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1. INTRODUCTION

HOW TO USE THESE MATERIALS

This workbook describes the skills and knowledge required to recognise and respond to workplace injuries and life threatening emergencies, using basic life support measures including Cardiopulmonary Resuscitation (CPR) in line with the Australian Resuscitation Council (ARC) Guidelines.

If you are completing this workbook you are a person employed in a rural, regional or remote situation who will be completing a face to face First Aid class provided by an approved Registered Training Organisation. Completing this

workbook and all formative assessments will thoroughly prepare you for your practical training and practical summative assessment.

On successful completion of appropriate summative assessments provided by your Registered Training Organisation (RTO), you will achieve competency in the unit applicable to your sector.

These student materials apply to the following industry sectors and units of competence.

Sector	Unit code	Unit name
Primary Industries	HLTFA201A	Provide Basic Emergency Life Support
Business/Retail/ Services	HLTFA201A	Provide Basic Emergency Life Support
Resources/Infrastructure	RIIERR205A	Apply Initial Response First Aid
Civil, Construction	CPCPCM2011A	Apply First Aid in the Workplace
Community Services and Health	HLTFA201A	Provide Basic Emergency Life Support

2. LEARNING MATERIALS

WHAT ARE THEY ABOUT?

This workbook applies to any person working in a job or industry operating in the rural and regional sector where they are required to react appropriately in a situation where workplace first aid is required. The skills and knowledge described here enable a first aider to provide an initial response to an emergency in line with practised actions and Australian Resuscitation Council (ARC) Guidelines. First Aid responses should reflect workplace and community requirements relating to specific risks and hazards and associated injuries.

2.1 EMPLOYABILITY SKILLS

The learning materials provide opportunities to develop and apply employability skills that are learnt throughout work and life, to your job.

The statements below indicate how these processes may be applied in a situation related to workplace first aid.

In completing your daily work tasks, activities and summative assessments you must be able to demonstrate competent “employability skills” in the workplace.

Communication	<ul style="list-style-type: none"> • complete reports, records and other workplace documentation • effectively and assertively communicate an incident and call for medical assistance as required • enable clear and direct communication, using questioning to identify and confirm requirements, share information, listen and understand • read and interpret documentation from a variety of sources • use language and concepts appropriate to cultural differences • use and interpret non-verbal communication, such as hand signals
Teamwork	<ul style="list-style-type: none"> • work with others to action tasks and relate to people from a range of cultural and ethnic backgrounds and with varying physical and mental abilities
Problem Solving	<ul style="list-style-type: none"> • identify faults in tools, equipment or materials • how to gain access to and interpret materials safety data sheets (MSDS) • carry out initial response first aid
Initiative and Enterprise	<ul style="list-style-type: none"> • manual handling procedures • basic anatomy and physiology • dealing with confidentiality • duty of care • resuscitation • bleeding control • care of unconscious • airway management • apply infection control measures
Planning and Organising	<ul style="list-style-type: none"> • ability to provide first aid • follow procedures and techniques relevant to the equipment and work being done • managing time and priorities
Self-management	<ul style="list-style-type: none"> • taking responsibility at the appropriate level
Learning	<ul style="list-style-type: none"> • understand equipment characteristics, technical capabilities, limitations and procedures • OHS legislation and regulations • being open to learning new ideas and techniques
Technology	<ul style="list-style-type: none"> • access and understand site-specific instructions in a variety of media • use a range of mobile technology, such as two-way radio. • using technology and related workplace equipment (ie. if within scope of own role)

3. RECOGNISE

AN EMERGENCY SITUATION AND RESPOND APPROPRIATELY

Businesses and industry operating in rural, regional and remote sectors of Australia can lead to unique circumstances, hazards and risks in emergency situations. People who work alone or in isolated circumstances face different levels of risks than most people. The Occupational Health and Safety Act 2004 requires employers to eliminate or reduce risks to health and safety, so far as is reasonably practicable.

A person is deemed to be working alone or in an isolated situation if they are unable to get immediate and appropriate assistance from colleagues or other people.

There are many scenarios in many occupations where a person is working alone or in an isolated situation. Examples in the rural, regional and remote sectors could include:

- travelling sales representatives
- all-night convenience store and service station attendants
- transport freight drivers
- doctors, health and community workers
- rural and agricultural workers
- scientists, park rangers or others undertaking field work
- mining, resource, infrastructure, construction and demolition

The greatest hazard for people who work alone or in remote situations, is poor access to emergency assistance.

What should employers/employees do?

- First **assess the risks** of the particular job.
- **Identify hazards** to health and safety of self and others.
- **Minimise risk** to health and safety of self and others by isolating any hazard(s).

There are a number of possible solutions that may be appropriate to reduce the risks of working alone or in isolated situations. These can include:

Buddy system – Some jobs present such a high level of risk that employees should not be required to do the work alone.

Communication or location systems – Systems that can quickly locate employees or enable quick communication will help in directing assistance. For example the Occupational Health and Safety Regulations 2007(section 3.4.16), require employers to maintain continuous communication with employees working in the isolated environment of a confined space. Mine operators must also have means for constant communication with an employee who is working alone at an isolated location at a mine.

Knowledge sharing – Local, industry or client specific knowledge on where hazards and risks may arise assists with good safety planning.

First aid and emergency equipment appropriate to the risks and hazards – Is first aid equipment available for immediate treatment e.g. a first aid kit in the vehicle / carried with the worker? Does the workplace ensure that First Aid and emergency equipment is appropriate to the hazards and risks?

If it is assumed that all possible hazards have been identified and minimised but an accident / emergency situation has still occurred, it is important that the casualty is accurately assessed with injuries identified as much as is possible. At the same time, any person providing assistance must also consider the ongoing safety of the injured person and themselves.

→ ACTIVITY 1

If you are completing this workbook you are a person employed in a rural, regional or remote situation. Complete the following table and really think about the risks that exist in your workplace and how prepared you are to manage a first aid incident.

Workplace risk	What can you do to minimise the risk	What workplace injuries could occur in completing this work task	What First Aid treatment is applicable for this injury	What First Aid equipment is needed to treat this injury

4. WHAT IS FIRST AID?

APPLY CORRECT WORKPLACE PROCEDURES IN PROVIDING FIRST AID

First aid is the immediate care of an injured or suddenly sick person. It is the care a person applies as soon as possible after an accident or sudden illness.

This prompt care and attention prior to the arrival of professional help, can sometimes mean the difference between life and death, or between a full or partial recovery.



The main aims of immediate response First Aid are to:

- Preserve life - This includes the life of the casualty, bystander and rescuer.
- Protect the casualty from further harm by ensuring the scene is safe.
- Provide pain relief - This could include the use of ice packs or simply applying a sling.
- Prevent the injury or illness from becoming worse - Ensure that the treatment you provide does not make the condition worse.
- Provide reassurance.

While it is important to understand that first aid has its limitations and does not take the place of professional medical treatment, if a person is sick or injured, then they need help immediately. Sometimes people worry about doing the wrong thing, so don't act at all or act too slowly. However it is also important that the first aider is not panicking. Careful and deliberate action undertaken without too much delay, is most beneficial to the casualty. Try to remain calm and think your actions through. A calm and controlled first aider will give everyone confidence that the event is being handled efficiently and effectively.

Each emergency is different, so it is impossible to provide you with a precise list of things you need to do for every situation. However if you follow the 'principles of first aid', you should deliver appropriate care, even if you are not sure of what the underlying problem is.



It is an important part of your employment that you regularly complete First Aid training and in particular maintain skills that are applicable to the hazards and risks of your workplace. In activity 1 you have listed the hazards and the types of injuries that are possible because of your workplace situation. In every situation, there are some basic rules that apply BEFORE applying any first aid treatment. These rules are:

- Use safe manual handling techniques appropriate for moving sick and injured persons.
- Use First Aid resources and equipment appropriate to the identified risks and hazard controls.
- Assess the casualty's vital signs and physical condition, and immediately ensure they are as comfortable as possible and ongoing risk is minimised.
- Seek consent from casualty or significant other if possible, prior to applying first aid management.
- Respond to the casualty in a culturally aware, sensitive and respectful manner.
- Comfort and reassure the casualty. In some cases all the casualty needs is emotional support and reassurance. A calm approach by the First Aider and keeping the casualty informed of what is happening, will also assist in the reassurance process.
- Remember that people who have assisted in delivering care to a casualty may need reassurance themselves. Relatives, onlookers or workmates at the scene may be concerned that they let the casualty down or that they made a mistake in not getting help earlier.

A dedicated First Aid Room is recommended for workplaces with more than 200 employees in low risk workplaces or more than 25 employees in high risk workplaces. Where appropriate, workplaces should have arrangements in place to access the services of a medical centre in the event of an emergency. However in many rural and remote situations, first aid is going to be provided "at the scene". This is where it is important to ensure the First Aid Kits that are available are comprehensive, contain equipment and supplies applicable to the injury risks of the workplace and are easily transportable.

Every workplace should have "designated First Aiders". A summary of the requirements for the different levels of designated First Aiders in South Australia is provided below. The hyperlinks to all state codes of practice are also provided.

www.safework.sa.gov.au/show_page.jsp?id=7332 – SA Code of Practice for First Aid in Workplace 2009

www.deir.qld.gov.au/workplace/resources/pdfs/firstaid_code2004.pdf – QLD

www.commerce.wa.gov.au/WorkSafe/PDF/Codes_of_Practice/Code_first_aid.pdf - WA

www.allenstraining.com.au/f.ashx/downloads/ACT-codes-of-Practice.pdf – ACT

www.worksafe.vic.gov.au/wps/wcm/connect/wsinternet/WorkSafe/Home/Forms+and+Publications/Compliance+Code/ – VIC

www.workcover.nsw.gov.au/healthsafety/healthsafetytopics/Pages/Firstaid.aspx – NSW

www.wst.tas.gov.au/_data/assets/pdf_file/0011/76889/GB119.pdf – TAS

Tasmania does not publish Codes but where appropriate, national Codes of Practice apply.

www.allenstraining.com.au/f.ashx/513651.pdf – NT

www.accidental.com.au/products/legislation.htm – This site provides Links and Info on Current Australian First Aid/ OH&S Related Legislation

The four types of designated first aiders permitted under the SA Code are distinguished by the level of training they receive and are defined as follows:

"Basic First Aider" meaning a person who has successfully completed a recognised training course that has given them the competencies required to recognise and respond to common life-threatening injuries or illnesses using (as appropriate) cardio-pulmonary resuscitation (CPR); and/or other appropriate first aid procedures.

