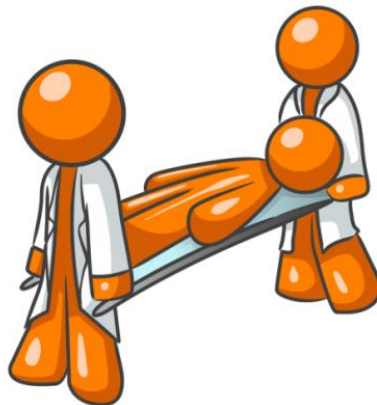




# CPR First Aid

## Work Book 2020

HLTAID001  
Modules 1 - 3



Index Reference		
Module 1	Introduction to First Aid	
Module 2	Principles/Priorities	
Module 3	Chain of Survival	

**WARNING!**

Readers are warned that certain pages contain graphic images of real or simulated injuries to real people. All images have been added for the purpose of education only.

This workbook is not suitable for minors

Instructions: Mark your answers by placing an x in the appropriate square, submit your answers as per booking instructions, if your answer is not correct it will be sent back to you for your second and final attempt. (Questionnaire and Assessment answer sheet can be requested separately if required – refer to last page)

Please note: The submission of the Assessment Answer sheet (Online or hard copy) is evidence of completion of the workbook, however you will also be assessed in the classroom on this workbook. If you are unable to answer the same questions in the classroom then you will be deemed not competent and not pass the course.

**This is to deter copying and cheating.**

## Module 1 – Introduction to First Aid

In this lesson, you'll be learning about:

- 1) First Aid Basics
- 2) Legal Aspects
- 3) Record Keeping
- 4) Human Anatomy
- 5) Infection Control



*Estimated Completion Time: 15 minutes*

### Topic 1.1 – First Aid Basics

#### What is First Aid?

First aid is the initial care given to an injured or ill casualty until the arrival of a paramedic, nurse or medical doctor.

The four aims of first aid are to:

1. Protect life
2. Prevent further deterioration
3. Promote recovery
4. Preserve life

**Any attempt is better than no attempt!**

### Topic 1.1 – First Aid Basics – Calling for Medical Assistance

#### Triple Zero (000)

**Stay focused, stay relevant, stay on the line:**

- Is someone seriously injured or in need of urgent medical help?
- Is your life or property being threatened?
- Have you just witnessed a serious accident or crime?
- If you answered YES, call Triple Zero (000). Triple Zero calls are free.



**When you call Triple Zero (000), the operator will ask:**

- Do you want Police, Fire, or Ambulance?
- Stay calm, don't shout, speak slowly and clearly
- Tell us exactly where to come. Give an address or location

**If you are deaf or have a speech or hearing impairment call 106:**

- This is a Text Emergency Call, not SMS
- You can call from teletypewriters
- State which service you need and where to come

## Topic 1.1 – First Aid Basics – Calling for Medical Assistance

### Mobile phone services: Triple Zero (000) & One One Two (112):

- Triple Zero (000) is Australia's primary telephone number to call for assistance in life threatening or time critical emergency situations.
- 112 is a secondary emergency number that can be dialled from mobile phones in Australia.
- There is a misconception that 112 calls will be carried by satellite if there is no mobile coverage. Satellite phones use a different technology and your mobile phone cannot access a satellite network
- **Important** – if there is no mobile coverage on any network, you will not be able to reach the Emergency Call Service via a mobile phone, regardless of which number you dialled.
- 112 is an international standard emergency number which can only be dialled on a *digital mobile phone*.

## Topic 1.2 – Legal Aspects – Duty of Care

In Australia, first aiders are only obliged to render assistance in an emergency (or carry a duty of care) if:

- They were involved in the incident;
- They are on the ocean (e.g. sailing); or
- They choose to accept responsibility on land



Other situations that would be considered 'accepting responsibility' or 'carrying a duty of care' could be:

- Parenting or babysitting a child
- Employment that involves workplace health and safety or first aid provision (e.g. first aid officer role, police officer, teacher, personal trainer etc.)
- If you are an employer or managing/supervising other workers
- Stopping at an emergency – remember that by starting to help you are establishing a duty of care

## Topic 1.2 – Legal Aspects – Duty of Care

People with first aid qualifications are not always automatically expected to assist in emergencies. A duty of care needs to exist for the legal obligation to take place. Neglecting an existing duty of care may result in implications associated with negligence. To identify your legal implications or for further clarification, you are encouraged to seek legal advice.

The standard of care required of a person who has a duty of care to respond, is higher. Like other persons in our community who hold themselves out to have a skill, they must perform their tasks to a standard expected of a reasonably competent person with their training and experience. However, this does not mean that the standard of care given must be of the highest level.

All first aiders should remain caring for the casualty at the scene if safe until medical aid (such as a medical doctor, nurse, paramedic or ambulance officer, or the fire brigade) takes over.

## Topic 1.2 – Legal Aspects – The Protection of Good Samaritans

A Good Samaritan is an individual that provides assistance, advice or care to another person in relation to an emergency or accident in circumstances in which he or she expects no money or any other financial reward for providing the assistance, advice or care.

First aiders providing care should always stay within the limits of their training. Unless the first aider is put in danger by staying, they are legally expected to continue to provide their support until medical aid takes over. Neglecting a duty of care, or ignoring the limits of first aid training, may result in further implications associated with the law.



Should a casualty recover and the nature of their condition does not require medical attention, the first aider may end their duty of care to the casualty.

## Topic 1.2 – Legal Aspects – Casualty Consent

Before providing first aid to a “competent” casualty, a first aider **must** obtain their consent. If first aid is provided without consent, it has the potential of being counted as “medical trespass” (assault). Conscious casualties have the right to refuse first aid treatment and their wishes need to be respected.



If a casualty is a minor (under 18yrs) you should gain the consent from a parent/guardian. Parents and guardians have the right to refuse first aid treatment for their minor. In the absence of a parent/guardian first aiders should regard children as having impaired-decision making capacity.

In the event of refusal, first aiders with a duty of care should contact 000 (ambulance) for advice and should stay at the scene (if safe to do so) until otherwise advised.

## Topic 1.2 – Legal Aspects –Treatment Without Consent

Although first aid treatment normally requires consent, an injured or ill person should not be deprived of first aid merely because they lack decision-making capacity. The key legal factors which determine whether treatment can be given without consent are:

- Whether the casualty has or has not decision-making capacity;
- Whether an advance care directive exists;
- The degree of urgency of the situation, and;
- Whether a substitute decision-maker is present, willing and able to consent

If the casualty is incapable of consenting, (e.g. the casualty is unconscious) and no substitute decision maker is present, a first aider may provide urgent first aid to preserve life and health without consent (unless an advance care directive prohibits such treatment).

This means the legal requirement to obtain consent before providing assistance or treatment **is waived** under Common Law and Statute law in several circumstances, e.g. if the casualty is unconscious or becomes unconscious before consent was discussed.

Refer to ARC Guideline 10.5 “Legal & ethical issues related to resuscitation”

## Topic 1.2 – Legal Aspects – First Aid and Workplace Health and Safety

In all Australian states, there is legislation that requires all employers to provide a safe working environment for all employees. They are also obliged to ensure there is the provision of first aid and first aid equipment in the event of an emergency.

A designated workplace first aider has a legal duty of care, if they are safe to do so, to give first aid to any person suffering an illness or injury in the workplace. This requires the designated first aider to attend regular first aid training sessions in order to keep their skills current. Refresher training in CPR should be undertaken annually according to ARC guidelines and the Code of Practice for First Aid.

For further information, contact your state government occupational health & safety regulator.



## Topic 1.2 – Legal Aspects – Privacy and Confidentiality

Where possible, a first aider must take steps to assist the casualty to maintain dignity and personal privacy. Methods of doing this can be by:

- Having crowd control
- Putting up a privacy screen
- If appropriate to do so, move the casualty to a quiet area
- Cover up any exposed body parts, e.g. emergency rescue blanket, sheets, blankets

The Privacy Act and Principles impacts upon all first aid rendered, therefore a first aider needs to take steps to maintain confidentiality. This means you should not disclose the casualty's personal details, incident details, medical conditions and aid rendered to family members, close friends or answering questions from the media unless you have permission from the casualty.



