Learner Guide

First Aid Course

HLTAID009 - Provide CPR (cardiopulmonary resuscitation)

HLTAID010 - Provide Basic Emergency Life support

HLTAID011 - Provide First Aid

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Unit of Competency

Application

This unit describes the skills and knowledge required to provide a first aid response to a casualty in line with first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies.

The unit applies to all persons who may be required to provide a first aid response in a range of situations, including community and workplace settings.

Unit Mapping Information

Supersedes and not equivalent to HLTAID004 Provide first aid in an education and care setting.

Performance Criteria

Element *Elements describe the essential outcomes.*	**Performance Criteria** *Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Respond to an emergency	**1.1** Recognise and assess an emergency **1.2** Ensure safety for self, bystanders, and casualty **1.3** Assess the casualty and recognise the need for first aid response **1.4** Seek assistance from emergency services
2. Apply appropriate first aid procedures	**2.1** Perform cardiopulmonary resuscitation (CPR) in accordance ARC guidelines **2.2** Provide first aid in accordance with established first aid principles **2.3** Display respectful behavior towards casualty **2.4** Obtain consent from casualty where possible **2.5** Use available resources and equipment to make the casualty as comfortable as possible **2.6** Operate first aid equipment according to manufacturers' instructions **2.7** Monitor the casualty's condition and respond in accordance with first aid principles
3. Communicate details of the incident	**3.1** Accurately convey incident details to emergency services **3.2** Report details of incident in line with appropriate workplace or site procedures **3.3** Complete applicable workplace or site documentation, including incident report form **3.4** Maintain privacy and confidentiality of information in line with statutory or organisational policies.
4. Review the incident	**4.1** Recognise the possible psychological impacts on self and other rescuers and seek help when required **4.2** Contribute to a review of the first aid response as required

1. Respond to an emergency

1.1. Recognise and assess an emergency

1.2. Ensure safety for self, bystanders, and casualty

1.3. Assess the casualty and recognise the need for first aid response

1.4. Seek assistance from emergency services

1.1 Recognise and assess an emergency

By the end of this chapter, the learner should be able to Identify signs and examples of emergency situations

- Recognise possible emergency situations that may be encountered in the workplace
- Assess whether emergency situations require resuscitation.

An emergency poses an immediate risk to the health and life of individuals or risk to the environment or property. Most emergency situations require intervention to stop the situation from becoming worse. Unfortunately, this is not possible in some cases, so care after the calming or end of the situation is the only possibility.

It is essential to know how to recognise and assess an emergency as this will enable an appropriate response that could save the life. You must know the difference between a medical emergency and an injury, as the appropriate response to these can differ significantly.

Recognising an emergency

Unless you are present at the scene and are acutely focused on the person in need of emergency assistance, you may be unaware of the need for it. However, using your senses, you can identify signs that may require investigation, where there may be someone in need of emergency medical assistance.

The following are things to look out for:

• Noises, such as:
  - o distressed noises – screams, cries, yells, calls for help, moans
  - o alarming noises – breaking glass, screeching tires, crashing
  - o loud, abrupt noise out of the blue
  - o no noise when there usually is

• Smells, such as:
  - o fumes (other than everyday ones, e.g. petrol)
  - o out of the ordinary/strong smells

- Sights, such as:
  - o crashed vehicles
  - o spillages
  - o broken things
  - o evidence of scuffles/disturbances/commotion

• Abnormal behavior, such as:
  - o sudden collapsing
  - o slurred, hesitant or muddled speech
  - o difficulty breathing
  - o clutching of chest/throat
  - o confused/distressed behavior
  - o abnormal skin colour (flushed, pale, bluish)
  - o sweating (for no apparent reason).

National Courses Pty Ltd **Examples of emergency situations**

There is a range of emergency situations that can cause harm to an individual and may require emergency service assistance. Whilst these situations can be life-threatening, not all of them will require CPR.

Examples of emergency situations include:

- Allergic reactions and anaphylaxis
- Asthma attacks
- Life-threatening bleeding
- Breathing difficulties
- Burns
- Choking
- Drowning
- Envenomation
- Eye injuries
- Fractures, dislocations, sprains, and strains
- Head, neck, and spinal injuries.

Recognising an individual who has a medical emergency that requires CPR

To provide cardiopulmonary resuscitation (CPR) effectively and appropriately, you need to know the signs exhibited (or not exhibited) by an individual that indicate the individual needs that form of emergency medical assistance.

Signs that someone requires CPR include:

- They do not respond when you talk to them or touch them firmly (unconsciousness)
- Their breathing is not normal when you tilt their head back and listen, feel, or look for normal signs of breathing
- They are not breathing at all (no breathing when head is tilted, chest is not rising and falling).

Activity 1A

1.2 Ensure safety for self, bystanders, and casualty

By the end of this chapter, the learner should be able to:

- Explain the difference between a hazard and a risk in the workplace
- Identify examples of hazards and risks found in first aid assistance
- Describe ways to help ensure the safety of self, bystanders, and the casualty.

Hazards and risks

A hazard is something that has the potential to cause harm, damage, or loss. A risk is the likelihood that harm might occur because of the hazard.

For example:

- The use of chemicals (such as cleaning chemicals) in the workplace is a hazard.
- The possibility of spills, chemical burns or fume inhalation is the risk.

Identifying, assessing, and managing immediate hazards

As well as recognising when first aid is required, you need to identify, assess, and manage any hazards that could pose immediate safety risks to yourself and other people.

Hazards in first aid may include:

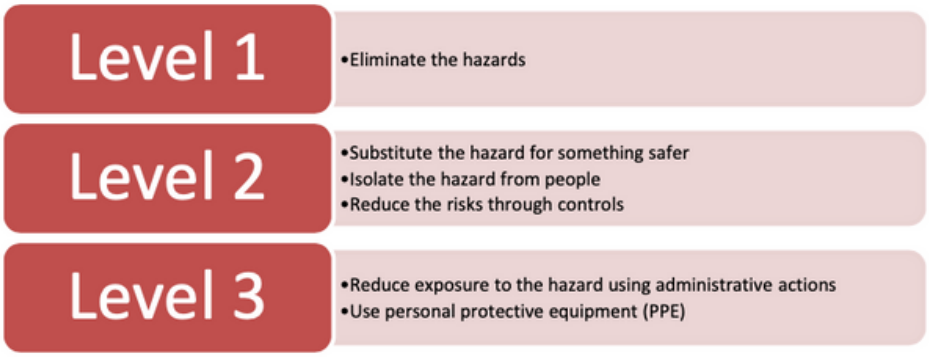
- Exposure to blood, vomit, and other bodily fluids
- Unsafe surroundings, e.g., oncoming traffic or fallen power lines
- Acts of aggression
- Bystanders placing themselves at risk of injury
- Back, neck and shoulder injuries when moving objects or people
- Presence of fire, smoke, or poisonous fumes.

Steps you can take to help ensure the safety of yourself, bystanders, and the casualty:

- Assessing for potential dangers and checking the area is safe before approaching
- Using standard and recommended precautions, e.g., wearing gloves when in potential contact with blood or other bodily fluids
- Not moving the casualty or heavy objects unnecessarily
- Observing and managing bystanders
- Seeking professional counselling and debriefing (where required).

Managing risk

Risk must be managed in accordance with the hierarchy of risk control, as pictured below:



Level 1 controls are the most reliable and the most likely to provide protection.

Level 3 controls are a last resort.

Safe manual handling techniques

As a first aider, you may be required to engage in manual handling tasks to reposition or move casualties or equipment. To lift heavy items of equipment safely, you should lift from the legs with bent knees and maintain straight arms and back. Moving the casualty should be avoided in most circumstances.

National Courses Pty Ltd For non-serious injuries and conditions, the rescuer may ask the person to move themselves or to
assist the rescuer in moving them. For serious injuries and incidents, the person should not be moved unless necessary, as this may cause further harm. This is especially true where there are potential injuries to the neck, head, back or spine.

Only move the casualty if you cannot provide life-saving measures in their current position or where there are immediate threats to life, e.g., fire or explosion.

Tips for manual handling include:

- Not twisting, turning, or bending your back
- Not looking at your feet when carrying an object, keeping your head up
- Not carrying objects that block your vision
- Not carrying an object above your shoulders or below your waist
- Moving carefully to maintain control.

Work Health and Safety (WHS) Act

The WHS Act (2011) was established to provide a framework to protect workers in terms of health, safety, and welfare.

It does this by:

- Eliminating and minimising risks in the workplace
- Ensuring appropriate and fair consultation on resolving health and safety issues
- Encouraging unions and employer organisations to act upon consultation
- Assisting workers and businesses to achieve healthy and safe working
- environments
- Promoting information, education, and training on work health and safety
  Providing compliance and enforcement measures
  Delivering continuous improvement.

It ensures that all workplaces should have trained first aid personnel on hand – they needn't be extra employees but can merely be existing ones you train up and give extra responsibility. The 'First Aid in the Workplace' Code of Practice (drawn up by Safe work Australia and updated in 2019) can be found at www.safeworkaustralia.gov.au – it is a model Code of Practice for providing workplace first aid in a safe manner and is approved under the WHS Act.

'First Aid in the Workplace' Code of Practice (2019)

According to this code of practice, first aiders (at a minimum) should hold nationally recognised Statement/s of Attainment. This must be issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit of competency.

A higher level or further training may be required to ensure first aiders have the appropriate skills for risks identified in a specific workplace.

For example, additional training may be required where:

- A first aid room is installed in the workplace
- Children are present in the workplace
- Psychological risks have been identified.

First aiders should attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. Refresher training in CPR should be carried out annually and first aid qualifications should be renewed every three years.

Infection control procedure

Infections are caused by pathogens, including bacteria and viruses coming into contact with the body, either internally or externally. Not all infection is apparent immediately, and it can take time to see symptoms of infection on a person. Infection control procedure in the workplace is governed by the Occupational Health and Safety Act (2004) and aims to prevent pathogens from being spread in the first place. Infections can be a severe hazard to individuals' health and safety, so steps must be taken to control the risk both from a fundamental hygiene perspective and in the event of an emergency.

When a person is harmed at work, providing them with CPR must be done with consideration of any infection control procedures in place and maintaining the health and well-being of the persons involved.

Infections can be transmitted via:

- Air, e.g., influenza, coronavirus
- Contaminated objects and food, e.g., salmonella
- Skin to skin contact, e.g., herpes simplex (cold sore)
- Bodily fluids, e.g., HIV.

To reduce the risk of infections spreading during the administration of CPR:

- Wear gloves to prevent contact with the casualty's saliva
- Wear safety glasses to protect your eyes from vomit, blood, or any other bodily fluids
- Use a barrier device so that you do not need to come into direct contact with the casualty's mouth.

Barrier devices are a type of personal protective equipment and are designed to protect rescuers from infection exposure. There is no way to know if a CPR patient is carrying a disease, so it is good to use a barrier device during rescue breathing.

Two common barrier devices include:

- A flat plastic barrier – this lies across the casualty's mouth and nose:
  - it shapes to the face and allows the rescuer to blow through a hole in the middle
  - the hole has either a one-way valve or a filter to protect the rescuer (this depends on the brand)
- A mask shaped like a pear – this is designed to fit over the mouth and nose:
  - it seals onto the face (this can be difficult to master)
  - the rescuer blows through a one-way valve at the top to provide rescue breaths.

Activity 1B

1.3 Assess the casualty and recognise the need for first aid response

By the end of this chapter, the learner should be able to:

- Summarise and implement all steps included in the DRSABCD check
- Respond to a first aid scenario and ascertain whether the person requires treatment.

DRSABCD check

When assessing any casualty, you should carry out the DRSABCD check. This will enable you to establish the level of assistance needed, identify the nature of the problem, and begin the chain of survival.

The DRSABCD check entails:

- **Danger** – you must check that there is no immediate danger to yourself or the person - you need to assess whether it is safe for you to enter the area to resuscitate them, e.g. they are drowning

- **Response** – you need to check if they respond to stimuli by asking them questions such as "can you hear me", "open your eyes?", What's your name?", or "squeeze my hand" - then, gently touch their shoulders and see if they respond
  - o if they respond, you should leave them in their current position and summon help; monitor their vital signs and treat any conditions, such as wounds, until help arrives, or they recover
  - o if there is no response, you should shout for help and complete the next steps

- **Send for help** – call emergency services, or get someone else to make the call for you

- **Airway** – now you need to check the upper airway:
  - o place one hand on the forehead and use two fingers to lift the chin (moving the tongue away from the back of the casualty's mouth)
  - o if need be, you may have to turn them on their back to open the airway
  - o if there is foreign material in their mouth, open it, place them in the recovery position and clear their airway with your fingers

- **Breathing** – put your cheek close to their mouth; look, listen and feel for up to ten seconds – you should be checking to see if:
  - o their chest is rising and falling

  - you can hear them breathing
  - you can feel the breath on your cheek

- **CPR** – if they are not breathing, start CPR at a ratio of 30 chest compressions for two breaths (continue this until help arrives or the person recovers)
- **Defibrillation** – if the patient is still not recovered, apply a defib and follow the voice prompts.

Signs and symptoms of acute illness in children and infants

As well as the major indications of an emergency, you should also be aware of the specific signs and symptoms of acute illness in children and infants.

Look out for:

- Alertness and orientation (is the child is aware of what's going on around them?)
- Fluid intake (is the child refusing fluids?)
- Difficulty breathing
- Localized pain, e.g., earache, sore throat, tender abdomen, stiff neck
- No responsiveness to high temperature reduction.

Assessing consciousness and breathing

Knowing whether an individual is conscious or not and whether they are breathing are the critical factors in establishing whether CPR needs to be administered.

When an individual appears unresponsive, you can:

- Attempt to rouse the person with a loud noise, most commonly through speaking loudly to the casualty such things as 'can you hear me?', 'open your eyes', 'what's your name', 'squeeze my hand'.

If this does not produce a conscious response from the individual, this can indicate that CPR is required. If the casualty is unconscious but is breathing normally, then CPR may not be required.

To ascertain the status of a casualty's breathing:

- Closely monitor their chest to see if it is rising and falling consistently
- Place your ear next to their mouth or nose and listen carefully for sounds of breathing (you may also be able to feel their breath on the side of your face)
- If listening for breathing, always position your gaze to their chest as this is the easiest way to check for breathing, especially if you are in an emergency and there is lots of commotion.

According to the Australian Resuscitation Council (ARC), ANZCOR recommends the following to manage an unconscious person who is breathing normally:

- Ensure the safety of both the person and rescuer
- Assist the unconscious person to the ground and position on their side, ensuring the airway is open (do not leave the person sitting in a chair nor put their head between their knees)

- Call an ambulance
- Promptly stop any bleeding
- Constantly re-check the person's condition for any change.

