular twitching.
- Breathing difficulties.
- Confusion leading to unconsciousness.

Pressure Immobilisation Technique (PIT)

This is one method of immobilisation for bites on a limb. There may be other PIT methods that are acceptable to use.

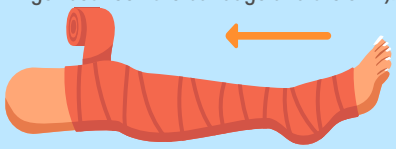
STEP 1 Pressure Bandage

Lay the casualty down and stop them from moving.

Provide reassurance, Call 000

Apply a broad (10-15cm wide) pressure bandage as firm as for a sprained ankle, starting at the fingers or toes of the bitten limb, continuing upward, covering as much of the limb as possible.

(You should not be able to easily slide a finger between the bandage and the skin).



STEP 2 Splint The Limb

Splint the limb, including the joints, on either side of the bite to restrict movement.

Where possible, use a bandage and a long thin rigid object for the splint.

Keep the casualty and the limb completely still. Bring transport to the casualty if possible, get to medical care urgently (preferably ambulance).

Alternative Method

Lay the casualty down and stop them from moving.

Apply firm pressure on the bite.

Start with a broad pressure bandage over the bite as firm as for a sprained ankle.

Continue then with another bandage, following STEP 1 and 2 (on the left).

Note: If casualty stops breathing cease all treatment and provide CPR

Elasticised bandages 10-15cm wide are preferred. If unavailable, improvise i.e. use clothing or other material, torn into strips.

If the bite is on the torso, direct pressure on the bite site may be useful. If alone, the casualty should try to apply PIT and seek help. If help can't come to the casualty then they may have to move to find urgent help.

Further advice on all types of envenomation:
- Australian Venom Research Unit: avru.org
- Poisons Information Centre: phone - 13 11 26
- Australian Resuscitation Council: resus.org.au

PIT is also recommended for Blue-Ringed Octopus and ConeShell bites and stings.

HAZARD = Remote areas/not getting help quickly enough. Not recognising or ignoring the bite. Panic. Type of snake. Venom moving through the body.

RISK = LIFE-THREATENING. Muscle damage. Kidney failure. Respiratory arrest. Cardiac arrest.

DO NOT kill the snake.
DO NOT cut the bite or use a tourniquet.
DO NOT wash or suck the bite or discard clothing.

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SPINAL INJURY

Ensure Safety for Self & Others

SIGNS & SYMPTOMS

Some or all of the following:

- Evidence of head injury or trauma
- Abnormal position of head or neck
- Nausea, headache, dizziness
- Tenderness, pain
- Altered sensations - numbness, tingling, pins and needles in the hands or feet
- Loss of movement and/or feeling to arms and/or legs
- Altered conscious state
- Breathing difficulties
- Shock
- Change in muscle tone (flaccid or stiff)
- Loss of bladder or bowel control

HAZARD = FURTHER MOVEMENT
Causing further injury

RISK = DAMAGE TO SPINAL CORD
Causing loss of movement and feeling

Urgently Call Triple Zero (000)

Do not move the casualty unless the situation is dangerous such as on the road or in the surf

Reassure - Tell them to keep still

MANUALLY SUPPORT NECK

Until the ambulance arrives - This is vital

Move to the casualty's head
Position yourself so you are stable
Gently hold the casualty's head
Support head and neck without movement

IF UNCONSCIOUS

Align and immobilise the neck with your hands.
Gently roll on their side, with no twisting.
Position neck to neutral to ensure an adequate airway.
Manually support the neck.
Monitor breathing.
Airway management takes priority over spinal injury.

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SPRAINS & STRAINS

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The initial treatment after sustaining a sprain or a strain (soft tissue injury) is crucial in ensuring the best outcome.

This type of injury can cause bruising and swelling in the injured area.

Too much swelling can cause more damage.

Use RICER first aid and avoid HARM to help limit swelling and speed up recovery.