## Topic 1.3 – Record Keeping

It is important that all first aid incidents, inside or outside of work, be recorded in writing.

Each workplace should have appropriate documentation for the reporting of illness or injury.



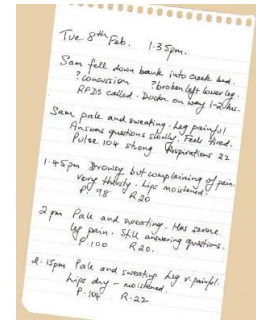
These documents need to be completed in full and should not be altered. Therefore, correction fluid or pencil should not be used on these documents.

Outside of the workplace, if an incident occurs, first aiders should take accurate, brief and clear notes and keep them on hand in case an investigation takes place.

## Topic 1.3 – Record Keeping

### Notes should include:

1. The time of the incident
2. The date of the incident
3. The location of the incident
4. What the first aider found upon arrival
5. What actions the first aider carried out
6. Any changes in the casualty's condition
7. Any witness details
8. Handover to medical professional's details
9. Did the casualty recover and relieve the first aider of their duty of care?



All documentation should be signed and dated by the first aider and stored securely to maintain confidentiality. Keep your notes clear and easy to understand and ensure you write down exactly how things are presented to you.

## Topic 1.3 – Record Keeping

### (Childcare) - Law Section 174, Regulations 12, 85-87, 168, 177-178, 183

- Centres must have incident, injury, trauma and illness policies and procedures in the event that a child:
  - (a) is injured; or (b) becomes ill; or (c) suffers a trauma.
- A Centre must ensure that a parent of a child is notified as soon as practicable, but not later than 24 hours after an occurrence, if the child is involved in any incident, injury, trauma or illness
- The details of the occurrence must be correctly and accurately recorded within 24 hours
- The occurrence records are stored safely and securely until the child is aged 25 years
- That the Regulatory Authority is notified of a serious incident which includes:
  - (a) death of a child; or (b) where medical assistance was required; or (c) attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.

## Topic 1.4 - Human Anatomy

The human body is made up of different anatomical and physiological systems, each performing a vital role. Whilst it is not crucial for a first aider to know detailed information about these systems it will benefit the first aider to have a basic knowledge of how the systems work.

Several are particularly useful for a first aider to have a basic knowledge of.





### Topic 1.4 - Human Anatomy – Skeletal System

The skeletal system is made up of 206 bones that provides structure to our bodies, and protects our internal organs from damage. Muscles, ligaments and tendons are closely linked with this system and all play vital roles in allowing movement and function of limbs and body parts.

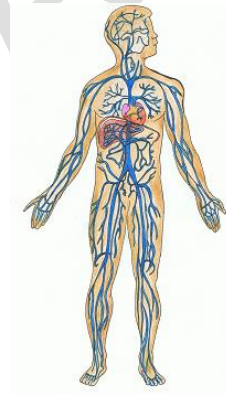
The bones of the skeleton have 4 main functions:

1. To give shape to the body
2. To produce blood cells
3. Support muscles to allow movement
4. Protect vital organs



### Topic 1.4 - Human Anatomy – Cardiovascular System

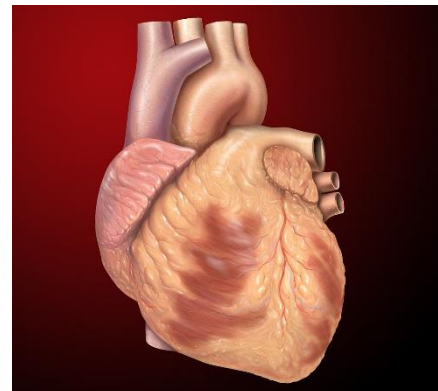
This system is made up of the heart, blood and blood vessels. Blood flowing from the heart delivers oxygen and nutrients to every part of the body. The blood stream removes waste products via transportation to the kidneys and other organs.



### Topic 1.4 - Human Anatomy – Cardiovascular System

**Heart** – a muscular organ in the chest that pumps blood around our body. The heart is divided into four chambers: upper left and right atria; and lower left and right ventricles. The average adult resting heart rate is between 60 – 100 beats per minute.

The heart is muscle that pumps blood to all parts of the body. Blood provides the body with the oxygen and nourishment it needs to function. Waste products carried by the blood are removed from the body by organs such as kidneys. The right side of the heart obtains de-oxygenated blood via main veins (Superior and Inferior Vena Cava) and pumps this blood to the lungs where oxygen is absorbed and carbon dioxide is released.

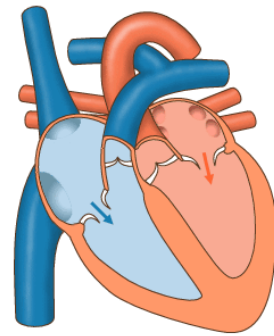




## Topic 1.4 - Human Anatomy – Cardiovascular System

The oxygenated blood returns to the heart via the pulmonary vein into the left atrium.

The blood is then pumped into the left ventricle which pumps blood into the body's main artery – the aorta. The aorta is the body's largest artery and carries blood to smaller arteries which distribute blood to all parts of the body. On the return trip, the now de-oxygenated blood carries back to the heart via veins into the right atrium, and the cycle continues.



## Topic 1.4 - Human Anatomy – Cardiovascular System

**Blood** – blood is composed of a clear liquid called plasma. Red blood cells make blood look red, and allow oxygen to be delivered around the body. White blood cells are part of your body's defence against disease. Platelets are cells that help your body repair itself after injury through coagulation (clotting).

**Blood Vessels** – Arteries transport oxygenated blood away from the heart. Veins transport de-oxygenated blood back to the heart. Arteries narrow into arterioles. Capillaries are the smallest vessels which connect the arterioles to the venules. It is at this level that majority of transfusion with cells takes place.

**Heart Rate / Pulse** – heart rate, or pulse, is the number of times the heart beats per minute. Normal heart rate varies from person to person. The average normal resting heart rates which vary with age are:

Age Range	Heart Rate
1 - 12 months	100 - 160
1 - 5 years	80 - 130
6 - 14 years	60 - 110
15 - adult	60 - 100

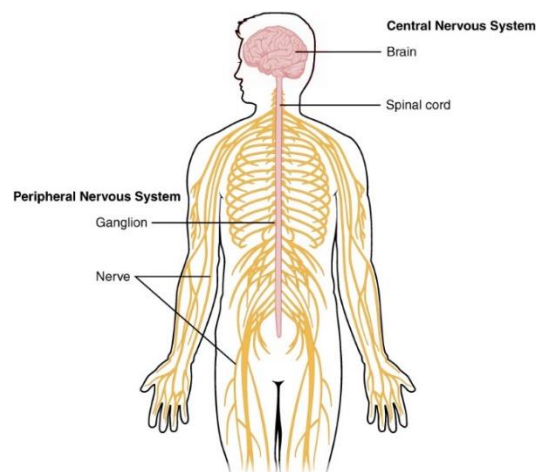
*A basic knowledge of this system will help in understanding the mechanics of **CPR** and **DRS ABCD**.*

## Topic 1.4 - Human Anatomy – Nervous System

The nervous system is made up of your brain, spinal cord and a huge network of nerves that thread throughout our entire body.

The nerves receive and conduct information to the brain for processing, which enables the coordination of all of our actions and reactions. From applying correct pressure when gripping a cup, to retracting your hand from a sharp or hot object.

*A basic knowledge of this system is useful when dealing with **burns** and **pain management**.*



*Image by OpenStax College*

## Topic 1.4 - Human Anatomy – Respiratory System

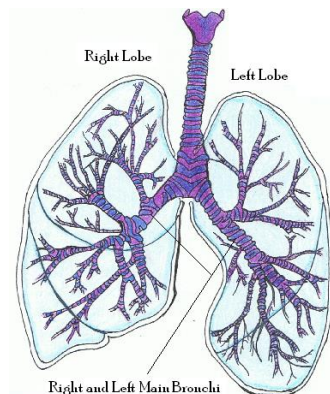
As all cells in our body need oxygen to survive, our respiratory system is vital to our survival.

