

H&A Training

Please print Name

FIRST+AID

Date

NATIONALLY RECOGNISED

TRAINING

Student Workbook

H & A Training RTO 90871

Instructions

This workbook is designed to be completed in conjunction with H & A Training's manual "First Aid Training Made Easy" or the information found on our website.

Please have this workbook completed prior to attending your course.

This workbook is to be completed by students under the age of 18.

Parental consent must be completed on page 17 and returned to your teacher.

Chapter 4: INFECTION CONTROL

As first aiders we must protect ourselves and any casualty from infections.

Please <u>Tick</u> four (4) actions, which <u>will help</u> first aiders and casualty's <u>reduce</u> the risk of cross infection.

- O Use disposable gloves and a resuscitation mask.
- O Not washing hands before and after administering first aid.
- O Coughing or sneezing over open wounds.
- O Washing body fluids off immediately.
- O Wearing a plastic apron and eye protection.
- O Disposing of first aid protection and other contaminated waste thoroughly, cleaning all surfaces and sterilizing any equipment used.

If during administering first aid you are accidentally cut and the casualty's blood gets in or around the wound, wash immediately with running water and seek medical advice.

Chapter 5: ASSESSING THE CASUALTY

D stands for ______ R stands for ______S stands for ______A stands for ______

B stands for _____

After completing the DRSAB technique there are four(4) other important things you need to do.

Please <u>Tick</u> these actions.

- O Gather information on the casualty's medical history.
- O Gather information on the casualty's insurance details.
- O Gather information on the casualty's from other people around.
- O Gather information on the casualty's signs
- O Gather information on the casualty's symptoms.
- O Gather information on the casualty's religious beliefs.

On your second assessment of the casualty, his or her condition may have changed.

Why is it important to monitor and keep note of these changes? Please $\underline{\text{Tick}}$ two (2) appropriate answers.

- O To better keep the next of kin informed.
- O To report the condition(s) and changes to Ambulance Officers so they can treat the casualty's injuries in priority.
- O To gauge whether the casualty's condition is deteriorating or improving.

Please <u>Tick</u> four (4) appropriate steps you need to consider when checking the head and neck of a conscious casualty.

- O Make sure the casualty does not move his or her head or neck.
- O Make sure the casualty's head is as uncomfortable as possible.
- O Check the skull, neck and head for trauma.
- O Check for loose or broken teeth and the ability to open and close the mouth.
- O Look for deformities and tender spots, and take note of painful areas.
- O Look for pulsating veins in the cheek.

When observing the chest of the casualty, $\underline{\text{Tick}}$ three (3) signs and symptoms, which would indicate an injury.

- O Deformity of the rib cage and only one side rises and falls.
- O The casualty can do push ups without pain.
- O The casualty's breathing is noisy and shallow.
- O The casualty complains of painful breathing.
- O The casualty's leg hurts when he/she coughs.

<u>Tick</u> two (2) responses, which would indicate an injury to the abdomen?

- O Casualty complains of painful abdominal area.
- O Evidence of fractured arm.
- O Grumbling stomach near meal times.
- O Swelling and bruising over the abdominal area.

When observing movements of the casualty's extremities, <u>Tick</u> two (2) signs and symptoms, which would suggest spinal damage?

- O The casualty's legs or arms will not respond when he/she tries to move them.
- O The casualty is able to stand without your assistance.
- O The casualty's back aches.
- O The casualty's legs and arms have numbness, tingling or coldness in them.

Chapter 6: UNCONSCIOUS CASUALTY

There are many causes for a casualty being unconscious such as head trauma, heart attack, stroke, drug overdose or epilepsy. <u>Tick</u> two (2) signs and symptoms of an unconscious casualty.

- O The casualty has a pulse.
- O The casualty is up and walking.
- O The casualty is breathing and may moan and groan.

The examination, assessment and treatment of an unconscious casualty are? <u>Tick</u> three (3) treatments.

- O The casualty must be gently and carefully log rolled into the Lateral position.
- O Place the casualty in an upright position to try to get him or her to regain consciousness.
- O Continually check the casualty's vital signs when in the Lateral position.
- O Your treatment of the casualty is solely based on your examination and assessment.
- O Try to get the casualty to accept fluids and food to regain his or her strength.
- O Call for an Ambulance.

Chapter 7: CALLING FOR HELP

When first at the scene of an accident it is your duty as a first aider to call for assistance. What are the emergency numbers? Please <u>Tick 2</u> correct answers.

O 000 O 123 O 121 O 122 O 112

A fully trained operator will answer your call asking for vital information. At this point in time it is important to answer all of the operator's questions clearly. This call will bring vital help and assistance to the scene, and if needed advice from a paramedic on treatment for the casualty.

There are a few steps to take when making an emergency call Please List in the correct order from 1-5.

- Give details of where you are, including street number, name and nearest cross street.
- □ Wait outside at a prearranged meeting point or in a prominent location to help emergency services locate emergency.
- □ Stay calm and call from a safe location.
- □ You will then be connected to the nominated emergency operator.
- Don't hang up until the operator has all the information.

Chapter 8: CPR.

RESCUE BREATHING

What is the approximate amount of time a casualty can go without oxygen before his or her brain cells start to die? Please <u>Tick</u> the correct answer.

O 7-8 minutes O 5-6 minutes O 3-4 minutes O 9-10 minutes

What is the purpose of administering rescue breaths? Please <u>Tick</u> the correct answer. O To clean out the casualty's windpipe by sucking any foreign material out.

- O To artificially breathe for the casualty supplying vital oxygen to the lungs and brain.
- O To artificially breather for the casualty supplying vital oxygen to the lungs and brain
- O To see if the casualty's lungs will inflate making sure they are not ruptured.

There are five methods of performing RESCUE BREATHS Below are the five methods of rescue breathing. Please fill in the blank spaces to reveal the correct answers.

