first aid basics



In an emergency call triple zero (000) for an ambulance

DRSABCD Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary. It is always important to call triple zero (000) for an ambulance as soon as possible.

Ensure the area is safe for yourself, others and the patient



RESPONSE

Check for response—ask name— squeeze shoulders

No response

Response Make comfortable Monitor response



SEND for help Call triple zero (000) for an ambulance or ask another person to make the call



AIRWAY

Open mouth—if foreign material present-Place in recovery position Clear airway with fingers



Check for breathing—look, listen, feel
Not normal
Breathing
Breathing
Start CPR
Place in recovery position
Monitor breathing





Start CPR-

30 chest compressions : 2 breaths Continue CPR until help arrives or pat





DEFIBRILLATION
Apply defibrillator if available and follow voice prompts



Compressions

- Adult/child (over 1 year)

 Place heel of hand on lower half of breastbone in centre of chest with other hand on top of first.

 Press down 1/3 depth of chest, give 30 compressions and 2 breaths.

Infant (under 1 year)

- Place two fingers (index and middle) over lower half of breastbone.
- Press down 1/3 depth of chest, give
 30 compressions and 2 breaths.

Recovery position

- Kneel beside the patient
- Place nearer arm across chest.

- Place nearer arm across chest.
 Place farther arm at right angle to body.
 Lift nearer leg at knee so it is fully bent upwards.
 Roll patient away from you onto side.
 Keep leg at right angle, with knee touching ground to prevent patient rolling onto face.



Choking

- Choking
 Adult/Child (over 1 year)

 Encourage patient to relax, breathe deeply and cough to remove object.

 If coughing does not remove blockage, or if an infant—call triple zero (000) for an ambulance.

 Band patient well forward and give 5 back blows between the shoulder blades—checking if blockage removed after each back blow.

 If unsuccessful give 5 object.
- back blow.

 If unsuccessful, give 5 chest thrusts—in the CPR compression position, slower but sharper than compressions—checking if blockage removed after each chest thrust. thrust.
- If blockage not removed, alternate 5 back blows with 5 chest thrusts until medical aid arrives.

If patient becomes unconscious

- Call triple zero (000) for an ambulance
- Remove any visible obstruction from the mouth.
 Commence CPR.

- Follow DRSABCD Action Plan
- Ring the Poisons Information Centre on 13 11 26.
 Monitor breathing and response.
 WARNING—Do not attempt to induce vomiting unless advised to do so by the Poison Information Centre.

- Remove patient from danger.
 If clothing on fire

 STOP, DROP AND ROLL.



Bleeding

- Remove or cut patient's clothing to expose wound.
- clothing to expose wound.

 2. Apply direct pressure over wound using sterile or clean dressing and pad.

 3. Lie patient down and then raise injured part above heart.

 4. Bandage dressing and pad firmly in place.

 If bleeding continues, apply another pad and bandage over first dressing.

 If bleeding persists seek medical aid.

Sprains and strains

Sprains and strains
Follow RICE management plan—
REST — the injured part in comfortable position.
ICE — apply icepacks (cold compress) wrapped in a wet cloth, for 15 minutes every 2 hours for 24 hours.
COMPRESSION — apply compression bandage firmly, wrapping well beyond the injury.
ELEVATE — the injured part unless you suspect a fracture.

Minor injuries

Nosebleeds

- Sit up with head slightly forward.
 Pinch soft part of nose for 10 minutes.
 Breathe through the mouth, do not blow nose
- Loosen tight clothing around neck
- Apply cold pack to neck and forehead If bleeding persists, seek medical aid.

- Scrapes and grazes

 Wash with running water to remove dirt
 Cover with non-stick dressing.
- Bandage or tape in place.
- Seek medical aid if anything is embedded in wound, or becomes red, painful, warm or swollen.

Tooth knocked out

- COIN KNOCKED OUL
 Clean with milk or patient's own saliva and replace
 in socket—unless patient is a child under 7 years
 (baby tooth).
 Ask patient to hold the tooth in place.
 If unable to put tooth back, wrap tooth in plastic or
 store in milk or sterile saline and take patient and
 tooth to a dentiet.

- If tooth has been in contact with dirt or soil, advise patient to have tetanus injection.