If the casualty is non-responsive and does not appear to be breathing correctly, if at all, then it is highly likely they require CPR.

The recovery position

This is the position that you should place all unconscious but breathing people into if they have no life-threatening conditions present, and it has been established that CPR is not necessary. It ensures that their airway remains open and prevents choking from vomiting or other fluid.

Once placed into the recovery position:

- Tilt their head back and lift their chin to open the airway; check to see
- that nothing is blocking it
  Stay with the person and monitor their breathing until help arrives
  After 30 minutes, turn them onto their other side (if injuries allow).

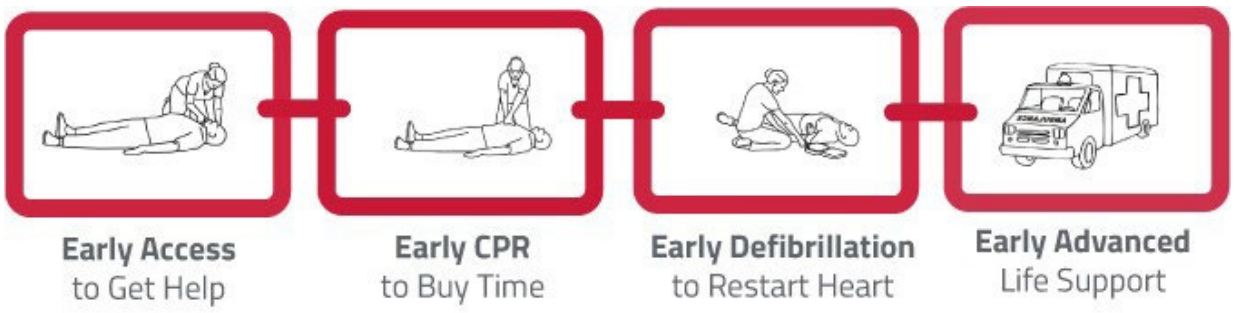
Chain of survival

The 'chain of survival' refers to the series of steps that, together, will give the best chance of survival to a person who has experienced a cardiac arrest (a heart that's stopped beating).

These steps are:

- **Early Access** calling for help – to get professional help on the way
- **Early CPR** – to buy time
- **Early defibrillation** – to restart the heart
- **Early Advanced care** – to restore quality of life.

These steps are represented in the following graphic:



If the person appears to have suffered a cardiac arrest, these above steps you should follow to give them the best chance of survival.

Head, neck, and spinal injuries

If you suspect the person may have a spinal injury, take care not to move them unless it is necessary to maintain life. Be careful not to move their neck while doing this. If it is necessary to move them, try to get assistance to roll them.

Signs of a spinal injury include:

- Head injuries – especially if they are unconscious/have had a large impact on the back of the head
- Inability to move their neck
- A twisted neck/back
- Feelings of paralysis, weakness, or numbness
  Loss of limb, bladder, or bowel control
  Severe pain in the back or neck.

Head injuries include:

- Concussions – temporary loss/altered consciousness after a head injury. They may experience headaches, dizziness, memory loss, confusion, nausea, vomiting and head wounds.

To provide first aid:

- Assess the spine, ears, and eyes for function
- Monitor their condition – if it declines, seek emergency medical assistance.

Progressive head injuries can be defined as:

- A slow decline in consciousness after a head injury: the patient may become drowsy, display behavioural changes, slur their speech, feel sick, dilated pupils. If wounds are present, be aware that there may be a brain injury.

To provide first aid:

- Assess and manage their airway and breathing
- Keep the spine immobile, ensure their neck is cared for
- Control any bleeding
- Call an ambulance if the casualty loses consciousness at any point
- Seek further medical assistance after first aid.

Tooth injuries can be defined as:

- Cuts and swelling in the mouth, loss of teeth.

To provide first aid:

- Replace the tooth in its socket if knocked out, after washing OR
- Apply pressure to any bleeding sites
- Sterile dressing should be held on the bleeding site for at least ten minutes
- Now, seek medical or dental help.

Allergic reactions and anaphylaxis

An allergic reaction happens when the body falsely recognises a foreign body as harmful. The immune system then creates antibodies to fight it. It can range from mild skin irritation and sneezing to anaphylaxis – a severe reaction that can cause cardiac arrest and respiratory failure.

The symptoms of allergies vary between people and can cause skin irritations, digestive issues (food allergies), swelling, congestion and runny eyes and nose. These can mostly be treated with over-the counter

antihistamines and decongestants (in the form of tablets, nasal sprays, and eye drops). Other treatments include ice and topical creams containing corticosteroids, as well as acetaminophen.

The symptoms of anaphylaxis include nausea, and light-headedness. Airways can swell, causing breathing problems and, if untreated, it can cause loss of consciousness and cardiac arrest. The treatment for this is epinephrine. If the person has experienced anaphylaxis before, their doctor may have prescribed them an emergency epinephrine "EpiPen".

If the person loses consciousness, you will need to check their airway, and breathing; and, if need be, perform CPR procedures and rescue breathing.

Other causes of allergic reactions are exposure to poisonous plants and animal venom. Make sure people don't scratch, as this will only spread the reaction. Don't use soap to wash the affected spot, as this will irritate it further. Depending on the type of animal venom, you may need different treatments – they can be fatal if not treated correctly (think snake and spider venom).

You should seek qualified medical consultation for this case. However, for minor insect stings, remove the stinger using an object with a straight edge (e.g., a credit card). In this case, you can wash the site with soap and water; applying ice will decrease the swelling.

Asthma

An asthma attack is when the muscles in the airways narrow, making it difficult for the casualty to breathe. Asthmatics will carry an inhaler on them in case of an attack. As a first aider, you should help them take their medication – it will relax the muscles and expand the airways and ease the breathing of the casualty. The attack should last for a few minutes – if it goes on longer, or if the inhaler is ineffective, you should call emergency services.

Asthma can be triggered by:

- Exercise
- Allergens (food, mould, dust mites, • pollen)
- Air pollution
- Smoking (include second-hand smoke)
- Anxiety and emotional stress
- Perfumes/fragrances
  Acid reflux
- Excessive singing, crying, or laughing
- weather changes (especially temperature).

Asthmatics may experience all or some of the following symptoms:

- Shortness of breath
- Wheezing
- Tightness of the chest
- Excessive coughing.

To treat asthma, sufferers may use inhalers or pills. There are two types of inhalers – long-acting anti-inflammatory inhalers that deliver a low dose of steroids to the lungs; and fast-acting bronchodilator inhalers that immediately open the airways during an asthma attack.

Severe bleeding

If severe bleeding isn't stopped quickly it can result in loss of life.

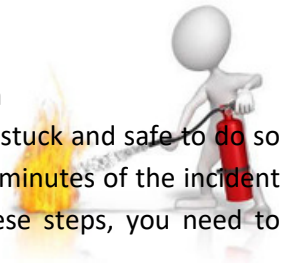
To stop it, you need to:

- Apply pressure directly over the wound using your hand on a clean dressing - if there is no clean dressing available you may need to improvise or have the casualty apply pressure themselves
- The pressure must be maintained to stem the bleeding
- Help them lie down if more comfortable
- Call emergency services and monitor the situation until help arrives.

Burns

The sooner you treat burns and scalds, the less damage there will be to the skin.

The following steps will help treat the affected site:



- Stop the burning – remove the person from the site of the burning and, if flames are present, douse them with water or smother them with a blanket Remove clothing and jewellery from the burnt area only if not stuck and safe to do so
- Cool the burn with cool running water for 10 to 30 minutes, within 20 minutes of the incident
- (do not use ice, iced water, creams, or greasy substances) After these steps, you need to
- determine whether any further medical treatment is necessary.
-

The following situations require emergency treatment:

- Large/deep burns (bigger than the hand of the casualty)
- Full-thickness burns (causing white/charred skin)
- Partial-thickness burns (causing blisters) on the face, hands, arms, legs, feet, or genitals
- Chemical and electrical burns
- If they have other injuries to treat
- If they are pregnant
- If they are over 60 years old
- If they are under five years old
- If they have a medical condition, e.g., heart, lung or liver disease, diabetes
- If they have a weakened immune system – through AIDS, HIV, or chemotherapy
- If they have breathed in smoke or fumes.

Other types of burns include:

- **Electrical burns:** these can be very severe, even if they don't appear to have any visual signs of damage - affected persons need to visit the emergency department of a hospital if
  - they have been injured by a low voltage source (up to 240 volts), switch off the power supply and remove them from it using a non-conductive material
  - they are connected to a high voltage source (over 1000 volts), do not approach the casualty unless power is off.

- **Chemical burns:** these also require immediate medical attention in the emergency department - follow these steps immediately:
  - you need to identify the chemical that caused the burn to treat effectively
  - remove any clothing that had contact with the chemical
  - brush any dry chemical off their skin
  - use running water to remove the rest of the chemical from their skin or clothing

- **Sunburn:**
  - move the casualty inside or into shade
  - take a cool shower to ease the burnt areas of skin
  - apply after-sun lotion to soothe and moisturise the affected areas
  - drink lots of water to rehydrate the body
  - watch out for signs of heatstroke or heat exhaustion, such as dizziness, vomiting or feeling delirious.

Cardiac arrest

This is also mistakenly called a heart attack- is when the casualty is nonresponsive and unconscious- the heart has stopped working. Call emergency services immediately.

Heart attack

Is when the blood flow carrying oxygen to the heart becomes blocked, causing oxygen starvation and the muscle to start to die.

The symptoms can include:

- Chest pain
- Cold sweats
- Light-headedness
- Nausea
- Numbness
- Aching
- Tingling sensations (usually
- in the left arm)
- Shortness of breath

Weakness/fatigue.

To provide first aid:

- Sit the affected person down and remain calm
- Loosen any of their clothing that is tight
- Ask them if they have any medication for known heart conditions – if so, get them to take it

If their pain doesn't subside within three minutes, call for an

ambulance
- If the person is unconscious and not responding when you find them, call emergency services, and commence CPR.

Choking and airway obstruction

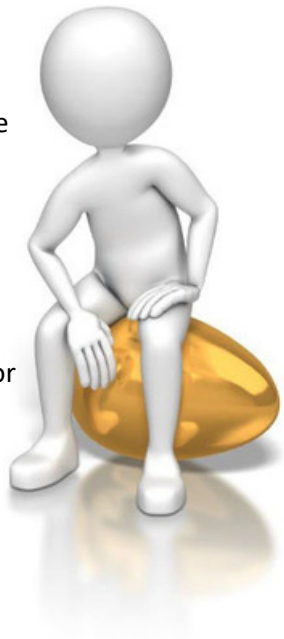
Symptoms may include:
- Patient grabbing at their neck
- Patient's face developing a bluish hue
- Patients unable to speak
- Patient cries out.

To provide first aid:
- Encourage them to keep coughing if a partial blockage
- If a complete blockage - deliver firm blows to the casualty's back between the shoulder blades using the heel of their hand
- If this fails, as a last resort perform up to five chest thrusts (checking to see if the airway has cleared after each thrust)
- If they lose consciousness, call the emergency services, and commence CPR.

Convulsions (seizures)

This is when someone shakes or jerks uncontrollably. If the casualty is known to have seizures the situation is not usually a medical emergency as once the casualty recovers, their breathing returns to normal, and they recover. It is important to keep the person safe while a seizure is taking place.

The following first aid steps should be followed:



- Remain calm
- Remove any hazardous objects from around them and check to make sure they are not in danger
- Take note of the time the seizure starts
- Remain with the casualty
- Cushion their head if possible
- Do not hold them down or place anything in their mouth
- After five minutes, call an ambulance if the seizure has not stopped or starts again
- After the seizure has stopped, put them in the recovery position and check for any airway obstructions and their breathing
- Stay with them until they are fully recovered.

Dehydration

This occurs when a person loses fluid from their body and does not replace it. If left untreated, it can develop into a more serious condition, such as heat exhaustion.

Causes may include:

- Excess sweating during exercise
- Sun exposure or humid conditions
- Sweating from a raised body temperature, e.g., a fever
- Loss of fluid from severe diarrhoea and vomiting.

Signs and symptoms to look out for:

- Light-headedness or a headache
- Confusion or dizziness
- Dry eyes and dry mouth
- Dry or cracked lips
- Muscle cramps, e.g., in the calves.

You must take extra care when dealing with dehydration in babies and young children as they can show pale skin with sunken eyes and deteriorate quickly.

First aid treatment includes:

- Reassuring the casualty and helping them to sit down
- Giving them plenty of water (you can also use an oral rehydration solution)
- Not mixing regular cooking salt into water and giving this to the casualty (it will make the condition worse)
- Encouraging them to rest of they have painful cramps - helping them to stretch and massage the affected muscles

  Monitoring the casualty's level of response

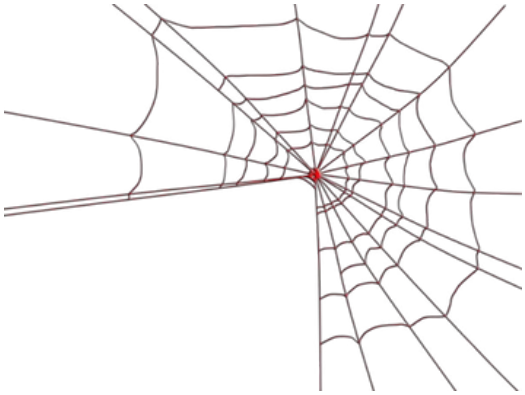
  Seeking medical advice if the person appears unwell.

Envenomation

For snake bites, the initial first aid treatment requirement is to use the pressure immobilisation technique (putting pressure around the affected area to stop it from spreading to the rest of the body).

Pressure Immobilisation is recommended for bites and stings from:

- All Australian snakes
- Blue-ringed octopus
- Funnel-web spider
- Cone shell



It is not recommended for:

- Other spiders
- Jellyfish stings
- Fish stings
- Tick, scorpion, centipede, and beetle stings.

The Pressure Immobilisation Technique (PIT) includes:

- Where the casualty is bitten or stung on a limb, apply a broad pressure bandage over the bite site as soon as possible
- Use elasticated bandages (10-15cm wide), which are preferred over crepe bandages
- Where bandages are not available, use clothing or other material
- Ensure the bandage is tight and firm (you should be unable to slide a finger easily between the skin and bandage)
- Apply a further pressure bandage over existing clothing and commencing at the fingers or toes of the bitten limb (extending upward to cover as much of the limb as possible)
- Keep the casualty calm and make sure the limb is completely at rest
- Call for medical help and wait for them to arrive.

