

RESUSCITATION

DRSABCD RESPONSE

DANGER
Check for hazards & ensure safety.

Infants Under 1 Year



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

AIRWAY
Open to check breathing.

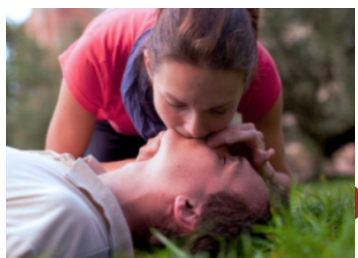
BREATHING
If the casualty is not breathing OR breathing abnormally, start CPR.

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

DEFIBRILLATE
As soon as available, follow the prompts.

SEND FOR HELP
Call the ambulance - 000.

Adults & Children



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

CPR DETAILS

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

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

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

Ensure Safety for Self and Others

Call Triple Zero (000) for an Ambulance

WHEELCHAIR CPR

A method of preparing a cardiac arrest casualty in a wheelchair for CPR

DANGER
Remove hazards

RESPONSE
Try to get a response

SEND FOR HELP
Ambulance & assistance

AIRWAY
Open with head tilt/chin lift

BREATHING
Look, listen and feel

MAKE ROOM BEHIND THE CHAIR - APPLY THE BRAKES - REMOVE ACCESSORIES
(armrests, anti-tip devices, food tray etc).

One first aider

If possible, secure the casualty to the chair
(ie around the chest and chair back with a belt)
Stand behind the chair
Hold on to the handles

Two first aiders

One on each side of the chair
Kneel down on one knee
(with the foot at the rear of the chair on the ground)
Place your arm under the casualty's armpit and hold onto the handle
The other hand supports the casualty's head

More than two first aiders

If several people can help:
Make room on the floor
Carefully lift the casualty from the wheelchair
Place on his/her back on the ground

LOWER THE CHAIR BACKWARDS TO THE GROUND

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

START CPR

Ensure Safety for Self and Others

Dial Triple Zero (000) for an Ambulance

Signs & Symptoms

Cannot be woken.
No purposeful response.
Not breathing normally or at all.

There may be methods other than these.
Use good manual handling techniques.
Do not attempt if beyond your strength capabilities.
Avoiding injury to the casualty and the first aider is the priority.
Try not to bang the casualty's head.
Only do CPR in the chair if it has a hard back.
May not be suitable for motorised wheelchairs.
Do not do this in a plastic chair.

ANAPHYLAXIS

SIGNS & SYMPTOMS

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

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

HAZARD = TRIGGERS

Certain foods. Insect stings. Tick bites. Certain medications. Latex. Exercise etc.

RISK = LIFE-THREATENING

Airway, breathing and circulatory problems. Unconscious. Cardiac arrest.



EpiPen® Autoinjector
Junior and Adult

Get someone to call 000, obtain action plan/s and autoinjector/s.

Don't allow to stand or walk.

Remove allergen i.e. flick out stings (Do not remove ticks, kill them where they are e.g. use permethrin cream or an ether-containing spray).

Use the correct sized autoinjector as per instructions.

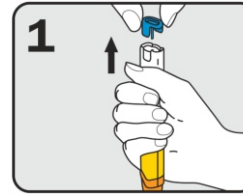
Give more adrenaline if no response after 5 minutes.

If breathing stops, CPR.

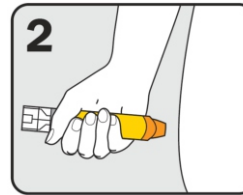
Give oxygen or asthma medication if required.

HOW TO USE THE EPIPEN® AUTOINJECTOR

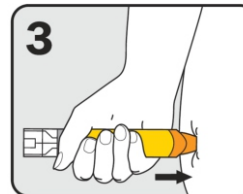
(available in adult and junior sizes).



Form a fist around EpiPen® and PULL OFF THE BLUE SAFETY RELEASE.