**This system comprises of 2 parts:**

**Airway** - mouth, nose, trachea, larynx, bronchi and bronchioles.

**Lungs** – are literally large bags of air which contain small air sacks that are called alveoli. As we breathe, oxygen from the alveoli is filtered into the blood stream and carbon dioxide out of the blood stream. This process is essential to our survival – 4-6 minutes without oxygen can cause permanent brain damage.

*A basic understanding of this system is useful when learning about **airway management** and **CPR**.*



## Topic 1.4 - Human Anatomy – Respiratory System

**Breathing** is the process that moves air in and out of the lungs, or oxygen through other respiratory organs. This process is also known as ventilation

### Normal Respiratory Rate Ranges

Overall, children have quicker respiratory rates than adults, and women breathe more often than men. The normal ranges for different age groups are listed:

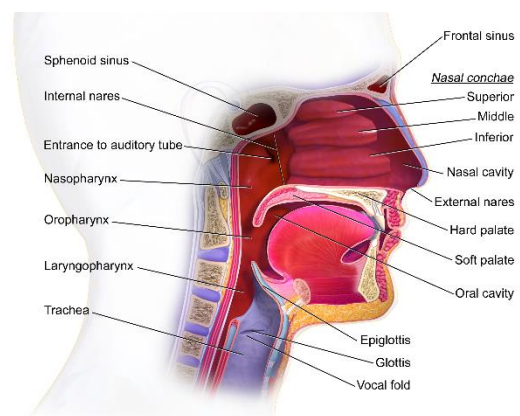
Age Range	Respiratory Rate
1 - 12 months	30 - 60
1 - 5 years	20 - 40
6 - 14 years	15 - 30
15 - adult	12 - 20

## Topic 1.4 - Human Anatomy – Upper Airway

A child's airway differs from that of an adult in that the child's tongue is proportionately larger in the oropharynx compared to that of an adult.

Also, a child's airway is smaller and softer and more prone to foreign body obstruction. The trachea is usually about the diameter of a pencil.

Infants have very short and softer tracheas than adults. This means that overextension of the head (Tilting the head) during CPR may result in airway collapse (not too dissimilar to kinking a narrow garden hose).



**The Upper Respiratory System**

## Topic 1.4 - Human Anatomy – Unconsciousness

The causes of unconsciousness can be categorised into four general groups:

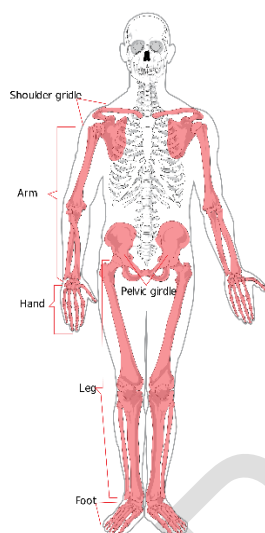
- Low oxygen levels to the brain
- Heart and circulation problems (e.g. fainting, abnormal heart rhythms, severe blood loss)
- Metabolic problems (e.g. low blood sugar, drug overdose, intoxication)
- Brain problems (e.g. stroke, head injury, tumour, epilepsy)

### Signs and Symptoms

Before the casualty has loss of consciousness, they may experience:

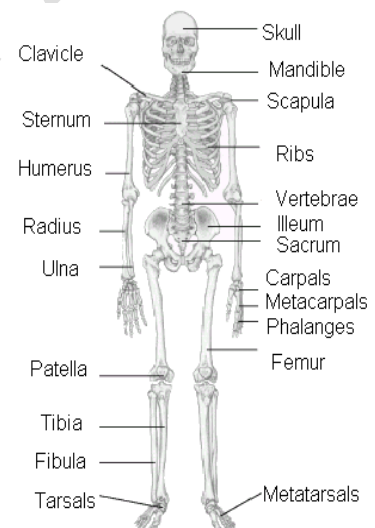
- Yawning
- Dizziness and light headedness, confusion
- Sweating
- Normal skin colour changes
- Changed or blurred vision, slurred speech
- Nausea

## Topic 1.4 - Human Anatomy – Musculoskeletal System



The musculoskeletal system is a term used to describe the bones, as well as the adjoining ligaments, tendons and muscles. The following section will provide an overview of the names and locations of different bones; however, you are not expected to demonstrate a complete knowledge of all the bones listed.

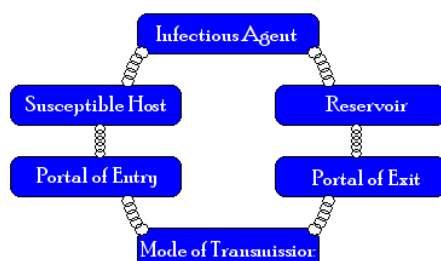
It is recommended that you become familiar with the following section, as it will assist you in understanding medical terminology, and give you a greater knowledge base as a first aider in which to understand and communicate effectively.



## Topic 1.5 - Infection Control

When giving first aid to a sick or injured person you should try to minimise the risks to yourself, bystanders and to the casualties.

All around the world, any one person could be infected with a communicable disease. This any one person could very well be your casualty. Diseases that are life threatening can include HIV/AIDS and hepatitis strains.



## Topic 1.5 - Infection Control - Chain of Infection

Whether or not infection happens will depend on a number of things. This is best explained by looking at the chain of infection.

### The Six links to the *Chain of Infection*

In order for infection to occur, the links to the Chain of Infection must occur.

1. Infectious Agent: Any disease causing micro-organism (pathogen) i.e. bacteria, virus.
2. Reservoir: Where the pathogen is located (i.e. blood, saliva)
3. Portal of Exit: The route of escape of the pathogen from the reservoir (i.e. saliva via coughing, blood via cut in skin)
4. Mode of Transmission: How the pathogen gets from the reservoir to its new host (i.e. propelled through air, direct contact)
5. Portal of Entry: The route in which the pathogen enters the new host (breaks in skin (cuts, wounds), inhalation, ingestion, sexual contact).
6. Susceptible Host: The organism that accepts the pathogen (you or the casualty)

## Topic 1.5 - Infection Control – How to break the *Chain of Infection*

**Correct Hand Washing** - appropriate hand washing by the First Aider remains the most important factor in preventing the spread of micro-organisms. Good hand washing techniques are displayed in the attached picture.

**Barriers** - use barrier equipment whenever possible (gloves, masks, face shields, eye protection and tongs). Barriers dramatically lessen the spread of infection, both to the casualty and to you!



## Topic 1.5 - Infection Control – How to break the *Chain of Infection*

**Needle Stick Injuries** - needle stick injuries are an opportunity for a pathogen to penetrate directly into the blood stream of another person if not handled carefully. HIV (AIDS) and Hepatitis B are just few of the possible blood borne viruses that can be transferred from one person to another.

- If injured by a used needle stick, one should always seek medical assistance so that testing and preventative measures can be done to decrease the risk of infection.

### Follow all safety procedures:

- Latex or nitrile gloves will not protect you against needle stick injuries
- Never bend or snap used needles
- Never re-cap a needle
- Always place used needles into a clearly labelled and puncture-proof sharps approved container

## Topic 1.5 - Infection Control – How to break the *Chain of Infection*

If you do become contaminated by a sharp you should follow these steps:

- Penetration of skin - wash the blood / body fluid away with water.
- Contamination of the eye – rinse with water or saline with the eye open.
- Blood in mouth – spit out blood, and repeatedly wash with water.
- Seek professional medical assistance from your local doctor or hospital.



## Learner FAQ

For your own reference, please read the following information carefully to ensure that the practical first aid day is a positive experience and you get the full qualification or statement of attainment.

Access [LINK](#)

## Module 2 – Principles/Priorities of First Aid Practices

In this lesson, you'll be learning about:

- 1) Safe Manual Handling
- 2) Basic First Aid Kit
- 3) **DRS ABCD**
- 4) Recovery Position
- 5) Heart Attack
- 6) Angina
- 7) Cardiac Arrest

*Estimated Completion Time: 15 minutes*

### Topic 2.1 - Safe Manual Handling

Manual handling includes pulling, pushing, lifting, moving, carrying, restraining or holding any person or object.