"Senior First Aider" meaning a person who has successfully completed a recognised training course that has given them the competencies required to recognise and respond to common life-threatening injuries or illnesses using (as appropriate); cardio-pulmonary resuscitation (CPR) and/or other appropriate first aid procedures; and provide appropriate first aid for a broader range of injuries and illnesses.

“Occupational First Aider” meaning a person who has successfully completed a recognised training course that has given them competencies required to recognise and respond to common life-threatening injuries or illnesses using (as appropriate) cardio-pulmonary resuscitation (CPR) and/or other advanced first aid procedures; provide advanced first aid for a broader range of injuries and illnesses; and manage a first aid room.

“Remote First Aider” meaning an Senior First Aider who has also successfully completed a recognised training course that has given them competencies required to recognise and respond to common life-threatening injuries or illnesses using (as appropriate) cardio-pulmonary resuscitation (CPR) and/or other appropriate first aid procedures; provide appropriate first aid for a broader range of injuries and illnesses; and provide first aid to a casualty in a remote and/or isolated situation including preparing for aero-medical evacuation.

Download the web site www.comcare.gov.au/virtual_workplaces/virtual_office/first_aid_room/first_aid_officers

This Australian Government site is interactive and informative. Have a good look at the information provided about First Aid facilities in a workplace. Hover your cursor over the diagrams and click where indicated to open more information. After having a good look at the site complete activities 2 and 3.

→ ACTIVITY 2

Who are the designated First Aiders in your workplace? Speak to them and ask them what training they have completed and what they consider to be their workplace first aid responsibilities.

Name	
Completed training	
First Aid responsibilities	

Name	
Completed training	
First Aid responsibilities	

→ ACTIVITY 3

Now that you have identified your designated workplace First Aider, spend some time talking to them about risks and hazards in your workplace. For each of the risks, possible injuries and treatments that may occur in your workplace, what work procedures or policies are in place.

Response action	Workplace procedure or written instruction name	Brief description of procedure or written instruction
Use safe manual handling techniques appropriate for moving sick and injured persons.		
Use First Aid resources and equipment appropriate to the identified risks and hazard controls		
Assess the casualty's vital signs and physical condition and immediately ensure they are as comfortable as possible and ongoing risk is minimised.		
Seek consent from casualty or significant other if possible prior to applying first aid management.		
Respond to the casualty in a culturally aware, sensitive and respectful manner		

5. PROVIDE FIRST AID

TREATMENT TO THE CASUALTY

In Activities 1-3 you have been asked to specifically research your workplace with respect to:

- What are the identified risks and hazards in your workplace?
- What types of first aid equipment and supplies are applicable to your workplace?
- Who are the designated First Aiders and what training they have completed?

The rural, regional and remote sectors of Australia comprise a vast array of different businesses, industries and workplace situations. This means that there is also a wide array of differing workplace hazards and risks.

This workbook does not intend to list the specific risks, hazards and possible injuries for each industry sector or workplace situation. Rather, it will discuss the most common injuries and appropriate treatments. The workbook should be completed to provide extensive preparation for participants prior to completing the practical component of their First Aid training. It is strongly recommended that the practical training be contextualised to the specific industry sector of the participants and especially provide examples and treatments specific to the greatest risks and hazards of the participants workplace.

→ ACTIVITY 4

Injuries, illnesses or accidents occurring in the rural, regional and remote workplaces of Australia can include those listed in the following table. In the blank spaces insert any risks or injuries that are not on this list but that are identified as hazards in your workplace.

Non Specific. Other injuries may be causing response	Specific injuries/conditions	Situational
Absence of signs of life: - unconscious - unresponsive, not moving - not breathing normally	Cardiac conditions	Chemical contamination, poisoning and toxic substances
Asphyxiation, choking/airway obstruction, difficulty breathing	Severe bleeding	Severe allergic reaction
Drowning/ collapsed/ unconscious patient	Crush injuries	Environmental conditions such as hypothermia, dehydration, heat stroke
Nausea	Dislocations/fractures	Venomous bites.
Shock	Eye injuries	Needle-stick injuries
Anaphylaxis	Neck and spinal injury	Smoke inhalation
	Head injuries	Electrocution
	Nose wounds	Burns - thermal, chemical, friction, electrical
	Teeth and mouth wounds	
	Soft tissue injuries, including sprains, strains, dislocations	
	Asthma	

What do I do first? – Regardless of casualties or required first aid responses, there is always a priority order to follow. This is done using a systematic approach called DRABCD.

D - DANGER

Eliminate or minimise the dangers before you approach to ensure the safety of yourself, any bystanders and the casualty. Do not be a hero! If it is too dangerous to approach, keep at a safe distance and call the emergency services. Use bystanders to assist you where possible e.g. controlling traffic, phoning for help. Remember to use personal protective equipment to protect yourself, if available, a face shield and gloves.

R - RESPONSE

If you have more than one casualty always treat the unconscious ones first. A person may be making a lot of noise and clearly be in pain. However if they are making a noise, they are breathing. Someone who is unconscious may not be breathing. The person who is not responding always has the priority.

The best way to see if the casualty responds is to ask the following questions.

- Can you hear me?
- Open your eyes?
- What's your name?
- Squeeze my hands?

If the casualty responds, ask their name and methodically assess their condition. If an ambulance is required, call '000' now. If you are in any doubt, call the ambulance out. If the casualty is unconscious and not responding to talk and touch, do not shake them. You now need to check the airway.

A – AIRWAY

The Australian Resuscitation Council (ARC) guidelines state 'The casualty should not be routinely rolled onto the side to assess airway and breathing. Assessing the airway of the casualty without turning onto the side (i.e leaving them on their back or in the position in which they have been found) has the advantages of taking less time to perform and avoids movement.

The exceptions to this would be in submersion injuries or where the airway is obstructed with fluid (vomit or blood). In this instance the casualty should be promptly rolled onto the side to clear the airway.

- Keeping the head in the position you found it, look in the mouth. If any solid or liquid is found, place the casualty onto their side and clear the airway.
- If nothing is found in the mouth, leave the casualty on their back and open the airway using the head tilt/chin lift techniques. Place one hand on the casualty's forehead and two fingers under the chin. Tilt the head back and lift chin up opening the airway.



B – BREATHING

Check the casualty's breathing by placing your ear and cheek by their mouth and nose whilst looking at their chest:

- Look for movement of their chest and upper abdomen
- Listen for normal breathing
- Feel for breath on the side of your cheek

Normal breathing is between 12–24 breaths per minute. Assess their breathing for no longer than 10 seconds before deciding whether breathing is normal or not. If the casualty is breathing normally, place them onto their side if not already done. Call '000' and assess their airway and breathing every minute. If the casualty is not breathing, not breathing normally or there is any doubt to whether they are breathing normally, call '000' and then carry out 2 rescue breaths.

Ensuring the head is tilted back and the chin lifted up, seal their mouth with yours and blow in for approx. 1 second. Look out the corner of your eye for normal rise of the chest. Take your mouth off theirs and watch the chest fall, take another normal breath and breathe into the casualty again. Check quickly for normal breathing. If the casualty has begun to breathe normally, place them onto their side and assess their airway and breathing until medical aid arrives. If the casualty has not started breathing normally after 2 rescue breaths, carry out chest compressions immediately.



C – COMPRESSIONS

Place the heel of one hand on the centre of the chest (lower half of the sternum) with your other hand on top. Interlock fingers and pull your fingers off the rib cage. Press down on the chest to a depth of 1/3 of body depth. Compress the chest 30 times at a rate of 100 compressions per minute. Once you have carried out 30 chest compressions, carry out 2 rescue breaths. Continue at a ratio of 30:2 until either:

- professional help arrives to relieve you
- the casualty begins to breathe normally
- it becomes too dangerous to continue
- you become too exhausted to continue
- another competent first aider takes over from you
- the casualty begins to vomit
- a doctor pronounces death



D – DEFIBRILLATION

Attach an Automatic External Defibrillator (AED) if available and follow the voice prompts if trained.

REMEMBER, ANY RESUSCITATION IS BETTER THAN NO RESUSCITATION AT ALL.

Open the web site of Seton Australia. This site provides excellent downloadable PDF charts to further illustrate the process of DRABCD for both adults and children.

www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html



Click here to download CPR DRABCD Action Plan – Adult and Older Child

OR if you are using the printed resource, enter the address below into your web browser.

http://www.seton.net.au/media/technicalinformation/guides/cpr_adult.pdf



Click here to download CPR DRABCD Action Plan – Child and Infant

OR if you are using the printed resource, enter the address below into your web browser.

http://www.seton.net.au/media/technicalinformation/guides/cpr_childandinfant.pdf

You have looked at DRABCD so that you are able to safely provide a first aid response. The following section of your workbook will provide brief details and You Tube videos where appropriate, related to a range of first responses appropriate to injuries sustained by workers in rural, regional and remote Australia. None of this information is designed to provide full training in these first aid responses. To fully complete this training workbook you must attend a practical first aid program provided by your Registered Training Organisation.



http://commons.wikimedia.org/wiki/File:Professioneller_Defibrillator_mit_Monitor.png

CARDIO-PULMONARY RESUSCITATION (CPR)

A person who is not breathing is in respiratory arrest and needs resuscitation. When a person is in respiratory arrest, the heart may still be beating. Without resuscitation, the heart will stop beating soon after breathing stops. In some instances the heart may stop beating first, and then breathing stops immediately. This casualty needs cardio-pulmonary resuscitation (CPR), which combines rescue breathing, with external chest compressions to circulate the blood. Properly performed CPR can keep a casualty's vital organs supplied with oxygen-rich blood until ambulance personnel arrive to provide advanced care. Minimise movement of the head, neck and spine if you are concerned that a casualty has sustained a head, neck or back injury. Even if you suspect this is the case, if your casualty is not breathing resuscitation must still be performed and, if possible, you should use jaw thrust and not head tilt and jaw support to minimise movement.

