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# Fractures

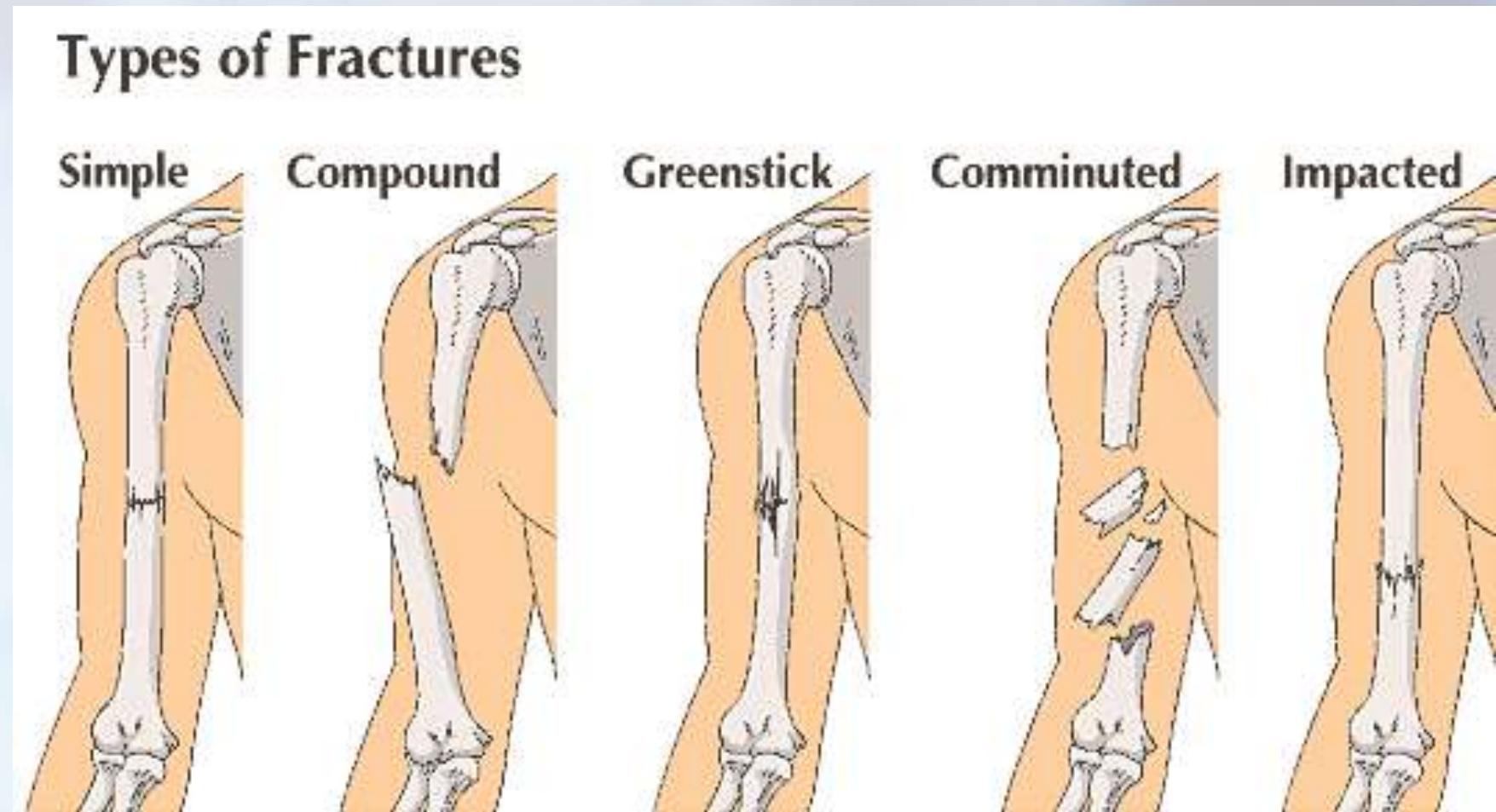


- A fracture is where the bone is either broken or cracked in children the bone may bend resulting in a green stick fracture.
- Fractures can be caused by.
- Direct force a bone is broken at the site of impact.
- Indirect force The bone breaks some distance away from the point of impact.
- Abnormal muscle contraction a fracture can result due to a sudden muscular contraction



# Types Of Fractures

## Types of Fractures





# Recognition Of A Fracture



To help recognize a fracture  
look for the following :

- Pain at or near the site.
- Difficulty/impossible to move
- Loss of power
- Swelling
- Deformity
- Unnatural movement
- tenderness



# General Management Of A Fracture



- Always control any bleeding before treating the fracture.
- Stopping movement is the main aim of treating any fracture is to prevent movement of the broken bones by immobilization. It is preferable to firstly to immobilize the joints above and below the fracture and then above and below the fracture itself.
- Check for circulation in the limb check for nerve function if there is no pulse or nerve function urgent medical assistance is required.
- Never attempt to realign or reposition the limb place the limb in the position of most comfort.
- Elevate the fracture and apply a suitable sling
- If the patient becomes or is unconscious apply basic life support principles
- Call for help

## Lower Arm Sling



- 1** Press triangle bandage against chest



- 2** Lift short corner up over elbow  
then lift lower section up



- 3** Drape over opposite shoulder



- 4** ■ Go to back and tie off to side of neck

## Upper Arm /Collar Bone Sling



- 1** If patient is comfortable with hand resting on opposing shoulder



- 2** Place bandage over arm and shoulder



- 3** Tuck under forearm and extend past elbow



- 4** Pull long corner past elbow creating a pinch knot



- 5** Pull both opposing ends together over back



- 6** Tie off at back

# Management Of Dislocations



- A dislocation occurs at a joint when a sudden force ruptures the ligaments forcing the bones of the joint into an abnormal position and the patient will complain of severe pain and loss of function of the affected part.
- All dislocations should be managed as potential fractures therefore no attempt should be made to relocate or realign or re position the affected limb.
- Assist the casualty to Immobilize the limb
- **SEEK MEDICAL ASSISTANCE.**



# Management Of Bruises Strains Sprains



- Sport injuries can involve muscles, tendons , ligaments and cartilage which are either ruptured, sprained or strained. These Injuries should be treated using the R.I.C.E principles of management.
- R - Rest the injured part.
- I - Ice compressions applied to the affected area for 20 minutes every 2 hours for up to 24 hours(check the injured area every 10 minutes to ensure it is still pink)
- C- Compression bandages should be applied firmly but not tightly and should extend beyond the injured area.
- E - Elevate the part to reduce swelling



# Blast Injuries



- During an explosion the body is subjected to changes in air pressure This can rupture the delicate air sacs which exchange gases causing bleeding within the lungs and the patient to become hypoxic (lacking in oxygen) Additionally other areas of the body can be subjected to trauma.
- A blast victim may suffer from difficulty with breathing, coughing, chest or abdominal pain, nausea and vomiting, shock, blood shot eyes, red spots on face neck and or chest, may develop bleeding from the rectum, be unconscious and as shock increases the patient may become drowsy and unresponsive.

# Management OF A Blast Victim



- Reassure the patient , control any bleeding.
- Assist the patient into a position of comfort i.e. if they have breathing difficulty assist them into the upright position , if no breathing difficulties are seen then place them on their back with their feet elevated.
- Loosen any tight clothing and place a blanket over them DO NOT over heat the patient.
- DO NOT give food or drink.
- While waiting for medical assistance reassure and monitor
- If the patient is or becomes unconscious apply basic life support principles.



# Crush Injuries



- When a part of the body is crushed by a heavy object there is serious risk of death occurring upon the extrication of the patient , particularly if there has been a delay in removing the crushing force.
- Should there be a delay in releasing a crushing force a complication known as crush syndrome may develop. As a rule if over 1 hour has past wait for help before removing forces
- At first instance crushing forces must be removed immediately after the incident if this is physically possible !



# Management Of A Crush Injury



- Do not enter a trench , cave in area or mine shaft collapse without expert help.
- If possible remove the crushing object/force.
- Control any bleeding and treat for shock.
- Immobilize the limbs.
- Seek urgent medical assistance.
- If the patient is or becomes unconscious apply basic life support principles



# Burns



- Burns to the skin can be life threatening and require immediate treatment.
- Burns can be caused by flames or hot objects which are called Dry Burns, hot liquids or steam which are called Wet Burns or Scalds. Electricity , Cold Burns and Radiation.
- Burns are assessed according to the amount and area and Depth involved.
- Any of the following should be considered as serious.
- Any deep burns in particularly to children and infants, Inhalation burns , burns to hands , feet , armpits and genitalia superficial burn involving 9% for Adults or 5% for infants and children.