#### Assessing the situation and the load:

- Can you move the person yourself, or is help required?
- How far will you have to move the person?
- Is the pathway clear or cluttered?
- Are there any manual handling aids available? (sheets / lifting equipment etc.)
- Test the weight by lifting the corners, or tilting the object
- Ask for help if it is too heavy



### Topic 2.1 - Safe Manual Handling

#### Use of good lifting techniques:

- Use good body mechanics - maintain a straight back, bend your legs and use equipment when available
- Maintain a large base of support (stabilising using your feet)
- Don't move a casualty on your own
- Lift only as a last resort (the best lift is NO lift - unless life threatening)
- Keep the object close to your body





## Topic 2.2 - Basic First Aid Kit

All workers must be able to access a first aid kit. This will require at least one first aid kit at their workplace. The contents of first aid kits should be based on a risk assessment.

The first aid kit should provide basic equipment for administering first aid for injuries including:

- Cuts, scratches, punctures, grazes and splinters
- Muscular sprains and strains
- Minor burns
- Amputations and/ or major bleeding wounds
- Broken bones
- Eye injuries
- Shock

## Topic 2.2 - Basic First Aid Kit

*First aid kits should be well maintained. Check that all items are in good condition, within expiry date and if any items are missing. Replenish required items.*



For further information on first aid kit requirements go to:

<https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace>

## Topic 2.3 - Caring for the Casualty – DRS ABCD

The Australian Resuscitation Council (ARC) recommends using the following 7 step acronym when caring for the casualty – **DRS ABCD**

- |                          |  |
|--------------------------|--|
| 1. <b>DANGERS</b>        | Check for danger (hazards/risks/safety)  |
| 2. <b>RESPONSIVENESS</b> | Check for response (if unresponsive)   |
| 3. <b>SEND</b>           | Send for help (Call 000)   |
| 4. <b>AIRWAY</b>         | Open the airway  |
| 5. <b>BREATHING</b>      | Check breathing (if not breathing / abnormal breathing)                                      |
| 6. <b>CPR</b>            | Start CPR (give 30 chest compressions followed by two breaths)                               |
| 7. <b>DEFIBRILLATION</b> | Attach an Automated External Defibrillator (AED) as soon as available and follow the prompts |



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Bondi Rescue – Cardiac Arrest Video

Please watch this video as you will be assessed on CPR in your course. NB. The casualty does survive in this video: <https://www.youtube.com/watch?v=Ccql9jRbSE>



CAUTION! This video may be disturbing to some viewers as it contains footage of real CPR.

## Topic 2.3 - Caring for the Casualty – DRS ABCD

### D - Dangers

This step is the same when caring for both a breathing or non-breathing casualty. YOU are the most important person NOT the casualty. Ensure the safety for yourself (the first aider), bystanders and the casualty.

- Checking for danger before approaching any situation is critical. Rushing into a situation without adequately assessing the situation can put yourself and others at needless risk
- The amount of dangers greatly depends on the situation; hence it is important to assess each scene for possible dangers
- Sometimes, danger can be avoided, or the casualty can be moved away from it



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### R – Responsiveness

This step is the same when both caring for a breathing or non-breathing casualty.

- Check consciousness level, speak in a calm positive manner, identify yourself and ask if you can help.
- Always approach a casualty with caution, feet first. If there is no response and it is safe to do so, implement **C.O.W.S.**
- **C** can you hear me?
- **O** open your eyes?
- **W** what is your name?
- **S** squeeze my hand?



Then grasp and squeeze the shoulders firmly to prompt a response. A casualty who fails to respond or shows only a minor response, such as groaning without eye opening, should be managed as if unconscious.

## Topic 2.3 - Caring for the Casualty – DRS ABCD

### S - Send for Help

Once you have determined the casualty requires medical assistance, you should next immediately send for help.

- Yell out for assistance! If there are any bystanders, instruct them to call 000. If you are alone and have access to a phone, call 000 and clearly explain the situation.
- CALL FOR HELP, EMERGENCY NUMBER 000 (landline/mobile) or 112 (mobile)



## Topic 2.3 - Caring for the Casualty – DRS ABCD

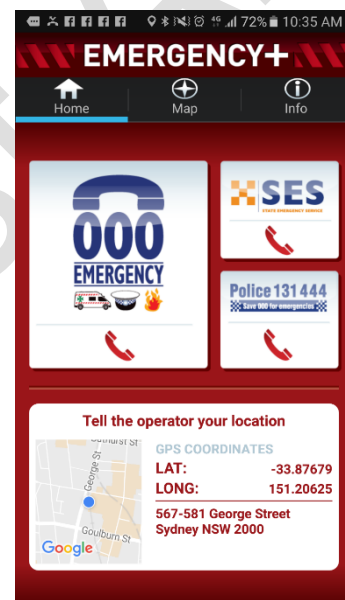
### S - Send for Help

Free app available: Emergency +

The following is an excerpt from Australian Communications and Media Authority (acma.gov.au):

#### Are there advantages in using the Emergency+ smartphone app to call Triple Zero (000)?

The most significant advantage of using the Emergency+ smartphone app to call Triple Zero is that if you do not know your exact location, it uses the existing GPS functionality of your smartphone to enable you to provide emergency call-takers with your location information as determined by your smartphone.



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### A- Airway

This step is the same when caring for both a breathing or non-breathing casualty. Airway management is required to provide an open airway when the casualty:

- Is unconscious
- Has an obstructed airway
- Needs rescue breathing

For responsive adults and children, it is reasonable to open the airway using the head tilt chin lift manoeuvre. Infants are left in the head position neutral position.

## Topic 2.3 - Caring for the Casualty – DRS ABCD

### B – Breathing

This step is the same when caring for both a breathing or non-breathing casualty.

- LOOK - LISTEN - FEEL FOR BREATHING.
- Get close to the casualty, placing your ear just above their mouth.
- Can you feel breathing on your cheek? Can you hear breathing?
- By looking towards the casualty's chest you will be able to check for rise and fall of the chest.
- If the casualty is breathing, they should be turned into the **Recovery Position**.
- If there is **NO SIGN OF BREATHING** or the casualty is **NOT BREATHING EFFECTIVELY**, you will need to proceed immediately onto CPR.



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Gasping is Not Breathing Normally

More than 50% of casualties in cardiac arrest gasp. Gasping has been described as gurgling, agonal or laboured breathing. This has often been misinterpreted by onlookers and even first aiders as signs that the casualty is breathing. The abnormal breathing or gasping may last for a few minutes.



Note that if the casualty has not responded to COWS and a firm shoulder squeeze, that the gasping should be considered as **NOT BREATHING EFFECTIVELY**, therefore, you will need to proceed immediately onto CPR.

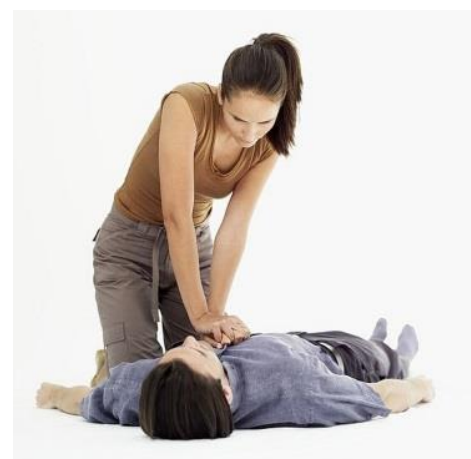
## Topic 2.3 - Caring for the Casualty – DRS ABCD

### C – CPR

#### Step 1: Compressions

All first aiders should perform chest compressions on all casualties who are unresponsive and not breathing normally.

Compressions are the first part of **CPR** used in conjunction with rescue breathing to circulate the oxygenated blood around their body.