Watch the You Tube videos to see visual demonstrations of CPR



Visual demonstrations of CPR "First Aid – How to perform CPR on Adults"

Click here view video OR if you are using the printed resource, enter the address below into your web browser.
<http://www.youtube.com/watch?v=AGznNGtT4xw&feature=related>



Visual demonstrations of CPR

Click here view video OR if you are using the printed resource, enter the address below into your web browser.
<http://www.youtube.com/watch?v=eXdk5B57OFY&feature=related>

Mouth to Nose Resuscitation: There are a number of reasons for choosing mouth to nose resuscitation. These may include:

- it is your preferred method
- the casualties jaw is tightly clenched
- the casualty has mouth or jaw injuries
- you are providing resuscitation in deep water.

What is the technique for this type of resuscitation?

- close the casualty's mouth with the hand that is supporting the jaw
- tilt the head and seal lips with the thumb
- blow into the casualty's nose
- turn your head to the side, look, listen, feel.

Mouth to Mask Resuscitation: The mouth-to-mask avoids mouth-to-mouth contact between the first aider and the casualty. Whenever available, this method should be used as it is more hygienic. Resuscitation should not be delayed whilst waiting for the mask to arrive.

Method:

1. Position yourself at the head of the casualty. Ensure a firm seal over both mouth and nose.
2. Maintain head tilt, jaw thrust and breathe into the mask. Remove your mouth from the mask, move your head to the side keeping your eyes on the chest to check for inflation and also allow the casualty to exhale.
3. Can also be delivered from beside casualty. Place mask over mouth and nose and hold in place using pistol grip.

→ ACTIVITY 5

Complete the following questions about CPR. If you cannot immediately think of the answers then go back through your workbook until you know the correct response.

If the casualty is:	What is the correct response	What is the incorrect response
Not breathing but has no sign of obstructions in mouth		
Not breathing but has vomit, fluid or obstructions in mouth		
Has significant injuries to the mouth and is not breathing		
Is breathing normally		

Over exposure to Heat and Cold

Heat exhaustion: The most common causes of heat related illnesses are exercising strenuously for long periods of time and working in a hot environment. As it is a very common occurrence for people to be in a hot environment in Australia, care must be taken related to the risk of heat exposure. Excessive exposure causes loss of fluid through sweating, thus reducing water in the body and causing blood volume to fall. The body also increases blood flow to the skin to cool the person, thus further reducing blood flow and the vital organs are then affected.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Cool, moist, pale skin • Normal or below normal skin temperature • Rapid, weak pulse • Sweating • Headache • Nausea • Weakness and dizziness 	<ul style="list-style-type: none"> • Rest the casualty lying down in a shaded area with legs elevated • Loosen any tight clothing • Give small amounts of clear, cool fluids • Sponge the skin with cool water • Seek medical assistance if the casualty does not recover or vomits and is unable to keep fluids down.

Heat stroke: This is a condition described when the body's systems cease to function because the body is unable to cool itself due to the low levels of fluid. This causes the temperature to rise rapidly and can lead to convulsions, unconsciousness and death.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • High body temperature • Red, hot, dry skin • Deteriorating conscious state • Strong pulse initially progressing to a weak and irregular pulse as the blood volume drops. 	<ul style="list-style-type: none"> • Rest the casualty lying down in a shaded area. • Cool the body with cool water or ice packs in the areas of the body where the pulses can be felt. • Give cool, clear fluids only when fully conscious. • Seek urgent medical assistance.

Frostbite: This occurs when the skin and underlying tissue becomes frozen. It can be a progressive injury perhaps affecting the skin such as in superficial frostbite, or it can be considered deep frostbite when the underlying tissues and skin are frozen. The water between the cells freezes and swells and can damage those cells, leading to the loss of fingers, toes, arms and legs.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Skin is frozen in superficial frostbite • Skin and Tissue is frozen in deep frostbite 	<ul style="list-style-type: none"> • Never rub the affected area. • Take the casualty to shelter before removing any clothing. Immediately rewarm the affected area with skin to skin transfer or immerse the area in a container of warm water. • Apply a very light dressing ensuring that toes and fingers are not going to stick together. • Elevate the affected area and seek medical assistance.

Hypothermia: This is a condition in which the entire body cools to below 35 degrees. If body temperature falls below 28 degrees the heart beats erratically and death may occur. This is brought about due to the fact that the body's warming mechanism has failed.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Shivering • Slow pulse • Numbness • Decreased level of consciousness • Abnormal coordination 	<ul style="list-style-type: none"> • Remove the casualty to a warm dry place, remove clothing, dry the casualty and put on dry clothing if available. • Rewarm the casualty by using heating devices such as hot water bottles, blankets or your own body heat. • Ensure you do not rewarm too quickly as this may cause dangerous heart rhythms. • Give the casualty warm fluids to drink. No alcohol. • Seek medical assistance.

→ ACTIVITY 6

Think about the conditions related to heat and cold exposure in your workplace. Describe the conditions that you can be working in and identify what risks you may face.

Working conditions	What work tasks are you involved in to be working in these conditions	What risks apply to working in these conditions

Head Injuries: can include concussion, cerebral compression and skull fractures.

Concussion: is a temporary impairment of brain function, usually without permanent damage.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Brief period of unconsciousness • Blurred vision, seeing stars • Headache, vomiting • Dizziness • Lack of co-ordination • Short term memory loss 	<ul style="list-style-type: none"> • Assess the conscious state. • If unconscious place them in a lateral position. • If conscious continue to observe the casualty, noting any change. • A doctor should rule out the possibility of other associated injuries.

Cerebral Compression: This is a condition where increased pressure inside the skull compresses the brain tissue and disrupts brain function.

There are a number of causes including:

- direct violence to the head, bleeding/bruising inside the skull
- infections of the brain (meningitis), tumours
- skull fracture

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Altered conscious state • Noisy/Irregular breathing • Weakness on one side of the body • Unequal pupils • Flushed/red face • Aggressive/agitated behaviour 	<ul style="list-style-type: none"> • Call ambulance immediately (even if the casualty is conscious). • Unconscious casualty – lateral position, observe ABC continually. • Conscious casualty – instruct the casualty not to move in case of spinal injury. • Monitor vital signs, and care for other injuries.

Skull Fracture signs and symptoms	Skull fracture treatment
<ul style="list-style-type: none"> • Bruising or lacerations • Unequal pupils • Bloodshot or black eyes • Blood or fluid oozing from the ear or nose • Altered conscious state 	<ul style="list-style-type: none"> • Call ambulance (even if they are conscious). • If unconscious – lateral position and observe ABC continually. • If conscious – support the casualty in a half sitting position and continually monitor ABC. • If blood or a semi-clear fluid is discharging from an ear, place the casualty in the lateral position to allow the fluid to drain from the ear. Cover the affected ear but do not plug the ear canal. Monitor and record the vital signs.

Eye injuries: The eye is very easily injured so it is therefore important that we take care when dealing with injuries to the eyes. Eye injuries can be caused in a number of ways such as fists, objects, chemicals, smoke, dirt, metals.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Foreign object against the eye • Penetration of the eyeball • Eye is outside socket • Blood in the eye 	<ul style="list-style-type: none"> • Flush the eye with water with the affected eye downwards. Do not persist in attempting to rid the eye of the object if it is stubborn. • Rest the casualty in a comfortable position. • Ask the casualty to close both eyes. • Bandage only the affected eye. • Never remove an object that is embedded in the eye. Apply padding around the object and keep the casualty still with the good eye closed. • Seek medical assistance.

Nose wounds: Nose injuries are usually the result of a blow to the nose that cause it to bleed. However bleeds can also be associated with high blood pressure or changes in the altitude. Sit the casualty down with the head slightly forward. Ask the casualty to apply finger and thumb pressure to the soft part of the nostril for 10 minutes. After 10 minutes release the nostril. If bleeding is not controlled, finger and thumb pressure can continue for up to 30 minutes. If unsuccessful after this amount of time, seek medical assistance.

Teeth and mouth wounds: If you are attending a casualty who has a tooth knocked out it can be replaced. Place the tooth in the base of the casualty's mouth and ask them to swish saliva around the tooth to clean it, or alternatively clean the tooth with milk. Put the tooth back into the socket and guard the tooth with a gauze pad to ensure it remains in place. Roll up some gauze and have the casualty bite down onto the gauze. If the tooth is not replaced into the socket, it can be transported in milk and the socket guarded with a piece of gauze.

Make sure the person visits a dentist within 1 hour.

→ ACTIVITY 8

Think about how nose and/or teeth/mouth injuries may occur in your workplace. Specifically describe situations where you can identify nose and/or teeth/mouth injury risks. Describe how to treat an injury. Also describe what actions can be taken to prevent/ minimise the risk of injury.

Describe the injury	What is the treatment	What workplace PPE or action can be used to minimise risk or prevent the injury

Sprain and strain soft tissue injuries

Sprains involve injury to the ligaments and surrounding soft tissues and strains involve injury to the muscles and tendons.

Signs and Symptoms	Treatment
<p>Always treat the injury as a fracture and never apply a compression bandage over a suspected broken bone.</p> <p>When it is confirmed that there is no fracture then apply treatments as per RICE.</p>	<p>REST – Decreases the pain.</p> <p>ICE – This applied to the injury for no longer than 10 minutes at a time. Ensure there is a barrier between the ice and the skin. Ice helps to control the swelling and relieve pain.</p> <p>COMPRESSION – A firm supportive figure 8 bandage is used to give even pressure over the injured area.</p> <p>ELEVATION – This reduces swelling as it slows the bleeding.</p>



Click here to download an excellent PDF related to the treatment of sprains and strains.

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>

Fractures are a break in the continuity of a bone. The fracture could resemble a crack, a chip or a complete break of the bone. There are also different types of fractures:

1. open fracture
2. closed fracture
3. complicated fracture

With an open fracture, the skin around the bone is broken and the bone may be protruding. There is great risk of infection with this fracture. With a closed fracture, the bone has broken under the skin. There may also be considerable bleeding under the skin and possible damage to muscles, vessels and soft tissues.