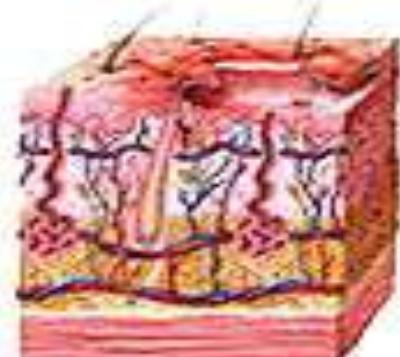
# Depth Of Burns

Epidermis

Dermis

Subcutaneous

Muscle



Superficial  
(first degree)  
burn



Partial thickness  
(second degree)  
burn

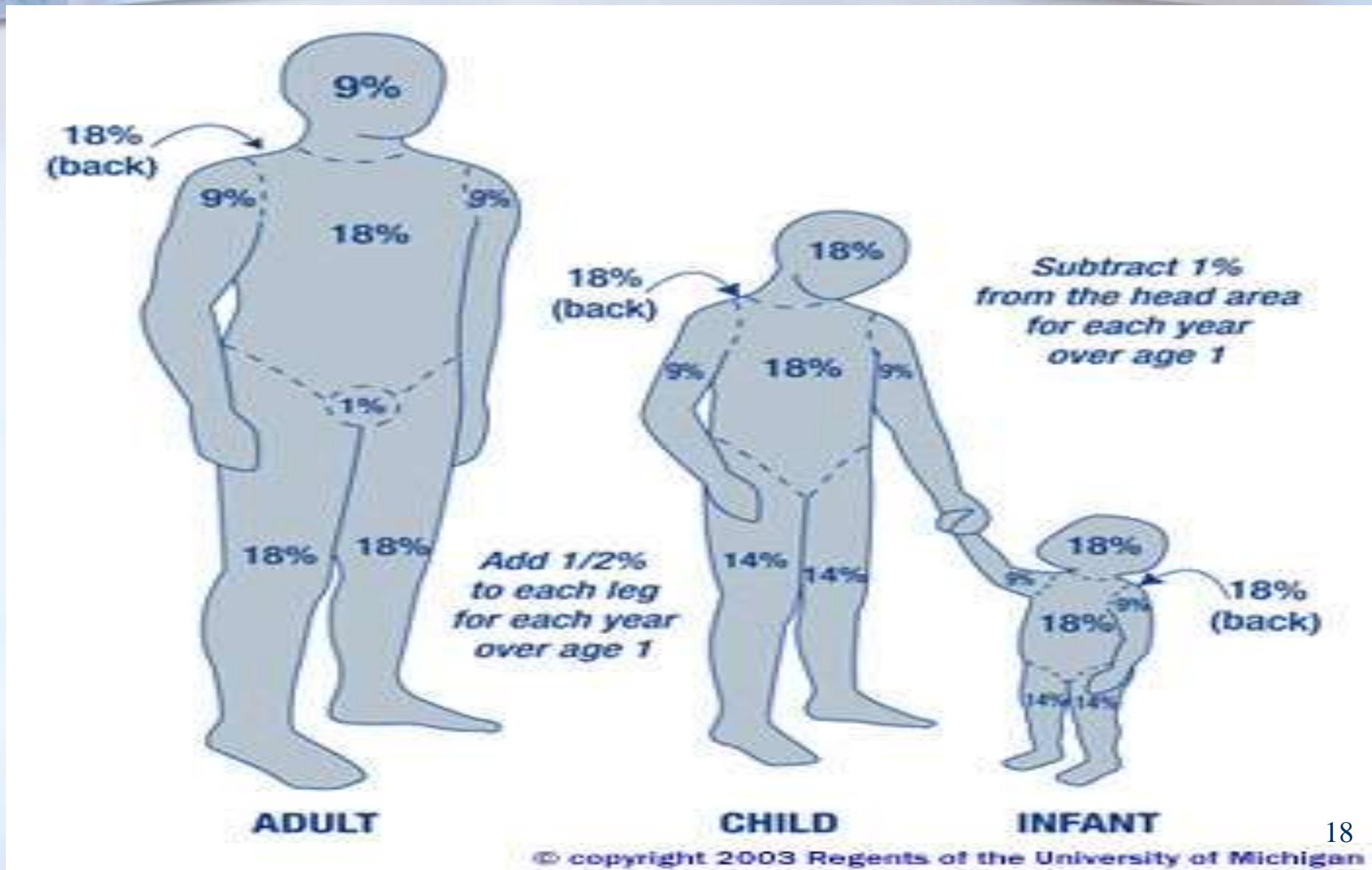


Full thickness  
(third degree)  
burn





# The Rule Of Nines For Burns





# Management Of Burns



- Immediately cool the affected area with cold running water for a minimum of 20 minutes while gently removing any clothing which has been burnt or soaked with boiling water DO NOT remove anything sticking to the skin, cut around it instead as you may pull away the skin.
- Remove any constricting rings bracelets extra.
- Cover the area with a non stick or lint free dressing and elevate the limb.
- DO NOT break any blisters or apply any ointments or butter/powders.
- Call for help
- If the patient is or becomes unconscious apply basic life support principles.



# Mouth And Throat Inhalation Burns



- Burns to the airway can be caused by the inhalation of hot gases , drinking or swallowing hot fluids or corrosive substances.
- The patient will have the following symptoms or signs Difficulty breathing and swallowing. pain in the mouth and throat and possible unconsciousness.
- Management for the inhalation burn patient.
- Reassure the patient remove any constrictive items from around the neck.
- Small sips of water/Administer oxygen.
- Call for help.
- If the patient is or becomes unconscious apply basic life support principles

# Electric Shock



- Before managing a patient with electric shock always switch off the power source first.
- For low voltage such as 240 volts switch off the power at the mains or meter box.
- If you are confronted with an incident involving high voltage power lines i.e. a car has hit a power pole stay at least 6 metres away in dry conditions or 9 metres away in wet or damp conditions until power has been isolated as the ground in this area will be energized with electrical current

# Management Of Electric Shock



- Control the source of power.
- Manage any burns, there will be an entry and exit burn so a full examination of the body will be required.
- All patients that receive an electrical shock regardless of the size should be reviewed by a doctor to ensure there are no complications.
- If the patient is or becomes unconscious apply basic life support principles.
- Call for help.



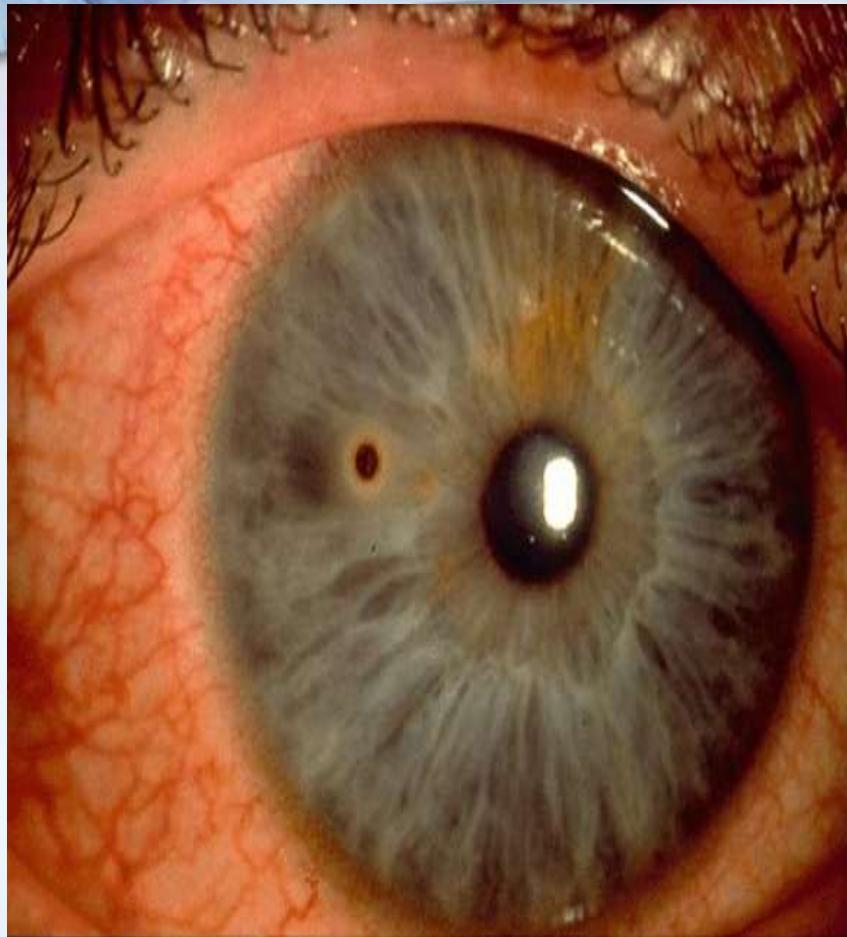
# Eye Injury



- The eye is very delicate so great care must be taken when treating an eye injury. The eye can be damaged in many ways as follows.
- Foreign bodies
- Chemicals
- Ultraviolet radiation
- Smoke
- Heat
- Direct blows
- All eye injuries should be transported and reviewed at the nearest hospital or medical facility.
- **REMBER YOU ARE ONLY ONE EYE INJURY AWAY FROM BEING BLIND.**



# Management Of A Foreign in The Eye



- Sit the patient down facing a light and locate the object by looking at the eye and eyelids ask the patient to look up look down look left look right.
- If the particle is on the colored part of the eye only ever use irrigation to remove it.
- Turn the patients head toward injured side and irrigate the eye with an eye stream or balanced water/salt solution if these are not available you may use tap water.
- If irrigation is not successful and the object is in the white of the eye you can use a damp cotton bud to lift the object off. If this fails pad the eye and transport patient to hospital.

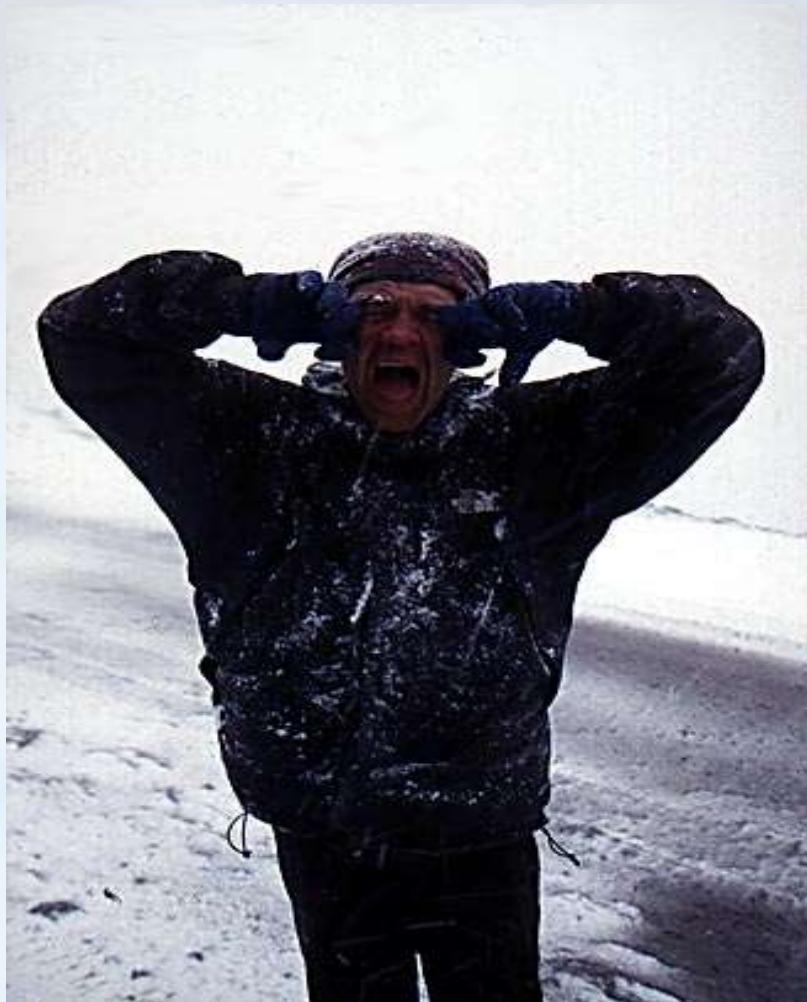


# Management Of Chemical And Heat Burns



- Immediately irrigate the eye with cold running water for at least 30 minutes. Do NOT waste time looking for a neutralizing agent.
- Ensure that you irrigate under the eyelids.
- Sweep away any particles from the white of the eye only, using damp cotton bud continue with irrigation until all particles are removed
- Lightly pad the eyes and arrange urgent medical assistance.
- Ascertain whether the chemical is acid, alkali in a powder form or solution.
- Chemical contact with skin -flood with cool water and seek medical attention