PLACE THE ORANGE END against the outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove the EpiPen®.

**Ensure Safety
for Self and Others**

FOLLOW ASCIA ACTION PLAN

or FIRST AID PLAN
or these steps.

REMOVE ALLERGEN

Or move away, to prevent further exposure.

LAY THE CASUALTY FLAT

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

USE AUTOINJECTOR

Check contents and follow label instructions.

**Call the Ambulance
on Triple Zero (000)**

MONITOR CLOSELY

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

ASTHMA

SIGNS AND SYMPTOMS

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



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



You can use a puffer without a spacer.

Signs and symptoms and triggers vary from person to person.

May be some or all of those listed.



A blue/grey puffer is a reliever.

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

IF AVAILABLE FOLLOW THE PERSONS ACTION PLAN

Be calm, provide reassurance, do not leave alone.

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

A spacer delivers the medication more effectively.

OR

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

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

A severe attack is life-threatening if not treated.

REPEAT TREATMENT
Until help arrives or recovery.

Ensure Safety for Self and Others

Ask for consent to help.

POSITION SITTING UP

Shake the puffer. Insert in spacer.

4 PUFFS OF A RELIEVER

1 puff into the spacer, 4 breaths.
Shake the puffer.
Repeat 4 times.

WAIT 4 MINUTES

If still not fully recovered...

4 PUFFS OF A RELIEVER

1 puff into the spacer, 4 breaths.
Shake the puffer.
Repeat 4 times.

If still not fully recovered...

CALL 000
say, 'Asthma Emergency'

CHOKING

COMPLETE / SEVERE
AIRWAY OBSTRUCTION

**Ensure Safety
for Self and Others**

**Dial Triple Zero (000)
for an Ambulance**

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

BACK BLOW / CHEST THRUST SEQUENCE

POSITION THE CASUALTY

Reassure



SIGNS & SYMPTOMS

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

HAZARD = Panic. Complete obstruction.

RISK = Unconsciousness. Respiratory arrest. Cardiac arrest. Death.



Give up to
**5 SHARP
BACK BLOWS**
In the middle of the back
Check for removal
between blows

**USE THE
HEEL OF
YOUR HAND**



Until the
obstruction is
dislodged.



Still choking, give up to
**5 SHARP
CHEST THRUSTS**
In the middle of the chest
Check for removal
between thrusts

IF UNCONSCIOUS

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

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

Infant: Back blows - head downwards so gravity will assist with expulsion. Across your lap/thigh or over your arm. Chest thrusts – turn over.



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

BURNS

IN CASE OF FIRE

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

SIGNS & SYMPTOMS

Around the burnt area:

- Pain, blistering, red to black marks.

Significant or severe burns are burns that are:

Any of the following:

- Deep in to the skin.
- Covering a large body area.
- On face, hands, feet, genitalia, joints.
- All the way around a limb or the chest.
- Inhalation - i.e. singed nasal hairs, and eyebrows, blackness around the nose and mouth, coughing, hoarse voice, breathing difficulty.
- Chemical and electrical.
- In the very young or very old, or those with existing medical disorders.

Other injuries:

- Look for other injuries e.g. fractures, bleeding.
- Swelling of airways.
- Breathing difficulties.
- Reduced responsiveness, reduced circulation, shock and poor vital signs.
- Watch for cardiac arrest.

**ASSESS AIRWAYS,
SEVERITY,
OTHER INJURIES**

SEVERE BURNS - CALL 000

Monitor - Be prepared for CPR
Move to water supply
Put on gloves

COOL TAP WATER

Lots of it, for at least 20 minutes*

ELEVATE THE AREA

Remove rings and tight clothing
before swelling occurs.

COVER THE BURN

Loose, light non-stick dressing

TREAT OTHER INJURIES

Keep the casualty warm and at rest

**Ensure Safety
for Self and Others**

**Dial Triple Zero (000)
for an Ambulance**

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

DO NOT peel off stuck clothing.