When you suspect a casualty has a complicated fracture, this means there is another associated injury along with the fracture. That damage may include nerve, blood vessels and vital organs, eg when a casualty has a broken rib it may puncture the lung and that is the complication to the fracture.



Burns: Are an injury resulting from heat, chemicals, electricity or radiation. The severity of the burn depends on a number of factors:

- size of the burn (the amount of area covered)
- cause of the burn (chemical, electricity)
- age (the young and old are more at risk)
- location (where on the body the burn is, facial burns could cause airway obstruction)
- depth (the deeper the burn, the worse it will be)

Signs and Symptoms	Treatment	Do Not
<p>Superficial (1st degree burn) The least severe form of burn affecting the outer layer of the skin known as the epidermis. The burn appears as red, swollen and painful. An example of a superficial burn is perhaps from the steam from a boiling kettle or hot iron. The burn is minor if the burned area does not cover more than the size of a hand.</p>	<ul style="list-style-type: none"> • Cool the burn for up to 20 minutes (using clean cool water) • Cover the burn with non-stick dressing • Treat for shock • Seek medical help 	<ul style="list-style-type: none"> • Apply lotions or ointments • Break blisters • Apply ice directly to the burn • Remove pieces of cloth that are stuck to the skin • Clean burns
<p>Partial Thickness (2nd degree burn) is more severe. With this burn the epidermis and dermis layers of the skin are affected. This burn is considered to be minor if the area involved is no greater than the size of a 20 cent piece.</p>	<ul style="list-style-type: none"> • Cool the burn for up to 20 minutes (using clean cool water) • Cover the burn with non-stick dressing • Treat for shock • Seek medical help 	<ul style="list-style-type: none"> • Apply lotions or ointments • Break blisters or clean burns • Apply ice directly to the burn • Remove pieces of cloth that are stuck to the skin
<p>Full thickness (3rd degree burn) burns are very severe. All layers of the skin are affected. The burn is black and charred and not painful in the centre of the burn as the nerve endings have been affected. There is pain associated with this burn and that comes from the outer edges of the burn that will be superficial or partial. There is no such thing as a minor full thickness burn.</p>	<ul style="list-style-type: none"> • Call 000 immediately • Cool the burn for up to 20 minutes (using clean cool water) • Cover the burn with non-stick dressing • Treat for shock 	<ul style="list-style-type: none"> • Apply lotions or ointments • Break blisters or clean burns • Apply ice directly to the burn • Remove pieces of cloth that are stuck to the skin
<p>Scalds</p>	<p>Removing any clothing because it traps the heat. Cool the area with water and treat as for any other burn.</p>	

Signs and Symptoms	Treatment	Do Not
Chemical Burns	Remove the chemical from the skin as quickly as possible and call the ambulance.	
<p>Electrical burn symptoms can include:</p> <p>Unconsciousness confused behaviour</p> <p>Obvious burns on the skin surface</p> <p>Breathing difficulty.</p> <p>Weak, irregular or absent pulse.</p> <p>Entry and exit burns where the current entered and where it left the body, often on the hand or foot.</p> <p>Wounds may look superficial but the tissues below may be severely damaged.</p>	<p>Ensure the power has been turned off before approaching the casualty.</p> <p>ALWAYS wait for the emergency services to turn off power and stay at least 6 - 8 metres away.</p> <p>For any casualties in vehicles or machinery that has come in contact with electricity remain at a safe distance and yell your instructions to them ensuring they remain in the car.</p> <p>When power source is definitely off then treat as for 1st, 2nd or 3rd degree</p>	



Click here to download an excellent PDF related to the treatment of burns and scalds

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→ ACTIVITY 10

Think about how burn injuries may occur in your workplace. Specifically describe situations where you can identify burn injury risks. Describe how to treat an injury. Also describe what actions can be taken to prevent/minimise the risk of injury.

Describe the injury	What is the treatment	What workplace PPE or action can be used to minimise risk or prevent the injury

Choking

Choking (Upper Airway Obstruction) may be partial or complete and may be present in the conscious or unconscious casualty. Some causes of upper airway obstruction could be:

- relaxation of the airway muscles due to unconsciousness
- inhaled foreign body
- trauma to the airway
- anaphylactic reaction

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Difficulty breathing • Wheezing and snoring sounds • Persistent cough 	<ul style="list-style-type: none"> • Despite evidence of an obstruction, if the casualty is coughing encourage them to cough to try and dispel the obstruction. • Reassure the casualty and get the history. • DO NOT carry out back slaps as this may make the situation worse.

Signs and Symptoms (Full Obstruction)	Treatment
<ul style="list-style-type: none"> • Unable to speak, cough, breathe or cry • Blue tinge of the lips • The casualty may grip their throat • Agitated and distressed • Rapid loss of consciousness 	<ul style="list-style-type: none"> • Call '000', reassure the casualty, keep them calm. • Administer up to 5 back slaps using the heel of your hand in an upward movement between shoulder blades. Check after each blow to see if the obstruction relieved. • If back blows unsuccessful, carry out up to 5 chest thrusts checking after each thrust to see if the obstruction has been relieved. • If obstruction is still not relieved, continue alternating between back blows and chest thrusts until ambulance arrives, obstruction is relieved or the casualty becomes unconscious. • If unconscious, place into recovery position, check airway and breathing. If not breathing normally, begin CPR

To perform chest thrusts identify the same compression point as for CPR and give up to 5 chest thrusts. These are similar to chest compressions but sharper and delivered at a slower rate.

→ ACTIVITY 10

Think about how choking/airway obstruction may occur in your workplace. Specifically describe situations where you can identify choking/airway obstruction risks. Describe how to treat an injury. Also describe what actions can be taken to prevent/ minimise the risk of injury.

Describe the injury	What is the treatment	What workplace PPE or action can be used to minimise risk or prevent the injury

Bleeding

Bleeding is the loss of blood from the vessels that make up the circulatory system. These vessels are known as arteries, veins and capillaries. There are two forms of bleeding, external and internal. External bleeding is obvious, whereas internal bleeding is more difficult to detect. You need to know where the blood is coming from as it affects the treatment.

- Arteries – the blood is bright red, usually spurting
- Capillaries – the blood is red in colour and oozing from the wound at a steady rate.
- Veins – the blood is darker in colour and flows from the wound

External Bleeding

Signs and symptoms-life threatening	Treatment
<ul style="list-style-type: none"> • Blood spurting from a wound • Blood that fails to clot after all measures have been taken to control the bleeding • The casualty will also display signs of shock 	<ul style="list-style-type: none"> • Call 000. • Inspect the wound to ensure there are no objects embedded. • Apply direct pressure to the wound. • Lie the casualty down and elevate the affected area, if injuries permit. • Ensure the bandage is not too tight and there is good circulation beyond the bandage. • Monitor the casualty's pulse and breathing. • Treat for shock.



Click here to download an excellent PDF related to the treatment bleeding

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>

Preventing the transmission of diseases

- Ensure that you do not come in contact with your casualty's blood. There needs to be an effective barrier between you and the casualty. Examples of these are: casualty's own hand, gloves or clean folded material.
- Wear face mask and eye protection.
- Wash your hands with warm water and soap and dry them off effectively, both before and after care if possible, even if you wore gloves.

Internal Bleeding

Internal bleeding occurs when there is a rupture of arteries, veins or capillaries. Capillary bleeding is seen in the form of bruising beneath the skin and is usually not considered serious. Deeper bleeding involving arteries or veins may result in severe blood loss. It is possible for the casualty to not show any signs of internal bleeding but there may be significant damage to organs such as the liver and spleen as there is no bone coverage of the abdominal cavity. There may also be severe damage to the vessels if injured by penetrating or embedded objects.

Signs and symptoms	Treatment
<ul style="list-style-type: none"> • Pain / tenderness at the site • Rigid abdominal muscles • Bleeding from other sights e.g coughing or vomiting blood • Signs of shock • Rapid, weak pulse • Bleeding from other body orifices 	<ul style="list-style-type: none"> • DRABCD • Lie casualty down and rest comfortably • Raise legs of injuries permit • Keep casualty warm • Reassure • Continue to check pulse and breathing • Call 000 • Do not give anything to eat or drink

Crush injuries: occurs when a heavy object falls and crushes the casualty. The injuries are particularly serious when there is also damage to internal organs, bone fractures and severe bleeding.

Management

- DRABCD
- Remove the crushing force immediately if safe to do so
- If the casualty has been trapped for longer than 1 hour DO NOT REMOVE the crushing force
- Control any bleeding and other injuries
- If unable to remove the object or the casualty has been trapped for the extended period, call for immediate help
- Reassure the casualty and check for vital signs

Amputations

When a part of the body is cut off or torn off, the First Aider must ensure the severed area is cared for and transported to the hospital with the casualty. The following You Tube is an excellent practical demonstration of the treatment related to the amputation of a finger. The video is slightly graphic. Please use your own judgement in choosing to watch the video.

http://www.youtube.com/watch?v=IsD__JWs3l4

Management

- DRABCD
- Apply direct pressure to the affected limb, bandage and elevate
- Place the severed part in a plastic bag or other airtight container
- Pack the bag/container into ice added to water. The severed part must never come in direct contact with water or ice. Send to the hospital with the casualty

→ ACTIVITY 11

Think about how a bleeding injury may occur in your workplace. Specifically describe situations where you can identify bleeding injury risks. Describe how to treat the injuries. Also describe what actions can be taken to prevent / minimise the risk of injury.

Describe the injury	What is the treatment	What workplace PPE or action can be used to minimise risk or prevent the injury

Fainting

Fainting is a common cause of unconsciousness and may occur when the casualty's heart rate is too slow to maintain sufficient blood pressure for the brain. This is a partial or complete loss of consciousness caused by a relative lack of blood flow to the brain. Fainting usually occurs because of one of three processes:

- Seizure activity
- Inadequate supply to the brain (Low blood sugar)
- Inadequate oxygen supply to the brain

Signs and symptoms	Treatment
<ul style="list-style-type: none"> • Feeling light headed or dizzy • The signs of shock, such as pale, cool, moist skin • Nausea (Feeling Sick) • Numbness or tingling in the fingers and toes 	<ul style="list-style-type: none"> • DRABCD (Primary Survey) • If the casualty responds, leave them on their back • If possible, raise the casualty's leg approx. 20-30cm • Loosen any restrictive clothing around the waist and neck • If the casualty is unresponsive, unconscious and breathing normally place them into the recovery position, call '000' and monitor their airway and breathing until help arrives.