# Management Of Welders Flash And Snow Blindness



- The flash from welding and snow glare Can injure the unprotected eye causing it to become inflamed and painful treatment is as follows
- Gently irrigate the eye with eye stream or cold running water for 20 minutes
- Lightly pad the eyes
- Seek Medical Assistance



# Management Of Smoke In The Eyes



- For eyes that have been exposed to smoke manage as follows
- Instruct the patient not to rub the eyes
- Irrigate the eyes with eye stream or tap water



# Management Of Bleeding Or Direct Blows To The Eyes



- Assist the patient to lie or sit down.
- Place an unmedicated eye pad gently over the affected area secure with adhesive tape.
- Advise the patient not to move the uninjured eye as this will cause the injured eye to move as well.
- If the above is not successful then reassure the patient and proceed to pad the uninjured eye. To help prevent movement of the affected eye.
- Seek medical help.



# Management Of A Penetrating Eye Injury



- DO NOT remove the penetrating object.
- Reassure the patient and lie them flat with one pillow
- Place padding around the object DO NOT place pressure onto the object.
- Pad the unaffected eye to reduce movement of the injured eye.
- Seek urgent medical assistance.
- If in a remote area transport the patient lying flat on their back.



# Medical Emergencies





# Heart Attack



- The greatest cause of death in Australia is from heart attack due to Coronary Heart Disease. The heart is a muscle that does not rest except to slow down when we sleep and like all other living tissues it requires its own oxygen enriched blood supply via the coronary arteries. Should a coronary become blocked the patient will suffer a heart attack.
- The patient complains of sudden onset of tight heavy pain across the chest which is poorly localized and unrelieved by posture or medication pain can radiate to the neck jaw shoulders or arms usually the left side. They develop nausea vomiting and difficulty with breathing may look pale and have cold and sweaty skin and become dizzy and fatigued



# Management Of A Heart Attack



- Rest the patient and reassure DO NOT allow the patient to move around unnecessarily as this places extra strain on the heart.
- Send for urgent medical assistance.
- Do not leave the patient unattended loosen any constrictive clothing around the neck chest and waist.
- BE PREPARED FOR A SUDDEN LAPSE INTO UNCONSCIOUSNESS.
- If the patient is or becomes unconscious then apply basic life support principles
- Call for help

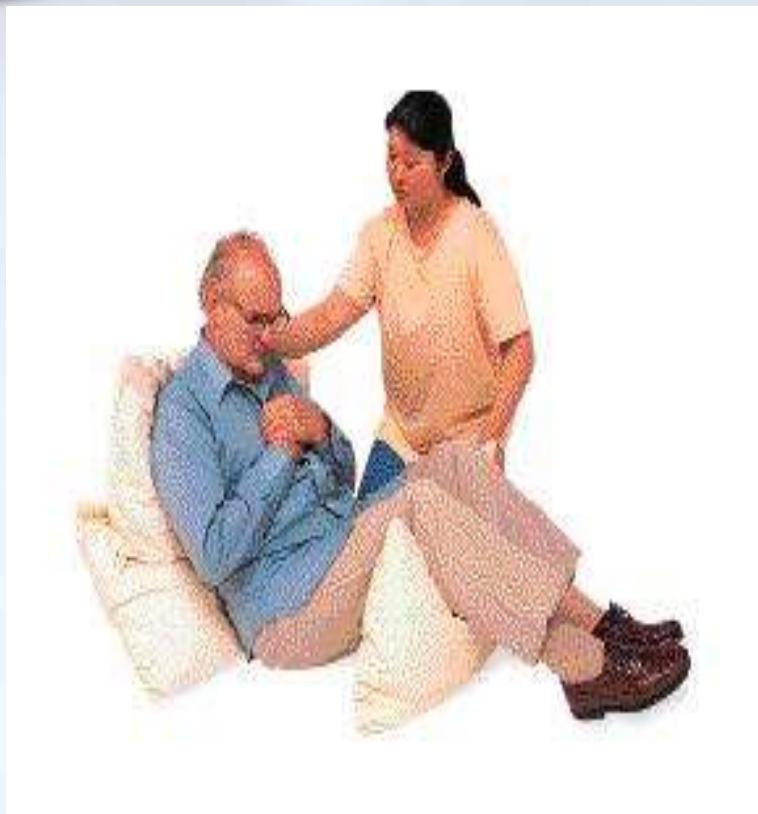


# Angina

- Angina occurs when the blood flow from the coronary arteries is insufficient to meet the oxygen requirements of the heart muscle. As a result of this lack of oxygen the patient develops chest pain. Normally this pain resolves with rest and patients have medications such as Anginine , Isoptin , Cardizem and Adalat for use when an attack occurs.
- The patient usually complains of a slow onset of pain across the chest which is usually poorly localized and associated with physical exertion or emotional distress.
- The pain can radiate to the neck jaw or shoulders or arms usually the left.
- They develop shortness of breath and look pale and distressed.



# Management Of Angina



- Rest the patient in a position of comfort usually sitting upright.
- Assist the patient to self administer their own medications.
- If the patients chest pain does not resolve with rest and or medication i.e. a maximum of 3 fresh Anginine tablets seek urgent medical assistance.
- If the patient is or becomes unconscious apply the basic life support principles.
- Call for help.



# Stroke (C.V.A)



- Stroke is the term commonly used term (other wise known as Cerebral Vascular Accident) a condition where the patient suffers bleeding into the brain caused by a ruptured blood vessel or by a clot blocking the blood supply to an area of the brain, both of which result in the death and damage of brain tissue.
- Strokes can occur in anyone including elderly however individuals with high blood pressure or women who are smokers and take oral contraceptives are also in a high risk category.
- Due to the different areas of the brain that can be affected and damaged the signs and symptoms of a stroke may vary



# Recognition Of Stroke (C.V.A)



- A patient who is suffering from a stroke may have the following signs or symptoms.
- Difficulty or loss of speech.
- Weakness or paralysis on one side of the body (It can be both).
- Loss of muscle tone to the muscles on one side of the face resulting in dropping of the mouth and dribbling.
- Patient may be confused
- Patient may lose control of their bladder and bowels.
- Unequal pupils
- Patient may vomit
- Patient may become unconscious

# Management Of Stroke/ C.V.A



- Give reassurance but DO NOT ask them questions if they can not speak, just maintain reassurance.
- Assist the patient into a half sitting position and support their head and shoulders on pillows.
- Loosen any tight clothing.
- Gently wipe away any saliva from the mouth.
- Administer oxygen via a Hudson's mask at 6 litres/min.
- If the patient is or becomes unconscious apply basic life support principles.
- Call for help.

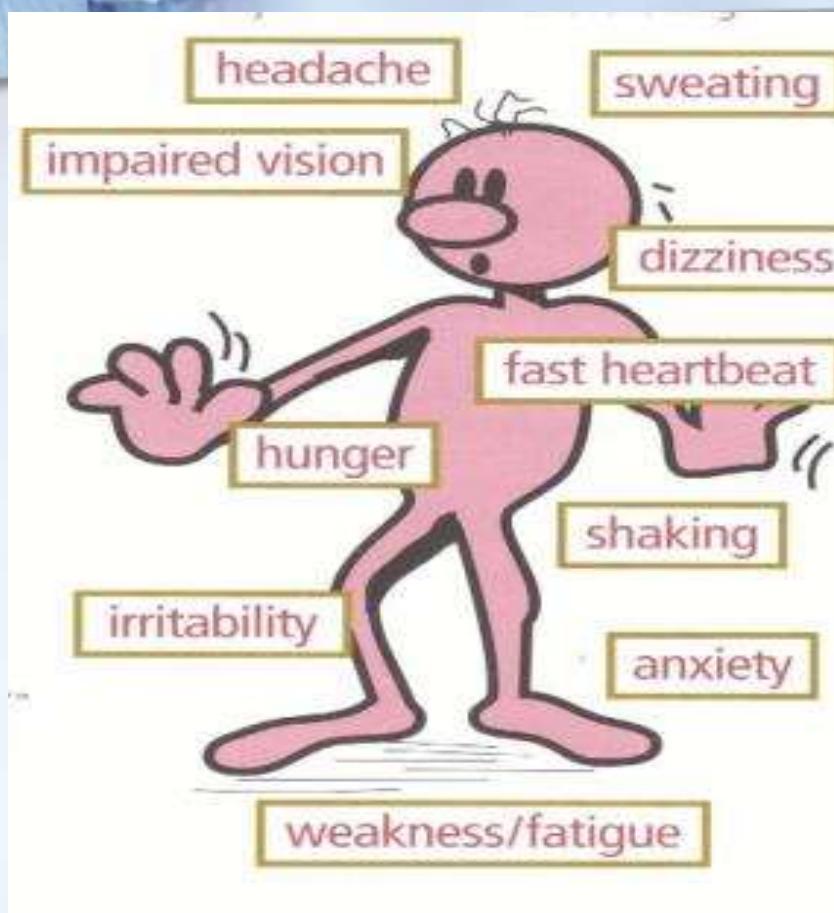


# Diabetes

- 
- Diabetes is a condition caused by a disorder of the Pancreas. The pancreas produces insulin which helps the body to regulate sugar concentrations within the blood.
  - The pancreas of Diabetic is either not producing enough insulin or none at all. This can result in the development of the following two conditions.
  - Two much sugar in the blood (Hyperglycemia)
  - Two little sugar in the blood (Hypoglycemia)
  - A person with diabetes can control these conditions with diet and medications such as Insulin injections or tablets.
  - Unfortunately an imbalance can occur between insulin and sugar levels which can result in unconsciousness or even death.