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

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

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

Cool bitumen burns with water for 30 minutes.

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

CHILDHOOD ILLNESSES

Signs and symptoms vary, some or all may be present, seek medical assistance.

Meningococcal

- fever / headache
- irritability / fretfulness
- refusing to feed / loss of appetite
- neck stiffness / sore and aching
- grunting / moaning / slurred speech
- extreme tiredness / floppiness / collapse
- nausea / vomiting / diarrhoea
- eyes sensitive to light
- convulsions / twitching
- rash of red / purple pinprick spots or larger bruises



Meningitis

- eyes sensitive to light
- neck stiffness / joint pain
- drowsiness
- vomiting
- fever / headache
- blotchy skin or rash - does not fade with pressure



Chicken Pox

- mild fever & generally unwell
- intensely itchy rash
- blisters start on body move to head and limbs
- possible ulcers in mouth
- blisters burst and form scabs



Worms

- itchy bottom
- restless sleep
- teeth grinding in sleep



Whooping Cough

- severe cough occurs in bouts
- 'whooping' sound breathing in
- vomiting after a coughing bout
- stop breathing momentarily may turn blue



Mumps

- fever
- headache
- fatigue
- weight loss
- pain when swallowing
- swollen gland/s (in front of ear)



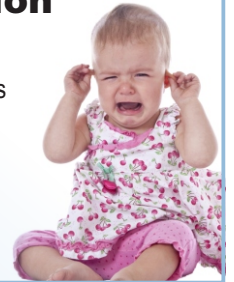
Tonsillitis

- sore throat / difficulty swallowing
- swollen glands under each side of jaw
- fever
- bad breath
- swollen tonsils, may have white or yellow pus



Ear Infection

- pulling at ear
- partial hearing loss
- irritability
- fever
- loss of balance
- loss of appetite



Bronchitis

- sore throat / blocked nose
- fever and chills / aches and pains
- tiredness / headaches
- difficulty breathing
- tight chest / wheeziness
- dry cough, then cough with phlegm



Measles

- fever & generally unwell
- runny nose
- dry cough
- sore red eyes
- red and bluish spots in mouth
- red spreading rash starts on face



Epiglottitis

- sore throat / difficulty swallowing
- difficulty talking
- hoarse voice
- fever
- very sick looking
- drooling
- stridor



Croup

- usually starts with a cold
- noisy high pitched breathing
- harsh barking cough
- difficulty breathing



Phlegm

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

SEIZURE

**Ensure Safety
for Self and Others**

Signs and Symptoms

Any or all of the following:

- Altered awareness
- Spasm and rigid muscles
- Collapse
- Jerking movements of head, arms and legs
- Shallow or intermittent breathing
- Lips or complexion may change colour
- Change in or loss of consciousness
- Noisy breathing, dribbling
- Faeces or urinary incontinence

****Febrile convulsions are usually associated with a rapid rise in temperature in young children***

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

Step 1

TIME THE SEIZURE

if possible from start to finish

PROVIDE SAFETY

- remove unsafe objects
- protect the head

REMAIN CALM

- reassure the person
- tell them where they are and that they are safe

Step 2

MAINTAIN THE AIRWAY

- roll on his/her side when jerking stops, immediately if food, vomit or fluid enters their mouth

DO NOT

- restrain unless in danger
- move unless in danger
- place anything in their mouth

Step 3

MAINTAIN PRIVACY & DIGNITY

STAY WITH THEM

- until seizure naturally ends and they fully recover

REASSURE

- they will be dazed and confused or drowsy

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

**Dial
Triple Zero
(000) for an
Ambulance**

Call 000 if the seizure:

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

Call 000 if the casualty:

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

Call 000 if you:

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

SNAKE BITE & FUNNEL WEB SPIDER BITE

Ensure Safety for Self and Others
Call an Ambulance - Triple Zero (000)
Lay Down - Keep Still - PIT Immediately

Snake Bite Signs & Symptoms



Any or all of the following:

Fang marks – two, one or a mark or scratch (localised redness and bruising are uncommon in Australia).