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Compressions are performed as follows:

- Kneel beside the casualty (at the level of the casualty's shoulders)
- Locate the lower half of the sternum on the casualty
- Place the heel of the dominant hand in the centre of the casualty's chest with the other hand on top (or 2 fingers for infants)
- Keeping your arms straight, and your wrists and elbows locked, press down vertically to about a third of the casualty's chest depth, then release pressure
- Give 30 compressions (about 100 to 120 per minute – around 2 a second)
- Give 2 rescue breaths
- Repeat compression / breaths at 30:2 ratio until help arrives

## Topic 2.3 - Caring for the Casualty – DRS ABCD

Rescue Breathing	Baby 0-1 years	Child 1-8years	Adult Over 8 yrs
Head Tilt	NIL	Full	Full
Breath into	Mouth & Nose	Mouth or Nose	Mouth or Nose
Breath Size	Puff	Shallow	Full
CPR Compressions			
Compression Depth	1/3 Chest 4 cm	1/3 Chest 5 cm	1/3 Chest >5 cm
Compress with	2 Fingers	One or Two Hands	Two Hands
Cycle 1-2 Person	30 Comp – 2 Breaths	30 Comp – 2 Breaths	30 Comp – 2 Breaths

## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Quality Chest compressions:

- To optimize the effectiveness of chest compressions, the casualty should be placed on their back on a firm surface
- Interruptions to chest compressions must be minimised
  - A casualty should not be routinely rolled onto the side to assess airway and breathing unless regurgitation occurs
- Allow for complete recoil of the chest after each compression
- Avoid compression beyond the lower limit of the sternum



*Image Courtesy of European Resuscitation Council*

## Topic 2.3 - Caring for the Casualty – DRS ABCD

**Fractured ribs** –this is a common consequence of **CPR**; however, this is acceptable given that the alternative to **CPR** is likely death of the casualty.

**First aider change-over** – when possible, it is recommended that first aiders change every 2 minutes (5 cycles) to prevent fatigue and also to help ensure that the depth and speed of compressions is maintained. If this is performed, it is important to minimise interruptions to compressions.

## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Step 2: Rescue Breath methods

After 30 compressions, perform 2 rescue breaths using one of the following methods.

#### Mouth to Mask

This involves using a **CPR** mask for providing rescue breaths.

- The first aider exhales through a 1-way valve through the mask into the casualty's mouth.
- Head tilt is still required to open up the casualty's airways. Full head tilt for adults and children while no head tilt for infants.



## Topic 2.3 - Caring for the Casualty – DRS ABCD

#### Mouth to Mouth

This is the recommended form of rescue breathing when a mask is not available.

The following steps should be taken to correctly provide mouth to mouth:

- **Head tilt/Chin lift Method:** Place one hand onto the forehead or top of head. The other hand is used in conjunction by holding up the chin using the thumb and forefinger to open the mouth. Place the thumb over the chin below the lip and supporting the tip of the jaw with the middle finger and the index finger lying along the jaw line. Then gently tilt the casualty's head back, not the neck, to open the airway.
- Block the casualty's nose using fingers on one hand



## Topic 2.3 - Caring for the Casualty – DRS ABCD

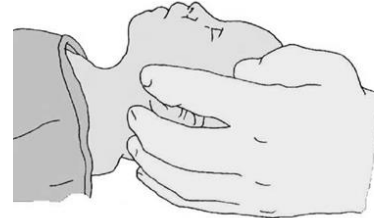
### Mouth to Mouth (Continued)

- Take a breath and open your mouth as widely as possible
- Make a firm seal of your mouth onto the casualty's mouth
- Exhale into the casualty's mouth with the required breath size to inflate the casualty's lungs. Visually view the rise of the chest
- Give second breath. Should take around one second per breath

**Note:** Care should be taken not to over-inflate the chest.

In an infant, maximum head tilt should not be used. Instead the head should be kept neutral. Because of the narrow nasal passages, the upper airway is easily obstructed, so there must be no pressure placed on the soft tissues of the neck. The lower jaw should be supported at the point of the chin while keeping the mouth open. Due to the head size of an infant compared to its body, when laid on its back, the head naturally tips forward towards the chest. A slight backward tilt may be needed to place the head into a neutral position.

*Image Courtesy of European Resuscitation Council*



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Mouth and Nose

This can be used if preferred by the first aider.

- For infants, the first aider should cover the infant's mouth and nose with their own mouth instead of attempting to pinch the infant's nose.
- If providing mouth to nose on adults, the same method as mouth to mouth is used, except that instead of blocking the nose, the first aider should ensure the casualty's mouth is closed when exhaling into the casualty's nose (this involves sealing the mouth by pushing the casualty's lips together with your thumb).



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Blocked Airway:

If the casualty's chest does not rise during rescue breathing, check that:

- The head is tilted back correctly
- There is no foreign material in the airway
- The seal of your mouth on the casualty's mouth is firm
- The nose has been blocked
- Enough air is being blown in

**D – Defibrillation** (will be covered in the next topic: Chain of Survival)



## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Regurgitation:

It should be noted that about one in four casualties will regurgitate whilst having **CPR** performed on them, especially when drowning is the cause of unconsciousness. This is because when unconscious, the casualty's muscles are totally relaxed, including the valve that stops regurgitation above the stomach.

If the casualty does regurgitate during **CPR**:

- Turn them into the recovery position with the mouth opened and the head turned slightly downwards to allow any obvious foreign matter (e.g. food, vomit, blood and secretions) to drain.
- If required, clear the airways using the 2 finger scoop method.
- If they are still not breathing once the obstruction is cleared from the airway, place them on their back again and re-commence **CPR**.

*Those who are trained and willing to give breaths do so for all persons who are unresponsive and not breathing normally.*

## Topic 2.3 - Caring for the Casualty – DRS ABCD

### Duration and Cessation of CPR

A first aider should continue to perform CPR on a casualty until:

- The casualty responds or begins to breathe normally
- It is impossible to continue any further due to exhaustion
- Medical professional/s arrive and take over in performing CPR
- Directions have been given by Medical professional/s to stop CPR
- The scene/location where CPR is being performed becomes unsafe



## Topic 2.4 - Recovery Position

Once you have followed **DRS ABCD** and established the casualty is breathing, you need to place them into the recovery position. This is extremely important as it is the best position for an unconscious, breathing casualty.

An unconscious casualty lying on their back can very easily suffocate on their own tongue or stomach contents.



*Image Courtesy of European Resuscitation Council*



## Topic 2.4 - Recovery Position

### Recovery Position for a Child (1-8 years) or Adult (8+ years)

- Follow **DRS ABCD**, ensure the casualty is breathing effectively.
- Place both of the casualty's arms pointing away from you (the closest arm will be across the casualty's chest).
- Raise the casualty's knee closest to you and bend it.
- Place one hand under the raised knee, and the other arm behind the casualty's shoulders, and remember to support the neck as best as possible.
- Make sure you are holding the casualty's hip so that you can control the roll and not let the casualty fall onto their front.
- Gently turn the casualty onto their side facing away from you and bend up the raised knee further to the front of the casualty to ensure they don't roll onto their front.



## Topic 2.4 - Recovery Position

### Recovery Position for a Child (1-8 years) or Adult (8+ years) (Continued)

- Make sure the casualty's mouth is the lowest point so that the stomach contents are able to drain from their mouth.
- Lift chin forward in open airway position and adjust hand under the cheek as necessary.
- Continue monitoring **DRS ABCD** until an ambulance arrives – never leave an unconscious casualty unattended.
- If injuries allow, turn the casualty to the other side after 30 minutes.

**REMEMBER** - WHEN MOVING THE PERSON ONTO THEIR SIDE MAKE SURE THEIR NECK AND BACK DO NOT MOVE. MAKE SURE YOU ARE ROLLING THE BODY NOT TWISTING THE SPINE.

## Topic 2.4 - Recovery Position

### Recovery Position for an infant (Under 1-year-old)

For a baby less than a year old, a modified Recovery Position must be adopted:

- Cradle the infant in your arms, with their head tilted downwards on their side to prevent them from suffocating on their tongue or inhaling stomach contents.
- Monitor and record vital signs - level of response and breathing until medical help arrives.
- 1-handed recovery position can be used by placing your fingers supporting the baby's neck and jaw.
- The baby should be facing towards the ground so that any vomit or regurgitation will not obstruct their airways.
- This position also leaves your other hand free to make phone calls (i.e. 000 / 112), open doors, do back blows for choking etc.
- If you need to walk around with the infant, be very careful not to trip as you can easily cause injury by dropping or falling onto the child.