# Low Sugar Levels (Hypo)



- Should a diabetic inject too much insulin, miss a meal , over exercise or develop an infection they can develop low blood sugar levels commonly called a Hypo. This is the most common problem a first aider will come across with the management of a Diabetic. This condition can progress quickly.
- The patient may become weak light headed and or giddy.
- Usually develops mental confusion and may appear drunk or become aggressive.
- Develops cold pale skin and rapid pulse.
- The patients levels of consciousness will deteriorate even to the point of unconsciousness.

# Management Of Low Sugar Levels (Hypo)



- If the patient is co-operative and able to swallow give them a large spoonful of honey or a drink of a sugar drink lolly or chocolate.
- Followed by Carbohydrates
- Like bread etc
- DO NOT give Nutra Sweet, Saccharin or other non sugar drinks.
- Seek medical assistance.
- If the patient is or becomes unconsciousness apply basic life support principles.

# High Blood Sugar Levels(Hyper)



- This condition develops when the patient has not taken their insulin and is not that often seen by the first aider as the patient is able to take corrective measures.
- Never administer Insulin to a patient as incorrect or inappropriate administration can be fatal. Always seek Medical advice.
- The Diabetic with high sugar levels will have the following signs and symptoms.
- Drowsiness and thirst.
- The breath develops a fruity smell which is commonly referred to as smell of nail polish remover.
- Increased urine output.
- Unconsciousness.

# Management Of High Blood Sugar (hyper)



- Assist the patient to self administer their own medication.
- Seek medical advice if in doubt.
- If the patient is or becomes unconscious apply basic life support principles.
- Should you accidentally give sugar to a patient with high blood sugar levels **YOU WILL NOT CAUSE ANY FURTHER HARM.**



# Epileptic Seizures (fits)



- An epileptic seizure is caused by a disturbance of electricity within the brain.
- The patient often falls to the ground suffering with rigid and jerking muscle spasm which is followed by blueness to the skin and frothing to the mouth.
- Quite often the patient can lose control of their bowels and bladder.
- When they recover they often suffer with temporary loss of memory, fatigue and later embarrassment.
- Children could suffer seizures due to high temperatures 40 degrees can be serious



# Management Of Fainting



- Assist the patient to lie down raise the legs and keep the upper body flat.
- Loosen any tight clothing and ensure an adequate supply of fresh air.
- Protect the patient from heat or cold environment. DO NOT OVERHEAT.
- DO NOT give food or drink as this may induce nausea and vomiting.
- Reassure the patient as they recover as they may have some confusion and be embarrassed.
- Check for further injuries.
- If they become unconscious apply basic life support principles.
- Call for help.



# Hypothermia



- The onset of Hypothermia is usually slow and can go unnoticed it begins when the body temperature falls below 35deg this can result from such things as immersion in water or inadequate clothing. Body temperature can be lost via several mechanisms.
- Conduction heat is lost with contact to cold environment.
- Convection heat is lost as airflows over the body
- Radiation the body normally losses temperature by radiating heat.
- Evaporation heat is further lost by breathing and water removes heat as it evaporates from the body.



# Signs Of Hypothermia



- It is not easy to recognize the onset of hypothermia BUT WATCH OUT FOR:
- Unexpected or unusual behaviour often accompanied with complaints of coldness or tiredness.
- Physical and mental tiredness including slowness to respond to or understand simple questions.
- Sudden fits of shivering.
- Slurred speech or uncommunicative.
- Visual disturbances
- Violent or unexpected outbursts of energy possible resistance to help.
- Falling collapse and coma.
- Skin cold to touch and no capillary refill when fingernails pressed.
- Slow pulse and breathing.



# Management of Hypothermia



- Move the patient to the nearest warm sheltered position.
- Lie the patient flat and remove any wet cloths replace with blankets ,warm slowly, sleeping bag, news paper your own body heat be careful not to overheat the patient.
- Give hot warm sweetened drinks NEVER GIVE ALCOHOL.
- Assess for local cold or frostbite.
- DO NOT ENCOURAGE EXERCISE if the patient is too exhausted.
- DO NOT rub or massage the extremities.
- If no signs of life after immersion they may have drowned commence CPR whilst re warming the patient.



# Immersion



- Prevention of hypothermia in water while awaiting rescue.
- In cold water hypothermia may be delayed by.
- Wearing a life jacket.
- Wearing as much clothing as possible, especially over the head.
- Holding your Knees close to your body to assist with the retention of body temperature.
- Keeping still and not trading water as exercise increase the rate of cooling by up to 30%.
- Wear a rubber helmet as well as a wet suit when diving or water skiing in cold water.



# Frostbite



- Due to the exposure of extremes of cold the body can freeze. The most common areas affected are the toes, nose , fingers , ears or chin.
- Frostbite can be classified as either superficial involving only the skin or deep which involves the skin , muscle , blood vessels and nerves.
- The patient complains of NUMBNESS to the affected area.
- The skin appears wax-white or mottled blue in colour.
- The Patient develops impaired movement of the affected part.
- The skin feels hard
- Immediately rewarm the affected area with skin to skin heat transfer or water at 42deg Do Not re expose the affected area to the cold.



# Exposure To Heat (Hyperthermia)



- The body maintains a core temperature of 37deg regulated by the brain. The brain assist the body to lose excess body heat via several ways i.e. expired breath , urine , faeces and the skin with perspiration.
- Of the heat regulating organs the skin is the most effective and loses heat quickly due to evaporation, conduction , convection and radiation. However if part of this system fails then the patient will suffer heat exposure.
- The three stages of heat exposure are.
- Heat cramps.
- Heat exhaustion.37-40 degrees
- Heat stroke +40 degrees



# Heat Cramps/Exhaustion



- Heat cramps are characterized by severe muscle pain in especially the legs and the stomach. Because cramps may lead to heat exhaustion, the patient may complain of faintness, dizziness and marked weakness.
- Move the patient to a cool spot.
- Give them a drink like Staminade or mix ½ a teaspoon of salt with water.
- DO NOT GIVE SALT TABLETS.
- If vomiting or diarrhoea occurs seek urgent medical assistance.
- Help patient to stretch cramped muscles
- Sponge patient with cold water.

# Heat Stroke



- Heat stroke is an extremely serious condition which can result in the death of the patient. The body can no longer control its temperature due to excessive heat and a break down of the temperature regulating centre.
- Unlike the patient with heat cramps/exhaustion, the patient with heat stroke has a reddish blush to their skin and is not SWEATING.
- Recognition of heat stroke can be made by.
- A history of exposure to high temperature.
- Hot flushed skin complains of headache.
- May develop noisy breathing
- May develop deep unconsciousness



# Management Of Heat Stroke



- Move the patient to the nearest cool shaded area and remove all unnecessary clothing.
- Lie the patient down with head and shoulders slightly raised.
- Douse the patient with cold water and cover with a wet sheet.
- Fan the patient with electric fan, newspapers extra.
- Apply ice packs to the patient's armpits, groin, neck, and back. Because these areas are rich with blood vessels close to the skin, cooling them may reduce body temperature.
- Seek urgent medical help.
- If the patient is or becomes unconscious apply basic life support principles while also administering above treatment.



# Hyperventilation



- This can develop in some people as a result of emotional upset or stress. The person may lose emotional control and possibly collapse. During the episode the person may Hyper-Ventilate(breath too quickly) thus blowing off too much carbon dioxide from their blood in a short period of time. This does not mean they have too much oxygen but rather too little carbon dioxide which results in the following.
- Anxiety , rapid breathing , palpitations, tightness around the chest, feelings of suffocation, normal pink colour and pins and needles around the mouth or lips , in the fingers and toes eventually leading to spasm of the fingers and toes.

# Management Of Hyperventilation



- Gently but firmly reassure the patient.
- Isolate the patient from bystanders.
- If the patient is breathing rapidly instruct them to slow down their breathing.
- If the patient has developed pins and needles have the patient breath in through their mouth and out through their nose physically slowing the breathing down. Until symptoms disappear.
- Check for injury.
- If the symptoms recede quickly and there are no injuries no medical help should be necessary however do not leave the patient alone.



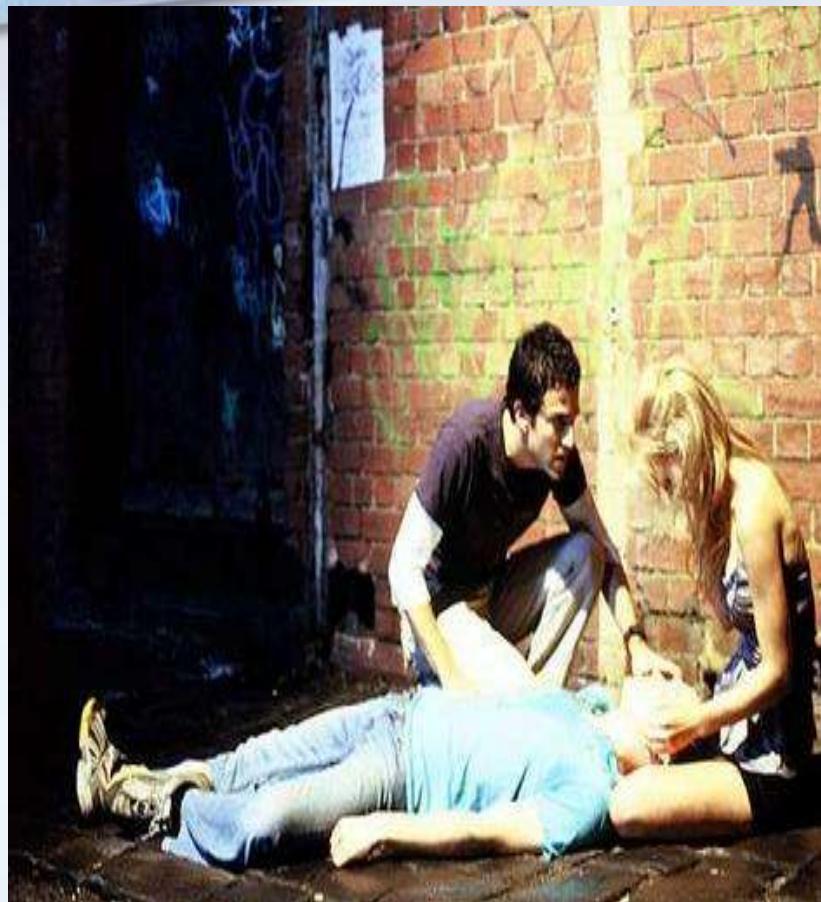
# Drug Overdoses



- Some drugs can make patients either very drowsy and later result in unconsciousness. Whilst others can lead to patients becoming very tense. Others can become very panicky or even aggressive , whilst some drugs can result in dangerous levels of dehydration. So what should you do? Deal with the signs and symptoms you recognize as listed below and when in doubt call for help.
- Tense & Panicky.
- The usual cause is due to hallucinogenic drugs Amphetamines, Ecstasy , LSD and Magic Mushrooms as well as high doses of Cannabis or a combinations of these. If some one is really tense and panicky follow the steps on next page.