Sometimes painless without visible marks.

For Brown snake, may initially collapse, or confusion followed by partial or complete recovery (useful information on handover).

Swollen sore glands in groin or armpit of the bitten limb.

Headache / Abdominal pain / nausea / vomiting.

Blurred or double vision / drooping eyelids.

Difficulty speaking, swallowing, breathing.

Limb weakness or paralysis.

Bleeding due to inability to clot blood and/or muscle damage.

Respiratory weakness or arrest.

Funnel Web Spider Bite Signs & Symptoms

Any or all of the following:

Intense pain at bite site, but little local reaction.

Tingling around the mouth.

Profuse sweating, excessive saliva.

Abdominal pain.

Muscular twitching.

Breathing difficulties.

Confusion leading to unconsciousness.



Pressure Immobilisation Technique (PIT)

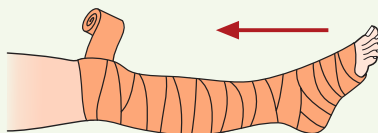
This is one method of immobilisation for bites on a limb. There may be other PIT methods that are acceptable to use.

Step 1 Pressure bandage

Lay the casualty down and stop them from moving.

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

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



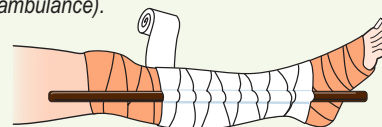
Step 2 Splint the limb

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

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

Keep the casualty and the limb completely still.

Bring transport to the casualty if possible, get to medical care urgently (*preferably ambulance*).



Alternative method

Lay the casualty down and stop them from moving.

Apply firm pressure on the bite.

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

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



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

Elasticised bandages 10-5cm wide are preferred. If unavailable, improvise i.e. use clothing or other material, torn into strips.

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

Further advice on all types of envenomation:

- Australian Venom Research Unit: avru.org
- Poisons Information Centre: phone - 13 11 26
- Australian Resuscitation Council: resus.org.au

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

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

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

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

DIABETES

Ensure Safety
for Self and Others

Dial Triple Zero (000)
for an Ambulance

If the person is able to swallow:

Onset Symptoms:

Is able to swallow
Sweating, pallor
Rapid pulse
Trembling, shaking, weakness
Hunger
Light headed, dizzy
Headache
Lack of concentration
Mood changes

GIVE SUGARY FOOD

COMFORT / REASSURE

GIVE A MEAL

Monitor until fully recovered



Make comfortable.
If the casualty can safely swallow, give high-energy foods, sugar, honey or a glucose tablet.

He/she will respond quickly if low blood sugar levels are the cause.
He/she may be a little confused on recovery.

Make sure a normal meal is eaten.

If the person is unable to swallow:

Emergency Symptoms:

Unable to swallow
Loss of coordination
Can't follow instructions
Slurred speech
Fitting/seizure
Unresponsive
Unconscious

PLACE ON SIDE

CLEAR THE AIRWAY

CALL 000

Monitor and manage

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

DIAL 000 IMMEDIATELY

Say "Diabetic Emergency" and follow instructions.
Do not allow to eat or drink.
Wait with them until the ambulance arrives.