Usually the casualty who faints will recover with no lasting effects. However, because you may not be able to determine whether the faint is linked to a more serious condition, the casualty should seek medical attention.

Shock: is a term used to describe the lack/loss of effective circulation, therefore causing failure of the circulatory system to provide adequate oxygen rich blood to all parts of the body. If the vital organs do not receive enough oxygen rich blood, death will occur. The following You Tube is an excellent practical demonstration for the treatment of shock.



Click here view video "Shock"

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.youtube.com/watch?v=jp32sTgeFTY&feature=channel>



Click here to download an excellent PDF related to the treatment of shock

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>

Cause	Signs and symptoms	Treatment
<ul style="list-style-type: none"> • Low blood volume due to bleeding, vomiting or diarrhoea • Heart attack or irregular rhythms • Spinal cord injury • Severe burns • Severe sweating and dehydration • Infections or allergic reactions • Injury 	<ul style="list-style-type: none"> • Pale, cool, moist skin • Rapid breathing • Rapid and weak pulse • Confused/disorientated • Excessive thirst • Nausea and/or vomiting • Altered level of consciousness. 	<ul style="list-style-type: none"> • Call 000 • Ensure the area is safe, follow DRABCD • Stop any obvious bleeding • Rest the casualty comfortably, elevate legs if other injuries permit you to do so. • Do not elevate if legs are fractured, the casualty has had a heart attack, head or spinal injuries • Keep the casualty warm • Care for any other injuries or wounds • Monitor airway and breathing • If the casualty becomes unconscious, place in a lateral position • Moisten casualty's lips if thirsty but do not give anything to eat or drink

Stroke (Cerebrovascular accident): A stroke occurs when the supply of blood to part of the brain is suddenly disrupted. Oxygenated blood is carried to the brain in arteries. The blood in these arteries may stop moving because of either a clot blocking the artery or a rupture in the blood vessel. When blood flow to part of the brain is inadequate, the cells in that area will die and the brain can become permanently damaged.

Signs and symptoms	Treatment
<ul style="list-style-type: none">• Weakness, numbness or paralysis of the face, arms or legs.• Difficulty communicating (speaking or understanding)• Difficulty swallowing• Dizziness, loss of balance or unexpected fall• Loss of vision, sudden blurred or decreased vision in one or both eyes• Sudden onset of headache• Drowsiness	<ul style="list-style-type: none">• Call 000 and seek medical attention immediately.• If the casualty is conscious provide reassurance, make the casualty comfortable and do not give them anything to eat or drink• If the casualty is unconscious, follow DRABCD principle.

Seizures – may occur for various reasons such as:

- A person with epilepsy
- In most conditions affecting the brain (head injury, stroke, meningitis, brain tumour, lack of oxygen to the brain)
- Poisons and drugs
- Withdrawal from alcohol or other drugs

Signs and symptoms	Treatment
<ul style="list-style-type: none"> • Sudden spasm of the muscles producing rigidity and the casualty to fall down. This is known as the “tonic phase”. • Violent jerking movements of the arms, legs and head. This is known as the “clonic phase”. • Unconsciousness • Noisy breathing • Salivation • Urinary incontinence 	<ul style="list-style-type: none"> • Make sure the area is safe and move any objects away so that the casualty will not injure themselves. • Do not restrain the casualty during the seizure unless it is essential to avoid injury. • Place the casualty onto their side (recovery position) as soon as possible, to open and maintain a clear airway. • Check the casualty for breathing and if not breathing, resuscitate. • Allow the casualty to sleep under supervision once the seizure stops. • Do not attempt to place anything into the casualty’s mouth. • Protect the head from hitting the floor during the seizure by placing something soft underneath their head. • Seek medical advice immediately.



Click here to download an excellent PDF related to the treatment of seizures

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>

In addition look at the following You Tube. It is an American video but an excellent practical demonstration related to the first aid treatment of a seizure patient.



Click here view video “Seizure ”

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.youtube.com/watch?v=fY5OG3DURBA&feature=channel>

Heart Attack

Heart disease is the biggest cause of death in the world. It is vitally important to get the casualty to hospital if you suspect they are having a heart attack. Early recognition and management is essential and "every minute counts". Heart attacks occur when an artery supplying the heart with oxygen (coronary artery) becomes blocked. The part of the heart where the blockage is will not receive oxygen and will die. This is termed a heart attack. This is usually sudden and the casualty may not have any history of heart disease.

Look at the You Tube on emergency first aid treatment for a heart attack.



Click here view video "Heart Attack first aid "

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.youtube.com/watch?v=jBacoBOZXIQ&feature=related>

Causes of heart disease:

- Smoking
- Stress
- High blood pressure
- Poor diet
- High cholesterol
- Lack of exercise
- Genetics

Signs and symptoms	Treatment
<ul style="list-style-type: none"> • Severe central chest pain described as a heaviness or crushing sensation on the chest, radiating to the arms, jaw, shoulders, neck and back • Pale, cool and clammy (cardiogenic shock) • Breathing difficulty • Sweating • Nausea and vomiting • Dizziness • May feel terrified and have a feeling of impending death 	<ul style="list-style-type: none"> • DRABCD • Call "000" immediately • Rest and reassure the casualty (NO NOT allow the casualty to walk about) • Assist with any prescribed medication • Be prepared to carry out resuscitation

→ ACTIVITY 13

You have been reading about and viewing videos related to shock, fainting, stroke and heart attack. While these conditions are not workplace “injuries” in themselves they can and do occur in the workplace and require correct emergency first aid treatment. For each of the conditions listed, describe the symptoms you may see in the patient and the correct first aid treatment.

What is happening to the patient	What are the symptoms	What is the correct first aid treatment
Fainting		
Heart Attack		
Stroke		
Seizure		
Shock		

Asthma: This is a condition where the air passages to the lungs become narrowed by muscle spasm, swelling of the mucous membrane lining the lungs and increased mucous production in the lungs. The airways become narrowed and the casualty will have difficulty breathing. Air is trapped in the lungs because the casualty cannot easily breathe out. Asthma can be triggered by a number of different happenings including:

- Colds and infections
- Exercise
- Inhaled allergens (pollens, moulds, animal dandruff, house dust mites)
- Sudden weather and temperature changes
- Tobacco smoke
- Food additives
- Emotions or stress

Signs and symptoms	Treatment
<ul style="list-style-type: none"> • Shortness of breath • Unable to finish full sentences • Dry or moist cough • Increased heart rate • Blueness of the lips • Exhaustion • Anxious and distressed • Wheezing 	<ul style="list-style-type: none"> • Sit the casualty upright and give reassurance. Do not leave the casualty alone. • If the casualty is co-operative, give 4 puffs of a bronchodilator every 4 minutes. A spacer should be used if available. • If there is no improvement after 4 minutes, call "000". • If the casualty is unable to take the medication, call "000" • If the casualty becomes unconscious, DRABCD and resuscitate if necessary

If the attack is very severe and there is scarcely any air moving in and out of the lungs, wheezes may be absent.

"IN AN ACUTE ASTHMA ATTACK, SILENCE IS NOT GOLDEN – IT'S DEADLY".



Diabetes: The cells of the body require oxygen and glucose to function normally. People who do not produce enough or no insulin, do not have the ability to transport their sugar into the cells of the body.

There are two types of diabetes:

- Type 1 – Insulin dependant, occurs when the body produces little or no insulin. Most people with this type have to inject insulin into their body on a daily basis.
- Type 2 – Non-insulin dependant, occurs when the body produces insulin but not in sufficient quantity for the body's needs. These people generally control their diabetes with diet and tablets.

There are two types of illnesses produced by diabetes:

- Hyperglycaemia - High blood sugar. This condition develops when the casualty has not taken their insulin. It is not commonly seen by First Aiders as its onset is usually gradual and the casualty is able to take corrective measures.
- Hypoglycaemia - Low blood sugar. This condition is quick onset and if not treated can lead to unconsciousness or death. Should a diabetic inject too much insulin, miss a meal, develop an infection or over exercise, they can develop low blood sugar levels. This is the most common type of diabetes that a First Aider will come up against.

Signs and Symptoms of Low Blood Sugar	Treatment
<ul style="list-style-type: none"> • Weakness and/or light headed • Confused and aggressive (commonly mistaken for drunkenness) • Pale, cold, sweaty skin. • Levels of consciousness may deteriorate • Casualty may develop seizures 	<ul style="list-style-type: none"> • DRABCD • Call "000" • Give the casualty something sweet to drink or eat. • If the casualty becomes unconscious, check airway and breathing. If the casualty is breathing normally, place them into the recovery position and monitor their airway and breathing. • If the casualty is not breathing normally, continue CPR until help arrives.

WARNING. NEVER administer insulin to a casualty, if this is done incorrectly, it can be fatal. Always seek medical advice. The biggest problem that First Aiders will encounter is deciding whether the casualty is suffering from high or low blood sugar. A good indicator is the casualty's skin colour. If they are high the skin will be flushed and dry, if they are low they will be pale and sweaty.

→ ACTIVITY 14

You have been reading about asthma and diabetes. These conditions are not workplace "injuries" in themselves however asthma can definitely be triggered by workplace conditions. This means that asthma can definitely occur in the workplace and requires correct emergency first aid treatment. For each of the conditions listed describe the symptoms you may see in the patient and the correct first aid treatment.

What is happening to the patient	What are the symptoms	What is the correct first aid treatment
Asthma		
Diabetes		

Snake Bites: Spend some time viewing the You Tube related to snake bite. It provides an insight into typical Australian situations and emergency snake bite treatments.



Click here view video “SNAKE BITE first aid treatment ”

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.youtube.com/watch?v=f2u-6yFz7DE&feature=related>

Any suspected snake bite must be treated with immediate First Aid, (pressure bandage and immobilisation technique) and transported to hospital - urgently!