# Drug Overdoses



- Clam and erasure them quietly explaining that the panicky feeling will eventually go.
- If possible remove them from load noises and bright lights.
- Treat any signs of Hyperventilation.
- Overheats or Dehydrates.
- Overheating or dehydration tends to take place with drugs like Ecstasy or Amphetamine. These drugs raise the body temperature and give the user a body boost and when used in clubs often dance for log periods getting even hotter causing a loss of body fluids up to half a litre an hour, which has been the main reason for Ecstasy related deaths.



# Drug Overdoses



- The overheating or Dehydrating drug overdose can be recognized as follows.
- Cramps.
- Hot and Dry Skin.
- Headaches and vomiting.
- Dizziness.
- Sudden fatigue.
- Feeling like urinating but inability to do so.
- Fainting.
- Move the person to a cool area ,apply cold water to cool them down and fan them as well as removing any unnecessary clothing while ensuring their modesty.
- Call for help apply basic life support if required.

# Drug Overdose



- Tips for dealing with bad trips its advisable to call an Ambulance in such cases but while waiting the following approach can be used.
- Acceptance try to gain the persons trust and confidence by keeping calm.
- Reduce stimuli take the person to a quiet area where they feel safe keep your movements slow and smooth allowing them to move freely.
- Reassure the person that the drug is causing the effect and that it will go away.
- Rest Make them comfortable and reassured. If they become violent call for help.
- Talk down Talk in a soothing tone and if required remind them who they are discuss pleasant simple topics.



# Allergic Reactions

- Allergic reactions are usually minor and localized. They can be caused by medicines, foods, bites and stings or things we touch or breath. Sever life threatening reactions are known as Anaphylactic reactions and can occur to a patients sensitivity to certain foods, insect stings or injected drugs extra.
- Recognition.
- Cold pale sweaty skin.
- Rapid and week pulse difficulty breathing. Wheezing or tight chest.
- Nausea and vomiting.
- Mottled rash to face and neck facial swelling.
- Anxious or restlessness.
- May become unconscious.



# Management Of Allergic Reactions

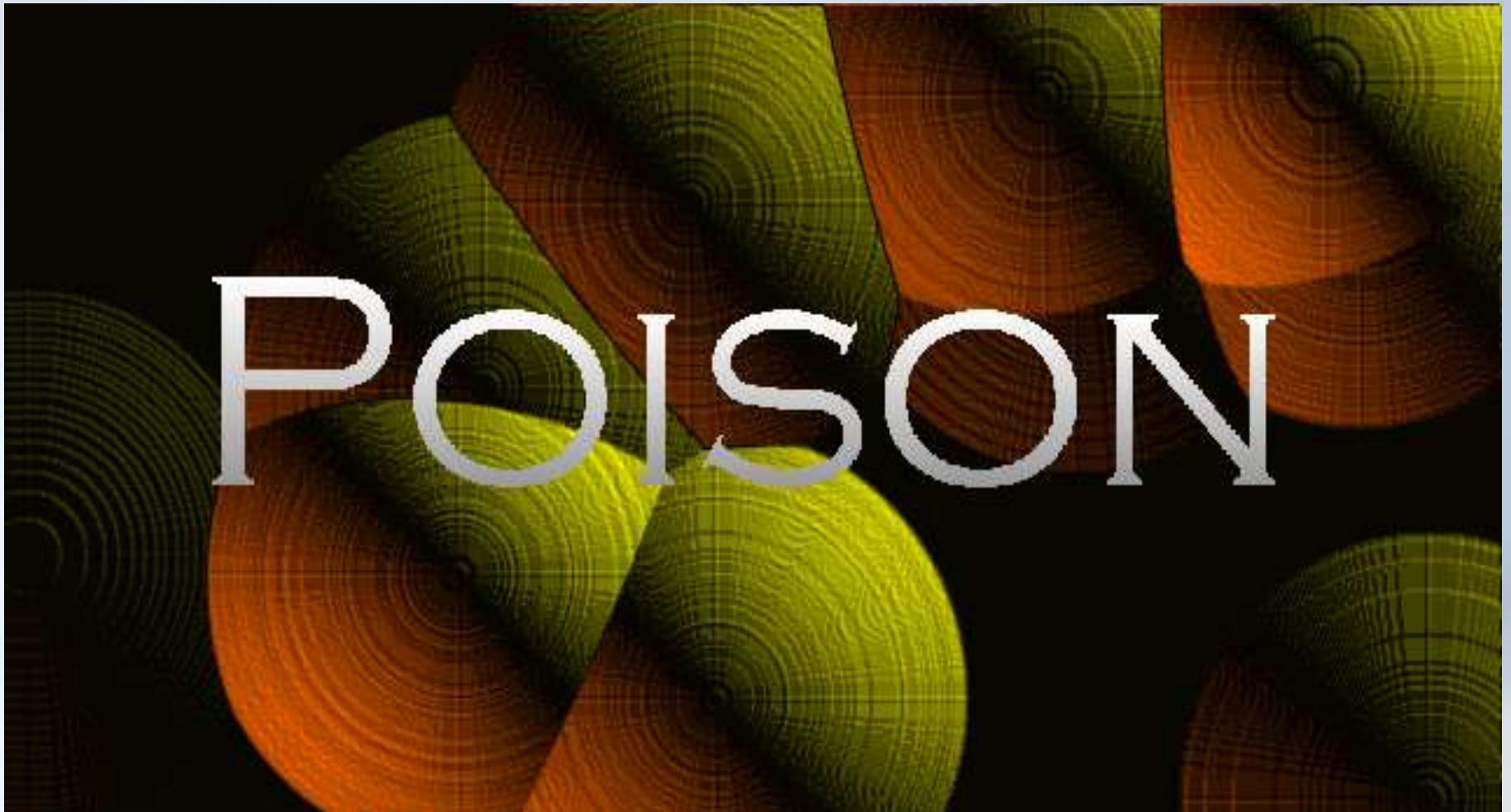
- Assist the patient into a position of comfort.
- If the patient has an Epipen or Anapen assist the patient to self administer ASAP.
- Loosen any tight clothing around the neck, chest and waist remove any watches rings or bracelets in case of swelling.
- Monitor the patients condition
- If the patient is or becomes unconscious apply basic life support principles.
- Call for help (000).
- Childcare workers can also use the child's management plan to guide the response

For childcare response to those not pre-diagnosed  
Use the facilities emergency Epipen, only if advised by Emergency services should another child's Epipen be used





# Poisoning Snake Bites And Stings



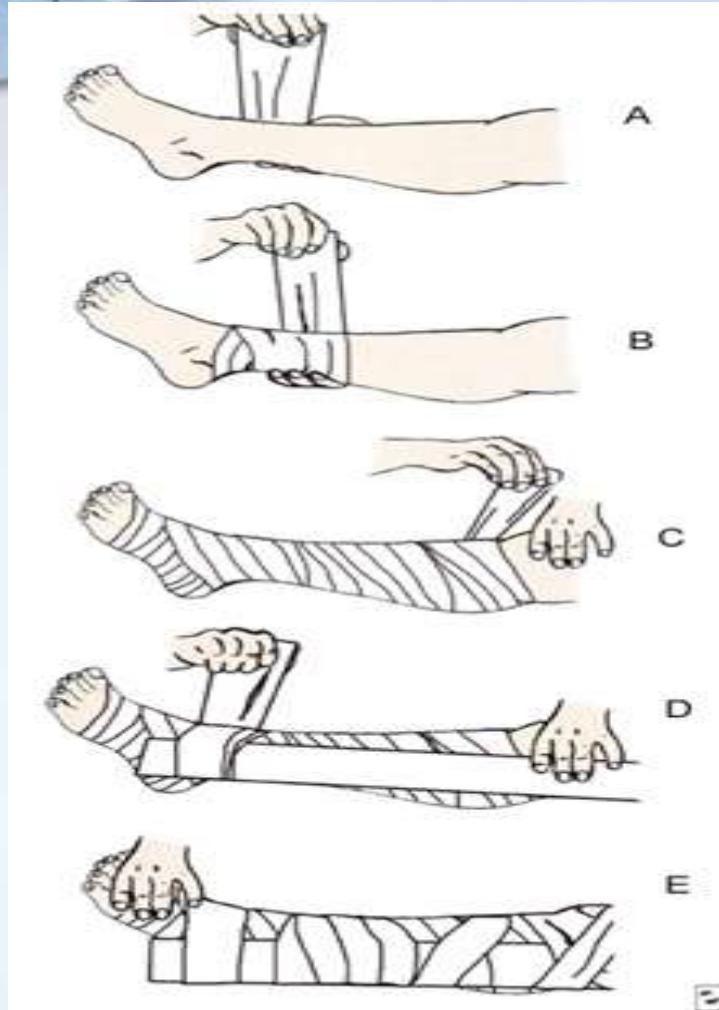


# Snake Bites



- All bites from snakes should be treated as potentially venomous. Death could occur in minutes if nothing is done
- The signs and symptoms of a snake bite are many and varied depending on the venom. some of the signs and symptoms are listed below
- The patient has a high level of anxiety.
- The bite is often variable in appearance You may see one or two fang marks even up to six or just a small scratch.
- Snake bites can often be painless but continued bleeding from the site may be a feature
- Headache nausea , vomiting abdominal or chest pain , drowsiness , blurred or double vision , breathing difficulties or cold and pale skin.