1.Mouth to	_ rescue breathing	4. Mouth to	stoma method
2.Mouth to	_ rescue breathing	5. Mouth to	_ rescue breathing
3. Mouth to	_ and nose rescue	breaths	

COMPRESSIONS

What are Compressions? Please <u>Tick</u> the correct answer.

- O The artificial method of feeding a casualty.
- O The artificial method of breathing for a casualty.
- O Pumping blood around the casualty's body.

On an infant casualty, what is the normal compression rate per minute when performing compressions? Please \underline{Tick} the correct answer.

When performing compressions on an adult casualty, what part of the ribcage is

compressed and how far do you compress it. Please <u>Tick</u> the correct answer.

- O The middle of the chest and 5 to10 cms (approximately 2/3 depth of the chest cavity).
- O The middle of the chest and 4 to 5 cms (approximately 1/3 depth of the chest cavity).
- O The ribs and 5 to 10 cms (approximately 2/3 depth of the chest cavity).
- O The ribs and 4 to 5 cms (approximately 1/3 depth of the chest cavity).

Performing compression on an infant differs from the adult casualty. What would be the one thing you need to change knowing that the infant skeletal system is not as strong as adults? Please <u>Tick</u> the correct answer.

- O Perform compressions as on an adult casualty.
- O Perform compressions without decreasing the compression depth.
- O Use the thumb and compress sternum 3-6 cms.
- O Use two fingers and compress the sternum 1-2cms (approx. 1/3 the depth of the chest cavity).

<u>CPR</u>

There is only one compression rate used when performing CPR on an adult or child. What is it?

Ο

Please <u>Tick</u> the correct answer.

- O 1 breath to 5 compressions.
- O 2 breaths to 10 compressions.
- O 5 breaths to 10 compressions.
 - 2 breaths to 30 compressions.

CARDIAC ARREST

How to diagnose someone who is leading up to a cardiac arrest is important in the

assessment of the casualty. Please $\underline{\text{Tick}}$ three (3) signs of a cardiac arrest.

- O The casualty has pain or a dull ache in the centre of their chest.
- O The casualty is conscious and complains of abdominal pain.
- O The casualty is unconscious with an injury to their legs and arms
- O The casualty is conscious and complains of lower back pain.
- O The casualty has pain radiating down the arm, neck or jaw.
- O The casualty looks grey and ill.

Chapter 9: SHOCK

Shock occurs when oxygenated blood is redirected away from the vital organs and

pumped to the extremities. Please <u>Tick</u> four (4) causes for shock occurring.

- O The casualty has lost a large amount of blood.
- O Fluid loss, due to diarrhoea, vomiting, burns or heat stroke.
- O The casualty's face is turning blue and they are having difficulty breathing.
- O The casualty has heart damage.
- O The loss of blood pressure due to the increase of the size of blood vessels as the result of certain drug use, infection and spinal cord injuries.

Please <u>Tick</u> the correct answer. The four key signs of shock are:

- O Pale, sweaty, agitated, and happy.
- O Pale, sweaty, agitated, and thirsty.
- O Flushed, sweaty, agitated, and thirsty.
- O Pale, sweaty, calm, and thirsty.

The treatment for a shocked casualty is: Please <u>Tick</u> the correct answer.

- O Sit the casualty in an upright position, give them a drink, and wait for signs of recovery.
- O Place the casualty in the lateral position, and call for an ambulance.
- O Rest the casualty in a comfortable position.
- O Lay the casualty down, elevate his or her legs, and call for an ambulance.

THE FAINTED CASUALTY

Your assessment and treatment can have the potential of the casualty's rapid and full recovery. Please Tick three (3) treatments that will help with this recovery.

- O Sit the casualty upright so as not to cause more injury if the casualty loses consciousness.
- O Sit the casualty in a chair and place his or her head between his or her knees.
- O If the casualty is pregnant place her on her left hand side
- O Lay the casualty onto their back and elevate their legs.
- O Monitor and note the casualty's vital signs and call for an ambulance if the casualty does not recover.

Chapter 10: HEART ATTACK

A heart attack is caused by a partial or total blockage of the cardiac vessels. No oxygenated blood is reaching the heart muscle and the heart muscle starts to die. Please

<u>Tick</u> five (5) signs and symptoms, which may indicate that the casualty is suffering from a heart attack.

- O The casualty has a heavy sharp pain in his or her abdomen.
- O The casualty has pain in his or her arm, neck, and jaw.
- O The casualty has a headache.
- O The casualty has a constant and heavy pain in the centre of his or her chest.
- O The casualty is breathless.
- O The casualty may have pale, cold and sweaty skin.
- O The casualty's pulse is weak and irregular.

Please <u>Tick</u> four (4) answers below, how you as a first aider will treat a casualty you suspect is having a heart attack.

- O Sit the casualty in an upright position.
- O Monitor the casualty's vital signs.
- O Call for an ambulance, but tell the ambulance service that it is not an emergency.
- O Rest the casualty in a semi-sitting position unless they are feeling faint then lay them down.
- O Reassure the casualty and then leave him or her alone.
- O Casualty should administer own medication.
- O Call for an ambulance immediately stating that the casualty is having a suspected heart attack.

Angina is caused by a partial blockage in an Artery reducing the amount of oxygenated blood reaching the heart muscle.

Please <u>Tick</u> five (5) signs and symptoms, which may indicate that the casualty is suffering from angina.

- O Pulse may be irregular, fast, slow or normal.
- O Casualty may be breathless.
- O Constant and tense to heavy pain in the centre of the chest.
- O Pain occurs on exertion
- O Pain occurs whilst sitting down and watching the television.
- O Skin may be flushed, cold and clammy.
- O Skin may be pale, cold and clammy.

When a casualty is suffering from Angina, when would you call for an Ambulance? Please **Tick** the correct answer.