The general treatment to be applied should be:

- DRABCD
- Keep the victim quiet and reassure them, get them to lie down. If possible, call for assistance.
- If possible, remove any jewellery (watch) and clothing (cut off) from bitten limb.
- You should apply at least 3 bandages if you have them.

Bandage 1: Apply the crepe bandage over the bite site then continue this bandage evenly over the entire limb to the armpit or groin (It should be as tight as one would bandage a freshly sprained wrist or ankle)

Bandage 2 and 3: These are applied over the first (pending whether bite is on arm or leg) starting over the fingers or toes.

- Immobilise the bitten limb with a splint, stick, or rolled up newspaper or cardboard, bandaged or tied to the limb, or use a St. John’s sling or air splint applied to limb. All joints of bitten limb need to be totally immobilised.

If bandaging is not available, tear towels, sheets, clothes, pantihose etc. may be used.

What you must NOT do related to snake bite:

- Do not wash the bite site. A doctor can use a sample from the bite site to help identify the venom by using a Venom Detection Kit test, aiding in the administering of the correct antivenin.
- Do not give food or drink - especially alcohol, small sips of water are acceptable if there is a great delay in the victim being transported to hospital.
- Do not cut or suck the bite. (By sucking the bite site the First Aider may ingest venom and cutting it may cause other unwanted medical problems).
- Do not apply or use a tourniquet. (A tourniquet will cause compression injuries to nerves, tendons, ligaments, arteries, veins)

Open the web site to the Australian Venom Research unit. The site provides additional answers in a “Frequently asked Question” format about Australia’s venomous creatures. The additional information is helpful .

<http://www.avru.org/faqsnares.html>

Then click on the hyperlink below to download an excellent PDF from Seton Australia related to the treatment













Click here to download an excellent PDF related to the treatment of bites and stings

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<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>

Bites and Stings

When is pressure immobilisation recommended		When is pressure immobilisation NOT recommended	
All snakes as well as sea snakes		Stonefish and other fish stings	
Funnel web spider bites		Spider bites other than a funnel web spider	
Bee, wasp and ant stings in allergic individuals		Bee, wasp and ant stings in non-allergic individuals	
Blue ringed octopus bites		Jelly fish stings	
Cone shell sting		Bites by scorpions, centipedes, beetles	

To apply the pressure immobilisation bandage:

1. Apply a crepe bandage directly over the bite site to maintain pressure.
2. For a bite on the arm or leg, apply a second bandage and work upwards to cover as much of the limb as possible.
3. Immobilise the limb to a splint or use the body as a splint.
4. Keep the casualty still and calm and wait for medical assistance. The pressure bandage is used to slow down the transportation of the venom from the lymphatic system.
5. Do not remove the bandages until the casualty has reached medical care, and then only if instructed to under medical supervision.
6. If the bandage has been applied too tight, circulation may be cut off to the lower parts of the limb. Signs and symptoms of impaired circulation include numbness, discolouration of the fingers and toes and the sensation of coldness. If any of these signs and symptoms occur, loosen the bandage only enough to get circulation going in the limb again. Obviously do not attempt to use pressure immobilisation technique for bites located on the head or trunk.

→ ACTIVITY 15

You have been reading about and viewing videos related to snake bite and other venomous creatures. Unfortunately Australia has a broad range of venomous creatures occurring in many areas where businesses and industry operate. In other words, you can expect to see at least some types of venomous creatures in your workplace especially in the rural and remote areas of Australia. List the venomous creatures that are indigenous or present in your workplace location. For each of the creatures list the symptoms and the correct treatment.

Venomous creature	What are the symptoms of bites/stings	What is the correct first aid treatment

Poisons

There are 4 different ways poisons can enter the body:

1. Ingested, that is a poison that is swallowed
2. Inhaled, as in breathing a poison into the lungs
3. Injected, such as a snakebite or hypodermic needle
4. Absorbed, a poison that on contact with the skin is transferred into the body

Types of Injuries

If someone does suffer from exposure to poison their symptoms are likely to fall into three general categories: heightened sensitivity, acute illness, or chronic illness.

Heightened sensitivity - is an allergic reaction on an area of skin. Over time, a person who has been exposed to a poison e.g. pesticide may develop an allergy. A rash may develop on any area of skin that contacts the chemical. Another type of sensitivity is called photosensitivity. In this case, pesticide residues left on the skin react with sunlight to form rash-like areas.

Acute injury - occurring shortly after the exposure, is a common type of poison reaction. Acute injuries are the immediate or near-immediate effects of accidental swallowing, skin contamination, breathing toxic fumes, injection or bite.

Accidentally swallowing, inhalation, injection, sting or bite can cause a loss of consciousness and death depending on the toxicity of the poison.

Chronic (long-term) injury - this type injury may require weeks, months, or even years after the initial exposure to the pesticide to develop symptoms. Chronic illnesses from pesticides may result in tumors or various cancers. However, over time, frequent minimal exposures to a poison can build up in the body and cause an acute reaction, e.g. an attack on the nervous system or lung failure. For these reasons, a person who works with and is exposed to poisons e.g. pesticides, must always wear personal protective equipment and follow all safety instructions to prevent exposures to a pesticide, even if there are no visible signs of poisoning.

The First Aider is not likely to be treating a heightened sensitivity or chronic poison injury. The treatment for acute injury is as follows:

- Apply DRABCD.
- Care for life threatening conditions.
- Ask questions to gather additional information to determine the type of poisoning if not readily apparent.
- If it is a chemical poison, look for containers to get information. Call the poisons information number on a label or 000.
- Do not give the casualty anything to drink unless instructed to do so.



Click here to download an excellent PDF related to the treatment of poisoning

OR if you are using the printed resource, enter the address below into your web browser.

<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>



→ ACTIVITY 16

Speak to your supervisor about all of the poisons that are regularly used in your workplace. List the poisons below. For each poison read the label and state what the symptoms of poisoning are and what is the correct First Aid treatment.

List poisons used in your workplace	What are the symptoms of poisoning	What is the correct first aid treatment

Anaphylactic shock

This is a term used to describe a severe allergic reaction to a substance. It is a form of shock. When a casualty comes in contact with a substance they are sensitive to, the casualty could develop Anaphylaxis. It is essential to correctly treat this condition as quickly as possible.

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Swelling at the site • Itching or rash • Nausea and vomiting • Breathing difficulties may develop caused by swelling of the throat. In severe cases this could lead to an obstructed airway. 	<ul style="list-style-type: none"> • DRABCD • If unconscious, lateral position and continually observe the ABC and be prepared to commence EAR / CPR as required. • If conscious, observe the casualty and seek medical assistance. • If the casualty has any medication for the condition, it should be taken immediately.

You have now looked at many of the injuries and medical emergencies that can occur in a rural, regional or remote workplace in Australia.

6. WHAT RESOURCES

AND EQUIPMENT SHOULD BE AVAILABLE

The workbook has covered a range of injuries that can occur in rural, regional and remote workplaces. In all of the situations, the appropriate treatment assumes that the First Aider has access to useful and applicable equipment.

A First Aid Kit should be appropriate for the types of injuries and illnesses likely to occur at the workplace. Do a risk assessment to decide on the type, quantity and sizes of items needed in the kit. In addition employers should ensure that they comply with any compliance requirements in their State. The State may determine specific requirements such as:

Low risk workplaces:

- one kit for 10 to 50 employees

Higher-risk workplaces:

- one kit, including risk specific first aid equipment, for up to 25 employees
- two kits, including risk specific first aid equipment, for up to 50 employees

Isolated situations: Where workers don't have timely access to medical or ambulance services, the first aid kits need to be easily available and designed specifically to meet identified hazard and risk analysis for that workplace.

The First Aid container needs to protect the contents of the kit from dust and damage and be large enough to hold all equipment, preferably in separate compartments. The container needs to be recognisable (i.e. with a white cross on a green background and clearly marked as 'First Aid Kit') and should not be locked. Sturdy tool kit boxes often make ideal first aid boxes.

Include single use, disposable items in the kit where possible. Reusable items must be cleaned, sterilised and disinfected.

First Aid Kits for low risk workplaces should include:

- adhesive strips (assorted sizes) for minor wound dressing
- non-allergenic adhesive tape for securing dressings and strapping
- sharps disposal container for infection control and disposal purposes
- sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening
- scissors for cutting dressings or clothing
- kidney dish for holding dressings and instruments
- small dressings bowl for holding liquids
- hospital crepe or conforming bandage/pressure bandage to hold dressings in place
- wound/combine dressings to control bleeding and for covering wounds
- eye wash and sterile eye pads (packet)
- sterile coverings for serious wounds
- triangular bandage for slings, support and/or padding
- non-adhesive dressings for wounds, small, medium and large sterile unmedicated wound dressings
- rubber thread or crepe bandage
- safety pins to secure bandages and slings
- gauze squares for cleaning wounds
- forceps/tweezers for removing foreign bodies
- disposable latex or vinyl gloves for infection control
- resuscitation mask to be used by qualified personnel for resuscitation purposes
- antiseptic solution for cleaning wounds and skin
- plastic bags for waste disposal
- note pad and pen/pencil for recording the injured or ill person's condition and treatment given
- re-usable ice-pack for the management of strains, sprains and bruises
- thermometers

- thermal blankets
- pocket face masks
- surgical gloves
- cervical collar
- basic first aid notes
- sterile saline solution

The name and telephone number of workplace First Aid Officers, and the phone number and address of the emergency services should be either in or near each First Aid Kit.