# Management Of A Snake Bite



- Immediately rest , calm and reassure the patient remember the slower the pulse rate the slower the rate of adsorption of the venom. DO NOT WASH THE VENOM OFF THE BITE. As the venom may be identified later at the hospital.
- Apply a firm broad bandage around the limb over the area of the bite. DO NOT put on tight enough to cut off circulation.
- Bandage from the fingers/toes working upwards ensuring you cover the whole limb.
- Mark the area of the bite mark on the bandage. Immobilize the limb.
- If the patient is or becomes unconscious apply basic life support principles.
- Call for help.



# The Funnel Web Spider



- The Australian Funnel Web Spider is highly venomous.
- Signs and symptoms of the Funnel Web bite are as follows
  - Tingling around the mouth.
  - Muscle spasm and weakness
  - Pain at the site of the bite.
  - Profuse sweating.
  - Copious secretions of saliva.
  - Outpouring of fluid from the lungs.
  - Breathing difficulty.
  - Unconsciousness
  - Respiratory arrest.
- MANAGEMENT for the Funnel Web Bite is the same as the SNAKE BITE.



# The Red Back Spider



- As with most spiders its the female that is the most venomous. Few people have died since the anti venom has been developed. By applying first aid the patient has an excellent chance of full recovery.
- The signs and symptoms of a Red Back Spider bite are as follows.
- Pain at the site.
- Sweating around the bite site.
- Nausea and vomiting
- Muscle weakness and spasm
- Aches and pains and general soreness which may persist for several days to weeks

# Management Of A Red Back Spider Bite



- Rest and Reassure the patient.
- Apply a cold compress to the bitten area in order to relieve the pain.
- Immobilize the limb.
- Seek medical help.
- The Red Backs venom usually acts slowly and serious illness can take hours to develop, however you should ensure that Emergency assistance is called in order to have the anti venom administered

# Bees and Wasp Stings

- The sting of a bee or wasp can lead to an allergic reaction otherwise known as Anaphylactic shock which is a life threatening condition.
- Unlike the wasp the barb of the honey bee must not be pulled straight out. Remove it by scraping it sideways with a finger nail razor or knife this is to prevent further injection of venom.
- Apply an ice compress to relieve pain and swelling.
- If the patient has an allergic reaction treat for allergic reaction and apply a pressure bandage as for a snake bite to affected area.
- Call for help
- If the patient is or becomes unconscious apply basic life support principles.



# Tick Bite



- The Australian Paralysis Tick can be found anywhere on the body ,but they are usually found in hairy areas, skin clefts and crevices.
- Recognition.
- Local irritation.
- Slow onset of weakness and lethargy.
- Muscle weakness
- Blurred vision
- Difficulty Breathing
- Rarely allergic reactions occur causing local swelling, wheezing.
- Difficulty in breathing and collapse.



# Management Of A Tick Bite



- Locate and remove the tick as soon as possible by doing the following.
- DO NOT squeeze the tick not even slightly as it may inject even more venom.
- Lever the tick outwards using sharp pointed tweezers or scissors on each side of the ticks head.
- DO NOT grasp the body as this may cause more toxin to be injected.
- Seek immediate medical advice

# Marine Stings



- All jelly fish have stinging capsules that cause pain when they come into contact with human skin. As identification of jelly fish can be difficult all victims of jelly fish stings should be observed for at least 30 minutes.
- It should be noted however that only in tropical regions do jellyfish pose a threat to life and require prompt treatment to lessen venom absorption.
- The key to good management is when in doubt treat for the worst case scenario.

# Blue Bottles & Non-Box Jelly Fish



Recognized by .

- Pain to the stung area.
- Localized wheal marks which are often white with red margins in the early stages .
- Pain in the groin or armpits.
- Headaches.
- Nausea and vomiting.
- Breathing difficulty may occur after extensive envenomation.

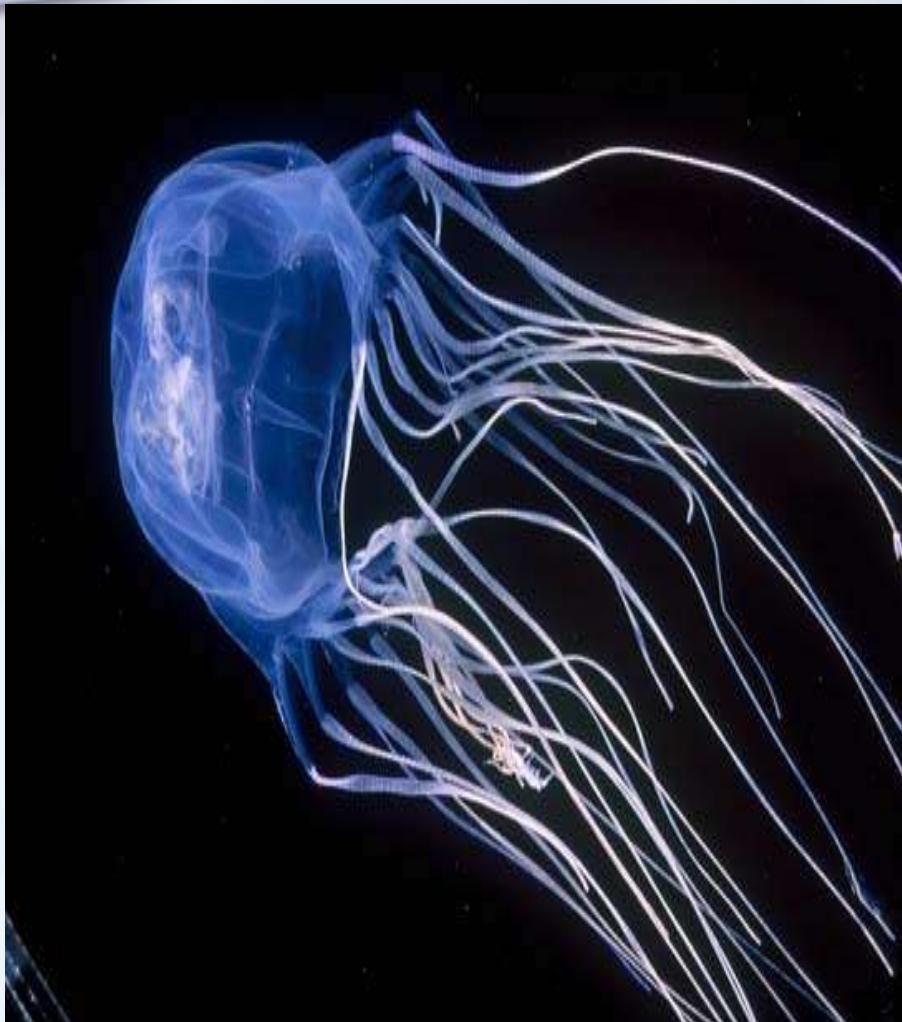
# Management Of Blue Bottle & Non-Box Fish Stings /non tropical



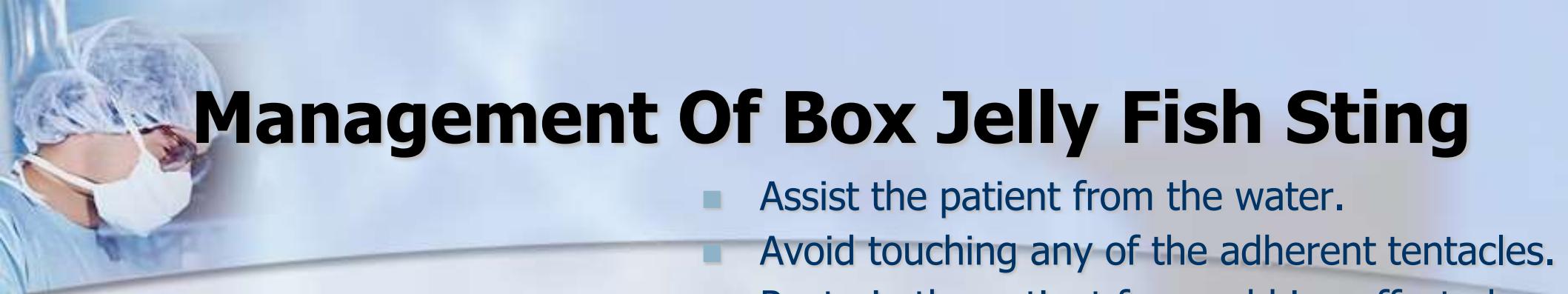
- Assist the patient from the water.
- Refrain the patient from rubbing the stung area.
- Observe ABC's
- Apply hot compress or hot water to the affected area to relieve the pain , ensuring the water does not scald the patient and review after 20 minutes.
- If the patient is or becomes unconscious apply basic first aid principles



# Box Jelly Fish



- The Box Jelly Fish is found in the tropical waters of Australia. The sting can be fatal and is recognized as follows.
- Immediate sever pain.
- Irrational behaviour.
- Characteristic ladder pattern over stung area.
- Loss of consciousness.
- Cessation of breathing.
- Cardiac arrest

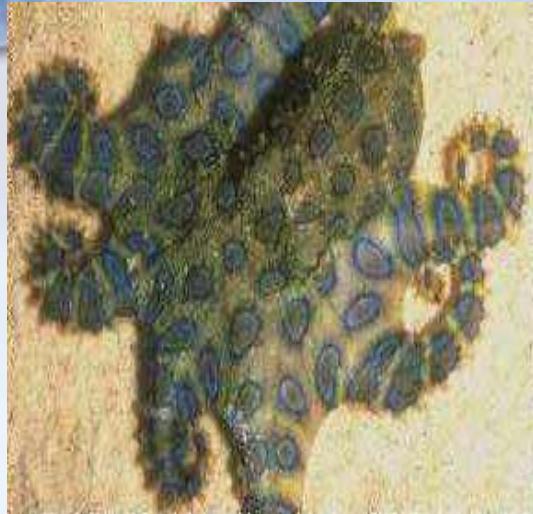


# Management Of Box Jelly Fish Sting



- Assist the patient from the water.
- Avoid touching any of the adherent tentacles.
- Restrain the patient from rubbing affected area.
- Observe ABC's.
- FLOOD the affected area with vinegar to prevent further stinging from remaining adherent tentacles. Hot water if no vinegar
- DO NOT leave the patient alone.
- Send for urgent medical assistance and anti venom.
- Keep the patient still to reduce absorption of venom.
- If unconsciousness apply basic life support principles and above treatment.
- DO CPR IMMEDIATELY as Required