Signs and Symptoms

Sprain - Joint injury - tearing of the ligaments and joint capsule. Commonly, thumb, ankle and wrist.

Strain - Injury to muscle or tendons. Commonly the calf, groin and hamstring.

Signs and symptoms for the injured area:

- Pain/tenderness.
- Can't stand on injured leg or move wrist without pain.
- Discolouration, swelling, stiffness.
- Decreased function.

R Stop the activity, move to a rest area, stop movement.

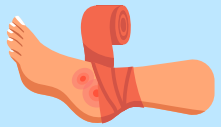
REST
To reduce further damage.

I Apply ice or cold packs for 10 - 20 minutes, every 1.5-4 hours, for up to 72 hours.

ICE
To reduce pain and swelling.

C Use a crepe bandage, overlap by half, on, above and below the injury, firmly, not too tight.

COMPRESSION
To reduce bleeding and bruising.



E Raise legs above hips, use a sling for arm injuries. Comfort with pillows

ELEVATION
Provide comfort.

R Referring the casualty to a doctor or physiotherapist increases the likelihood of a full recovery.

REFER
To a qualified professional.

Avoid H.A.R.M. For 48-72 hours, avoid Heat, Alcohol, Running (exercise) & Massage.

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CHAIN OF SURVIVAL

LINK 1

Early Access to the Ambulance

Purpose - to quickly get medical help.
Recognise the emergency. Dial 000. Send for a defibrillator.

LINK 2

Early CPR

Purpose - to maintain oxygen circulation.
Sufficient enough to preserve brain function until an AED is available to restart the heart.

LINK 3

Early Defibrillation

Purpose - to restart the heart.
For every minute delayed, there is approximately 10% reduction in survival.

LINK 4

Early Advanced Care

Purpose - to keep alive.
Paramedics provide drug administration, advanced airway procedures, other interventions and protocols.

SIGNS & SYMPTOMS = CARDIAC ARREST
Collapsed and not moving, unresponsive, unconscious and not breathing normally or at all, or gasping with no response.

HAZARDS = NO CIRCULATING OXYGEN TO THE BRAIN AND TIME
Quick timing is vital.

RISKS = BRAIN DAMAGE. DEATH
To increase the chance of revival, follow every link in the chain of survival.

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WHEELCHAIR CPR

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Preparing a casualty in a wheelchair for CPR

DANGER
Remove hazards

RESPONSE
Talk, touch, squeeze shoulders

SEND FOR HELP
Call triple zero (000)

AIRWAY
Open with head tilt/chin lift

BREATHING
Look, listen and feel

MAKE ROOM BEHIND THE CHAIR - APPLY THE BRAKES - REMOVE ACCESSORIES
(armrests, anti-tip devices, food tray foot plates and other removeable parts)

ONE FIRST AIDER

If possible, secure the casualty to the chair
(ie around the chest and chair back with a belt or similar)

Stand behind the chair

Hold on to the handles

TWO FIRST AIDERS

One on each side of the chair

Kneel down on one knee
(with the foot at the rear of the chair on the ground)

Place your arm under the casualty's armpit and hold onto the handle

The other hand supports the casualty's head

MORE THAN TWO FIRST AIDERS

If several people can help:

Make room on the floor

Carefully lift the casualty from the wheelchair

Place casualty on their back on the ground

LOWER THE CHAIR BACKWARDS TO THE GROUND

REMOVE FROM THE CHAIR
Support under armpits, pull/slide out of the chair onto the ground

START CPR
30 chest compressions
2 breaths

SIGNS & SYMPTOMS

- Cannot be woken.
- Unresponsive.
- Not breathing normally or at all.
- Pale or blue in colour

IMPORTANT

Alternative methods may apply.

Follow care plan if available.

Use good manual handling techniques.

Do not attempt if beyond your strength capabilities.

Avoiding injury to the casualty and the first aider is the priority.

Support and protect the head.

Only do CPR in the chair if it has a hard back.

May not be suitable for motorised wheelchairs.

Do not do this in a plastic chair.

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