Never cut or excise the bitten area or attempt to suck the venom from a bite site. Do not wash the bitten area, and do not apply an arterial tourniquet.

General first aid measures that apply to all snake bites:

- Protect the casualty and others from repeat bites – get away from the snake and don't try to capture or kill it
- Keep the casualty calm, to reduce stress-induced blood flow increase
- Call for help or get the casualty to a hospital, where anti-venoms will be available
- Don't give them anything to eat or drink – this will speed up venom absorption (stimulants and pain medications should also be avoided)
- Keep the casualty as still as possible
- Don't try and cut around the bite to remove the venom

Fractures, sprains, and strains

Fractures

These are breaks/cracks in bones and are identified by:

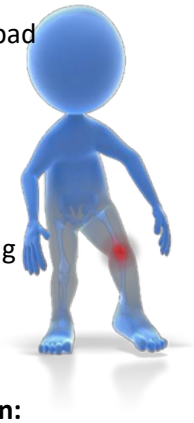
- Snapping sounds of bones breaking Protruding bones Bone deformities Abnormal movement of the bone A grating sensation and difficulty moving the joint Swelling and discolouration Pain and tenderness.

To provide first aid for fractures:

- Call an ambulance
- Immobilise and support the bone in the same position you find it in – don't try and move it back into position
- Control bleeding through pressure but don't elevate the joint
- Cover the bone if it is protruding, after bleeding is under control
- Don't give the casualty food or drink

Sprains

These are stretched/torn ligaments and blood vessels around a joint caused by a fall or bad impact on the joint. They are identified by pain, swelling, tenderness and discolouration around the joint area.



Strains

These are stretched, or torn muscles caused by excessive effort or bad posture during movement; they are identified by stiffness, swelling and pain in the affected area.

Sprain and strain treatment

A**pply the concept of RICE for sprains and strains – rest, ice, compression, and elevation:**

- Rest – try not to use the affected area, if possible
- Ice – apply ice to the affected area
- Compression – compress the area (you can combine this with Ice and apply a cold compress)
- Elevation – keep the affected area immobilised to aid healing.

If the pain and swelling continue for two or more days, you should seek medical help. If you are unsure of whether it is a fracture or a sprain, or a strain, treat it as a fracture, just in case.

Poisoning

Poisons can be ingested, absorbed, inhaled, injected, or splashed into the eyes, and can be fatal if taken in high enough quantities; they include drugs, alcohol, and harmful food.

The Poisons Information Centre is available 24 hours a day if unsure of treatment or symptoms on

13 11 26

Symptoms can include:

- Vomiting
- Loss of consciousness
- Pain/burning sensation
- Empty containers close to the casualty.

For all poisons, if they are conscious:

- Ask them what they have taken
- Find out as much information about the poison
- Call emergency services.

If they are unconscious:

- Open their airway and check their breathing
- Apply CPR, if necessary
- Place them into the recovery position
- Call emergency services.

Breathing difficulties

This is the result of a partially restricted airway – caused by muscle spasms, swollen airways or foreign bodies stuck in the airways. It is any time when the casualty is having trouble breathing – it can accompany many of the previously discussed conditions like asthma attacks and allergic reactions.

The first aid measures are to keep the casualty calm and call an ambulance if their symptoms do not resolve. There is nothing else you can do to alleviate the problem while they are conscious. If they stop breathing or lose consciousness, follow standard CPR procedures.

Acute respiratory distress syndrome (ARDS) is when fluid fills up the air sacs in the lungs, which causes a decrease in the amount of oxygen in the bloodstream. This can eventually cause organ failure, as organs do not get the required amount of oxygen to function.

It can be caused by trauma or because of another illness (it is common in hospitalised people) – the direct causes include severe blood infection, inhalation of toxic substances, severe lung infection, injury to the head or chest, and overdosing on antidepressants or sedatives.

The symptoms arise within a day or two of the original illness and can include:

- Gasping for air
- Extreme shortness of breath
- Muscle fatigue/weakness
- Discoloured skin/nails
- Low blood pressure
- Fever
- Headaches
- Confusion
- A dry cough.

To treat ARDS, you can (if trained to do so):

- Provide oxygen via a mask
- Use a mechanical ventilation machine
- Use Positive End-Expiratory Pressure (PEEP) to help control lung pressure
- Manage fluids (too much fluid causes excess to build up in the lungs, too little puts strain on organs)
- Give pain medication to relieve discomfort if already approved by medical practitioner.

Shock

Extreme situations can cause people to go into shock, causing their organs not to receive enough oxygen.

The symptoms may include:

- Pale, clammy skin
- Hyperventilation
- Slow/shallow breathing
- Nausea (and vomiting)
- Dilated pupils
- Feelings of faintness/confusion/anxiety.

To provide first aid:

- Call emergency services
- Lie the casualty down on their back with their feet elevated above their head (if this causes no pain)
- Check airways and breathing
- Keep the casualty warm and comfortable – loosen clothing and cover them with a blanket or clothing
- Turn them on their side, in the recovery position if comfortable
- Treat any injuries (if present).

Stroke

Strokes occur when blood flow to part of the brain is cut off; usually due to a clot in a blood vessel or a rupture that blocks blood flow to the brain. This can cause long-term damage as the lack of oxygen damages brain cells – damage levels can vary according to which part of the brain is affected and the size of the area affected.

You can use the FAST check to determine if someone is having a stroke:

- **Face** – ask them to smile - if they only smile on one side of their mouth, this isn't normal
- **Arms** – ask them to raise both arms - if they can only lift one arm, this is not normal
- **Speech** – ask them to talk - if they struggle to speak clearly, this is not normal
- **Time** – if any of the above are identified as 'not normal', time to call for medical assistance. While you await help, keep the person in a comfortable position and monitor their condition.

Hypothermia

This is when the core body temperature is at falls below 35 degrees Celsius – this can cause organ failure, cardiac arrest and even death. It can be caused by sudden cold exposure or can be gradual.

Causes can be:

- Environmental
- Trauma-related
- Drug-related
- Neurological
- Systemic illness-related
- Endocrine-related.

Symptoms are:

- Mild (35-34 degrees Celsius) – severe shivering, pale skin, slurred speech, loss of concentration, dizziness, confusion, slowed breathing, irritability, unsteadiness
- Moderate (33-30 degrees Celsius) – muscle stiffness, breathing slows, difficulty speaking, ceased shivering
- Severe (-30 degrees Celsius) – loss of consciousness, heart problems, dilated and fixed pupils, motionless.

To provide first aid:

- Call for medical assistance
- Insulate their body from the ground
- Remove heat loss causes, e.g., wet clothing
- Dry them and cover their head with something warm
- Use body to body heat to warm their body or a heat compress
- Don't put them in a warm bath or use a heater
- Monitor until help is present.

Hyperthermia

This is recognised by excessive heating of the body – or absorption from the environment. It can also be caused by inadequate hydration and the failure of bodily cooling mechanisms, as well as changes in the body's internal temperature from illness, infection, or drugs.

The signs are aspects of it are heat cramps (muscular, after prolonged exertion), heat exhaustion (37-40 degrees Celsius internal temperature) and heat stroke (over 40 degrees Celsius internal temperature).

Providing first aid includes:

- Calling an ambulance
- Moving the casualty into a cooler area
- Laying them down, removing excess clothing and loosening tight clothing
- Assisting cooling mechanisms
- Applying ice packs to neck, groin and armpits
- Giving casualty water to drink
- Monitoring until help is present.

Minor skin injuries

Ensure that you minimise the risk of infection by cleaning your hands before dealing with these and avoid breathing on the affected area. The types of skin injuries are abrasions, incised wounds, and chronic wounds.

To provide first aid:

- Avoid breathing, sneezing, or coughing on the wound
- Clean the wound with a non-shedding material, e.g., gauze soaked in clean water or saline
- Don't scrub embedded dirt (see a doctor if it can't be removed)
- Apply an antiseptic to the wound
- Cover with a sterile dressing which is non-stick.

Pain

This is not life-threatening but can cause physiological changes in blood pressure and breathing. A person may complain of specific pain locations or feelings, or you may notice a general discomfort and irritability.

Non-medicated pain management:

- Getting the person to rest
- Applying an ice pack
- Finding a comfortable position
- Reassuring the person with emotional support
- Distracting the person (especially younger casualties).

Epilepsy

This is a brain disorder that results in random seizures due to a disruption in normal electrochemical activity in the brain. There are different types of epilepsy relevant to the part of the brain that is involved.

Symptoms include:

- Loss of awareness
- Loss of consciousness
- Changes in sensations
- Loss of movement/coordination.

Types of seizures include febrile (febrile convulsions), tonic-clonic (convulsive), complex partial/focal (non-convulsive).

To provide first aid:

- Provide reassurance and be calm
- Be assertive and help them regain composure
- Instruct them to breathe through their nose slowly (to distract them)
- Continue being assertive until they regain composure, and their anxiety is reduced.

Ear injuries

Ear injuries include foreign objects, impact blows, ruptured eardrums, and infection. The symptoms will vary but generally include pain and sickness.

To provide first aid:

- Call an ambulance for ruptured eardrums, severed ears or leaking liquids from the ear
- Monitor them until medical help arrives
- Calm and reassure the casualty
- Turn their head so the affected side is facing up if an insect is in the ear
- Do not:
    - o block drainage from the ear
    - o try to clean the inside of the ear
    - o attempt to remove foreign objects
    - o reach inside the ear canal with tweezers.

Eye injuries

Eye injuries can be caused by chemicals, impacts, or foreign objects. They will appear red and irritated with possible bleeding, sensitivity, tearing, swelling and discolouration.

To provide first aid:

- Prevent any loss of sight – be gentle and careful
- Ice packs can reduce pain and swelling
- lushing can remove foreign objects
- Padding can control bleeding
- Seek medical attention
- Don't attempt to remove contact lenses
- Seek medical advice.

Diabetes

This is where insulin is not produced in sufficient amounts by the body to convert sugar (glucose) into energy. Instead, it stays in the bloodstream – this can be harmful to internal organs. It can be controlled with medication though, and most diabetics carry a medical alert bracelet, necklace, or card (as well as glucose sources for emergencies).

Most first aid deals with hypoglycaemia, where blood sugar has dropped too low – this can be down to insufficient food intake, excess exercise, or alcohol, as well as excess insulin or diabetes medication.

Symptoms can include:

- Confusion
- Sweating
- Dizziness
- Weakness
- Headache
- Lack of focus
- Hunger
- Numbness (lips and fingers)
- Trembling or fitting
- Irritability
- Slurred speech
- Loss of coordination
- Loss of consciousness.

To provide first aid:

- For conscious people:
  - make them comfortable
  - provide Juice as this is quicker and more easily absorbed
  - give them high energy foods (sugar, honey, glucose tablets) when they recover
- For unconscious people:
  - put them in the recovery position
  - call an ambulance, stating a "diabetic emergency"
  - don't give them food or drink
  - remain with the casualty until help arrives.

Fever

This does not cause excessive harm and can be a good thing for the body as a way of fighting infections.

Signs and symptoms may include:

- Flushed
- Discomfort
- Warm to the touch
- Sweaty
- Irritable.

First aid treatment includes:

- Offering liquids to avoid dehydration
- Never using rubbing alcohol or cold baths to bring the fever down
- Dressing the person in lightweight clothing and covering with a light sheet or blanket
- Letting a child eat what they want and not force eating if the child doesn't feel like it
- Considering oral rehydration solution (also called oral electrolyte solution or oral electrolyte maintenance solution) where there is vomiting and diarrhoea
  Making sure the person gets plenty of rest.

Seek medical attention if:

- An infant younger than three months old has a temperature of 38°C (100.4°F) or higher
- An older child has a fever and:
  - looks sick
  - develops a rash
  - has lasting diarrhoea and/or repeated vomiting
  - has signs of dehydration (urinating less than usual, not having tears
  - has a fever for five days
  - has a chronic medical problem, e.g., heart problems or cancer.

Nosebleeds

Blood flows from the nose, normally caused by tiny blood vessels rupturing inside the nostrils. This can happen when hit on the nose, sneezing, picking, or blowing the nose, anti-clotting medication and high blood pressure.

To provide first aid:

- Ask the person to sit down and lean with their head tilted forward (leaning back can cause
- blood to go down the throat and block the airway)
- Get them to breathe through their mouth and pinch the soft part of the nose (a clean tissue
- will help catch any blood)
  Release the pressure from their nose after ten minutes (pinch again if the bleeding continues for a maximum of two more ten-minute periods)
  When the bleeding stops, ask the person to stay leaning forward while you clean their nose with warm water
  Advise the person to rest and avoid exertion and blowing their nose
  If the bleeding continues, is severe, or continues for more than 20 minutes, call for emergency help.

Sharps injuries

This is when the skin is punctured by a used needle – this poses the risk of HIV, Hepatitis B and Hepatitis C transmission.

To provide first aid:

- Seek medical advice
- Notify supervisors or WHS officers, if at work

Workplace safety procedures to minimise the risk include:

- Vaccinate workers who encounter bodily fluids or blood
- Follow workplace safety procedures
- Reduce the use of needles and do not re-use them
- Take care handling needles and don't touch the sharp end
- Dispose of needles safely, in clearly marked containers
- Train workers in handling hazardous materials.

Dislocations

These are bones that have been removed from their joint and subsequently can't move. The most affected joints are the shoulders, elbows, kneecaps, hips, fingers, and ankles.

Symptoms are:

- Severe pain
- Deformity in the affected area
- Inability to move limb without pain.

To provide first aid:

- Don't try to reattach or straighten the joint
- Provide support for the affected area
- Apply an ice pack to reduce swelling
- Reassure casualty and keep them warm
- Don't let them eat or drink (in case surgery in needed).

Drowning

It is vital to make the rescue as soon as possible, to prevent the interruption of the oxygen supply to the brain. However, do not attempt to rescue beyond your swimming ability. If the casualty is conscious, use a solid, grab-able object to rescue them and support them with a buoyant object.

If they are paralysed, support their neck, and maintain their spinal alignment as you enter the water to rescue them. If they are unconscious, turn them face up and remove them from the water as soon as possible.

To provide first aid:

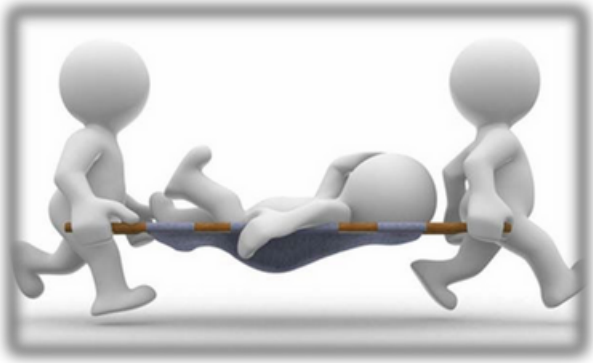
- Roll them on their side and check their neck and airway
- Perform CPR (if necessary)
- Treat other injuries (if applicable)
- Seek medical assistance.