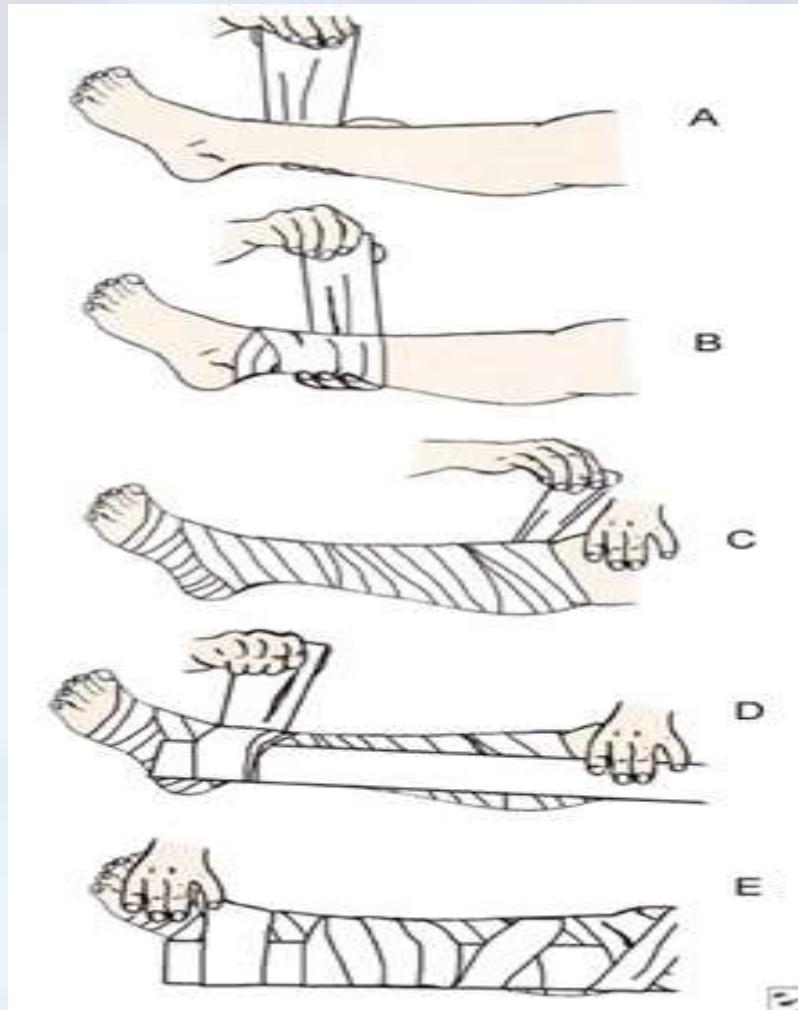
# Blue Ringed Octopus/Cone Shell



- The Blue Ring Octopus is found in all Australian waters. While it is only small it is extremely dangerous.
- If bitten the patient will not feel any pain. Whereas the Cone Shell sting will be extremely painful. Within a few minutes the patient will develop .
  - Numbness of the lips and tongue.
  - Progressive Weakness of the muscles of respiration leading to cessation of breathing.
  - If resuscitation is commenced promptly and continued until medical aid arrives the patient has an excellent chance of recovering



# Management Of Blue Ringed Octopus/Cone Shell Sting



- Rest and reassure the patient.
- Treat as for snake bite.
- If breathing difficulty continues supplement the breathing with rescue breaths during long pauses in breathing effort .DO NOT assist when the patient is breathing or attempting to breathe.
- Seek urgent medical assistance.
- DO NOT leave the Patient alone.



# Stone Fish , Bull Routs And Stingrays



- Stone fish and Bull routs have sharp spines which can deposit venom deeply under the skin causing excruciating pain. However only rarely do severe poisonous effects occur.
- Stingrays have a powerful spine on their tail which can cause serious wounds.
- Recognition
- Severe pain swelling to affected area.
- Grey blue discolouration.
- There may be an open wound as stingray barbs can cause deep wounds and stone fish leave fragments in the wound.
- Irrational behaviour and panic may occur.



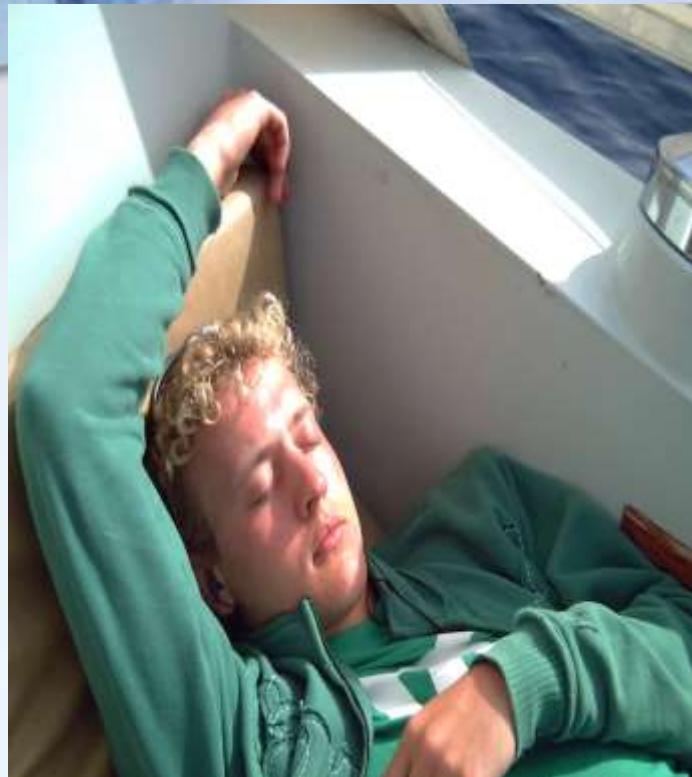
# Management Of Stone fish Bull Routs and Stingray Stings



- Place the stung hand or foot in warm water (no hotter than the rescuer can comfortably tolerate)Take care not to burn the victim.
- Manage and observe ABC's
- Arrange for transport to medical assistance.
- DO NOT USE Pressure immobilization bandage. Anti venom is available for Stone fish envenomations.



# Management Of Poisoning



- Rest and reassure the patient.
- Monitor
- Attempt to identify from the patient or bystanders the nature of the poison and the time it happened and if possible the amount involved.
- Seek medical help promptly (Poison Information Centre 131-126)
- Call an ambulance.
- If the patient is or becomes unconscious apply basic life support principles.
- When performing CPR on a suspected Poisoning victim make sure to clean the mouth first and to wear protective gloves.
- Any of the patients vomit should be sent to hospital to help identify the type of poison.

# Chain Of Survival Is You



- The chain of survival is a description of the 4 key elements required to save lives.
- Early request for Ambulance
- Early CPR
- Early defibrillation
- Early advanced life support.
- Having an AED earlier increases chances of life returning once cardiac arrest occurs



# Automated External Defibrillation

- Early Defibrillation is critical, Defibrillation is the only way to revert lethal heart rhythms.
- In order for the heart to pump efficiently it is controlled by two key electrical pacemakers. When a person suffers a cardiac arrest this electrical system will develop lethal , rapid and erratic heart rhythms known as Ventricular Fibrillation or Ventricular Tachycardia , this is later followed by Asystole where no electrical activity exists.
- These above rhythms stop the heart from pumping effectively and if not corrected will result in death. The only way to revert these rhythms is by applying a measured electrical shock using a device known as Defibrillator to the patients heart.



# Automated External Defibrillation

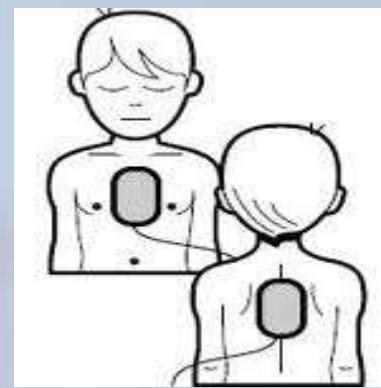
- Automated External Defibrillator's (AED) allow the trained first aider to deliver a shock to the patient if either of these rhythms are detected by the unit.
- AEDs will analyses the heart rhythm for you through defibrillation pads and advise if a shock is required via voice or visual prompts.
- In many cases of cardiac arrest there may be a need to deliver multiple shocks however the AED will advise you again if this is the case. PROMPT use of an AED gives the patient the best chance of a positive outcome.