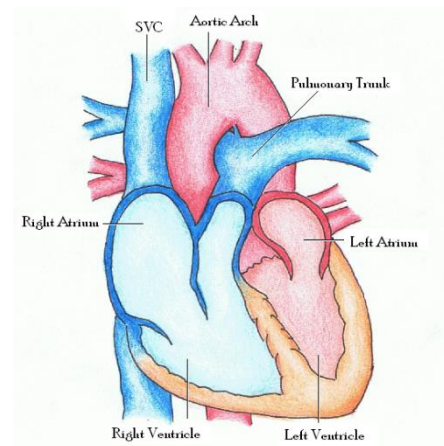
Please watch the video on how to position a casualty into the recovery position as you will be asked to demonstrate this for your assessment. Press [LINK](#)

## Topic 2.5 – Heart Attack

### Heart Attack

Heart Attack is a cardiovascular event caused by sudden death to heart muscle cells. The most common cause of this is due to a blockage of the coronary arteries (arteries that supply the heart with blood) either by thrombus, or less commonly spasms.

The cells become starved of oxygen due to this sudden loss of perfusion which causes the heart to stop functioning normally or to stop altogether.

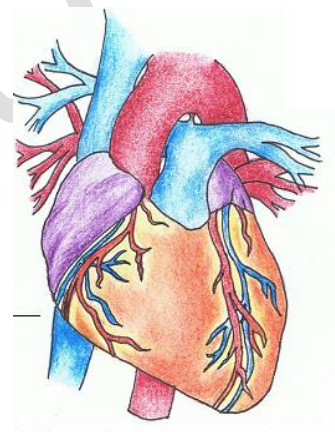


## Topic 2.5 – Heart Attack

### Heart Attack

#### Risk Factors include:

- Fatty deposits on the artery walls (atherosclerosis)
- Smoking
- High blood pressure / Hypertension
- Poor diet
- Obesity
- Lack of Exercise
- Age
- Diabetes
- A positive family history of first degree relatives with cardiovascular events at a fairly young age (<60yrs)



## Topic 2.5 – Heart Attack

### Signs and Symptoms of a Heart Attack:

- Casualty may complain of central chest pain that may radiate to the shoulders, neck or jaw. They may also clutch at their chest
- Unfortunately, heart attacks do NOT always involve chest PAINS but rather DISCOMFORT such as tightness, heaviness, squeezing and dull rather than sharp/stabbing sensations or simply angina "equivalents" symptoms such as shortness of breath/lethargy in diabetics
- Pale, cool skin
- The casualty may start sweating for no apparent reason
- Breathing may become strained and rapid. Casualty may have obvious difficulty breathing
- Loss of consciousness
- Nausea or vomiting
- Feeling dizzy or light-headed.
- Women can have all sorts of "atypical" symptoms, so if in doubt call an ambulance!

## Topic 2.5 – Heart Attack

### Treatment:

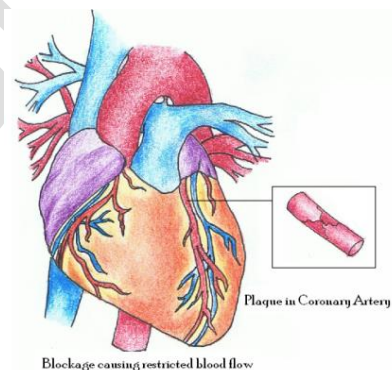
- Call 000 / 112 immediately, and ask for an ambulance
- Encourage the casualty to stop what they are doing
- Sit the casualty down, and make them comfortable
- Provide reassurance and stay calm
- Remove clothing that potentially inhibits breathing
- Give dissolvable aspirin 300mg (usually one tablet)
  - Withhold if the casualty is known to be anaphylactic to aspirin
- Ensure good access to fresh air (ideally oxygen)
- Monitor **DRS ABCD**, and be prepared to start **CPR** if the casualty becomes unconscious and stops breathing



## Topic 2.6 - Angina

Angina is a symptom of a condition called myocardial ischemia. Basically put, this means that the heart muscles are receiving inadequate blood flow and hence inadequate oxygen for the amount of work the heart is doing at a particular time.

This is due to disease of the coronary arteries called atherosclerosis (fatty deposits causing hardening and narrowing of the artery lumen). At rest, a casualty will have no symptoms. This is because although the arteries are narrowed, the heart does not require a lot of blood at rest anyway. Angina occurs during physical or emotional excitement when the heart starts beating faster requiring more oxygen.



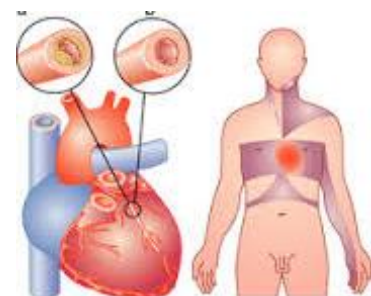
## Topic 2.6 - Angina

### Signs and Symptoms:

- The same as heart attack symptoms, although generally not as severe
- Symptoms will subside when the heart slows down or the casualty takes any medications prescribed for their angina
- The casualty may tell you that they know they have angina

### Treatment:

- Stop exercise / physical exertion. Advise the casualty to relax
- Keep casualty calm
- Assist casualty to take any medication they have been prescribed by their doctor (normally Anginine, nitro-glycerine tablets or spray)
- Monitor **DRS ABCD**
- If pain persists for more than 10-15 minutes, call 000 / 112 (as this could be a sign of a heart-attack)



## Topic 2.7 – Cardiac Arrest

Cardiac arrest is the cessation of effective blood circulation due to the sudden loss of normal heart function.

Note that a heart attack and a cardiac arrest are not the same. Heart attacks are caused by a blockage that stops blood flow to the heart and at times may cause a cardiac arrest.

Cardiac arrest is caused when the heart's electrical system malfunctions and stops working properly, often resulting in death. This may be caused by abnormal, or irregular, heart rhythms (called arrhythmias).

A common arrhythmia in cardiac arrest is ventricular fibrillation – *refer to image*

Cardiac arrest is a medical emergency and requires immediate response.



## Topic 2.7 – Cardiac Arrest

### Signs and Symptoms:

- May occur without prior warning
- A slow or racing heart beat
- Fainting, dizziness, blackouts
- Fatigue
- Chest pain
- Shortness of breath, weakness
- Nausea and vomiting

Treatment will be addressed in the next training module: Chain of Survival

Bondi Rescue – Cardiac Arrest Video

Please watch this video. NB. The casualty does survive in this video. Press [LINK](#)

## Topic: Special Note for Classroom CPR Training & Assessment

It is important to note that the HLTAID competency standards necessitates a level of physical ability to meet the evidence requirements for assessment. Due to the potential risk to health and safety, it is important to note that learners **must be able to perform** at least 2 minutes of uninterrupted CPR on an adult manikin **placed on the floor**. These standards relate to the level of performance required to provide resuscitation and respond to an emergency situation where there may be risk to life.

For further detailed information: [LINK](#)

If you have any concerns about this physical assessment aspect please contact our office on 1300 305 606 to discuss

## Module 3 – Chain of Survival

In this lesson, you'll be learning about:

- 1) The Chain of Survival
- 2) Post Incident Debriefing
- 3) Positional Asphyxia
- 4) Fainting
- 5) Determining Appropriate Treatment
- 6) Drowning
- 7) Respiratory Distress

*Estimated Completion Time: 15 minutes*

### Topic 3.1 - The Chain of Survival



- **Cardiac arrest** can happen anytime, anywhere. More than 75% of cardiac arrests happen outside a hospital, and of that – only 5% survive if left untreated
- Survival from cardiac arrest depends on a series of critical interventions.
- If one of these critical actions is neglected or delayed, survival is unlikely.
- The *American Heart Association* has used the term **Chain of Survival** to describe this sequence.

### Topic 3.1 - The Chain of Survival

#### First Link - Early Access

Early access is recognizing that a person is unconscious or not breathing, and that they need more than basic first aid and then calling for an ambulance or medical assistance as soon as possible.



When calling 000 for assistance you need to be clear on your information. Give specific details as to your location, the nature of the emergency, and follow all their instructions.



