7. SPINAL INJURIES

Spinal injuries are serious and must be treated with extreme care to prevent paralysis. Signs of spinal injury may be pain at or below site of injury or loss of or altered sensation such as tingling in feet or hands or loss/impaired movement below site of injury.

CALL 000 (IF IN AUSTRALIA) OR 111 (IF IN NEW ZEALAND)

IF CONSCIOUS

- Reassure casualty help is on the way
- Support casualty's head and neck at all times.

IF UNCONSCIOUS (UNRESPONSIVE)

- Turn casualty onto their side in the Recovery Position supporting the neck and head if possible.
- Follow 1. Unconscious (Unresponsive) procedure (DRABCD) in this pamphlet.
- A clear and open airway always takes priority over any possible injuries, including a spinal injury.

8. SNAKE AND SPIDER BITE

Snake, Funnel Web, Mouse Spider, Blue-Ringed Octopus and Cone Shell.

- **1. Calm the casualty** and put at total rest. This will slow down the absorption of venom and reduce the effects of shock.
- Check breathing and circulation
 If casualty unconscious, follow 1. Unconscious
 (Unresponsive) procedure (DRABCD) in this pamphlet.
- 3. Call 000 (If in Australia) or 111 (If in New Zealand)
- 4. Apply pressure immobilisation bandage such as crepe or conforming roller bandage around the bite site firmly. The apply a firm crepe or roller bandage over the whole limb starting at the toes or finger tips. Bandage needs to be firm as for a sprain but not too tight.
- Immobilise the limb using a splint. Use bandage to hold in place. Keep limb level with rest of body. Check toes/fingers for circulation.

DO NOT remove bandage or splint once applied.

DO NOT allow casualty to move. Bring help to the casualty.

REDBACK SPIDER BITE

- · Apply wrapped ice pack to bitten area.
- · Raise limb to limit swelling.
- SEEK MEDICAL HELP QUICKLY

9. SPRAINS AND STRAINS

- · Calm and rest the casualty
- Firmly apply a supporting bandage (crepe/compression/elastic bandage)
- Apply an icepack/cold compress wrapped in a cloth and elevate injured part.
- SEEK MEDICAL HELP QUICKLY

10. EMERGENCY PHONE NUMBERS

Ambulance, Fire Brigade, Police

Call 000 (if in Australia)or 111 (if in New Zealand)

Site Emergency:	

Poisons Information: **13 11 26** (if in AUS) **0800 764 766** (if in NZ)

Dooton		
Hospital:		

11. NOTES

Doctor:

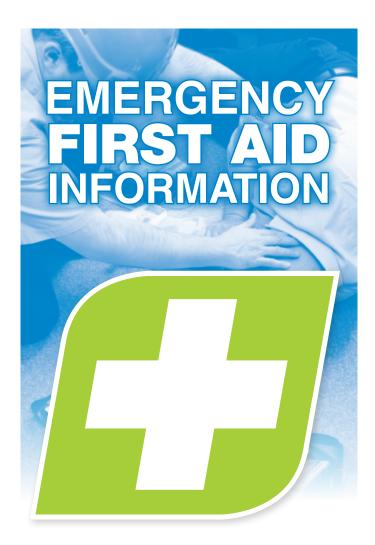
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First Aiders Name:		





1. UNCONSCIOUS (UNRESPONSIVE)

NO SIGNS OF LIFE = UNCONSCIOUS (UNRESPONSIVE), NOT BREATHING NORMALLY AND NOT MOVING.

WHEN THERE ARE NO SIGNS OF LIFE PRESENT THEN THE RESCUER SHOULD COMMENCE CPR (rescue breathing and chest compressions)

CHECK FOR DANGER

- Ensure the safety of yourself, others and the casualty. Check for hazards and risks.
- RESPONSIVE?
- Assess if unconscious. Shout "Are you OK?" or "What happened?" and gently squeeze casualty's hand.
- Call 000 (if in Australia) or 111 (if in NZ) for urgent medical help.
- **SEND** FOR HELP
- Call 000 (if in Australia) or 111 (if in New Zealand) for an ambulance or ask another person if they are close by.
- OPEN AIRWAY. LOOK FOR SIGNS OF LIFE.
- Leave victim on their back or position found and assess airways. If airway is obstructed with fluid (vomit, blood) or food, roll victim onto their side to clear the airway.
- Obstruction to the airway may be overcome by Backward Head Tilt together with Chin Lift.
- In an unconscious victim, care of the airway takes precedence over any injury.