Abdominal injuries

This can be anything from hollow organs rupturing to solid organs tearing, causing spillage or bleeding.

The causes can be:

- Blunt trauma – impact with a blunt object, e.g., a steering wheel or in an assault
- Penetration injuries, e.g., impalement or stab wounds
- Infection and illness, e.g., appendicitis, internal bleeding, etc.



Symptoms are:

- They feel sick and could go into shock
- Site-specific pain
- Localised swelling
- Fever.

To provide first aid:

- Check responses
- Lay the casualty down and keep warm
- Call an ambulance (if severe) and monitor until help arrives
- Put the casualty in a comfortable position
- Don't allow them to eat or drink
- If no wound is visible, lie them flat and treat for shock
- If they are bleeding, stem it using pressure or bandages
- If an object is impaling them, leave it in place and pad around this area
- If organs are protruding, don't attempt to push them back into place - cover them with a sterile, moist dressing or plastic wrap.

Phoning an ambulance

Emergency services will not be required for every first aid situation – there is no point calling them if someone has a paper cut on their finger or a gash on their leg. However, they are a resource to be used when there is a life-threatening situation with the person you are treating or if the situation is beyond the capabilities and training of your first aid personnel or your own training. If this is the case, the first aider should arrange for someone else to fetch the required resources and phone the ambulance – they should focus their efforts on first aid procedures.

The numbers to call are:

- 000 – can be made from all landlines, mobile phones, and payphones
- 112 – from mobile phones (less drop-out during call)
- 106 – for a hearing impaired this is a text-based service (for deaf people, those with hearing difficulties and speech impediments).

To make the call:

- Dial from a safe place and remain calm
- State the service you require when asked by the operator
- Provide location information, if requested - this includes:
    - street name, house number or nearest cross street
    - wait outside an arranged meeting point for emergency services
    - if the call is made when travelling in a car – tell them the direction you are travelling and any exits or towns you passed through close to the incident (to narrow down the location)
- Tell the nominated emergency service operator the details of the incident
- Remain on the phone, speak as clearly as possible and answer any questions asked.

Referral and advice services

Depending on your state/territory and local area, you will have access to referral and advice services that can help during an emergency. Aside from calling the nationally known emergency number (000), you can also contact organisations such as Health Direct and complete a 'symptom checker'.
These can be used when the incident is not time-critical and you can seek support without causing harm to the casualty, e.g., minor wounds. Information sources such as these will quickly indicate whether the signs and symptoms present require immediate ambulance response.
Take the time to identify and locate the relevant referral and advice services for your location.

Activity 1C

1.4 Seek assistance from emergency services

By the end of this chapter, the learner should be able to:

- Explain various points of contact for the emergency services
- Identify essential information to be relayed on the phone.

If you have established that CPR is required, you should call the emergency services and request an ambulance. If you are the only person in the vicinity trained to provide CPR, getting someone else to call the services can mean that you can begin CPR even more quickly. For other instances where emergency help is required, ensure someone has contacted the relevant service as soon as possible.

Relaying information

When calling the emergency services, be prepared to provide accurate information about the situation, the casualty, and their condition. This will ensure that the emergency services can reach you quickly and be prepared to take over from you upon their arrival.

Information that the call handler may request could include:

- Location
- When casualty was identified
- Approximate age of casualty
- Any visible injuries
- Nature of emergency, if known
- Medical assistance already delivered
- State of consciousness
- Medical history of the casualty, if known.

Following instructions

Once you have provided information about the situation and the individual to the emergency service personnel, they may request that you stay on the phone whilst they relay instructions. They may also require you to stay on the phone if they believe that the casualty's condition is not stable, and they need constant updates about the situation. When this is necessary, ensure that you monitor the individual closely and explain any changes as accurately as possible.

They may also end the conversation but request that certain actions are undertaken so that they can reach the casualty as quickly and as easily as possible once they reach your location.

Requests they may make include:

- Calling again if the casualty's condition changes
- Ensuring doors are open, and there is a clear indication of where paramedics are needed:
  - individual at the entrance of the premises to direct paramedics
  - large house/premises number easily visible from the road
- Gathering any medication they may have with them
- Ensuring that if a lift must be used, it is waiting on the floor the paramedics will need to enter on and they have access
- Removing any obstacles and making sure there is a clear path to the casualty.

If you are required to move obstacles for the casualty to be accessed quickly and properly, ensure you employ the correct manual handling techniques.

You must think about your safety and use safe moving and handling principles:

- Keep your back straight and bend at the knees when lifting
- Do not stoop, kneel beside the casualty when rolling them into the recovery position
- Try not to lean over or twist awkwardly
- Get assistance from other people.

Activity 1D

2. Apply appropriate first aid procedures

2.1. Perform cardiopulmonary resuscitation (CPR) in accordance ARC guidelines

2.2. Provide first aid in accordance with established first aid principles

2.3. Display respectful behavior towards casualty

2.4. Obtain consent from casualty where possible

2.5. Use available resources and equipment to make the casualty as comfortable as possible

2.6. Operate first aid equipment according to manufacturers' instructions

2.7. Monitor the casualty's condition and respond in accordance with first aid principles

2.1 Perform cardiopulmonary resuscitation (CPR) in accordance ARC guidelines

By the end of this chapter, the learner should be able to:

- Locate and implement ARC guidelines regarding CPR
- Perform cycles of both chest compressions and rescue breaths on adults, children, and infants
- Recognise the physiological differences between various ages
- Follow the prompts of an Automated External Defibrillator (AED).

Performing cardiopulmonary resuscitation (CPR)

CPR is performed on people in need of resuscitation. It is a technique employed to pump oxygen around the body via chest compressions and rescue breaths. Remember that any attempt at CPR is better than no attempt, so do not be anxious about helping someone.

According to ANZCOR Guideline 6 (Australian Resuscitation Council), unresponsiveness and absence of normal breathing will indicate the need for resuscitation.

The steps/aspects of CPR are as follows:

- Checking for response and normal breathing
- Recognising abnormal breathing
- Opening and clearing the airway
- Using correct hand location, compression depth rate in line with the ARC recommended ratio of compressions and ventilations
- Acting in the event of regurgitation or vomiting
- Following single rescuer procedure, including the demonstration of a rotation of operators with minimal interruptions to compressions.

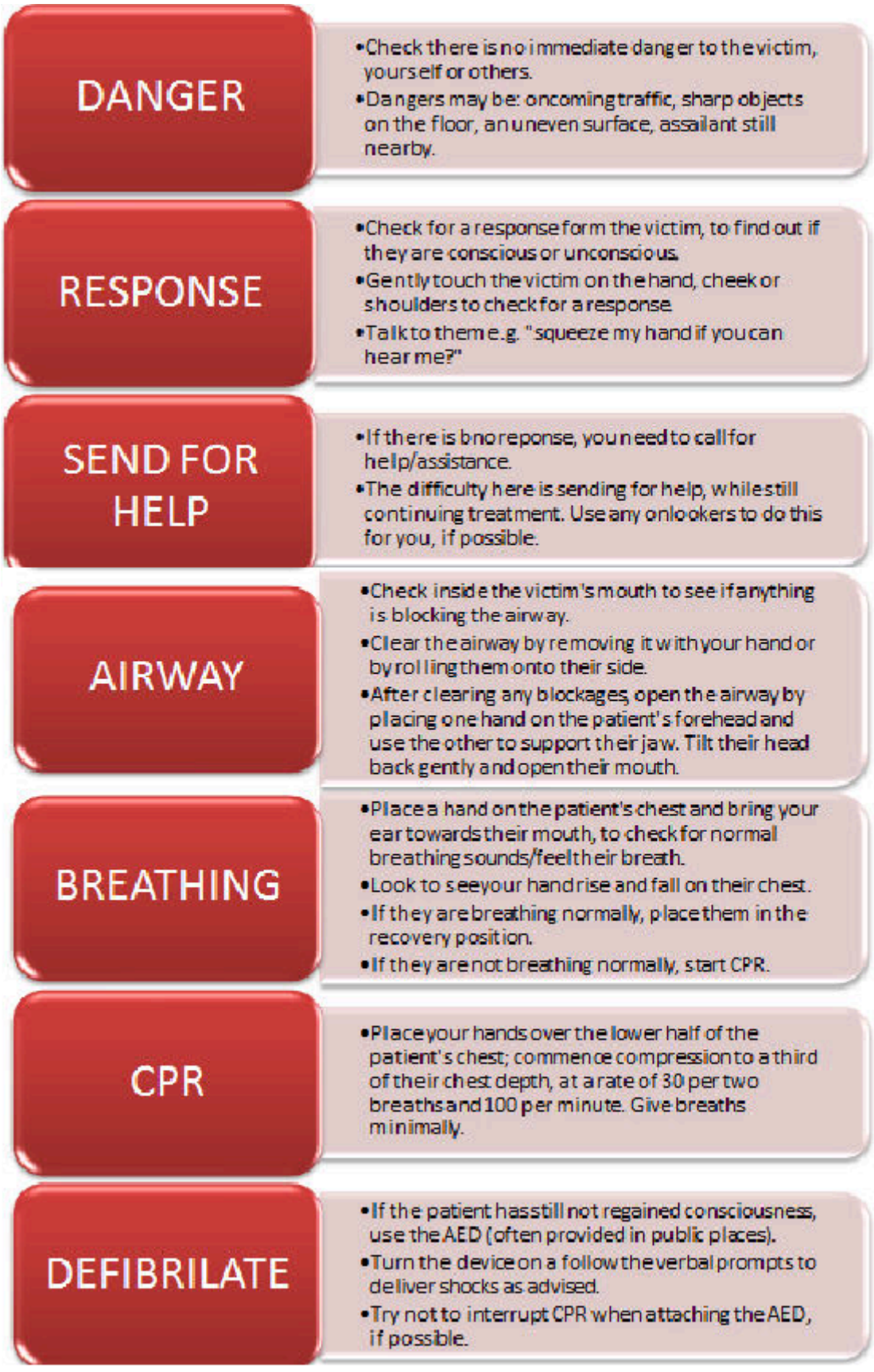
Checking for response and normal breathing

The first thing you need to check is if the person is unconscious. To do this, you must complete the DRSABCD check.

A summary can be found on the following page which should be applied to all suspected emergency situations.

DRSABCD check

It can be summed up in the following diagram:



AED (Automated External Defibrillator)

The next step is to apply AED (Automated External Defibrillator) treatment. You must first remove any metal jewellery and medication patches if possible.

Now, remove the electrode pads from their packets, follow the instructions on the pads and place them on the unconscious person's chest.

Then, follow these steps:

- Do not touch the unconscious person's body
- Tell everyone to stand clear
- Stop CPR at this point
- The AED will analyse their heart rhythm
- From this, it will determine the need for shocks; it will charge and issue a voice prompt
- Now, press the shock button
- Expect the person to 'jump' when they are shocked
- Continue to follow the voice prompts delivered by the AED
- Continue with this treatment unless:
  - o emergency help arrives to take over
  - o they show signs of regaining consciousness, such as movement/breathing
  - o you become unable to continue physically.

AEDs are made for adults; however, there are paediatric pads that can adjust the energy level used. These are pads for younger children (less than eight years).

You can still use adult pads for a child under eight years, but you may have to apply them differently than shown on the device. Usually, this means applying one on the front of the chest and the other on the back, so they do not touch. Then the AED instructions can be followed as normal.

Always check with manufacturer guidance before applying and using an AED on a child.

Rescue breaths

The casualty must be unconscious and not breathing. The following steps should be observed:

- Pinch their nose and lift their chin
- Place your mouth over their mouth and make a complete seal
- Blow a slow, firm breath. Make sure that the chest is rising with each breath; if not, reposition the head
- Apply two breaths
- Continue the process until they are breathing again (or emergency help arrives).

For infants, mouth-to-nose rescue breaths may be used. In this instance, the rescuer’s mouth can cover the nose and mouth of the infant.

Correct hand location and compression depth rate

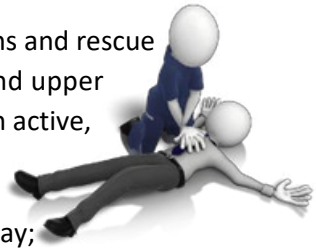
You need to comply with Australian Resuscitation Council (ARC) guidelines when attempting chest compressions on unconscious persons.

First, you must locate the area for chest compressions – place your hands on the lower part of the sternum; place the heel of the hand in the centre of the chest, and the other hand on top. For infants, two fingers should be used for compressions instead of a hand.

You should avoid interruptions to chest compressions, complete them with the casualty on a firm surface and maintain a rhythm (so there is equal time for compression and relaxation). Don't rock the casualty backwards or forwards, thumps, or quick jabs. You may even hear cracking or the breaking of ribs – continue with chest compressions but using less force. Remember the concept of "life over limb" - it is more important that you save their life than worry about breaking any bones.

The lower half of the sternum should be depressed one-third of the chest depth per compression – on average, this is five centimetres for adults and children and four centimetres for infants.
For the rate of compressions, they should complete about 100 – 120 compressions per minute (nearly two each second).

Acting in the event of regurgitation or vomiting



Firstly, vomiting and regurgitation are not the same things. Chest compressions and rescue breathing can cause regurgitation – it causes fluid to gather in the mouth and upper airway. It is a passive action and not a bodily reaction. However, vomiting is an active, muscular action caused by the stomach 'throwing up' its contents.

If the person vomits during CPR, you need to roll them over and clear the airway; then, reassess airways and breathing. If the vomiting continues and signs of revival begin, you can stop CPR.

If they regurgitate during CPR, you should:

- Roll the patient and clear the airway
- Reposition the casualty and resume CPR.

Rotating CPR personnel

To prevent fatigue and maintain the effectiveness of chest compressions over an extended period, it may be necessary to rotate operators. This is common practice in hospital emergency rooms; if you are with someone else trained in CPR, switching between compression cycles and rescue breaths is a good guide (or every two minutes).

ARC guidelines

Cardiopulmonary resuscitation is the process of chest compressions and rescue breaths that temporarily maintain blood circulation in the casualty to preserve brain function until specialised treatment can be administered. The Australian Resuscitation Council (ARC), which is overseen by the Australian and New Zealand Committee on Resuscitation (ANZCOR), provides guidelines for delivering CPR on an individual who is unresponsive and not breathing normally.