- O When the pain goes away after taking medication.
- O If the pain continues.
- O When the pain goes away and the casualty falls asleep.

Please <u>CirCle</u> the correct answer.

True / False If a casualty suffering a suspected heart attack does not receive urgent medical help, they could die.

True / False A casualty who suffers from angina will not need their medication.

True / False An angina attack can be bought on by exertion.

Chapter 11: CHOKING

Choking is the obstruction of the airway. There are many causes of choking these can include food, children swallowing objects and swallowing bone splinters.

Please <u>Tick</u> three (3) signs of somebody choking.

O Difficulty in breathing.

- O Hand clutched to the throat and lips turning blue.
- O Doubled over and clutching of the chest.
- O Doubled over and clutching the abdomen.
- O Unconsciousness and not breathing.

When treating a casualty with a complete obstruction, please <u>Tick</u> what three (3) methods of removing the obstruction you would use?

- O Heimlich maneuver.
- O Lean the casualty over at the waist and administer five blows to the back between the shoulder blades.
- O Place your arms around the abdomen and apply pressure to dislodge the obstruction.
- O Hold an infant upside down by the legs and let gravity do the work.
- O Give chest thrusts.
- O If casualty becomes unconscious, perform CPR and call for an Ambulance immediately

Please <u>Tick</u> which two (2) treatments you would use to clear an obstruction of the airway when you are by yourself?

- O Forcefully move forward and force your abdomen against a solid wall to try to dislodge the obstruction.
- O Place your abdomen over the back of a chair and carefully apply downward pressure to dislodge the obstruction.
- O Forcefully, but carefully move backwards into a solid wall and apply impact pressure between the shoulder blades causing the obstruction to dislodge (protect the neck and skull).
- O Drink large amounts of fluid trying to dislodge the obstruction.

<u>ASTHMA</u>

Asthma is a reversible airways disease. Asthma is a life threatening disease, with most casualty's condition deteriorating quickly

Please Tick four (4) signs and symptoms a casualty may experience when having an asthma attack.

- O The casualty has shortness of breath.
- O The casualty' is suffering from moderate to severe breathing difficulties.
- O The casualty has tightness in the chest and bluish coloured lips.
- O The casualty has a loud cough bringing up large amounts of phlegm.
- O The casualty is disorientated and shivering.
- O The casualty is doubled over and coughing holding a hand to his or her throat.
- O The casualty has a high-pitched wheezing when exhaling.

HYPERVENTILATION

Please <u>Tick</u> two (2) common causes of hyperventilation.

- O Deliberate over breathing.
- O Attempted asphyxiation with a brown paper bag.
- O Anxiety or stress related breathing disorder.
- O Seeing who could hold his or her breath the longest.

Please Tick two (2) correct ways to treat a casualty suffering from hyperventilation.

- O Calmly but assertively reassure the casualty and try to lower his or her breathing patterns.
- O Get the casualty to breathe in and out while covering his or her nose and mouth with a paper bag.
- O Stand behind the casualty and administer four lateral chest thrusts followed by four lateral back blows.
- O Get the casualty to take slower deeper breaths and encourage him or her to breathe through their nose and exhale through their mouth.

SEVERE ALLERGIC REACTIONS

When treating a casualty who suffers from a severe allergic reaction your assessment of them is critical for any treatment you administer.

Please <u>Tick</u> four (4) signs and symptoms that could be present.

- O Breathing difficulties and wheezing breaths.
- O Blotchy rash, welts or hives over the skin.
- O Signs of shock and or unconsciousness.
- O Abdominal pain when exercising.
- O Swelling around the face, neck, tongue and eyelids.
- O Coughing bright red frothy blood from nose and mouth.

Please Tick six (6) correct methods of treatment.

- O Implement the DRSABCD action plan.
- O Bend the casualty at the waist and administer five back blows.
- O To reduce swelling apply cold compress.
- O Follow the casualties management plan if available.
- O Lean the casualty to the injured side and help them to apply pressure to the wound.
- O If the casualty is conscious ask him or her if they have medication to reverse the effects.
- O If the casualty is unconscious, check for a medical alert bracelet, necklace, anklet or tattoo to see if they suffer from allergies.
- O If available use an Epi Pen

Please <u>Tick</u> three (3) correct methods of using an EpiPen.

- O Implement the DRSABCD action plan.
- O Bend the casualty at the waist and administer five back blows.
- O Remove the blue cap from the end of the pen
- O Place the orange end of the pen against the fleshy part of the outer thigh and push

BANDAGING AND SLINGS Chapter 12:

There are three (3) main types of slings used in first aid.

Please <u>Tick</u> what are they.

Upper arm sling. Ο

0 Figure of eight sling. Ο

Middle arm sling. 0 Lower arm sling. 0

Collar and Cuff.

Please <u>Tick</u> what is the best knot to use when tying a sling?

O Bowline knot O Reef knot O Granny knot O Clove hitch knot

A casualty has hurt their wrist. Please <u>Tick</u> what type of sling would you place the wrist in.

O Collar and cuff O Upper arm sling O Lower arm sling

Chapter 13: FRACTURES

The skeletal system breaks in places due to injury or illness. The way you treat a casualty with a broken bone is important to their recovery. Diagnosing a broken bone is important in the treatment of this injury.

Please <u>Tick</u> what three (3) symptoms could indicate a broken bone.

O The limb is sitting at an unusual angle.

O The casualty's injured limb is shorter than the other limb.

- O The casualty has wheezy loud breathing and clutching his or her throat.
- O The injured limb of the casualty is tenderness and swelling.
- O The casualty is trembling and disorientated.

TYPES OF FRACTURES

An open or compound fracture occurs when:

A closed or simple fracture occurs when:

A complicated fracture occurs when:

Chapter 14: BRUISING, SPRAINS AND STRAINS

There are three types of soft tissue damage: Bruising, Sprains and Strains. Below are the three (3) injuries, please match with their causes.