If family member or carer is trained to do so, as required:
Use a blood glucometer
Use a GlucaGen ® HypoKit ® glucagon injection

CONCUSSION

Ensure Safety
for Self and Others

Call the Ambulance
on Triple Zero (000)

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

RECOGNISE - REMOVE OR STOP - REFER

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

FOR CONCUSSION SYMPTOMS

REMOVE FROM ACTIVITY

Keep still and at rest
Do not leave alone

OR

FOR SUSPECTED SPINAL INJURY

STOP

Keep still
Keep the neck and
spine aligned

IF UNCONSCIOUS

ASSUME SPINAL INJURY

Gain assistance if possible - Assess airway/breathing

If not breathing normally: Provide CPR

If breathing normally: Align and immobilise spine/neck

With help, gently roll on his/her side - Ensure airway is clear

REFER

Take note of symptoms

When - How long - How bad - Record if possible
Report information on handover of the casualty

For spinal injury and/or unconsciousness call 000

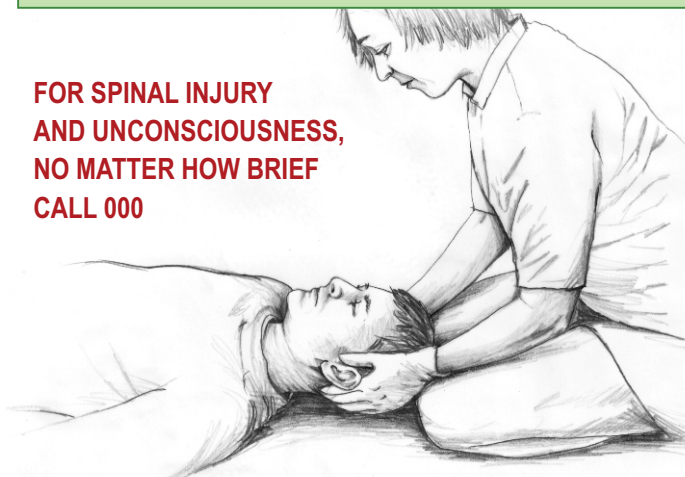
For concussion take to a medical professional

Treat other injuries as required and monitor constantly

Do not allow to return to the activity

Ensure parents/carers are contacted if a minor

**FOR SPINAL INJURY
AND UNCONSCIOUSNESS,
NO MATTER HOW BRIEF
CALL 000**



Signs - visible clues:



Loss of
consciousness



Uncoordinated
Disoriented



Incoherent
speech



Not aware of events
Confused



Memory loss



Dazed or stunned
Vacant stare

Symptoms - what the casualty feels:



Dizziness, Headache or
"pressure" in the head



Cannot
concentrate



Sensitivity to light
and/or noise



Ringing in
the ears



Tired
(fatigued)



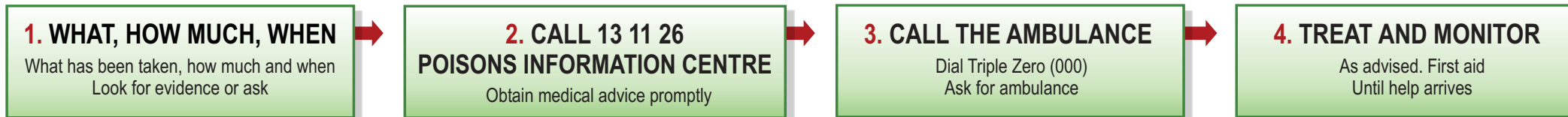
Sick/Nauseous
Vomiting

POISONING

Ensure Safety
for Self and Others

Dial Triple Zero (000)
for an Ambulance

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



If unconscious, call 000 first then place on side and maintain airway.

If unconscious and not breathing call 000 first then perform CPR.

Signs & Symptoms

In general

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

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

Skin contact

- Remove contaminated clothing
- Avoid contact with the poison
- Flood skin with running cold water
- Wash gently with soap and water and rinse well

Enters the eye

- Flood the eye with saline or cold water from a running tap or a cup/jug
- Continue to flush for 15 minutes, holding the eyelids open

If swallowed

- Give a sip of water to wash out their mouth
- DO NOT try to make them vomit
- DO NOT use Ipecac Syrup

If inhaled

- If safe (don't go into an unsafe environment):
- Immediately get the casualty to fresh air
- Avoid breathing fumes
- Open doors and windows