The guidelines state:

- The compression-to-ventilation ratio should be 30:2 for all ages
- Chest compressions should be provided at a rate of approximately 100-120 a minute (2 compressions per second)
- The person performing CPR should aim to minimise disruptions to chest compressions.

The ARC also stipulates that CPR should be continued until:

- The casualty begins breathing normally again and/or becomes conscious
- Authorised personnel tell you to stop
- Authorised personnel arrive to take over
- Your safety becomes at risk
- You physically cannot continue due to exhaustion.

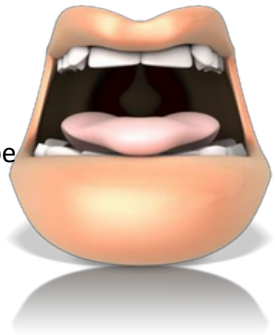
Chest compressions and rescue breaths

CPR should be started quickly, but only after the area has been assessed for immediate dangers, the casualty has been thoroughly assessed, and the emergency services have been called and informed of the situation.

To perform chest compressions:

- Place the casualty on their back, only if there is no suggestion or signs of spinal injury
- Tilt their head back to open their airways by using your palm against their forehead and gently pushing their chin
- On the sternum of the casualty, place the palm of one of your hands in the upper centre of the chest
- Palm down, place your second hand on top of the first hand
- Position yourself so that your body is directly above your hands - make sure your arms are straight, elbows are locked, and you are using your body strength to push down
  Complete 30 chest compressions.

To perform rescue breaths:



- Ensure the airways are still open
- Pinch their nose closed
- Make a seal over the casualty's mouth with your mouth (this can also be done with a barrier device)
  Breathe out slowly for one second and look for the casualty's chest rising.

This CPR cycle of 30 chest compressions and two rescue breaths should be continued until medical help arrives. If you cannot see the chest of the casualty rising and falling during the rescue breaths, they may have an obstruction in their airways, which needs to be removed.

There may be reasons that rescue breaths are not possible during CPR, in which case chest compressions only are sufficient.

CPR on smaller casualties

Babies

When performing CPR on a baby, they should be placed on their back as with adult casualties, and it should be ensured that their airways are clear.

You should then:

- Complete 30 chest compressions which are done by pressing down on the sternum
- with two fingers
  Perform two rescue breaths
  Repeat the process until help arrives.

If the baby begins breathing normally, you will need to place them in the recovery position. To do this, cradle them in your arms with their head tilted at a downward angle to prevent choking.

Children

CPR on children also needs to begin with compressions, followed by the usual 30:2 ratio of compressions to rescue breaths. Chest compressions should be done using the palm of one hand, ensuring the fingers do not touch the casualty's ribs.

Recognising own skills and limitations

When providing CPR to any individual, you should always act in accordance with the level of training you have received and any policies and procedures you are bound by, either legally or from your organisation.

Standard precautions

Standard precautions are those actions that should be undertaken before, during and after the administration of CPR to reduce the likelihood of infections being spread and any other harm being inflicted on yourself or others.
While this is encompassed under standard precautions for the delivery of CPR, there are other considerations to ensure the health and well-being of all involved are maintained as best as possible.

Standard precautions include:

- Personal hygiene practices especially washing and drying hands (e.g. before and after casualty
- contact)
- Use of personal protective equipment (PPE) or improvising if none is to hand (e.g. using a
- towel or plastic bag)
  Techniques to limit contamination
  Surface cleaning and management of blood and body fluid spills
  Safe handling and disposal of sharps and other clinical waste.

Activity 2A

2.2 Provide first aid in accordance with established first aid principles

By the end of this chapter, the learner should be able to:

- Identify general first aid principles that should be always followed
- Describe the hierarchy of importance when carrying out first aid actions
- Refer to relevant guidelines and implement them for specific injuries
- Recognise symptoms and recommended treatment of asthma and anaphylaxis.

First aid principles

First aid is about providing immediate medical assistance to ill or injured people until full medical treatment can be achieved. It is not the same as the type of treatment you would receive in a hospital.

Various general principles apply to first aid:

- Try to always remain calm
- Take immediate action ensure these actions are performed with care
- Check for danger
- Protect yourself and others – in terms of hazards:
    - gas – risk of explosion, deprivation of oxygen (asphyxiation)
    - electricity – are any pools of water? is there a risk of electrocution?
    - fire – is there fire between you and the casualty? (Never open doors if you expect there is fire behind them)
    - assault – is there an assailant who wounded the casualty? are they nearby, and are people at risk of being attacked?
    - blood – avoid all unnecessary contact with bodily fluids (wear gloves and face masks if possible)
- Know your limitations – seek expert assistance, if necessary, by calling emergency services.

There is also a hierarchy of importance for the order of your actions within the basic first aid principles as follows:

- Safety – yours, followed by the patient's
- Response of the casualty
- Airways and breathing
- Other injuries; blood, burns, breaks.

You should also be aware of the specific first aid procedures and principles for a variety of different scenarios so that you can provide first aid according to appropriate procedures and protocols.

Anaphylaxis

First aid for anaphylaxis should be delivered following recommended guidelines.

Signs of anaphylaxis include:

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

If anaphylaxis is suspected, the following first aid steps should be delivered to the person:

- Lay the casualty flat; do not stand or walk - if breathing is difficult, allow to sit (if able)
- Prevent further exposure to the triggering agent if possible
- Administer adrenaline (epinephrine) via intramuscular injection preferably into lateral thigh:
    - child younger than five years - 0.15mg
    - older than five years - 0.3mg
- Call an ambulance
- Administer oxygen, if available and trained to do so
- Give asthma medication for respiratory symptoms
- A second dose may be given if there is no response five minutes after the initial dose

  If the casualty becomes unresponsive and not breathing normally, give resuscitation, CPR.

Basic care of a wound

A wound is any injury sustained by living tissue caused by a cut, blow, or any other impact. Generally, a wound will cause a break in the skin, such as a laceration or puncture. A wound can bleed in varying scales of severity, but it should be controlled regardless of how severe the bleeding. If severe bleeding isn't stopped, the person can lose a lot of blood – this can even result in a loss of life.

When you are treating wounds, you should follow these steps:

- **Wash your hands** - put on disposable protective gloves, if available
- **Stop the bleeding** - if need be, apply gentle pressure with a clean cloth or sterile bandage and elevate the wound
- **Clean the wound using water** - clean around the wound with soap and a sterile cloth, but don't let soap get in the wound, as it may irritate it (use alcohol-cleansed tweezers to remove any debris or dirt from the wound)
- **Use an antibiotic cream/ointment** to keep the surface moist and limit the chance of infection (if it causes a rash, cease use)
- **Cover the wound** with a bandage or plaster (if the wound is minor, there is no need to cover it)

  Change the dressing once a day, or when it becomes wet/dirty - make sure the person is not allergic to the adhesive in the dressing (if so, use an adhesive-free dressing)

  Be cautious of infection - see a doctor if the wound doesn't heal, or it becomes irritated, causes pain or swells **Get a tetanus shot** if the patient hasn't had one in the past five years and the wound is deep and/or dirty.

Bleeding control

- Apply pressure directly over the wound using your hand on a clean dressing - if there is no clean dressing, you may need to improvise
- Maintain the pressure to stem the bleeding
- Help the person lie down
- Support the affected limb
- Now call emergency and monitor the situation until help arrives.

Choking and airway obstruction

Choking is when an individual's airway becomes blocked and results in them being unable to breathe properly. If the obstruction to the airway is mild (the item causing the blockage is small, for example), they should be able to clear it independently.

Upon seeing signs the individual is in trouble, ask them if they are choking and:

- Encourage them to cough and keep coughing

However, a severe blockage can cause someone to fall unconscious due to a lack of oxygen being delivered.

Symptoms are:

- The casualty is grabbing at their neck
- The casualty's face has developed a bluish hue
- The casualty cannot speak or cry out.

Upon seeing signs the individual is in trouble:

- Deliver five firm blows to the casualty's back between the shoulder blades using the heel of your hand, checking to see if the airway has cleared after each time
  Continue the cycle of back blows until the object is removed from their airway
  If they lose consciousness, call the emergency services, be prepared to commence CPR

If you think a baby is choking, then they need your help immediately. If they can breathe, are making noises, or coughing, then they might be able to clear their own throat.

If not, to provide first aid to a choking baby:

- Slap the obstruction out - if the baby cannot breathe, cry, or cough, they may be choking, and you will need to give back blows:
  - lay the baby face down along your forearm and thigh (making sure you support the head and neck)
  - give five sharp blows between the shoulder blades with the heel of your hand
  - turn the baby over on your thigh and check their mouth
  - pick out any obvious obstructions you can see with your fingertips
  - do not sweep the mouth as this could push the object further down the throat
  - check their mouth again, each time
- Call for emergency help if the obstruction hasn't cleared
- Continue until help arrives, checking the baby's mouth each time
- If the baby becomes unresponsive at any point, prepare to start baby CPR.

Shock

Circulatory shock (commonly referred to as just 'shock') is considered a medical emergency as the body's organs are not receiving enough oxygen due to normal blood flow being compromised.
If the symptoms of shock are not recognised, and the casualty is not assisted immediately, shock can cause lasting damage to the body or even result in death.

Shock can be broken down into three stages:

- Stage One – Compensated/ Non-progressive
- Stage Two – Decompensated/Progressive
- Stage Three – Irreversible.

Stage One

During the first stage of shock, the body detects that blood flow is low and begins to ensure blood flow to the organs is maintained. The heart begins to beat more quickly, blood vessels constrict, and the kidneys start retaining fluid in the circulatory system.

If an individual is in this stage of shock, there are very few visible or even detectable symptoms. If treated at this stage, shock can be completely stopped, and the individual will suffer no ill effects.

Stage Two

In stage two of shock, the body's actions in stage one to retain blood flow to the organs become ineffective. Organs start to become deprived of oxygen, and the effects are much more detectable. A lack of oxygen to the brain can cause confusion and disorientation in the casualty, whilst the heart being deprived of oxygen can cause chest pain.

Reacting to these symptoms quickly with appropriate medical intervention can reverse the effects of this stage of shock.

Stage Three

By the time Stage Three of shock has been reached, the lack of blood flow (and thus the deprivation of oxygen to vital organs) begins to cause permanent damage to the body.

The casualty's heart function continues to drop, kidney function stops entirely, and organ and tissue cells are either damaged or dying. Stage Three will continue until the result is the death of the casualty.

Three main occurrences bring on circulatory shock:

- Problems with heart function (cardiogenic)
- Low blood volume (hypovolemic)
- Severe infection (sepsis).

Symptoms of shock include:

- Pale, clammy skin
- Hyperventilation
- Slow/shallow breathing
- Nausea (and vomiting)
- Dilated pupils
- Feelings of faintness/confusion/anxiety.

Treatment of shock

Shock needs to be treated quickly to give the best possible chance of reversible effects and the life of the casualty being preserved. As soon as you realise someone is in shock, you should request emergency assistance. You should also act within your limits to stop the underlying cause of the shock (e.g stemming the bleeding).

Other steps may include:

- Keeping the casualty warm.

Respiratory distress and asthma

First aid treatment for asthma must be in accordance with current guidelines.

Firstly, you must recognise the signs of asthma:

- A dry, irritating, persistent cough (particularly at night, early morning, with exercise)
- Chest tightness
- Shortness of breath
- Wheeze (high-pitched whistling sound during breathing).

A severe asthma attack will also include some or all the following signs and symptoms:

- Gasping for breath (may have little or no wheeze due to little movement of air)
- Severe chest tightness
- Inability to speak more than one or two words per breath
- Feeling distressed and anxious
- Little or no improvement after using 'reliever' medication
- 'Sucking in' of the throat and rib muscles, use of shoulder muscles or bracing with arms
- to help breathing
- Blue discolouration around the lips (can be hard to see if skin colour also changes)
- Pale and sweaty skin
- Symptoms rapidly getting worse or using reliever more than every two hours.

If the person has an Asthma First Aid Plan, this must be followed. If there is no such plan to follow, then take the following steps:

- Sit the person upright
- Give four separate puffs of a 'reliever' - ask the person to take four breaths from a spacer
- device between each puff of medication
- Wait four minutes
- if there is little or no improvement, repeat the process with another four puffs
- If there is still no improvement, call an ambulance immediately

  Keep giving four puffs every four minutes until the ambulance arrives

  If the casualty becomes unresponsive, commence CPR.

Activity 2B

2.3 Display respectful behavior towards casualty

By the end of this chapter, the learner should be able to:

- List important ethical practices
- Ensure the casualty feels safe, secure, and supported.

Ethics

Ethics can depend on cultural beliefs, moral reasoning, and the various laws in your state/territory. You must display respectful behavior towards the casualty – respect their privacy, beliefs, dignity, and confidentiality rights; ensure that you obtain their consent (if possible) before performing any first aid manoeuvres.

Being culturally aware

To gain the trust of the casualty, you need to communicate with them and be attentive to their needs. Try to avoid causing conflict and cultural misunderstandings – think about the ways you communicate verbally and non-verbally and how these may need to be adapted to respect the values of different cultural beliefs.

Children

They may be frightened, as they may be being dealt with by a stranger. Reassure them, use a soft voice, attempt to distract them from the situation and give them something to hold while you treat them.

Adolescents

Treat them as adults – respect their privacy and be mindful of their modesty.

Elderly casualties

Remember their reduced movement abilities and senses (hearing problems) – also, be mindful of their fragility and that bones may break easily, and skin may be easily damaged. Assist them with movement and put them in a comfortable position, while maintaining their dignity and being respectful.

Looking after a casualty

If the casualty is conscious after an incident, then they should be reassured as much as possible. It is likely that they may be in pain or worried about their situation. You can make a difference for the casualty by not making the situation worse through their anxiety, by observing the following:

- Be honest, respectful, and empathetic
- Inform the casualty that first aid assistance is here or on the way
- Explain what you are doing and the plan of action
- Ask for permission to enter their personal space
- Where possible, enlist their assistance
- Tell the casualty if an ambulance has been called
- Remain with the casualty and use their name
- Demonstrate confidence and remain in control of the situation
- Treat the person how you would wish to be treated yourself.

You should not do the following:

- Inform the casualty of others who have been seriously injured or killed
- React in an overblown way to the situation
- Leave the casualty by themselves
- Move the casualty without good reason
- Show a lack of emotional control.

It may also be necessary to provide reassurance to family members and other workers who have been involved in the first aid process. Some people may feel guilty or worried that they didn't do enough to help the casualty. However, you should recognise and state the importance of any contributions that are made.