Bruising occurs when	joint goes beyond its normal range.
A strain occurs when	muscles are over stretched.
A sprain occurs when	bleeding into deep tissues.

Please <u>Tick</u> what the treatment for a strain, a sprain, or bruising is.

- O Apply a hot pack and apply a compression bandage.
- O Apply a cold pack, apply a compression bandage and use the limb.
- O Apply a hot pack, apply a compression bandage, elevate and rest the limb and seek medical treatment.
- O Apply a cold pack, apply a compression bandage, elevate and rest the limb and seek medical treatment

Chapter 15: BURNS

There are two classifications for burns. Please Write what they are:

1. _____ Thickness burn.

2. _____Thickness burn.

Below is a mixture of the right and wrong ways of treating a casualty with burns or scalds to the body.

Please <u>Tick</u> the five (5) correct treatments for a burns casualty.

- O Place the burn under cool, running water for up to 20 minutes.
- O Use plaster adhesives and cotton wool type dressings to prevent fluid loss and infection.
- O Remove constrictive items such as footwear, jewellery, rings and watches if able to.
- O Cover the burn loosely with a sterile dressing. Never use a dressing that will stick to the burn.
- O Apply margarine, butter, fats, lotions and oil to the casualty's burns to prevent soothing of the affected area.
- O Break the blisters on the casualty so the injury dries up quicker to prevent healing of the burn.
- O Monitor Airway and breathing.
- O Elevate burnt limbs to help reduce swelling.

Chapter 16: BLEEDING

Bleeding Internally

Internal bleeding is invisible to the first aider's eye. The casualty may present with signs and symptoms of this injury.

Please <u>Tick</u> four (4) signs and symptoms that may be present.

- O The casualty is coughing up bright red blood.
- O The casualty is vomiting dark coffee coloured blood.
- O The casualty is vomiting after consuming too much alcohol.
- O The casualty is passing pink coloured urine.
- O The casualty is discharging clear coloured mucus from his or her mouth and nose.
- O The casualty has a rapid weak pulse.
- O The casualty complains of chest palpitations and is short of breath.

Please <u>Tick</u> the correct treatment for a conscious casualty who you suspect is suffering from internal bleeding:

- O Allow the casualty to sit up. Give the casualty a drink of water
- O Roll the casualty onto their side.
- O Drive the casualty to the hospital.
- O Place the casualty on his or her back and elevate the legs. Give nil by mouth.
- O Place the casualty on his or her back and elevate the legs. Give the casualty a drink.

Bleeding Externally

There are three types of external bleeding listed below.

Below are examples of external bleeding. Please list one (1) treatment for each.

Bleeding externialy
Abrasions
_acerations
Embedded objects
Crater wounds
Bleeding nose
Bleeding scalp
Amputation
_ost teeth

True or False. Please <u>Circle</u> the correct answer.

True / False An embedded object can be removed by a first aider.

True / False You do not blow your nose immediately after a nose bleed.

True / False A dirty dressing may be used on a wound.

When a body part has been amputated from a casualty, you, the first aider will examine, assess and treat the casualty as normal.

Please Tick three (3) actions, which will improve the chance of the amputated part being reattached.

- O Cauterise both ends of the amputated extremity avoiding blood loss and infection.
- O Place the amputated limb into a plastic bag. Seal the bag and place it into another plastic bag and keep it cool.
- O Place the amputated part into salt water to stop infection.
- O Apply pressure and elevate the limb to reduce bleeding.
- O If no plastic bags or containers are available, place the amputated part in a clean damp cloth and keep in a cool environment.
- O Try to reattach the amputated part, avoiding death by blood loss.

Chapter 17: HEAD INJURIES

When assessing and treating a casualty for a head injury, please <u>Tick</u> three (3) signs and symptoms of such an injury.

- O The casualty is coughing frothy red bubbles from his or her mouth.
- O The casualty may have had brief or partial loss of consciousness and memory.
- O The casualty is nauseous and suffering a headache.
- O The casualty is suffering severe chest pains.
- O The casualty is shivering and is disorientated.
- O The casualty has a lump on the side of his or her head.

Treatment for a head injury with a weeping ear would include **four** (4) of the following answers. Please **Tick** the correct answers.

- O Place the casualty in an upright position without supporting the neck.
- O Place the casualty in a comfortable position leaning the weeping side down.
- O Apply a cervical collar or support the head.
- O Do not monitor his or her vital signs.
- O Place a pad just under the weeping ear.
- O Send the casualty home.
- O Call for an Ambulance.

Chapter 18: SPINAL INJURIES

There are two types of permanent spinal cord injuries: Paraplegia and Quadriplegia. Please Tick the correct two (2) definitions of these injuries.

- O Quadriplegia (Paralysis of the lower body and extremities).
- O Quadriplegia (Paralysis of the body and extremities).
- O Paraplegia (Paralysis of the lower body and lower extremities).
- O Paraplegia (Paralysis of the body and extremities).

Treating a casualty with spinal cord injuries and who is conscious or unconscious is very similar.

Please <u>Tick</u> three (3) correct treatments.

- O Roll an unconscious casualty into the Lateral position with as much assistance as possible.
- O Roll a conscious casualty into the Lateral position after first aid has been administered.
- O Do not administer first aid to the casualty and only call for assistance because you suspect spinal cord damage.
- O When administering first aid always gently handle the casualty making sure not to move the neck, back and spine.
- O Quickly move the casualty to even ground to administer first aid.
- O Immobilise the neck immediately with either a cervical collar if trained and available, or apply a make shift collar if medical help is delayed.

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Please read H & A Training's Privacy Statement & Student Declaration

and sign the parental consent section on page 16 and return this to your teacher. This form must be completed to undertake first aid training with H & A Training.