Where a workplace has identified specific injuries or illnesses as a hazard over and above those that may occur in a low risk workplace, then additional First Aid Kit contents, facilities and equipment plus properly trained people should be provided. The type of potential hazard situations that warrant special supplies and training would include:

- where burns have been identified as potential injuries
- where eye injuries may occur
- where poisoning may occur
- where chemical splashes may arise

In addition, remote locations should have additional supplies in a First Aid Kit for a number of reasons. Remember that First Aid Kits should include multiples of commonly used items if restocking depleted items is not regular i.e. due to isolation. Items that should be included in a remote First Aid Kit in addition to normal items include:

- heavy smooth crepe roller bandages, 10cm wide, and sufficient quantity to bandage lower limbs to immobilise limb after a snakebite
- splint to immobilise limb after a snakebite or fractures
- melaleuca hydro gel burn dressings if there is no cool water supply
- large burns sheet for covering burn areas
- clean sheeting for cooling and dressing burns
- thermal/emergency blanket for the management of shock and to assist portability of a patient
- first aid manual or book
- torch and/or flashlight for use at night and for attracting attention
- note pad and pen/pencil for recording the injured or ill persons condition and treatment given
- access to an appropriate communication system like a mobile, telephone or two-way radio



7. WHAT COMMUNICATION

EQUIPMENT MAY BE REQUIRED

Clearly the communication equipment that is required in any workplace emergency is entirely dictated by the location of the workplace. Australia has workplaces in very isolated and remote situations that do not have the normal mobile phone coverage capabilities of more populated regions. Even many of our more regional centres still struggle with inadequate phone signals. You cannot afford to be in a position where lack of a signal prevents a person being able to call for emergency help. It is important that your employer determines the best and most reliable emergency contact equipment for your workplace and ensures that the equipment provided will work no matter where you are in the workplace. This may mean the provision of multiple emergency communication systems.

As a form of emergency communication assistance, people with medical conditions may wear or carry a form of medical identification, usually a bracelet, necklace or a card in their wallet.

These medical-alert devices are imprinted with the person's identity, the relevant medical condition, allergies, drugs required and specialised medical contact information. Medical conditions that may be shown vary from specific heart diseases, to diabetes, epilepsy, asthma, and serious allergies. Always look for a Medical Identification Tag when providing first aid.

Getting help

In Australia dial '000' for emergency assistance such as ambulance, fire or police services.

You can dial '000' from any phone, fixed or mobile.

Alternative ways to call for help

'112' is the GSM international standard emergency number, which can only be dialled on digital mobile phones. 112 cannot be dialled from the fixed network or from technology such as CDMA, you should use '000' for these telephones.

Another feature of the 112 system is that it can be dialled from anywhere in the world with GSM coverage and is then automatically translated to that country's emergency number.

112 can also be dialled in any network coverage area (for example, in Australia, it could be dialled on an Optus mobile that is out of coverage and be connected to the emergency number by Vodafone where there is coverage) and this is even without the presence of a SIM card or having the PIN number for the phone.

People with a hearing or speech impairment can call ambulance, fire or police services by dialling '106' from a phone line connected to a Teletypewriter (TTY) or from a computer with a modem (but not mobile text messaging).

In a workplace there may be an internal number to call in an emergency which should be clearly displayed on or around the telephone.

Freeways and major roads have emergency phones that are marked by blue signs and with an arrow to point you in the direction of the nearest phone. These are linked to control centres, allowing them to pinpoint your position and get help to you quickly.

If you are attending to a casualty, have a bystander telephone for help. If you are on your own you may have to leave the casualty for a short time to make a call. The specific circumstance surrounding the incident will dictate whether you call for help, or whether you send a bystander.

The important things to remember when calling for help are:

1. State which emergency service you want: Ambulance, Fire, or Police.
2. Stay on the line until connected with the emergency service operator as they will need to talk to you before sending assistance.
3. Give as much information as possible about the location of the emergency. The information required will depend on whether you are in an urban or rural or remote area.
4. Your name and call back details
5. What happened – e.g. car accident
6. Number and condition of the casualties, including level of consciousness, breathing and circulation

As previously stated there are many areas of Australia where a mobile will not have adequate signal for calling and landline phones are not available at the site of the incident.

Workplaces in these types of situations must have other communication sources readily available. These may include:

UHF/VHF/HF Radio:

Unless you are communicating within relatively short distances UHF/VHF radio can be of limited use. However a High Frequency radio will allow communication wherever you are so should also be a part of a remote workplace or for a person working alone.



Satellite Phone:

Satellite phones are one of the best tools for remote area communication. Handheld mobiles such as the Iridium 9505A Satellite Phone offer a small, lightweight compact systems.



All of the above communication systems allow for verbal dialogue between sender and receiver and are clearly the best methods of communication, as they allow for the greatest amount of information to be sourced. However sometimes it may only be possible to use a signal. The signal will identify a location and allow emergency rescue squads to find the people in trouble. Devices or equipment that send signals can be effective world-wide or over a very small range. They may include:

Personal Locator Beacon (PLB):

A PLB or Personal Locator Beacon (a smaller version of the EPIRB) should be a standard piece of equipment for any person working alone or in remote situations. PLB's are satellite activated which send distress SOS signals nonstop for 24-48 hours, practically all over the world and pin point your position anywhere between 200m and 3km.

Emergency Management Australia picks up and coordinates the response, usually by contacting local police and emergency services in the distress signal area. It is highly advisable that you carry a digital 406 MHz PL.



Click on the You Tube link below to learn more about a personal locator beacon.



Click here view video “Why a Personal Locator Beacon”

OR if you are using the printed resource, enter the address below into your web browser.

http://www.youtube.com/watch?v=8m78j0TleVg&feature=player_embedded#!

Reflective or signal mirrors:

Most personal signal mirrors are small, compact and sturdy. They have assisted many successful rescues over the years and are one of the most practical, basic and best all-round signaling devices. It doesn't need batteries, but it does need the user to have a bit of knowledge and skill in its use. It can only be used in daylight hours with normal sunlight conditions. A properly used signal mirror can be seen up to 10 - 20km away on land and much further from the air.

Orange smoke generating signals, flares and rockets:

Can be sighted as far away as 25km. They are most effective in calm wind conditions and open terrain. The effectiveness of these signals decreases rapidly with an increase of wind speed above 15 knots. Pyrotechnic flares may be used in daylight, however their detectable range is only about 10 per cent of the night-time range.

Fire:

On land an actual fire is known to be the most effective night time signal that can be used.

Strobe Lights:

Strobe lights are another piece of useful kit for emergency signalling at night. On average they can be seen up to 7-10km on a clear night. They can be turned off and left unattended. Spare batteries are essential.



Flashlight/Torch:

Obviously any type of torch or headlamp can be used at night for sending emergency signals.



Lasers:

Laser signaling tools can be more effective than conventional torches .A current light weight product called the Rescue Laser Flare is visible up to 30km at night and up to 6km in the day.

Cyalume Sticks:

These are a light weight handy piece of equipment. They are excellent for marking locations of campsites, packs or people at night but are only visible to the naked eye at night up to a kilometre away.



Whistles:

They provide an excellent way for close up signaling. They are a very underrated piece of signaling equipment, but they do offer you an alternative (and more effective option) to yelling. In some documented cases, they have been heard up to three kilometres away.



Bright Clothing:

All workers should wear bright reflective safety clothing as a matter of habit. The clothing is easily seen and if you have no other signaling devices, spread what bright clothes or items (e.g. sleeping bag) you have on the ground to help authorities spot you, particularly from the air, or hang them in trees for ground searches.

8. COMMUNICATE

DETAILS OF THE INCIDENT

If you are involved in a first response incident in the workplace, it is going to be critical that you are able to provide accurate information. The information you need to provide will include:

- assessment of casualty's condition and first aid procedures undertaken, to emergency services/relieving personnel
- calmly provide information to reassure casualty, adopting a communication style to match the casualty's level of consciousness

In addition to the information given to outside emergency personnel, you may also be required to communicate and explain the situation and required actions to other people in the workplace who can offer help. The typical situations that may need to be explained could include:

- procedures for ensuring the risks and hazards are reduced with no other people able to be injured.
- the operation of emergency control equipment.
- conditions and actions which may make the safe handling of emergencies difficult.
- explain and demonstrate how to evacuate from an endangered area.
- explain why an emergency response may need to be varied to suit different emergency situations that could occur in a workplace.

→ ACTIVITY 20

Complete the following table. Against each question explain how this happens in your workplace. If you are unsure ask your supervisor. If your workplace has specific procedures related to any of the questions please scan and attach a copy of the procedure to your workbook.

Initiation of emergency notifications and warnings	
Follow your responsibilities in accordance with the workplace emergency response plan and any code/regulatory requirements	
Provide assistance to other staff in conducting an initial survey of the scene of an emergency	
Provide assistance in controlling the site both prior to and following arrival of emergency services	

Directions of the controlling emergency authority are followed and all possible assistance is provided in response to those directions	
Medical assistance and support is arranged as required in accordance with workplace procedures	
First aid is provided pending the arrival of medical assistance within limits of responsibility and competence in accordance with workplace procedures	
Incident reports are completed accurately in accordance with regulatory and workplace procedures	
Evacuation procedures are demonstrated and explained in accordance with workplace procedures	
Persons safety needs arising from emergency situations are identified and acted upon in accordance with regulatory and workplace requirements	

9. SAFETY (OHS)

AND FIRST AID

Every workplace has Occupational Health and Safety requirements that are applicable to the workplace. The workplace OHS procedures must be adhered to when completing any workplace task. This expectation still applies in an emergency situation or when applying first aid.

State and Territory legislation and regulations that apply during a normal workplace procedure, and therefore still apply in an emergency, are likely to relate to:

- handling hazardous materials and substances
- wearing appropriate personal protective clothing and equipment prescribed under legislation, regulations and workplace policies and practices
- appropriate and safe operation of vehicles, tools, equipment and machinery

In addition many people query what legal issues a person may face as a result of administering First Aid. It is an expectation that a person administering First Aid, should be responsible, prudent and act in good faith for the best interests of the casualty, and undertake First Aid 'to the best of their ability'.

As you complete this workbook give consideration to the following 4 main statements.

Consent

- Australian law says that a person has control over their own body and a person can bring a charge of assault/battery if touched without consent. Essentially, an injured/ill person has the legal right to refuse any assistance, reject any first aid, ambulance, paramedic, nurse or doctor advice.
- The injured or ill person also has the right to see a doctor of his/her own choice at any time.

Implied Consent

- In an emergency situation, the law implies consent of the injured or ill person if they are unconscious and seriously injured. This consent applies to conditions that are threatening to the life or long term future health of a person.
- A person may take 'reasonable action' even without formal consent in providing first aid to infants and children because they cannot give consent. However, if possible, the consent of a parent or guardian should be obtained.