CHECK BREATHING (If not breathing normally, start CPR)

B

- LOOK and FEEL for movement of upper abdomen or lower chest, and:
- LISTEN and FEEL for the escape of air from nose and mouth.
- If victim not breathing, start CPR.
- If no signs of life (eg. coughing, movement, normal breathing) quickly commence compressions.



GIVE 30 CHEST COMPRESSIONS

followed by 2 breaths.



ATTACH AED

(Defibrillator) as soon as available



CONTINUE CPR

- Rescuer should visualise the "centre of
- Give 30 chest compressions (almost 2 compressions/second) followed by 2 breaths

COMPRESSIONS ARE VITAL.

- the chest" and compress at that point.
- until help arrives or casualty recovers.

Rescuers should minimise interruptions of chest compressions and CPR should not be interrupted to check for signs of life.

- Continue CPR (Steps A, B, C) until:
- Signs of life returns:
- Qualified help arrives;
- It is impossible to continue (e.g. exhaustion)

2. BURNS AND SCALDS

Burns can be extremely painful and the main objectives are to cool the burned area and prevent infection. Also ensure the casualty does not go into shock or respiratory/ cardiac arrest.

DO NOT prick or break blisters.

DO NOT apply ointments, lotions or oily dressings (except hydrogel dressings).

- Cool the burn under cold running water for at least 10 minutes (or 20 minutes for chemical burns).
- Remove clothing and jewellery from burnt area (unless) sticking to the burn) because of the risk of swelling.
- · Cover the burn with a sterile, non-stick dressing, hydrogel dressing or wet clean dressing.
- · Reassure the casualty and SEEK MEDICAL HELP QUICKLY.

3. POISONING

Poison can be ingested, inhaled, absorbed or injected into the body in the form of liquids, solids, or gas and vapour fumes.

DO NOT make the person vomit. If involuntary vomiting, send vomit with casualty to hospital.

IF CONSCIOUS, reassure the casualty. Determine nature of substance if possible and record.

Call Poisons Information Centre 13 11 26 (if in Australia) or 0800 764 766 (if in New Zealand)

IF UNCONSCIOUS (UNRESPONSIVE) follow the

1. Unconscious (Unresponsive) procedure (DRABCD) in this pamphlet. Call 000 (if in Australia) or 111 (if in NZ).

4. FAINTING

Fainting is when a person loses partial or full consciousness caused by blood pooling in the legs and not reaching the brain.

- Lay the person on back and raise and support legs. Manage any injuries.
- · Ensure plenty of fresh air and loosen any tight clothing.
- If person does not recover follow the 1. Unconscious (Unresponsive) procedure (DRABCD) in this pamphlet.

5. BLEEDING

Severe bleeding is a major threat to life and requires urgent attention to prevent serious blood loss. Wear disposable gloves to avoid direct contact with victim's blood or other body fluids.

1. Apply direct pressure to the wound

- Any clean material may be used e.g. clothing or wound dressing, to be placed against the wound.
- · Bandage pad firmly in place but make sure blood circulation is not restricted to limbs.

2. Elevate the injured part

 While keeping pressure on the wound, raise the bleeding part to reduce blood flow to the injured area.

3. If bleeding continues, apply further pressure.

- · Do not remove the original pad and bandage.
- Apply additional dressings or pressure over the wound if bleeding continues.

EMBEDDED OBJECTS

- · Do not remove embedded foreign objects.
- Apply pressure with pads around the wound but not directly onto the foreign object.

SEEK MEDICAL HELP QUICKLY

Large wounds generally need medical treatment such as stitching and tetanus injection.

6. EYES

- DO NOT remove any object embedded in or protruding from the eye.
- Warn casualty **NOT** to rub eye as it may damage the cornea or others parts of the eye.
- IF LARGE EMBEDDED OBJECT, place pads around the object and bandage in place. Call 000 (if in Australia) or 111 (if in New Zealand).
- IF SMALL FOREIGN OBJECT and not embedded. wash eye using a gentle stream or sterile saline or clean water. If object visible, remove using corner of a clean moist cloth. If unsuccessful, cover eye with eye pad and seek medical attention.