Thank you for your assistance in this matter.

Introduction

The following enrolment form is an example. These questions are provided to assist with collecting student data in an AVETMISS-compliant format. The use of standard enrolment questions supports the capture of compatible and comparable data over time. We recommend that the sequence and wording of questions are maintained.

Data element names in italics below the questions link the standard enrolment question to the AVETMISS VET Provider Collection specifications and the AVETMISS data element definitions.

A privacy statement, which advises students that their data may be supplied to and used by governments and other agencies for administration and research, should be included on all enrolment forms so that individuals are aware of how their data will be used and what will be published.

The student must acknowledge reading and accepting the privacy statement, as well as confirming that the details they are providing are correct.

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO [insert RTO name] is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted.

Trainees Name _____

Parent/Guardian Signature _____

Date

*Parental/guardian consent is required for all trainees under the age of 18.

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at

<u>www.ncver.edu.au</u>).

I fully understand that First Aid/CPR training could involve physical contact with other Trainees and trainers over the age of 18. I also take full responsibility of the above Trainees travel arrangements to and from this training. In the event of my child being involved in an emergency, I give my full permission to H & A Training or its Partnership to take responsibility and act in the best interest of the above Trainee.

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Chapter 19: CHEST INJURIES

ASSESSMENT AND TREATMENT OF CHEST INJURIES

When treating a casualty's with a chest injury, it is important to assess the casualty thoroughly.

Please <u>Tick</u> Four (4) signs and symptoms

- O Casualty has bruising to the rib cage with decreased chest movement.
- O The casualty's breathing may be short, rapid and gasping.
- O Casualty has severe abdominal pain.
- O Casualty is bleeding from ears, nose and mouth.
- O Casualty is coughing pink frothy blood from mouth.
- O Casualty chest pains increases when deep breaths are taken or when coughing.

Treatment of a chest injury.

Please <u>Tick</u> three (3) correct ways to treat this injury.

- O Place the casualty into the lateral position if conscious.
- O Help the casualty into a half sitting position leaning them towards their injured side.
- O Support the injured side with large padding and manual hand pressure.
- O Do no monitor the casualty's vital signs.
- O Help the casualty to stand and walk to prevent shock.
- O Place the affected arm in either an upper arm sling or collar and cuff sling.

Please <u>Tick</u> which one you would administer to a casualty who is suffering from a penetrating chest wound.

- O Try to dislodge an embedded object to treat the injury.
- O Quickly reassure the casualty and let them help stop the bleeding by applying pressure to the wound themselves while you call for assistance and equipment.
- O Stuff a sucking chest wound with dressings and wrap tape around the body to prevent suction and blood loss.
- O Cover any entry or exit wound, with a plastic bag or airtight dressing. Tape the top and two sides of the plastic bag, thereby creating a one-way valve.

Chapter 20: EYE INJURY

The eyes are susceptible to infection and damage.

Please <u>Tick</u> two (2) procedures you <u>WOULD NOT</u> perform on eye injuries.

- O Gently irrigate the eye with sterile water.
- O Remove an embedded object from the eye.
- O Cover both eyes.
- O Rub the eyes.

Chapter 21: ABDOMINAL INJURIES

After assessing a casualty with abdominal injures please <u>Tick</u> three (3) things listed, which would assist in their treatment.

- O If the casualty's intestines are protruding, try to push them back into the abdomen.
- O Place the casualty onto his or her back with his or her knees flexed.
- O Give the casualty nothing to eat or drink.
- O Ask the casualty to bend at the waist and touch his or her toes to see if tenderness is present.
- O If the casualty's intestines are protruding cover the intestines with a plastic bag, a non stick dressing or a wet cloth. Wet the dressing before applying to reduce sticking.

Chapter 22: ELECTROCUTION

ASSESSMENT AND TREATMENT OF CASUALTY'S INJURED BY ELECTROCUTION OR LIGHTNING STRIKES

When treating a casualty who has been injured by electrocution, it is important to perform certain actions before administering first aid

Please <u>Tick</u> the Three (3) correct safety actions.

- O Make sure the electricity is disconnected before approaching the casualty.
- O If the source of electricity cannot be disconnected, move the casualty away from the source by using a broom or wooden stick.
- O If the source of electricity cannot be disconnected physically push the casualty away from the source.
- O Never attempt to rescue the casualty if you and or the casualty have wet clothing.
- O If the casualty is held in place by electricity, hose the casualty down to prevent burns.

Chapter 23: POISONING

It is important in the treatment of acute poisoning to determine how the casualty was poisoned.

Please fill in the blank spaces to reveal the four (4) ways poisons can enter the casualty's system.

- 1. S__LL__NG
- 2. <u>N</u> G
- 3. <u>N L N G</u>
- 4. A __ S __ B __ N G

Tick the answers below if you believe they would reduce accidents around poisons.

- O Place all poisons out of reach of children.
- O Always leave poisons and chemicals in its original containers so they can be easily identified.
- O Display the poison information phone number 131126.

After making your diagnosis on what was taken, in what quantities and collected any evidence, remember to read the label on what to do if poisoning occurs.

Please <u>Tick four</u> (4) actions you would administer to a casualty who is suffering the effects of poisoning.

- O Immediately cover the casualty with lotion and bandage the affected area.
- O Call the poison information on 131126.
- O Take history only if casualty is conscious.
- O Immediately douse the casualty with antiseptic.
- O Call for an ambulance.
- O Immediately immerse the casualty into ice water.
- O Place the unconscious casualty into the lateral position and maintain an open airway.
- O Make the casualty vomit to expel all poisons from his or her system.

Please **CirCle** the correct answers.

True / False The poison information center can be reached on 131126.

True / False If the casualty is unconscious you leave them on his or her side.

True / False Poisoning cannot occur without the casualty's knowledge.