If swallowed - button battery

- Determine:
 - The type of battery
 - The battery identification number, found on the package or from a matching battery
 - The casualty's age, weight and condition
- Don't allow them to eat or drink anything
- If the battery contents touches the eyes or skin, wash with water for 15 minutes
- If in nose or ears, seek urgent medical help
- DO NOT use nose or ear drops

Signs & Symptoms

Button batteries - swallowed

- Similar to a common cold
- Fever
- Coughing/difficulty swallowing
- Drooling
- Lethargy
- Irritability
- Abdominal pain/vomiting
- Loss of appetite
- Dark or bloody bowel movements

Button batteries - in ear or nose

- Pain and/or a discharge from the nose or ears

SPINAL INJURY

Ensure Safety
for Self and Others

Signs & Symptoms

Some or all of the following:

Evidence of head injury or trauma

Abnormal position of head or neck

Nausea, headache, dizziness

Tenderness, pain

Altered sensations - numbness,
tingling, pins and needles in the
hands or feet

Loss of movement and/or feeling
to arms and/or legs

Altered conscious state

Breathing difficulties

Shock

Change in muscle tone
(flaccid or stiff)

Loss of bladder or bowel control



HAZARD = FURTHER MOVEMENT
Causing further injury

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

Urgently Call Triple Zero (000)

Do not move location unless in a dangerous situation

Reassure - Tell them to keep still

MANUALLY SUPPORT NECK

Until the ambulance arrives - This is vital

Move to the casualty's head

Position yourself so you are stable

Gently hold the casualty's head

Support without movement

IF UNCONSCIOUS

Align and immobilise the neck with your hands

Roll on his/her side

Position neck to neutral to ensure an adequate airway

Manually support the neck.

CHEST PAIN

Heart Attack

Sudden blockage

Pain, pressure, heaviness, squeezing, tightness

In chest, neck, jaw, arm/s, back, shoulder/s

Dizzy, cold sweat, short of breath, nausea, vomiting

Indigestion

Digestion problems

Pain is not relieved by drinking milk or using antacids

Heart attack is often mis-diagnosed as indigestion

IF PAIN IS STILL PRESENT AFTER 10 MINUTES

Angina

Narrowed arteries

Previously diagnosed, yet pain is different to past pain

Take medication as prescribed
Rest until recovered

IF PAIN IS STILL PRESENT AFTER 10 MINUTES

**Ensure Safety
for Self and Others**

**Call the Ambulance
on Triple Zero (000)**

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

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

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

**HAZARD = LIFE-THREATENING
MEDICAL EMERGENCY**

**RISK = PERMANENT HEART
DAMAGE, DEATH**

CALL TRIPLE ZERO (000) IMMEDIATELY

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

JELLYFISH STINGS

SIGNS & SYMPTOMS

Any or all of the following:

From tentacles:

(i.e. Box Jellyfish, Bluebottle)

- Visible tentacles stuck on the skin
- Immediate severe pain
- Skin - whip-like weals, red flare, orange peel effect, blotchy, frosted ladder pattern
- Respiratory/cardiac arrest can occur very quickly

Irukandji syndrome:

- Minor sting site, no tentacles
- 5-40 minutes after the sting - severe generalised pain
- Cramping, nausea, vomiting
- Difficulty breathing, sweating
- Restlessness, a feeling of impending 'doom'
- Serious complications can occur

First aid depends on:

1. The type of sting, and
2. Where the sting occurred

Serious incidents occur in the tropical region

Tropical - from Bundaberg (QLD) across the northern coastline, down to Geraldton (WA)



If casualty stops breathing:

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

TROPICAL

PRIORITY - TO PRESERVE LIFE

Remove from water, restrain if necessary
Resuscitate if required

VINEGAR FOR 30 SECONDS

Liberal douse the stung area with vinegar

Pick off any remaining tentacles

(not harmful to first aider)

If no vinegar:

Pick off the tentacles, rinse with seawater

DO NOT APPLY FRESH WATER

(this may cause more stinging)

APPLY COLD PACK

SEEK MEDICAL ASSISTANCE

(lifeguard, 000)

NON-TROPICAL

PRIORITY - TO RELIEVE PAIN

Do not use vinegar or rub the sting area
Rest, reassure and monitor

PICK OFF TENTACLES

RINSE WITH SEAWATER

PLACE IN HOT WATER FOR 20 MINUTES

If pain is not relieved by heat or if hot water is not available, use a cold pack

**Ensure Safety
for Self and Others**

**Dial Triple Zero (000)
for an Ambulance**



Box jellyfish - A large box like bell with multiple very long tentacles (20–30cm). Urgent assistance is required.
In tropical areas hospitals and ambulances carry anti-venom.



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



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

SPRAINS & STRAINS

Ensure the safety of self and others before providing first aid.

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

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

Too much swelling can cause more damage. Use RICER first aid and avoid HARM to help limit swelling and speed up recovery.

Signs and Symptoms

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

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

Signs and symptoms for the injured area:

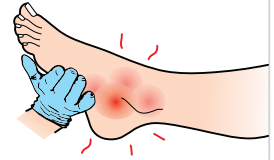
- Pain/tenderness.
- Can't stand on injured leg or move wrist without pain.
- Discolouration, swelling, stiffness.
- Decreased function.

R

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

REST

To reduce further damage.

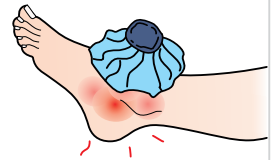


I

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

ICE

To reduce pain and swelling.

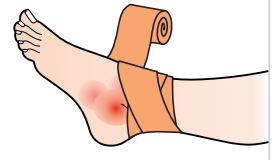


C

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

COMPRESSION

To reduce bleeding and bruising.

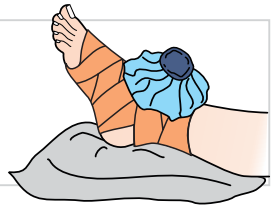


E

Raise legs above hips, use a sling for arm injuries. Comfort with pillows or something soft.

ELEVATION

Provide comfort.

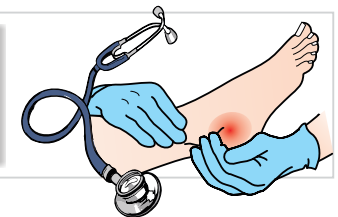


R

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

REFER

To a qualified professional.



Avoid H.A.R.M. For 48-72 hours, avoid heat, alcohol, running/exercise or massage.

DRUG & ALCOHOL OVERDOSE

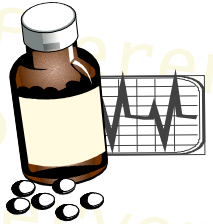
NOT Moving but **IS** Breathing

Turn them over onto their side
Continually check they are Breathing

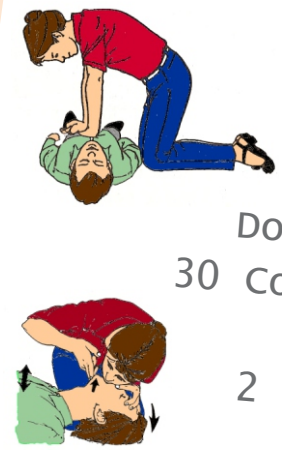
NOT Moving & **NOT** Breathing

Try to get a response
Start CPR
Do 30 compressions on their chest
Tilt their head and give 2 breaths

CALL THE AMBULANCE ON 000



Delay could be DEADLY!



Look out for your mates
Don't let anyone be alone

Keep going
Don't stop
30 Compressions then 2 breaths

Remember.....

Ambulance officers DO NOT tell the police that you or your friends have taken drugs



You have NOTHING to fear by calling the paramedics for help, and you may SAVE a friend's life