Duty of Care:

- Under Australian Law a member of the public or First Aider in the community, has no legal duty of care requiring them to stop and render assistance to an injured/ill person. There are however, instances where the First Aider/member of the community is obliged to stop and render assistance.
- However, a driver of a motor vehicle involved in a vehicle accident, is required to stop and render assistance to any injured person involved in that accident, to the best of their ability.
- Where an employee is trained and designated as a First Aider in the workplace, that employee would have an obligation to render assistance as required.
- When a person trained in first aid has taken responsibility for another individual e.g. Child Minding.

Negligence. A case of negligence would be established if:

- The First Aider owed a 'duty of care' to the injured/ill person.
- The standard of care required by that duty was breached.
- Further injury was sustained.
- The further injury was sustained because the First Aider has gone beyond their level of training.

A First Aider with basic training could be expected to:

- Use reasonable care in assessing the priorities of the situation in accordance with their training and take steps to call for medical assistance.
- Keep the casualty stabilised until help is available.
- Follow recommended first aid guidelines.
- Not misrepresent themselves or take undue risks.

→ ACTIVITY 21

Answer the following questions.

What is your legal obligation if you are directly involved with your vehicle in an accident?

What do you understand by the term “Implied Consent”

What are the basic acts that can be reasonably expected from you as a trained First Aider in the workplace?

10. EVALUATE

PERFORMANCE AND SEEK FEEDBACK FOR IMPROVED FUTURE RESPONSES FROM APPROPRIATE CLINICAL EXPERT

Evaluation of people in a workplace after a crisis or incident, is an important part of the crisis work procedure.

The range of incidents that could cause a crisis in a workplace can be very varied. In fact some incidents outside the workplace may also affect the workplace e.g. a violent event in the community or shocking world events.

Incidents that occur directly in the workplace may include:

- natural disasters e.g. fires, floods
- chemical spills
- accidents at the worksite
- serious illness or death of workplace members
- threats, assaults, violent incidents
- other incidents or emergencies which produce strong reaction

Managing stress: An emergency in the workplace can cause unusual stresses following the incident. The stresses may be in people who have been directly or indirectly involved. The workplace must accept that if a person says they are affected then they should be provided with appropriate help. Remember that every person can react differently and a range of responses to an emergency is normal. Emotional responses to disasters can appear immediately or sometimes occur months later.

Some common responses to emergencies and disasters are:

- Crying for “no apparent reason”
- Difficulty making decisions
- Difficulty sleeping
- Disbelief, shock, irritability, anger, disorientation, apathy, emotional numbing, sadness and depression
- Excessive drinking or drug use
- Extreme hunger or lack of appetite
- Fear and anxiety about the future
- Feeling powerless
- Flashbacks
- Headaches and stomach problems



Confidentiality

Every workplace must accurately record near misses, incidences and emergencies, as well as any resulting first aid or ongoing treatment. This allows the employer to implement continuous improvement for safety, risk and hazard procedures as well as have accurate records for any legal reasons. However it must be stated, that any workplace incident resulting in an emergency, the provision of first aid or any ongoing stress related incidents, are all subject to confidentiality.

As a matter of good practice, to ensure verbal information is able to be validated, a copy of the first aid record should accompany the ill or injured person, if the person is transferred to a medical service or hospital. The original copy of the first aid records should be retained at the workplace and a copy should be given to the worker or be available on request.

→ ACTIVITY 22

Have you experienced a work place first aid or emergency incident. Complete the table below based on your experiences. If you have not experienced an incident in the workplace then research incidents that are common to your industry sector and complete the table from the information sourced.

What dangerous incident occurred	What first aid/treatment was required	How did the response people perform	What feedback/suggested changes were given to improve performance	How can the suggestions be implemented in your workplace

11. CLEAN UP

AFTER APPLYING FIRST AID

After an incident it is important to put some time aside to:

- Think about how you handled the incident to reassure yourself you acted to the best of your ability. Very often First Aiders become concerned that they did not do a good enough job, and that they were not effective in their role. Remember that by stepping forward and doing First Aid you have provided an important and valuable aid to the casualty.
- Talk about the incident with peers
- Clean up the scene
- Clean up any equipment used
- Restock your first aid kit
- Complete any documentation
- Securely file documentation
- Dispose of medical waste in accordance with accepted standards
- Rectify and report any equipment faults

12. BEING CONFIDENT

ABOUT YOUR SKILL LEVELS IN THE WORKPLACE

Do you feel that you are confident about your skill levels related to workplace First Aid?

Use the table below to help you check your skills. Before commencing your final assessments it is important to review any sections in which you feel unsure. Remember: it is always OK to ask your supervisor or your assessor questions.

In the table below, read the list of skills and knowledge you should have after completing this workbook

1. Put a tick in the column if you can do this now and a brief comment re why you believe you have this skill.
2. Put a tick in the next column if you feel you need more practice and a brief comment as to why.
3. If you require further training, complete the third column listing what training is needed. Show this list to your supervisor or assessor and ask for more time or training before completing the summative assessments.

Skills/knowledge you should have	Confidence		Comment on why	What additional training do I need
	Yes	Need practice		
Demonstrate first aid casualty management principles: <ul style="list-style-type: none"> – assess and minimise danger – check for response – maintain casualty's airway, breathing and circulation. 				
Determine priorities for life support (danger, response, airway, breathing, ventilation and circulation [DRABC]).				
Expired air resuscitation (EAR) and CPR.				
Recognise symptoms of and treatment for workplace injuries and illnesses.				
Demonstrate safe manual handling and consideration of welfare of casualty.				
Use infection control procedures, including standard precautions.				
Call an ambulance and/or medical assistance, according to circumstances and report casualty's condition.				
Understand relevant agreements, codes of practice and other legislative requirements in relation to first aid i.e. <ul style="list-style-type: none"> – Report details of emergency incident and first aid provided 				
Identify and minimise hazards to health and safety of self and others in the immediate workplace or community environment.				

13. ASSESSMENT

You have now reached the end of this workbook. All of the information and activities you have covered apply to the skills related to applying First Aid in the workplace

- Competence should be demonstrated working individually and, where appropriate, as part of a first aid team.
- Consistency of performance should be demonstrated over the required range of situations relevant to the workplace or community setting.
- You must be capable of applying safety requirements throughout the first aid sequence, including the use of personal protective clothing and equipment.
 - You must have the ability to demonstrate correct first aid treatment for the following workplace injuries and illnesses:
 - asphyxiation and breathing difficulties
 - burns and scalds
 - collapsed or unconscious patient (including EAR and CPR)
 - drowning
 - electrocution
 - external bleeding and open wounds
 - eye injuries
 - fractures and spinal injuries
 - nausea
 - shock
 - soft tissue injuries
 - venomous bites
 - Treatment should ensure:
 - correct identification of symptoms and treatment
 - correct application of treatment and use of appropriate equipment
 - maintenance of patient's comfort and wellbeing
 - compliance with regulations, standards and organisational procedures and processes
 - communicating and working effectively and safely with others.
- For assessment purposes, demonstration of skills in CPR procedures requires using a model of the human body (resuscitation mannequin) in line with Australian Resuscitation Council Guidelines.

Ensure you have completed all of the formative assessment activities throughout the workbook. Once you have competently completed this work send this workbook to your RTO. They will then arrange for you to complete your final summative assessment which will require attendance at an appropriate First Aid course convenient to your workplace.

→ FEEDBACK

This workbook has been developed to guide users to access current information related to gaining skills appropriate to their workplace. Please complete the following table notifying us of any errors or suggested improvements.

Subject Name	
Book Number	

Page	What is the error	Suggested improvement
10	You tube video is not accurate	Better websites / You Tube example

Is there a link to your suggested improvement

Additional comments



Click here to email your completed workbook to your assessor.

14. BIBLIOGRAPHY

AND SOURCES FOR CONTENT IN MATERIALS

First Aid Advisory Standard 2004 Home > Businesses > Workplace incidents > Reporting an incident

<http://www.deir.qld.gov.au/workplace/law/legislation/codes/index.htm>

Approved code of practice for first aid in workplace – <http://redcross.e3learning.com.au/content/legal/SA.pdf>

Seton Australia :This site provides excellent downloadable PDF charts to further illustrate different first aid treatments

<http://www.seton.net.au/resourcecenter/first-aid/first-aid-guides-downloadable.html>

http://www.comcare.gov.au/virtual_workplaces/virtual_office/first_aid_room/first_aid_officers

<http://www.avru.org/faqsnares.html>

Highly recommended sites for current and additional information

http://www.redcross.org.au/ourservices_acrossaustralia_firstaid_default.htm

http://www.stjohn.org.au/index.php?option=com_content&view=article&id=22&Itemid=36 – link to St John first aid fact sheets

<http://www.cfmeuvic.com.au/downloads/ohs-checklist/first-aid-kit.pdf>

<http://www.youtube.com/watch?v=Da-pc86rJdl>

<http://www.youtube.com/watch?v=5NnQidV7CEM>

http://www.safework.sa.gov.au/uploaded_files/FirstAidCodeofPractice.pdf

This American video is an excellent practical demonstration related to the first aid treatment of a seizure patient

<http://www.youtube.com/watch?v=fY5OG3DURBA&feature=channel>

Treatment for shock

<http://www.youtube.com/watch?v=jp32sTgeFTY&feature=channel>

<http://redcross.e3learning.com.au/content/legal/SA.pdf> - Approved code of practice for first aid in workplace 2009

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http://www.docep.wa.gov.au/worksafe/Content/Safety_Topics/First%20Aid/index.htm

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<http://www.worksafe.vic.gov.au/wps/wcm/connect/wsinternet/WorkSafe/Home/Forms+and+Publications/Compliance+Code/> – Victoria

<http://www.workcover.nsw.gov.au/healthsafety/healthsafetytopics/Pages/Firstaid.aspx> – NSW

http://www.wst.tas.gov.au/__data/assets/pdf_file/0011/76889/GB119.pdf – Tasmania
Tasmania does not publish Codes but where appropriate, national Codes of Practice apply.

<http://www.allenstraining.com.au/f.ashx/513651.pdf> – Northern Territory

<http://www.accidental.com.au/products/legislation.htm> – This one provides a link to all by clicking on state initials

<http://www.youtube.com/watch?v=AGznNGtT4xw&feature=related>