DRUG OVERDOSE

When assessing a suspected overdosed casualty, <u>Tick</u> four (4) signs and

symptoms that may be present.

- O Uncontrollable coughing fits, with tightness in the chest.
- O The casualty is having hallucinations with anxiety and or excitability.
- O The casualty has a decreased level of consciousness.
- O Swelling around the face, neck, tongue and eyelids.
- O The casualty has breathing difficulties and a weak and rapid pulse.
- O Blotchy red skin with a red rash.
- O The casualty is or has been vomiting with cold clammy skin.

When treating a casualty with a suspected drug overdose, <u>Tick</u> three (3) actions you would take as part of your treatment of this casualty.

- O Make the casualty give a blood sample to analyse the blood toxicity.
- O Ask the casualty what they have taken, what amount and when they took it.
- O Look for evidence of track marks and drug paraphernalia.
- O Call for assistance and collect used syringes (fixes), suicide notes, and vomit to be transported with the casualty to the hospital.

Chapter 24: BITES AND STINGS.

FUNNEL WEB SPIDER/ SNAKES:

When treating a casualty with a suspected Funnel Web Spider bite or a Snake, Tick four

- (4) signs and symptoms, which may be present.
- O Blotchy red skin with a red rash.
- O Uncontrollable coughing fits, with tightness in the chest.
- O Headache and nausea.
- O The casualty may have an over production of saliva.
- O The casualty coughs up bright red frothy blood from the nose and mouth.
- O The casualty may have laboured breathing.
- O The casualty has evidence of fanged marks or scratches on the affected area.

After assessing a casualty with a Funnel Web Spider bite, <u>Tick</u> four (4) procedures you would administer in the treatment of the injured casualty.

- O Apply a pressure immobilisation bandage to the affected area.
- O Bring medical assistant to the casualty.
- O Walk the casualty around so the venom can be processed easier by the lymphatic system.
- O Cut the bite area open and suck the poison out to prevent its effects on the body.
- O Splint the entire bitten limb to prevent movement.
- O After and during treatment, calm the casualty and closely monitor his or her vital signs.
- O Apply an arterial tourniquet and release the pressure build up every 10 minutes.

RED BACK SPIDER BITES/ WHITE TAIL SPIDER:

When assessing a casualty with a suspected bite from a Red Back Spider or a White Tail spider, <u>Tick</u> four (4) signs and symptoms, which may be present.

- O Localised pain around bite site, which becomes red, hot and swollen.
- O Blotchy red skin with a red rash.
- O The casualty may have trouble moving his or her muscles.
- O The casualty is suffering from nausea, dizziness and abdominal pain with sweating.
- O Uncontrollable coughing fits, with tightness in the chest.
- O The casualty's glands are swollen and tender either under the armpits or in the groin.

After assessing a casualty with a Red Back Spider bite, <u>Tick</u> four (4) procedures you would administer in the treatment of the injured casualty.

- O Apply cold packs to lessen the pain over the affected area.
- O Walk the casualty around so the spiders' venom can be processed easier by the lymphatic system.
- O During and after treatment, calm the casualty, and closely monitor his or her vital signs for signs of an allergic reaction.
- O Cut the bite area open and suck the poison out to prevent any affects from occurring.
- O Immediately wash the affected area around the bite with water.
- O After administering first aid to the casualty, seek medical advice.

BEE STINGS:

<u>Tick</u> four (4) methods of treatment you would administer to a casualty who was stung by a bee.

- O If the casualty is stung around the neck, apply ice packs as it might cause constriction of the airway especially if the casualty is allergic to bee stings.
- O Apply firm pressure to the suspected bitten area immediately.
- O Wash or wipe the affected area and apply cold packs over the bite area.
- O If the casualty suffers from an allergic reaction to the sting, administer first aid, apply a pressure immobilisation bandage, and seek urgent medical assistance.
- O Walk the casualty around so the bees venom can be processed easier by the lymphatic system.
- O To remove the sting, scrape it sideways to avoid more venom from being injected.

BLUE-RINGED OCTOPUS BITES AND CONE SHELL STINGS:

When assessing a casualty with a suspected bite from a blue-ringed octopus or cone shell, $\underline{\text{Tick}}$ four (4) signs and symptoms which could present themselves from such a bite.

- O A casualty might not feel the bite of a blue-ringed octopus but a spot of blood will be visible.
- O The casualty has a wheezing cough holding his or her hand to his or her throat.
- O A casualty suffering a bite from a cone shell will normally feel a sharp sting and a spot of blood will be visible indicating the bitten area.
- O The casualty is violently shaking and is disorientated with a bluish tinge to his or her extremities.
- O The casualty has a sensation of numbress to the tongue and lips.
- O The casualty is suffering from breathing difficulties.

The venom from the blue-ringed octopus and the cone shell, paralyse the breathing muscles.

<u>Tick</u> three (3) methods of treatment you would administer on a casualty who has been bitten by a

blue-ringed octopus or stung by a cone shell.

- O Apply a pressure immobilisation bandage to the affected area as soon as possible.
- O Continually monitor the casualty's vital signs and seek urgent medical attention.
- O Walk the casualty around so the venom can be processed easier by the lymphatic system.
- O Cut the bite area open sucking the poison out to prevent it affecting the casualty.
- O If the casualty's respiratory system fails because of complications, commence CPR

BLUE BOTTLE JELLY FISH (EASTERN AUSTRALIA):

When assessing a casualty with a suspected sting from a blue bottle, <u>Tick</u> three (3) signs and symptoms, which could be present.

- O The casualty has pain and red marks or welts on the affected area.
- O The casualty may suffer from headaches, nausea and / or vomiting.
- O The casualty has a wheezing cough holding his or her hand to the throat.
- O The casualty is violently shaking and is disorientated with a bluish tinge to his or her extremities.
- O The casualty may suffer from breathing difficulties.