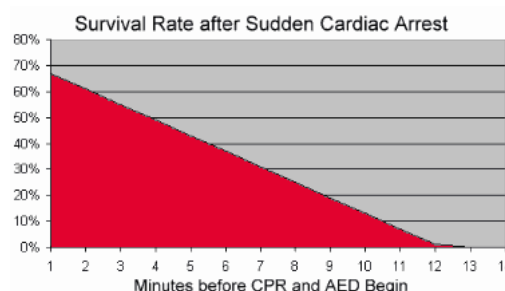
## Topic 3.1 - The Chain of Survival

### Second Link - Early CPR

The 2 most vital anatomical systems in our body are the **Cardiovascular System** and the **Respiratory System**. If these systems fail for only a short time the body cannot function normally and this will eventually cause death.

Statistics show that our brain cells begin to die in as little as 3-4 minutes without oxygen. Brain cells do not regenerate therefore if **CPR** is delayed the more chance the casualty may suffer permanent brain damage, and the less chance of survival.

Early **CPR** within the first 2-3 minutes can greatly improve the chances of survival.



## Topic 3.1 - The Chain of Survival

### Third Link - Early Defibrillation (D – Defibrillation)

Automated External Defibrillator (AED) is a portable computerised device that provides an electrical charge to return the heart to a normal rhythm.



The portable device has a built in computer and sensor that will check for the heart rhythm once placed on the casualty's chest and it will determine if defibrillation is required. Voice prompts are given to the user to follow and to streamline the defibrillation process.

## Topic 3.1 - The Chain of Survival

### Third Link - Early Defibrillation (Continued)

- Access to Early Defibrillation is the single most important step in this cycle
- Every minute early defibrillation is delayed reduces the person's chances of survival by 10%. This is why it is so important to call 000 / 112 if a cardiac arrest is suspected. A defibrillator is necessary to reverse this process and 'reboot' the heart back into its normal cycle
- An AED can be used effectively with minimal training, as all the current models are designed not to function unless an abnormal "shockable" heart rhythm is detected by the unit
- AED use is not restricted to trained personnel – any first aider can use an AED
- AED units can accurately identify the casualty's cardiac rhythm as 'shockable' or 'non-shockable'
- An AED is only to be applied to a **non-breathing** casualty!

## Topic 3.1 - The Chain of Survival

### AED for Adults

Once it is determined that the casualty is unconscious and not breathing after having a suspected **cardiac arrest**, and after calling 000, the following steps should be taken to correctly use an AED as soon as one is available:

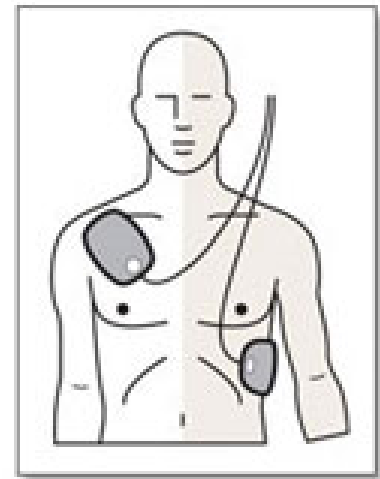
1. **CPR** should not be delayed while waiting for the AED to arrive – Start **CPR** immediately
2. Defibrillation is to be used in conjunction with **CPR** on casualties who are unconscious and not breathing. The casualty is to be supine (lying on their back)
3. Turn on the AED and follow the voice or display commands
4. Move any clothing out of the way of the casualty's chest
5. If the casualty is wet or sweaty, remove any moisture with something dry before placing the AED pads on the casualty
6. Tear open the AED pad packets and remove AED pads
7. If the casualty has a lot of body hair and the pads don't stick to the chest you will need to shave the hair on the chest

## Topic 3.1 - The Chain of Survival

### AED for Adults (Continued)

Attach one pad to the casualty's upper right chest, and the other to the casualty's lower left chest – these positions will be labelled on the pads (see diagram)

8. Avoid placing pads over any implantable devices – pads should be placed at least 8cm from any such devices
9. Do not place pads over medication patches – remove the patches before continuing as these can block the current and cause burns to the casualty
10. If not already attached, plug the cables from the pads into the unit (most units already have this ready for use)



## Topic 3.1 - The Chain of Survival

### AED for Adults (Continued)

11. Move any bystanders out of the way – ensure no one is touching the casualty
12. AED will analyse casualty. If the AED determines that a shock is needed, move everyone away from the casualty
13. Make sure you are not touching the casualty and press the 'Shock' button, and then let the AED re-analyse
14. Follow the instructions of the AED – at this point you may be instructed to commence **CPR**, DO NOT remove the pads, or the AED unit may otherwise instruct you that another shock is necessary
15. Continue **CPR** and AED until the ambulance arrives



## Topic 3.1 - The Chain of Survival

### AED for Adults (Continued) - AED Video Presentation

Please watch this video: <https://www.youtube.com/watch?v=7qM9oLrX-ZE>

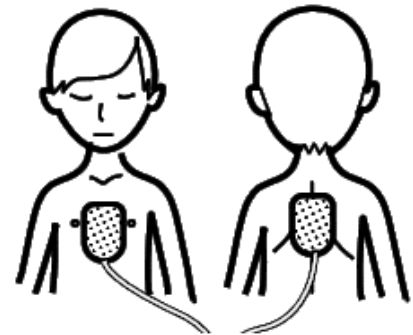


**CPR First Aid is a distributor of the Heartsine AEDs.  
Please contact the office for a quotation**

## Topic 3.1 - The Chain of Survival

### AED for children

- Standard adult AED pads are suitable for persons 8 years and older.
- For children under 8 years of age, paediatric pads should be used when available.
- When using paediatric pads on a child, they should be positioned the same way as an adult
- If these are not available, standard adult AED pads can be used. Ensure the pads do not touch each other on the child's chest. If the pads are too large, there is a danger of pad-to-pad arcing. In this case, the pads placement is not the same as for adult AED. One pad needs to be placed in the centre of the chest, and the other on their back in the centre. This will be labelled on the pads (see image)



**NOTE:** Always refer to manufacturer's directions/guidelines as they may vary between brands

## Topic 3.1 - The Chain of Survival

### Forth Link - Early Advanced Care

Early advanced care means the sooner a paramedic can attend to the casualty; the greater chance a casualty can be stabilised. As such, it is important that you call 000 as soon as possible. The sooner you contact emergency services, the sooner a paramedic will be on the scene, which dramatically increases the casualties' chance of survival.

Remember to convey all details of the incident when handing over to the paramedics.



Please watch a video on all the steps of DRsABCD. Press [LINK](#)

## Topic 3.2 - Post Incident Debriefing

Once you have provided **CPR** or **first aid** to a casualty and handed over responsibility to the paramedics, it is recommended that you undergo a debriefing.

- Talk through your actions with your manager, other first aiders, psychologists, doctors, family or friends.
- Take time to calm down and reflect on your actions, don't go straight back to work if incident occurred in a workplace setting.

Note that anyone around the incident such as the casualty, the first aiders and onlookers which may include children can be affected by stress from the trauma that had occurred. Psychological stress can badly affect people of all ages either during or after the incident. For example, talk with children about their emotions and responses to the incident. Provide support as required.

## Topic 3.2 - Post Incident Debriefing

### Post Incident Reactions

The following reactions are normal, and help people come to terms with a critical incident.

#### Physical reactions

Disturbed sleep, nausea, nightmares, restlessness, headaches, excessive alertness, undue crying and being easily startled.

#### Cognitive reactions

Poor concentration, visual images of the event, intrusive thoughts, disorientation or confusion, poor attention and memory.

#### Emotional reactions

Fear, numbness and detachment, avoidance, depression, guilt, over-sensitivity, anxiety and panic, withdrawal and tearfulness.

## Topic 3.2 - Post Incident Debriefing

### Seek Professional Help

Traumatic stress can cause very strong reactions in some people.