Other considerations

If you are dealing with a child, make sure you are talking to them appropriately with a gentle and calm tone to your voice. Reassurance is essential here, and you should clearly explain your actions and the plan, making eye contact (if culturally appropriate). Distracting a child will help them cope better with the situation.

Distraction techniques may include:

- Infants under six months:
  - rocking, gentle patting
  - rattles or other baby toys
  - singing
- Toddlers (six months to two years):
  - toys or books
  - singing a favourite song
  - reading a book
- Older children:
  - big belly breathing
  - counting games
  - mind pictures
- Adolescents:
  - music or mind pictures
  - relaxation and breathing techniques
  - humour or talk about an unrelated topic.

You may be helping a casualty who is unconscious and cannot communicate what is wrong. Depending on the level of consciousness, you might be able to form an idea of what has happened by judging the casualty's reactions to stimuli, movement, or the immediate environment. If the person is completely unconscious, they should be treated as if they are conscious, keeping in mind that they might hear what you are saying. Explain what you are going to do, but do not discuss anything that would not be said in front of a conscious casualty, e.g., comments about injuries, appearance, other casualties.

Activity 2C

2.4 Obtain consent from casualty where possible

By the end of this chapter, the learner should be able to:

- Recognise the status of a casualty and obtain permission where possible
- Identify the difference between implied and explicit consent, and respond appropriately to different ages, reactions, and conditions.

Obtaining consent

There is a legal obligation to obtain casualty consent. People have the right to decide on what care is appropriate for them if they can make that decision, e.g., they are not under the influence of alcohol or drugs or have the cognitive capacity (i.e., not suffering from a mental illness). This is even the case where death or serious injury may be the consequence of refusal.

Two types of consent:

- Implied – client follows instructions of the first aider or if the casualty is unconscious, mentally incapable of making decisions, intoxicated, or delusional
  Explicit consent – the client states agreement, e.g., nods head or says 'yes'.

You need to obtain permission from any people you provide first aid to before administering treatment (if possible), regardless of their age, health, mental status, or ability. If you act without obtaining consent, you may face legal action in the future. Acting against the casualty's wishes can be considered assault even if you have good intentions.

If the casualty is unconscious, mentally incapable of making decisions, intoxicated, or delusional, implied consent applies, and there is no legal danger. However, if a parent or guardian is present for a child who is not unconscious, mentally incapable of making decisions, intoxicated, or delusional, consent must be obtained. It might also be necessary to obtain consent from caregivers or registered medical practitioners in childcare or educational environments.

Adults (over the age of 18) who are in a competent state are entitled to refuse treatment, even if it is lifesaving. Parents and guardians also have this legal right for children.

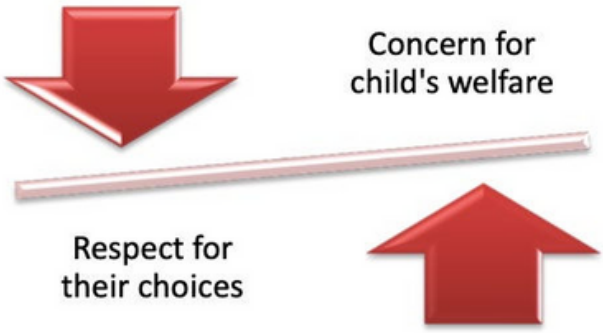
Other consent considerations include:

- Parental or caregiver consent is usually given in a written form when the child is enrolled at a childcare or educational institution
- When a person cannot verbally communicate, body language and other non-verbal cues might be used instead, i.e. if the casualty doesn't let you help, that means 'no'
  All adults in a competent state have the right to refuse treatment.

Children and consent

Adults are presumed to be capable of making their own decisions when it comes to care. Usually, children until the age of eighteen are not seen as capable of making their own decisions; they may refuse treatment that could save their lives because it will be uncomfortable or afraid.

This creates an ethical dilemma:



You should try to give children autonomy where possible as this can help gain a child's trust. This is mostly the case when there are options that are not essential. For example, a child refuses a plaster for a small wound. It is preferable that they have the plaster, but if it causes distress, you may need to respect their choice.

When children reach consent age, they can sometimes make their own decisions regarding treatment if found to be capable. If not, responsibility is given to parents/guardians or local authority.
Can you treat a child without consent?

Yes, here are situations where treating a child without consent is acceptable:

- life-threatening case
- If the child is unconscious
- When parents have abandoned the child

When a child between 16 and 18 is found to be capable and mature enough to make their own decisions and refuses treatment, they can sometimes be overridden. This is sometimes the case when they refuse life-saving treatment.

The Good Samaritan Law protects those who aid without any expectation of reimbursement or reward and in good faith. If the person doesn't act recklessly and avoids further harm, they needn't fear legal repercussions from anyone – most Australian territories and states have this protection but check your location's laws for exact details.

Activity 2D

2.5 Use available resources and equipment to make the casualty as comfortable as possible

By the end of this chapter, the learner should be able to:

- Identify a range of methods to make a casualty more comfortable using available resources and equipment
- List contents of a first aid kit and describe the rescuer as a resource.

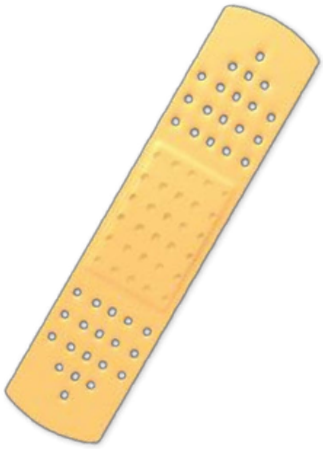
Making casualty comfortable

Using the available resources and equipment, the casualty should be made as comfortable as possible during their first aid treatment and until emergency services arrive.

Simple measures to do this include:

- Placing pillows under their head/injured limbs
- Keeping them warm using blankets and clothes
- Providing pain relief (using medication or bandages/slings)
- Using heat or cold packs for muscles or bumps.

Regardless of whether you adopt a simple measure or utilise official medical equipment, you must follow user guidelines and use the resources safely and appropriately. Do not assume that materials and equipment are the same between first aid kits, and always familiarise yourself with specialised items.



The types of resources you may have available at the scene are:

- First aid kit:
  - first aid instructions (including CPR flowchart)
  - gloves
  - antiseptic spray
  - scissors
  - emergency rescue blanket
  - bandages
  - gauze
  - cleaning equipment
  - emergency blankets
- Adrenaline auto-injector
- AED device
- Bag-valve-mask
- Eye patch
- Placebo bronchodilator and spacer device
- Roller bandages
- Thermometer
- Hot and cold packs
- Triangular bandages
- Wound dressings
- 'Make do' equipment:
  - rolled up jumpers (pillow)
  - towels (blanket)
  - coats (blanket)
  - torn t-shirts (bandages).

Yourself as a resource

Comfort does not only refer to physical comforts, such as warmth, but also emotional comfort. As a first aid trained individual, you can easily provide this alongside medically orientated assistance.

The casualty may be understandably scared, upset, or anxious, so providing emotional support can be incredibly comforting and help calm the casualty prior to an ambulance arriving.

Actions you can take to provide emotional comfort include:

- Staying next to the casualty until the emergency services arrive
- Giving verbal reassurance by using phrases such as 'I'm going to stay with you', 'try not to worry' and 'help is coming'
- Hold the casualty's hand if it is wanted and in line with their wishes
- Acting confidently to build the casualty's trust in your actions
- Talk to the casualty where possible, find out their name and use it in any communication with them.

Activity 2E

2.6 Operate first aid equipment according to manufacturers' instructions

By the end of this chapter, the learner should be able to:

- Identify required first aid equipment and locate the manufacturer instructions
- Operate a range of devices and equipment according to instructions
- Report any problems and maintain items within first aid kit.

Follow manufacturer's instructions

Manufacturers will have instructions on how pieces of equipment should be used and maintained. These will include any restrictions and what the equipment should not be used for, or in what situations equipment should not be used at all. Ensure that you use all first aid items according to instructions provided by the manufacturer and don't try to use them for anything other than their intended use.

Designers and manufacturers of equipment have a duty to ensure that their products meet safety standards and give clear instructions for the use of their products/equipment. First-aid workers then have a duty to use that equipment as intended.

This means that you should not modify items in any way, even if you think it would work better with a modified design. If this is the case, you should seek professional help.

Maintaining equipment will help to prevent the breaking down of equipment and injuries or health problems.

You should follow these rules:

- Equipment should be stored:
  - o with loose cables tied up
  - o at an accessible height for other carers
  - o out of reach of someone unauthorised to use it

- Equipment should be regularly maintained:
  - o try using a log to record when equipment was last checked and repaired
  - o carry out a risk assessment on the equipment
  - o pre-order regular maintenance check-ups from a professional company
  - o have procedures in place for the maintenance of equipment

- For equipment/materials that are hazardous, the following may apply:
  - o regularly check for leaks and use following correct procedures and legislation
  - o store chemicals in tightly sealed containers, the correct way up
  - o store chemicals out of reach of children and other unauthorised personnel
  - o store hazardous materials in a locked room or cupboard.

Reporting problems

Medical devices used in Australian health care are regulated by the Therapeutic Goods Administration (TGA). If, for any reason, the first aider finds that they cannot use the equipment as intended, they should contact a relevant professional, e.g. a supervisor. You may have organisational reporting procedures that you should follow. Please refer to these when reporting unsafe equipment. For example, you may be required to fill in an incident form (even if nobody has been harmed).

You may have issues or problems that arise from the operation of equipment, including:

- Health issues
- Injuries
- Maintenance issues – breakdowns
- New equipment and lack of training.

The suspicion that equipment or materials in their current state could lead to these issues should be immediately reported.

First aid kits

It is a legal requirement under state and territory legislation to have a fully stocked first aid kit in the workplace. They should be stored somewhere safe, and their location clearly marked. The actual requirements for the kit's contents will vary depending on the industry you work in and its applicable risks.

Using an automated external defibrillator (AED)

Automated external defibrillators (AED) are an important electronic medical device and being able to use them correctly can have the potential to save lives. They can accurately recognise heart rhythms and establish whether they require shocking to return the rhythm to normal. Whilst anyone can use a defibrillator, and they can be located within public places, undertaking formal training in their use makes it more likely that you will be able to use the equipment with speed and efficiency.

CPR should always be continued up until an AED is completely ready to be used. Never stop administering CPR to fetch defibrillator equipment, as this could be incredibly detrimental to the casualty.

Hazards

Just as you should do before administering CPR, it is necessary to check the surrounding areas for hazards to ensure the safety of the casualty and yourself. As AEDs provide electrical shocks to the recipient, you must make sure that there are no puddles or areas of surface water in the immediate vicinity.

You can remove any other electrical conductors (if possible and safe to do so) – especially on the casualty, this includes:

- Jewellery
- Underwired bras
- Piercings.

You should also check for signs of an implanted device or pacemaker so that you do not deliver a shock too close to these areas.

Reasons for defibrillation

Defibrillation will be required if the casualty is in sudden cardiac arrest (SCA). The most common form of this is ventricular fibrillation (VF). When the heart is in a state of ventricular fibrillation, it means that the heart is still receiving nerve impulses from the brain. However, these impulses are being sent so hectically that the heart cannot produce a proper beat. In other words, the heart cannot expel enough blood to keep the circulatory system flowing through the body. This is an emergency as after approximately six minutes, brain cells that have been starved of oxygen begin to die.

Ventricular tachycardia (VT) is when the heart beats at more than 100 beats per minute, and there are more than three irregular beats within the same timeframe. It is the result of tangled electrical signals between the brain and the heart. This type of cardiac problem can also warrant the use of an AED.

Following defibrillator instructions

Once the area and the casualty have been assessed for hazards, you should turn on the AED and follow the instructions it provides. Most commonly, the AED will have a voice prompt that does this. Instructions should be followed before attaching the device to the casualty and during any further actions taken. Once the defibrillator pads have been successfully placed on the body and the AED electrodes have been attached to them, you should press the analysis button to establish if the patient requires shocking. Ensure that during analysis and shocking if required, no other person is touching the casualty as the AED could pick up their heart rhythm and provide a shock to anyone touching the casualty.

Pad placement

To place defibrillator pads effectively, you will need to expose the chest and ensure that it is dry. If the casualty is hairy, you may need to shave the chest area to ensure that the pads have full contact with the skin. AED devices do have razors included for this purpose.

All pads will have a diagram that indicates where they should be placed. Standard pads should be used on any individual over the age of eight. Anyone younger than this should be defibrillated using paediatric pads. Pads should always be placed at least 2.5cm away from any piercings that cannot be removed, or implanted devices.

AEDs work by sending an electrical shock from one pad to the other to promote a regular heart rhythm. You must follow instructions and place them on the casualty properly and in the right location.

Resuming CPR

Between each shock given by an AED device to the casualty, CPR should be resumed. If there are still no signs of life, AED prompts should be followed with CPR then performed afterwards until medical assistance arrives.

AED maintenance

You will not be expected to carry out complex maintenance tasks other than replacing expired batteries, electrode pads, and other consumable items, e.g. razor, plastic gloves. Most AEDs perform regular self-checks, and there will be an alert if a problem is detected.

Activity 2F

2.7 Monitor the casualty's condition and respond in accordance with first aid principles

By the end of this chapter, the learner should be able to:

- Describe physical signs and take vital signs to help monitor a casualty's condition
- Explain the two first aid principles related to monitoring a casualty
- Identify how to effectively assess a child casualty's level of pain.

Monitoring the casualty's condition

The casualty may improve or stabilise because of your first-aid efforts, in which case you may be able to stop. If they don't, you may need to discontinue what you're doing and try something else. As time progresses, new symptoms may need to be treated. For example, if a casualty was bleeding heavily

and you were able to stop it with bandages and compression, they might later begin to show signs of shock, at which point you would want to respond to those symptoms.

Monitor the casualty by looking for the following signs:

- Allergic reactions
- Altered and loss of consciousness
- Bleeding
- Chest pain
- Choking/airway obstruction
- Increased or decreased heart rate
- Hypothermia or hyperthermia
- Respiratory distress (not breathing or not breathing normally)
- Seizures
- Shock.

First aid principles related to monitoring a casualty:

- Preserve life – for example, if a person was choking, but then became unconscious, you would move from first aid for choking to performing CPR (i.e., you would direct your energy to the injury or situation that was most life-threatening)
- Provide pain relief – for example, if a child had fallen and you were waiting with them for emergency medical response, they may begin to feel pain from injuries that they hadn't noticed at first due to adrenaline, shock, etc. As you monitor their condition, you can provide pain relief for these injuries, as they become known, only if prior approvals have been granted.