<u>Tick</u> three (3) methods of treatment you would administer to a casualty who has been stung by a Blue bottle Jellyfish.

- O Rub the affected area with sand to reduce swelling and pain.
- O Treat other symptoms as they present
- O Place the affected area in hot water or apply a cold pack to the area to help reduce the swelling and pain of the affected area.
- O Walk the casualty around so the venom can be processed easier by the lymphatic system.
- O Carefully remove the tentacles ensuring you do not receive a sting.

BOX JELLY FISH (SEA WASP):

The venom from the box jelly fish, paralyses the breathing and heart muscles and can cause respiratory and cardiac arrests. When assessing a casualty with a suspected sting from a Box Jellyfish, <u>Tick</u> four (4) signs and symptoms, which could be present.

- O The casualty has uncontrollable coughing fits, with tightness in the chest.
- O The casualty may cease breathing due to circulation problems.
- O The casualty feels immense and immediate pain around the affected area.
- O The casualty has a wheezing cough holding his or her hand to his or her throat.
- O The casualty may be irrational and in a semi conscious state.
- O The casualty has large red skin welts that are in a frosted ladder pattern.

When treating a casualty who has suffered a sting from a box jellyfish (sea wasp), Tick

four (4) methods of treatment you would administer to the casualty.

- O Monitor casualty's vital signs and be prepared to commence CPR if an arrest occurs.
- O Rub the affected area to reduce swelling and pain.
- O Apply an ice pack.
- O Walk the casualty around so the venom can be processed easier by the lymphatic system.
- O Do not rub the affected area, as it will inject more venom into the casualty's blood stream.
- O Apply a large amount of vinegar to the area and then remove the tentacles.

Chapter 25: OVER EXPOSURE

HYPERTHERMIA (OVER EXPOSURE TO HEAT):

<u>HEAT STROKE:</u> (40 degree temperature or higher is a medical emergency)

<u>Tick</u> three (3) signs and symptoms, which could indicate a casualty is suffering the effects of Heat Stroke.

- O The casualty has a migraine and is dizzy.
- O The casualty's body and extremities are stiff and hard to move.
- O The casualty is confused and irritable.
- O The casualty's back will arch and his or her body and extremities will become stiff.
- O The casualty may be suffering a seizure.

<u>Tick</u> three (3) treatments you would administer to a casualty suffering the effects of Heat Stroke.

- O Move the casualty into a cool place immediately.
- O Sit the casualty down and remove outer clothing, and give frequent small sips of cool water.
- O If the casualty is unconscious walk him or her around to prevent them becoming unconscious.
- O Reduce the body temperature by sponging or place cool wet cloths over the casualty.
- O Restrain the casualty and keep him or her as still as possible.

HEAT CRAMPS:

<u>Tick</u> four (4) methods of treatment would you administer to a casualty who is suffering the affects of heat cramps.

- O Use cold packs or ice packs if available.
- O Giving the casualty frequent small sips of cool water.
- O Encourage the casualty to rest
- O Immerse the casualty into hot water
- O Gently stretch the casualty's affected muscle.
- O Rub the muscles to get the circulation flowing into them.

<u>HYPOTHERMIA:</u> (OVER EXPOSURE TO THE COLD)

<u>Tick</u> three (3) signs and symptoms, which could indicate a casualty, is suffering the effects of over exposure to the cold. (Hypothermia)

- O The casualty's extremities, ears, nose and lips are a bluish colour.
- O The casualty is frothing from the mouth and has lacerations around the mouth and lips.
- O The casualty is confused and clumsy with a deterioration of mental skills, behaviour and reduced physical performance.
- O The casualty is suffering from dehydration and or dry skin.
- O Casualty has uncontrollable shivering of his or her body and their muscles become stiff and rigid.

<u>Tick</u> four (4) treatments you would administer to a casualty suffering the effects of over exposure to the cold. (Hypothermia)

- O Remove wet clothing from the casualty and gently pat dry.
- O Immerse the casualty into hot water.
- O Continually monitor the casualty's vital signs.
- O Give the casualty alcohol such as rum, scotch, bourbon or whisky to warm him or her internally.
- O Have a companion strip to his or her underwear and share a sleeping bag with the casualty.
- O Continually rub the casualty's extremities and body to cause friction.
- O Keep the casualty hydrated.

Circle the correct answer.

True / False
The body core temperature averages 37 degrees Celsius.
Hypothermia is caused by the cold and extreme weather conditions.
The effects of hypothermia are quicker if the casualty is in wet clothing.

Chapter 26: MEDICAL CONDITIONS

STROKES OR CVA'S:

ASSESMENT AND TREATMENT OF A CEREBRO VASCULAR ACCIDENT (CVA)

When assessing a casualty whom you suspect may have suffered a stroke, Tick four

(4) signs and symptoms, which could indicate such a condition.

- O The casualty is trembling with a bluish tinge to his extremities.
- O The casualty is confused with paralysis to one side of his or her body.
- O The casualty has difficulty in speaking and maybe drooling.
- O The casualty is confused with loss of blood from a deep laceration to the head.
- O The casualty has facial weakness and difficulty in swallowing.
- O The casualty is short of breath and has severe pain in the chest region.
- O The casualty may have unequal pupils.

<u>Tick</u> four (4) treatments you would administer to a suspected stroke casualty.

- O Stand behind the casualty and administer four lateral chest thrusts then four back blows.
- O Make sure the casualty is comfortable and raise the casualty's head and shoulders.
- O Call for an ambulance as oxygen therapy is beneficial.
- O Reassure the casualty and tell him or her to keep breathing while you call for assistance.
- O If the casualty is unconscious roll them into the Lateral position with their affected side down, to allow saliva and other fluids to drain away.
- O Get the casualty to take slower deeper breaths and encourage him or her to breathe through his or her nose.