You should seek professional help if you:

- Are unable to handle the intense feelings or physical sensations
- Don't have normal feelings but continue to feel numb and empty
- Feel that your emotions are not returning to normal after three or four weeks
- Continue to have physical symptoms
- Continue to have disturbed sleep or nightmares
- Find that relationships with family and friends are suffering
- Are becoming accident prone and using more alcohol or drugs.



Support can be accessed via counselling, educational material that explains the situation including stress-management techniques, professional help, wellness programmes

### Topic 3.3 - Positional Asphyxia

Positional Asphyxia is a condition that occurs when a person's position causes their breathing to be restricted. It can be potentially fatal if they are in such a position for any length of time. Positional asphyxia occurs commonly in small infants who find themselves in a position where their airways are restricted and are unable to reposition themselves.

This can also occur in adults either by an accident where they become stuck in a difficult position, i.e. car accident or more commonly during restraint by police officers, security guard or even health care staff if not carefully performed.

**People who are at higher risk include those with:**

- Heart problems, such as angina
- High blood pressure or diabetes
- Intoxicated or drug affected people
- The elderly

### Topic 3.3 - Positional Asphyxia

#### **Warning Signs:**

If the person complains of or demonstrates any of the following:

- Difficulty breathing
- Feeling sick / nauseous
- Obvious distension of the veins in their neck
- A change in behaviour – either becomes more or less resistant
- Becomes limp or unresponsive
- Loss of consciousness

#### **What to do if they lose consciousness:**

**Follow DRS ABCD**

- If the person is breathing, lay them in the recovery position and monitor closely
- If the person is not breathing, then you should start **CPR** immediately and call 000

### Topic 3.4 Fainting

Fainting is a temporary loss of consciousness, otherwise called syncope. It is generally caused by a temporary reduction in the blood supply to the brain. Before fainting, the casualty may feel light-headed, nauseous or dizzy and may appear pale and clammy.

**Fainting can be caused by a variety of factors such as:**

- A sudden drop in blood pressure
- A sudden change in position, i.e. from lying to standing
- Dehydration
- Stress or fear
- Poison or Alcohol
- Heat
- Pain

## Topic 3.4 Fainting

### Management of Fainting

#### Before Fainting:

- If a casualty is light-headed, and appears near to fainting, the best thing to do is to lie them down on their back and raise their legs, increasing the blood supply to the brain
- If the casualty refuses to lie down, keep close to the casualty in case they collapse. Remember also to protect your back – if the casualty is falling, do not attempt to keep them upright, but rather guide them gently down onto the ground
- Once on the ground they can be placed in the recovery position

## Topic 3.4 Fainting

### Management of Fainting

#### If Unconscious:

- If they lose consciousness, follow **DRS ABCD**. Fainting usually only lasts from a few seconds to a minute or two, and the casualty may even have a slight seizure
- Proper placement into the recovery position will assist recovery. Once conscious, encourage the casualty to lie down until they feel better, then very gradually moving back into an upright position to reduce the risk of fainting again



## Topic 3.5 - Determining Appropriate Treatment of a Casualty

### Respectful Behaviour Towards a Casualty

A first aider at all times should display a respectful attitude towards casualty, whether they are conscious or not. While giving aid to a casualty be mindful of the following:

- Help comfort the casualty to feel safe, secure and supported
- Be gentle and help maintain their dignity
- Use appropriate and respectful communication
- Help the casualty to remain calm and reassure them that help is on the way
- Stay with the casualty until help arrives

### Topic 3.5 - Determining Appropriate Treatment of a Casualty

Determining appropriate treatment of a casualty is heavily reliant upon a good assessment of the situation and the casualty themselves. When arriving at a scene where there is one or multiple casualties, a visual survey is the first key in determining what response is necessary.



#### What to look for:

- Does the casualty appear conscious or unconscious?
- If conscious, does the casualty appear in pain, or are they demonstrating signs of an altered mental status?
- Is there blood present, or any signs of violence?
- Is medication in the casualty's hand or lying nearby?
- Is the casualty wearing a medical bracelet or necklace?
- Based on the location and circumstances, is there a high risk of alcohol and / or illicit drugs being involved?

### Topic 3.5 - Determining Appropriate Treatment of a Casualty

If the casualty is unconscious, always follow **DRS ABCD** – this is a highly recommended method of assessing a casualty because it covers all of the most important aspects of assessing a casualty's wellbeing in a logical and easy to remember order.

If the casualty is conscious, follow a logical progression of questioning and assessment to determine what has occurred.

#### Ask the conscious casualty:

- **TIME:** Does the casualty know what the time is? What the date is? The year?
- **PERSON:** Does the casualty remember their own name?
- **PLACE:** Does the casualty know where they are?
- **EVENT:** Does the casualty know how they got here? What they are doing here?



### Topic 3.5 - Determining Appropriate Treatment of a Casualty

If the casualty can answer all of these and is cooperative, then generally they can indicate what has occurred and how they are injured.

Generally speaking, by undertaking a good visual assessment and verbal questioning you can almost always form a good idea of what is occurring. From there, it is simply a matter of putting your first aid skills to use to determine the best course of action.

- If they are bleeding, apply direct pressure, then immobilise and restrict movement of the injured part if possible
- If they are suffering from an impaired level of consciousness call an ambulance and monitor them closely until paramedics arrive



### Topic 3.6 - Drowning

Drowning is the process of experiencing respiratory impairment from immersion in liquid. Treatment of a casualty who has been rescued from drowning and is unconscious involves following **DRS ABCD**.

The very first step is to place the casualty on their side during the checking / assessment stages of **DRS ABCD**, including checking for breathing (if possible). This allows for any liquid to drain from the lungs with the assistance of gravity. If the casualty is unconscious and not breathing lay the casualty on their back and commence **CPR**.

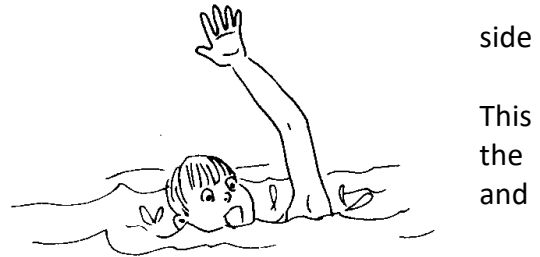


Image: "Used with permission from Microsoft."

### Topic 3.6 - Drowning

#### Specific problems related to treatment of a drowning casualty:

##### Vomiting / regurgitation

- This is a possibility whenever **CPR** is performed, however due to inhalation of water during drowning it is much more likely to occur in this situation
- Laying the casualty on their side during initial assessment will assist in reducing this risk during **CPR**
- If the casualty does vomit / regurgitate during **CPR**, immediately roll them onto their side, clear the airways, reassess **DRS ABCD** and continue **CPR** if necessary

### Topic 3.7 - Respiratory Distress

Breathing difficulties can range from:

- Being short of breath
- Being unable to take a deep breath and gasping for air
- Feeling like you are not getting enough air

##### Some causes of acute ineffective breathing:

- Upper airway obstruction
- Problems affecting the lungs
- Drowning or near drowning
- Asthma
- Suffocation
- Damage to breathing control centre of the brain
- Multiple other conditions will result in respiratory distress as symptoms progress



In any situation where a casualty is unconscious and not breathing effectively, follow **DRS ABCD** and perform **CPR**.

### Topic 3.7 - Respiratory Distress

#### Treatment for conditions causing respiratory distress:

There are specific treatments for different conditions causing of respiratory distress.

#### Some respiratory distress conditions include:

- Asthma (will also often be accompanied by wheezing)
- Airway obstruction (casualty may be distressed and clutching at throat)
- Heart Attack (accompanied by symptoms such as chest pain)
- Anaphylaxis (after exposure to allergen, may be accompanied by hives and extreme anxiety)

*Please refer to the appropriate sections in this text for first aid directions for these causes of respiratory distress.*

#### Note:

If you require the assessment questionnaire and the Assessment Answer sheet to record your answers, please contact us by phone, or send us an email.

Phone: 1300 642 427

Email: [admin@cprfirstaid.com.au](mailto:admin@cprfirstaid.com.au)

Our telephone assistance is available on the following days:

Monday - Friday: 8:00am - 6:00pm

Saturday: 8:30am - 10:30am

Sunday: 8:30am - 10:30am