Medications

Only if you are trained to do so When administering medication, the procedure can be confirmed by reading the instructions issued by the pharmacist and in the packaging itself. These instructions should be strictly followed in all cases.

The things you need to confirm are:

- Dosage of medication
- Method of ingestion
- Hygiene considerations
- Any special needs/considerations for the client
- Documentation procedures
- Professional standards in dealing with clients.

Medication can be applied in the following ways:

- Topical:
  - applied to skin
  - optic (eye)
  - otic (ear)
  - nasal (nose)
- Oral
- Sublingual (under the tongue)
- Parenteral:
  - intravenous (IV)
  - intramuscular (IM)
  - intradermal (ID)
  - subcutaneous (SQ).

Checks before administering medication

Only administer medications if you are authorized to do so and if you are trained to do so. If the casualty is conscious, then you should continue to talk to them. This will provide them comfort, as well as help you to monitor their condition. Remember that if a conscious adult does not want your help, you cannot provide first aid. However, you can continue to monitor the situation. Enlist the help and support of others to navigate the situation, especially when you are responsible for many children during an emergency.

Vital signs

If possible and you have the equipment and if trained to do so, it is important to monitor the following vital signs:

- Respiration rate
- Skin
- Body temperature
- Lung sounds
- Pupils.

Respiration

The body cannot survive for very long without oxygen, so it is important to check how the respiratory system is functioning. It is best to check the respiration rate without the person knowing as they might change their breathing pattern subconsciously (obviously not a problem if your casualty is unconscious). Take note of the rhythm (regular or irregular) and quality of respirations, e.g., unlaboured, laboured, wheezing, gasping, etc.

- Most healthy adults have a regular and unlaboured respiration of between 12 and 18 times per minute when they are resting.

Skin

The skin can provide a good idea of what is happening with the body. If the skin is cold, clammy, and pale, it could be a sign that blood is being diverted to more vital organs.

Check the:

- Colour
- Temperature
- Moisture levels.

Skin colour is very varied, but you can look for non-pigmented areas of the body where all humans are pink – for example, inside the bottom lip. It might be pale if the casualty is cold, blue if hypoxic, red if hot or yellow if ill.

Skin temperature can be assessed most accurately by feeling the abdomen – it should be warm and dry, not cool, hot, or moist.

Secondary assessment

As part of this monitoring process, you should also conduct a secondary assessment. You may need to observe other signs of the casualty's condition, such as consciousness, pain levels, etc.

After you have completed the primary survey, treatment and called the emergency services (if necessary), you can conduct a secondary assessment.

You could:

- Repeat the primary assessment – check airways, and breathing
- Check their mental status – if they are conscious, ask for:
    - their name
    - what year it is
    - introduce yourself and reassure them
- If they are unconscious, note the time and the change occurring
- Ask them:
    - what happened in the build-up to the incident?
    - if they are experiencing numbness or tingling
    - if they are experiencing light-headedness or nausea
    - if they are experiencing any pain and get them to describe it
    - to rate the intensity of the pain
    - if the pain is constant or if it comes and goes
- Check to see if they have a medical alert bracelet, necklace, or card, and ask about any existing conditions
- Ask if they are taking any medication or if they have allergies – relay this to medical personnel when they arrive.

Pain scale

A pain scale is a useful tool to determine the level of pain. It is based around a scale of pain and requires either input from the client (a self-assessment of their pain) or observation from the first aider. This could be a simple question of asking the client what their pain is like on a scale of one to ten, or it could be more complex. Specific pain scales have been designed to be used in different scenarios – for example, for children or people who have difficulties communicating.

Wong Baker method

One popular method for assessing a child's pain is the Wong Baker method which depicts simple faces for the child to choose from to reflect how they are feeling.

To use this method, you should:

Explain to the child that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain.

- Face 0 is very happy because he doesn't hurt at all
- Face 1 hurts just a little bit
- Face 2 hurts a little more
- Face 3 hurts even more
- Face 4 hurts a whole lot more
- Face 5 hurts as much as you can imagine, although you do not have to be crying to feel this bad.

Other methods

The Abbey method is a pain scale used for measuring the pain of clients who cannot verbalise. It constitutes of six questions that attempt to measure pain from the following:

- Vocalisation, e.g., whimpering
- Facial expression, e.g., grimacing
- Change in body language, e.g., rocking
- Behavioral change, e.g., confusion
- Physiological change, e.g., temperature
- Physical change, e.g., tears.

Another method is the **FLACC pain scale** which assesses behavior and is particularly good for babies. The behavior is given points to reflect the severity of pain and should be totalled for the result.

Behavior	0	1	2
Face	Smiling or no expression	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Relaxed or in normal position	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Can move around like normal or is lying normally	Squirming, shifting around	Arched, rigid or jerking movements
Cry	No cry	Moans, whimpers, occasional complaint	Constant crying, screaming or sobbing
Consolable	Relaxed or content	Reassured by hugs, affection or talking	Difficult to console or comfort

Duty of care

The first aider must only provide a standard of care relevant to their training – if they go beyond their skill level, it becomes irresponsible behavior. The care must be carried out in 'good faith' and use reasonable care and skill, rather than reckless actions. First aid should be carried out in compliance with established first aid principles; equipment must be operated in accordance with manufacturer's instructions; casualties must be made as comfortable as possible using available resources and equipment; the first aider should stay with the casualty until help arrives, it is necessary to call for emergency help, another qualified rescuer takes over proceedings or giving first aid becomes unsafe.

In the workplace, the duty of care can include:

- Providing treatment – recognise symptoms and give first aid in compliance with procedures
- and protocols
  Reporting after the incident – according to procedures and legislation
  Self-evaluation and debriefing.

Activity 2G

3. Communicate details of the incident

3.1. Accurately convey incident details to emergency services

3.2. Report details of incident in line with appropriate workplace or site procedures

3.3. Complete applicable workplace or site documentation, including incident report form

3.4. Maintain privacy and confidentiality of information in line with statutory or organisational policies

3.1 Accurately convey incident details to emergency services

By the end of this chapter, the learner should be able to:

- Summarise essential incident details and clearly convey this to the relevant emergency service.

Conveying incident details

Once you involve the emergency services, you must provide an accurate verbal report of the incident – convey only the facts and do not offer speculative details. Emergency response professionals will use the information you give them to inform treatment. Accurate details give them the best picture of what is going on and what needs to happen next.

You must speak clearly and concisely to the emergency services, answering all questions as fully as possible.

of important information to provide to an emergency response team:

- Time of the initial event
- Description of injury/illness
- Incident details
- First aid management
- Length of certain symptoms, for example, length of a seizure or period of unconsciousness
- Vital signs
- Any allergies or other circumstances that may affect treatment decisions
  The casualty's name, age, and other pertinent personal information
  Fluid intake/output, including fluid loss via:
    - blood
    - faeces
    - urine
    - vomit

Activity 3A

3.2 Report details of incident in line with appropriate workplace or site procedures

By the end of this chapter, the learner should be able to:

- Summarise essential incident details in written form that complies with workplace or site procedure
- Clearly and confidently relay important information in verbal reports and debriefing.

Written reports

As well as the initial verbal report, a written report is also useful documentation. You should try and take notes wherever possible. This is because, during a possibly stressful situation, your memory may fail you when trying to recall it to emergency personnel. It is useful if your organisation has official incident report forms to fill out immediately after the event. This allows you to have access to details, should they be required in the future.

Workplace incident forms need to be filled out and kept on record – these must be completed under workplace policy and procedures, state/territory legislation, and privacy and confidentiality conditions. They will need to be passed on to the workplace supervisor and stored in the company records.

Organisations are legally required to report and keep records of serious accidents, emergencies, or health incidents. Accurate records provide information to administrators and others that may need them to communicate with authorities or others about the event. Some incidents may require action from legal authorities. For example, if a child died because of a motor vehicle accident.
Confidentiality of information is still required in the case of an emergency or serious event. Certain details should only be shared with those who need to know, such as relatives of the casualty, administration, medical professionals, and authorities.

Depending on the nature of the incident, different people may need to be alerted. If an incident occurs involving a child, there should be specific protocols for who needs to be alerted and how. This is often done through specific forms that are filled out by the staff witnessing the incident.

Verbal reports

Once emergency services are involved an accurate verbal report of the incident must be conveyed.

The types of details you need to include are:

- The time of the incident
- The events that unfolded
- The treatment provided
- The response to the treatment.

Only offer extra details or embellish on these facts if asked to. The quicker you can communicate the vital details to the emergency response team, the quicker the casualty can receive the appropriate treatment during the handover.

Incident report forms

Complete an incident report for all injuries. Keep the writing objective. Write the details exactly as they happened, without judgements or assumptions.

The following questions should be answered in an incident report:

- Who?
  - who is reporting the incident?
  - who is affected by it?
- What?
  - what happened?
  - what action did you take?
  - what was the severity of the incident? (You could also be requested to use an incident severity scale)
  - what was the outcome?
- When?
  - when did the incident take place?
- Where?
  - where did the incident take place?
- How and why?
  - what were the elements that contributed to the incident?

A good incident report should be:

- Complete – it should cover all components in relevant detail
- Concise – it should include necessary details but exclude flowery descriptions, abbreviations can be used sparingly as they can confuse and detract from the writing
- Specific – it should refer to exact times, dates, and other facts
- Objective – it should not give opinions or inferences
- Confidential – identities and where it took place should not be revealed in the 'what happened' box as this must be sent to the Department of Health.

Debriefing

Although not only related to the relaying of information to a supervisor taking part in debriefings is important following an incident that required CPR and the use of an AED. Some first aid situations may evoke strong emotions among those involved, especially if they are traumatic events. They can, in turn, affect the health, performance, and well-being of people in the workplace. There are no set guidelines for what is traumatic – what one person can brush off with ease, another person may find extremely distressing.

In a few cases, the symptoms of distress can develop into chronic illness, which may need long-term treatment. Be aware that this can be the case for any traumatic incident. The symptoms won't necessarily become apparent in the immediate aftermath of the event – it can take months or years for them to appear, as well as manifesting immediately or days after it.

Debriefing is very important as it can help people to process and come to terms with traumatic events. It is not counselling but a 'structured voluntary discussion aimed at putting an abnormal event into perspective'. Ideally, debriefing should be conducted near the site of the event and within three to seven days.

Trained debriefers help the workers to explore and understand a range of issues, including:

- The sequence of events
- The causes and consequences
- Each person's experience
- Any memories triggered by the incident
- Normal psychological reactions to critical incidents
- Methods to manage emotional responses resulting from a critical incident'.

It may be established that some individuals require further support to address their feelings surrounding the incident. This may be something relatively simple, such as moving from working in a lone office to a group space, or may be more in-depth, such as counselling or psychological first aid.

Reporting to parents and/or caregivers

It will be necessary to notify the parents and/or caregivers as soon as possible after incidents involving babies and children. Details should be given no matter the seriousness of such incidents. You should provide information about what has happened and any actions that have been taken. You may also be required to tell the parents and/or caregivers which hospital or medical care facility their child is being taken to.

However, you shouldn't provide detailed descriptions of injuries or use language which is likely to cause panic. It will be important to maintain some sense of control and ensure that parents and/or caregivers are provided with the necessary information in preparation for making their own arrangements.

Parents and/or caregivers should be notified in the following instances:

- Minor injuries
- Major injuries
- Consultation of medical staff
- Injuries resulting in visible bruises and marks on the skin
- Cuts resulting in significant blood loss
- Assault by other children
- Suspected trauma because of incidents.

Activity 3B

3.3 Complete applicable workplace or site documentation, including incident report form

By the end of this chapter, the learner should be able to:

- Identify a range of relevant workplace documentation regarding health and first aid
- Complete an incident report form according to workplace procedures
- Fill in documentation with accurate, concise, and clear information.

Completing workplace documentation

There is a range of documentation that may need to be completed following a workplace incident. You should ensure that such documentation is completed in accordance with organisational expectations and written in appropriate terms.

The types of documentation that may need to be completed include:

- **Casualty history forms:** these forms should detail the casualty's circumstances in the time leading up to incidents - they may specify any allergies, previous medical history, medications being taken, and other factors which may have placed the casualty at increased risk
- **Disease notification:** it will be necessary to notify any medical practitioners of pre-existing diseases that may have a bearing on the appropriate treatment of the casualty
- **Medication registers:** these registers may specify the types of medications that casualties had been taken before workplace incidents - they may also detail any known allergies or adverse reactions to different types of medication

• **Workers' compensation:** these forms may specify the types of compensation that must be paid to workers who have been involved in workplace incidents - such workers may be entitled to payment of their wages while they are being treated and recovering from injuries (workers may also need to cover the cost of medical treatment and rehabilitation)

Medical histories: it might be necessary to document any previous injuries and illnesses that had been sustained previously by the casualties - details of medical treatment may also need to be documented

Stock records: these records may specify the types of medical stock that have been used in the treatment of casualties - they may be referred to as a means of ensuring that stock is replenished appropriately

Infection control records: these records should detail any steps that have been taken to control the spread of infection after workplace incidents - they should indicate the measures that have been taken to sterilise equipment and control access to potentially hazardous work areas

Training records: it will be necessary to detail any training that workers have undertaken, and which has been applied when responding to workplace incidents

First aid risk assessment: you should document how workplace risks have been assessed any control methods that have been implemented - such assessments should allow you to establish the number of trained first aiders that should be on the worksite at any one time (it will also be necessary to indicate any work tasks associated with significant risk, the potential nature of injuries, and any first aid equipment deemed necessary).

Completing an incident report form

You will be expected to fill in an incident report form detailing the nature of any events which have resulted in workplace injuries. Such forms should be completed as soon as possible after the incidents to ensure that all the details are accurate. Where possible, make notes during the incident as important details may be missed or forgotten in first aid scenarios.

Information included on incident report forms may include:

- Date and time of the incident
- Details of any casualties
- Types of injuries sustained
- Cause of the incident
- Details of individuals who witnessed the incident
- Actions that were taken after the incident.

Incident report forms should be completed:

- Accurately
- Using facts and not speculative information
- According to workplace and site requirements
- In a timely manner (as soon as possible after the incident)
- Clearly and concisely.

Workplace and site requirements may vary between organisations, so ensure you familiarise yourself with their expectations. There will be specific documentation to complete and processes to submit it once completed.

Activity 3C

3.4 Maintain privacy and confidentiality of information in line with statutory or organisational policies

By the end of this chapter, the learner should be able to:

- Identify types of personal information to be kept confidential during first aid treatment
- List methods to ensure confidential information is kept safe
- Implement the Privacy Act 1988 and its 13 Australian Privacy Principles (APPs).