- O Maintain an open airway (trachea) and apply an ice pack to reduce swelling around the neck.
- O During the assessment and treatment of the casualty be confident and reassuring and explain what is happening, as they will be frightened and confused.

DIABETES MELLITUS:

The condition of diabetes is caused by the levels of insulin, which are either too high or too low.

Write High or Low in the blanks below for the two causes of diabetes.

_____ Blood sugar / the pancreas does not produce enough insulin.

_____ Blood sugar / the pancreas over produces insulin.

Circle the correct answer

True / FalseGiving a known diabetic too much sugar will harm the casualtyTrue / FalseYou can give a semi-conscious casualty something to drink?True / FalseThe onset of hypoglycemia is slow?True / FalseGiving a hypoglycemic diabetic a sugar free drink is advisableTrue / FalseAs a first aider you are permitted to administer the casualty's insulin

<u>Tick</u> three (3) signs and symptoms, which may indicate a casualty is suffering the effects of low blood sugar - hypoglycemia.

- O The casualty may be unconscious and fitting.
- O The casualty is violently shaking and is disorientated with a bluish tinge to his or her extremities.
- O The casualty has a pale complexion and is shaking and sweating.
- O The casualty has a wheezing cough and is holding his or her hand to their throat.
- O The casualty is confused with unusual behaviour patterns.

<u>Tick</u> three (3) treatments you would administer to a casualty suffering from low blood sugar.

- O Give the casualty sugar. Jelly beans, lemonade, sachets of sugar, glucose tablets.
- O If the casualty is unconscious walk them around to prevent them becoming unconscious.
- O Give the casualty diet drinks.
- O If the casualty is unconscious place them in the Lateral position and call for medical assistance and monitor their ABC.
- O Give the casualty sugar or food if they are conscious and able to swallow solids.

Tick three (3) signs and symptoms, which could indicate a casualty is suffering from high blood sugar – hyperglycemia.

- O The casualty's breath may omit a strange odour that may smell sweet.
- O The casualty has a wheezing cough holding his or her hand to his or her throat.
- O The casualty is confused and their skin feels warm and dry.
- O The casualty is extremely thirsty, has a rapid pulse but a syringe is near them.
- O The casualty is extremely thirsty and urinates frequently

Tick three (3) treatments you would administer to a casualty suffering from high blood sugar.

- O Ask the casualty, are they on any medication and hand it to them to administer.
- O Bend the casualty at the waist and administer four back blows.
- O Provide water for the casualty to drink to prevent dehydration.
- O Lean the casualty to the injured side and support him or her apply pressure to the wound.
- O Call for an ambulance.

What is the onset time for someone suffering from low blood sugar and at what time does the casualty administer their insulin if prescribed? Tick the correct answer

- O Low blood sugar onset time is quick: Treatment: administer insulin if casualty is unconscious
- O Low blood sugar onset time is quick: Treatment: never administer insulin to a casualty
- O Low blood sugar onset time is hours or days: Treatment: administer insulin if casualty is unconscious
- O Low blood sugar onset time is hours or days: Treatment: never administer insulin to a casualty

Seizures

<u>Tick</u> four (4) signs and symptoms, which could indicate a casualty is having a Tonic Clonic episode.

- O The casualty may lose function of his or her bladder and or bowels.
- O The casualty is extremely thirsty and urinates frequently.
- O The casualty is frothing from the mouth.
- O The casualty has a blue congested face and the vessels in the neck become blue and extended.
- O The casualty is suffering from dehydration and or dry skin.
- O The casualty's body has full jerking movements with unconsciousness.
- O The casualty has a wheezing cough and is holding his or her hand to their throat.

<u>Tick</u> four (4) methods of treatment you would administer to a casualty suffering the effects of an epileptic fit (Tonic Clonic).

- O If the casualty is unconscious walk him or her around to prevent them becoming unconscious.
- O Placing padding under the casualty's head to make him or her as comfortable as possible until the seizure ends.
- O Avoiding restraining the casualty when fitting. Make sure the surrounding area is cleared of obstacles to prevent further injury to the casualty.
- O Restrain the casualty to keep him or her as still as possible and force something in their mouth to prevent him or her from biting off the tongue.
- O When the seizure ends loosen the casualty's clothing and place him or her onto their side.
- O Give the casualty food and drink to build up the strength they used in the seizure.
- O If the casualty wants to sleep after the seizure let them. Monitor his or her vital signs, and watch for signs of another seizure.

FITS AND SEIZURES IN BABIES AND SMALL CHILDREN:

Tick the main reason why babies or small children may suffer fits or seizures.

- O The baby or child has a temperature of 38 deg celsius or higher due to illness, ear, throat or chest infection, teething or after immunisation needles.
- O Consuming too much foods and drinks containing sugar.

<u>Tick</u> four (4) signs and symptoms, which could indicate a baby or small child is suffering the effects of a fit or seizure.

- O The baby/child has difficulty breathing and his or her face and skin turns blue.
- O The baby/child is extremely thirsty and urinates frequently.
- O The baby/child's back will arch and their body and extremities will become stiff.
- O The baby/child will have jerking body movements and the eyes may roll back into their head.
- O The baby/child is suffering from dehydration and or dry skin.
- O The baby/child will go limp after the seizure ends.

<u>Tick</u> three methods of treatment you would administer to a baby or small child suffering the effects of a fit or seizure.

- O Remain calm, call for assistance and monitor baby/child's vital signs
- O Ensure the baby's airway is clear and open.
- O If the baby/child is unconscious wake them up.
- O Restrain the casualty and keep him or her as still as possible and force something into their mouth to prevent them from biting off their tongue.
- O Immediately immerse the baby/child into ice water.
- O Remove the baby/child's clothing, and fan them in an attempt to lower their temperature making sure not to over cool the baby/child.

Notes	