Privacy and confidentiality

Any personal information obtained during first aid treatment needs to be kept confidential, and access to it only provided to the authorised personnel, for example, details collected during CPR and relayed to the emergency services team.

The types of information required include:

- Name and address of casualties
- Medical conditions of patients
- Types of treatment provided
- Results of any tests.

Personal information should be protected and only disclosed professionally. It is part of duty of care and applies to all casualties, regardless of their status. Therefore, it includes casualties with mental illnesses, physical or mental disabilities, drug/alcohol problems, and those who are difficult to deal with.

Organisational policy on confidentiality may relate to:

- Access to records
- Moving and storage of records
- Collection and use of client's personal and health information
- Destruction of records
- Release of information.

Ways to ensure confidential information is kept safe include:

- Keeping it in locked filing cabinets and away from unauthorised people
- Keeping it in locked rooms
- Having it password protected on computers
- Refraining from naming clients in public discussion.

Circulation of information

Clients will need to give permission (normally in writing) for their information to be released to others; if they cannot do this through disability or death, advocates can grant permission.
Clients also have a right to view their records. If access is denied, the client should be informed why and given details of when the decision can be reviewed.

There should be policies to deal with workers who breach confidentiality – these will depend on your specific industry. Breaching confidentiality can, however, give clients a right to open legal action against you, and if the individual or organisation is found responsible, accreditation and awards could be removed from the culprit.

First aid staff must be versed in all confidentiality legislation and organisational policies. They need to know the policies and procedures for every possible situation, so regular training is essential.

Privacy laws

You need to protect client data and respect the relationships you have formed in and outside of the workplace. It is your duty to protect the information of infants and children when in your care.

Privacy is governed by the Privacy Act 1988 (Privacy Act), which regulates the handling of personal information. Parts of this legislation are regularly reviewed and updated in line with modern-day advances.

For example, The Privacy Act was amended in February 2017, and the changes took effect in February 2018. The new law introduced a Notifiable Data Breach (NDB) scheme that requires all organisations to provide notice to the OAIC and affected individuals of any data breaches, that are likely to result in 'serious harm'.

Australian Privacy Principles apply to the handling of personal information, contained in Schedule 1 of the Privacy Act:

1. Open and transparent management of personal information
2. Anonymity and pseudonymity
3. Collection of solicited personal information
4. Notification of the collection of personal information
5. Use or disclosure of personal information
6. Direct marketing
7. Cross-border disclosure of personal information
8. Adoption, use or disclosure of government related identifiers
9. Quality of personal information
10. Security of personal information
11. Access to personal information
12. Correction of personal information.

Activity 3D

4. Review the incident

4.1. Recognise the possible psychological impacts on self and other rescuers and seek help when required

4.2. Contribute to a review of the first aid response as required

4.1 Recognise the possible psychological impacts on self and other rescuers and seek help when required

By the end of this chapter, the learner should be able to:

- List a range of possible signs of psychological impact after an emergency
- Recognise types of stress, including physical, emotional, mental, and behavioural
- Give distraction techniques and counselling options and describe debriefing processes.

Recognising the psychological impacts

You should be aware that involvement in workplace incidents may have a variety of negative psychological impacts on you and other rescuers. It is important that you can identify such impacts and take necessary action for emotional well-being.

Individuals who have witnessed serious incidents may experience emotional trauma, which they struggle to overcome. They might have recurring thoughts about the events and blame themselves for not acting sooner.

It is quite common for such individuals to develop anxiety and depression. These psychological effects may lead to disturbed sleep and reduced tolerance for mistakes in the workplace. Levels of workplace productivity may decrease as workers involved in incidents struggle to maintain complete concentration and focus.

Other psychological impacts may include:

- Feelings of guilt and worry
- Anger and irritability
- Loneliness and sense of exclusion
- Reduced morale and commitment to the organisation.

Stress management techniques and available support

First aid can be a stressful experience, as there can be cases where you are dealing with life and death situations. Therefore, stress management techniques and support must be made available to those involved in incidents.

First, you need to identify the symptoms of stress:

- **Physical** – headaches, fatigue, aches and pains, muscle cramps, flushing/sweating, frequent illness, insomnia
- **Emotional** – depression, anger, frustration, fear, worry, impatience, temper, anxiety, nervousness, irritability
- **Mental** – lack of concentration/memory, loss of sense of humour, indecisiveness, inability to think coherently
- **Behavioral** – crying, swearing, smoking, drinking, pacing, nervous habits, blaming, violent outbursts, yelling.

From this, you need to identify the source of the stress, i.e. which part of the incident has caused the stress. Encourage those affected to keep a stress diary and note down the cause of their stress, feelings (physical and emotional), response, and solution for getting rid of the stress (temporarily).

Dealing with stress

Healthy ways of dealing with stress include the four As – avoid, alter, adapt and accept:

Avoid

It's hard to avoid the situation as they have likely already experienced it through being present for the first aid incident.

However, there are likely situations at work and in their life that trigger recurring stressful feelings.

To avoid this:

- Don't take on more than you can handle
- Avoid people who make you stressed
- Control your environment – if revisiting the scene of the incident triggers stress, take an alternative route
- If discussing it with colleagues' triggers stress, avoid this
- Discuss your feelings, rather than keeping them bottled up
  Where the situation can't be avoided, try and reach a compromise
- Take control – deal with the problem head-on, rather than letting yourself be pushed around
- Manage time better – so that naturally stressful situations are avoided
  Look at situations positively, e.g., although the situation was disturbing, you saved a life or made them as comfortable as possible as they passed away
- Don't expect too much from yourself – no-one is perfect, so accept that you did your best in the situation
- Be positive in general – appreciate all the positive things in your life, as opposed to the negatives
- Don't stress over something beyond your control, like a freak workplace accident
- Try and learn from the situation – the upside is that you are better prepared for the situation now it has happened
  Talk to someone – simply expressing your feelings can be cathartic, even if there is nothing you can do to change the situation
  Forgive – people make mistakes (whether it is you or someone else), forgiving will allow you closure and allow you to move on with life.

Other techniques to help you cope

Distract yourself

Make time for fun and relaxing activities to take your mind off the distressing situation. These can be exercise-related, seeing friends and family, listening to music, spending time doing your hobbies, etc.

You should:

- Set aside specific relaxation time
- Spend time with others who are a positive influence
- Do one thing you enjoy each day
- Maintain your sense of humour.

Get healthy

Keeping a healthy lifestyle helps you deal with stress – a healthy body equals a healthy mind.
You should:

- Exercise often
- Eat healthily
- Reduce sugar and caffeine – they only cause crashes in mood and energy
- Avoid drugs, alcohol, and smoking
- Get enough sleep.

Remember always to seek help where required. If you or other rescuers are not coping after an incident, then there are organisations and individuals who can help. Debriefing allows you to process events and share your feelings, and this can also help you develop as a first aider.
Professional counselling should also be available and accessible; check with the organisation to discuss your options.

You can seek support from:

- Your manager or supervisor
- HR manager or officer
- Work Health & Safety (WHS) officer
- Health and safety representative
- Your doctor.

Participating in debriefing

A workplace debriefing will provide you with the opportunity to review a workplace incident with the supervisor and consider your personal responses. It should allow you to gain some perspective on serious incidents and think about how you can minimise any future risk.

The debriefing session should ideally take place between three and seven days after the incident. You should have been able to process your emotions and restore some sense of normality during this time. The supervisor should ask open questions which encourage you to speak openly about your thoughts and feelings during the debriefing session. You should have confidence and trust in the supervisor.

However, you shouldn't feel that you are under any obligation to share personal thoughts and feelings until you are ready.

The debriefing may provide you with the opportunity to reflect upon:

- What happened before and during the incident
- The causes and effects
- Personal experiences and perspectives
- Memories regarding the incident
- Ways of dealing with negative psychological responses.

It might be considered necessary to arrange follow-up debriefing sessions, giving you more chance to reflect and process your thoughts regarding a serious incident. If you are experiencing significant personal stress, then professional counselling may be recommended. However, it will be your decision whether to engage with any referrals.

National Courses Pty Ltd Some first aid situations may evoke strong emotions among those involved, especially if they are
traumatic events. They can, in turn, affect the health, performance and well-being of people in the workplace. There are no set guidelines for what is traumatic – what one person can brush off with ease, another person may find extremely distressing.

In a few cases, the symptoms of distress can develop into chronic illness, which may need long-term treatment. Be aware that this can be the case for any traumatic incident. The symptoms won't necessarily become apparent in the immediate aftermath of the event – it can take months or years for them to appear, as well as manifesting immediately or days after it.

Counselling services need to be made available to those affected – don't force people to use them, just use good communication to make them aware. While some may find it helpful to speak to someone immediately after the experience, others may wait until much later, only when it becomes clear that they need help developing coping strategies. Still, the earlier they seek assistance, the easier it will be to work through their problems.

Debriefing is a form of group support following a critical incident lead by a trained debriefer. It is a structured voluntary discussion that aims to help a person put an event into perspective.

Trained debriefers help the workers to explore and understand a range of issues, including:

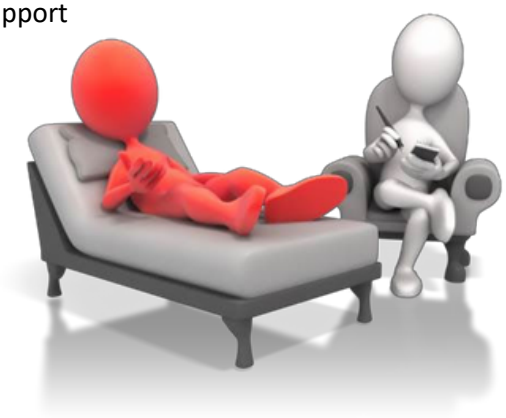
- The sequence of events
- The causes and consequences
- Each person's experience
- Any memories triggered by the incident
- Normal psychological reactions to critical incidents
- Methods to manage emotional responses resulting from a critical incident.

Psychological first aid (PFA)

This technique is specifically designed to reduce post-traumatic stress disorder. It aims to offer support to people who are suffering and in need of support after traumatic incidents.

The aim of this has been helping people:

- Feel safe
- Stay connected to others
- Feel calm
- Feel hopeful
- Access physical, emotional and social support
- Reduce distress
- Meet their needs
- Develop coping mechanisms
- Adjust to life after the event.



It is not:

- Debriefing
- Treatment
- Diagnostic
- Counselling
- Restricted to professional
- Required by all those affected
- For obtaining details of an incident.

It cannot be forced on people, and you should enter a situation with the three principles of look, listen and link in mind.

You should:

- Check for safety
- Check for people with urgent needs or serious distress reactions
- Approach those in need of support
- Listen (actively) and help people feel calm
- Help them attain their basic needs and access services
- Help people cope, give them information (that may help)
- Connect them to those who can offer social support.

Talking with children

Children are likely to react in particularly intense ways to serious incidents. They may become psychologically frozen and unable to maintain their sense of connection and enjoyment after such experiences. However, there are several steps that can be taken to help such children recover. It may be necessary to separate the children from the scene of the incident until they are able to process their emotional responses effectively.

You should also reassure the children that they are safe and that you will be there to talk when required. It might be appropriate to engage in some physical contact, cuddling and putting your arm around the child to ensure that they feel as safe as possible. You might also be able to divert their attention by speaking about subjects unrelated to the incident or singing together. Let the child know that it is quite normal to have emotional reactions and recover in time.

The children should feel that you really care about their emotional wellbeing and personal situations. You should ask open questions, encouraging the children to give expanded answers and ensure that they don't feel interrogated. It will be necessary to listen actively and give verbal confirmations when the children speak. You should adopt open body language so that the children feel as relaxed as possible in your company.

You could use these strategies when talking with children about their emotions and responses:

- Remaining calm and discussing events in a matter-of-fact manner
- Being honest when responding to children's questions
- Focus on the facts and not on 'what ifs'
- Using simple language which children can understand, without being patronising
- Reassuring the child that the incident has happened
- Praise the children for their positive reactions and steps towards recovery
- Speak about effective coping mechanisms
- Creating positive pictures of the future.

Activity 4A

4.2 Contribute to a review of the first aid response as required

By the end of this chapter, the learner should be able to:

- Identify ways to check first aid responses are effective and adequate
- Assess first aid in the workplace and seek feedback on personal performance.

Reviewing first aid responses

After an incident, you will need to contribute to a review of the first aid response according to your job role responsibilities. This should include your personal experience of the events and the provision and access of first aid resources, procedures in place, and actions by other staff members. Reviews should also be regularly performed to check the first aid response of an organisation. Employees, procedures, clients, and equipment may change, so staying up to date will ensure everyone's safety.

Ways to check first aid responses are effective and adequate include:

- Checking with first aiders that they are familiar with procedures
- Carrying out consistent risk assessments when work type is changed, or a new work practice is introduced (then checking first aid arrangements are still suitable)
- Organising mock first aid emergencies to check first aid is still effective
- Checking first aid kits and first aid rooms are accessible and appropriate to the hazards
- uniquely found in your workplace
  Evaluating the effectiveness of first aid after a real incident and making changes as required
  Reviewing first aid measures when presented with new information about hazards.

Helpful first aid assessment questions include:

- Are the first aid kits suitable for the hazards found in the workplace?
- Is there an adequate space to perform first aid treatments (where possible)?
- Are all first aid kits accessible to workers?
- Are the first aid kits easily identifiable and well maintained?
- Are first aid facilities well maintained?
- Do first aiders have the required skills and competencies for their job roles, and are these skills up to date?
- Do colleagues know how to access first aiders?
- Does the organisation require more trained first aiders?
- Does everyone (including children) know what to do in an emergency?
- Do first aid procedures meet legal requirements?

Conducting a personal review

You can also spend time reflecting on your role and actions during a first aid incident. This will help in future emergency responses by encouraging you to develop as a first aider and giving the organisation a better picture of current procedures and their effectiveness. Ask yourself how you did during an incident or how you feel about providing first aid in your job role.

Options to gather feedback on your performance include:

- Self-appraisal
- Formal feedback
- Informal feedback
- Professional development.

It may also be possible to seek feedback from clinical experts you have contacted during a first aid incident. In a casualty situation, you may be able to speak with an ambulance officer, paramedic, doctor, or health worker, for example.

You should feel confident in your abilities to provide first aid, but it is also important that the workplace is reliable in the provision and accessibility of first aid resources. Ensure you are carrying out checks as required but always communicate if you find a need for a particular item in a first aid kit or had difficulties accessing a specific piece of equipment.

Remember to relay what went well and what didn't go so well. This means improvements can be made in the future and ensure the safety of more people.