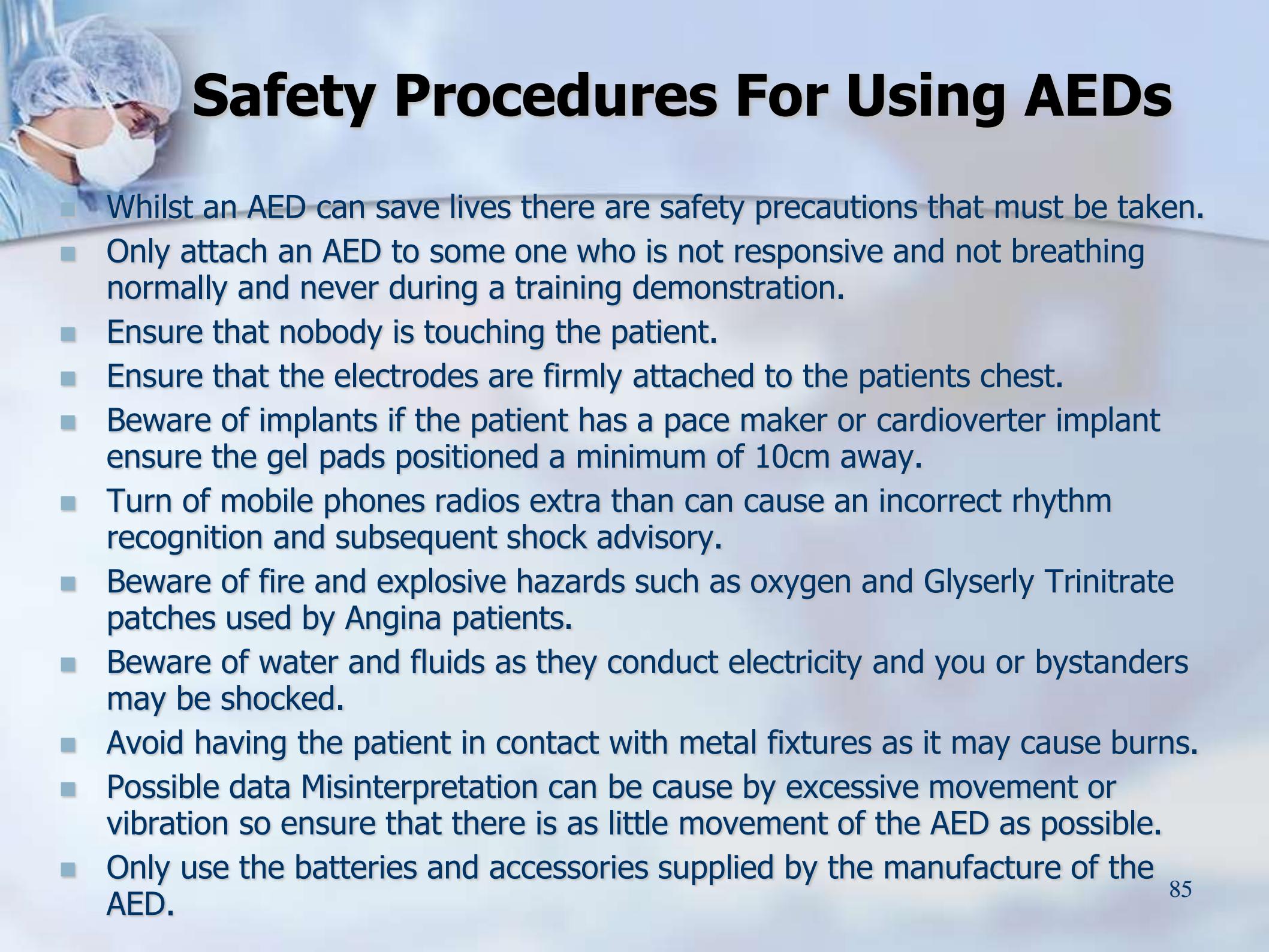




# Defibrillation Pads

- Defibrillation pads are used to read the electrical signals of the heart they are made from a soft thin foam which is adhesive on one side and are lined with a special gel.
- A set should always be in a sealed pack with the AED at all times to ensure the unit is always ready for use along with a disposable razor.
- The Correct placement of the pad is essential to ensure the correct level of shock is given to the heart.
- Child pads are lower in output and fitted front and back
- Before using ensure the patients chest is free from chest hair and is dry.
- To apply the pads simply peel the backing from the pad and place in position as indicated on the particular brand of AED (One must always be positioned onto the bare chest just below the right collarbone and the other bellow and slightly to the left side of the patients left breast.





# Safety Procedures For Using AEDs

- Whilst an AED can save lives there are safety precautions that must be taken.
- Only attach an AED to someone who is not responsive and not breathing normally and never during a training demonstration.
- Ensure that nobody is touching the patient.
- Ensure that the electrodes are firmly attached to the patient's chest.
- Beware of implants if the patient has a pace maker or cardioverter implant ensure the gel pads positioned a minimum of 10cm away.
- Turn off mobile phones radios extra than can cause an incorrect rhythm recognition and subsequent shock advisory.
- Beware of fire and explosive hazards such as oxygen and Glyceryl Trinitrate patches used by Angina patients.
- Beware of water and fluids as they conduct electricity and you or bystanders may be shocked.
- Avoid having the patient in contact with metal fixtures as it may cause burns.
- Possible data Misinterpretation can be caused by excessive movement or vibration so ensure that there is as little movement of the AED as possible.
- Only use the batteries and accessories supplied by the manufacturer of the AED.



# Procedure For Using An AED

- Always commence CPR as soon as possible while waiting for the AED to be set up for use. Do not just rely on the AED the basics of First Aid are vital.
- Check the area ensure it is safe to use a AED.
- Open the AED turn on and listen to prompts.
- Quickly prepare the chest and attach the pads following the diagrams on each pad for correct location. Ensure the pads have good contact with the skin.
- Plug in connector if required.
- Follow voice prompts.
- If shock advised by AED.
- 1 Check the area is clear.
- 2 Clearly call shock advised all clear DO NOT TOUCH THE PATIENT.
- 3 Look to ensure nobody is touching the patient.
- Once satisfied that nobody is touching the patient press the Shock button.
- Immediately recommence CPR for 2 minutes after each shock and follow prompts.
- Continue 2 minutes of CPR after each shock until successful.



# Infant and Child Emergencies





# Infant Convulsions

- Children under the age of 4 years can suffer an epileptic type seizure due to a high temperature caused by illness ie colds throat or urinary tract infections.
- This condition is usually very frightening for the parents however it is rarely dangerous if prompt first aid is administered.
- Recognition.
- Hot and sweaty skin the skin may be flushed at first but may become blue especially in the lips.
- Generalized stiffness and rigidity of the body. The patient may develop arching of the back and head.
- The eyes may role or upturn.
- Patient may hold their breath and develop congestion of the face and neck.
- May develop projectile vomiting.
- Management.
- Protect the patient from immediate danger. Turn the patient on to their side. Clothing should be minimal depending on the temperature of the room or weather outside. Lightly cover the child with cotton sheet.
- Seek medical help.

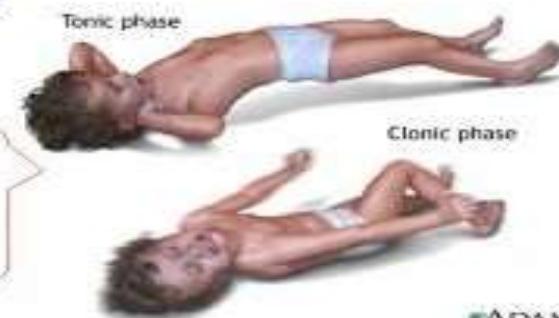
# Infant Convulsions



©The Nemours Foundation/KidsHealth

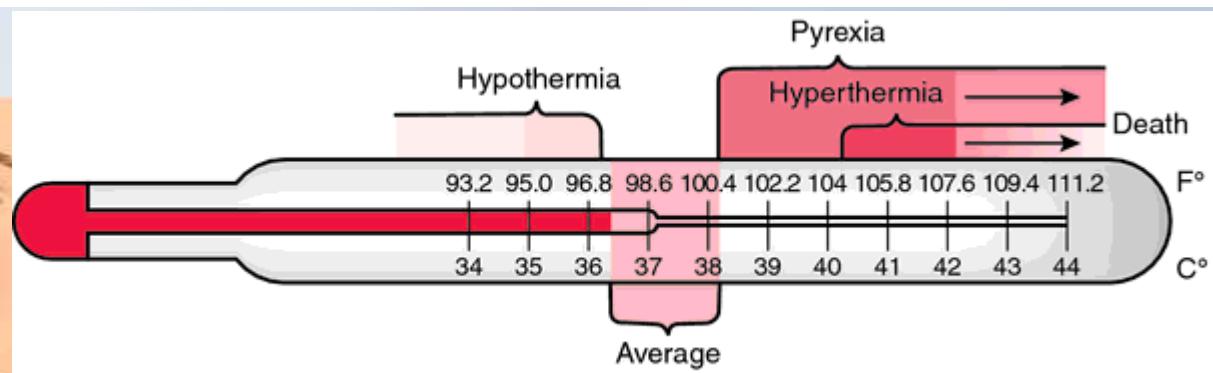
## Febrile Seizure

Call Your Doctor  
and Go To The  
Nearest  
Emergency Room  
Immediately



#ADAM

A **Febrile seizure**, also known as a **fever fit** or **febrile convulsion** is a generalized convolution caused by a fever in infants or small children. During a febrile seizure, a child often loses consciousness and shakes.





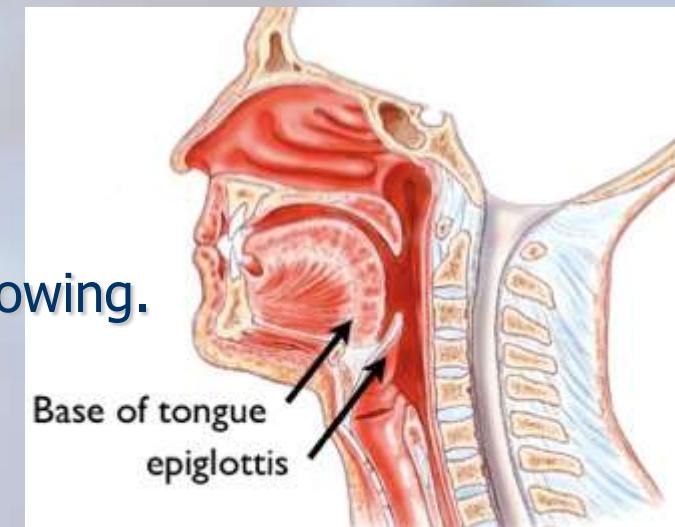
# Croup

- Croup is a condition commonly seen in children under 4 years of age in the winter months. It involves an inflammation of the airway ie Pharynx, Larynx and Trachea which can cause it to obstruct.
- Recognition.
- Barking cough
- Difficulty Breathing
- Hot skin
- Fatigue
- Cyanosis
- Management.
- Support and reassure the child.
- Turn on hot water tap of the shower and close the doors in order to create a steam filled room.
- Enter steam filled room to assist with the patients breathing this does not cure the illness but may buy you a little extra time until medical help arrives.
- Call for help.



# Epiglottitis

- Epiglottitis is inflammation of the Epiglottis (situated over the vocal cords) and is usually due to bacterial infection and is commonly seen amongst the 1 to 4 year old age group. It is a very serious condition as the air way may totally obstruct.
- Recognition.
- Strider.(harsh vibrating cough) in many cases
- Looks anxious.
- Patient tends to sit forward.
- Constant dribbling because of difficulty with swallowing.
- Reaction of the chest upon inspiration.
- Skin flushed and have a high temperature.
- Management
- Posture the patient in the sitting position.
- Give lots of reassurance.
- DO NOT INSPECT the airway as this may make the condition worse.
- Seek urgent medical assistance.





# Whooping cough

## Symptoms:

- Short dry cough
- Increasing in severity

## Treatment:

- See the doctor





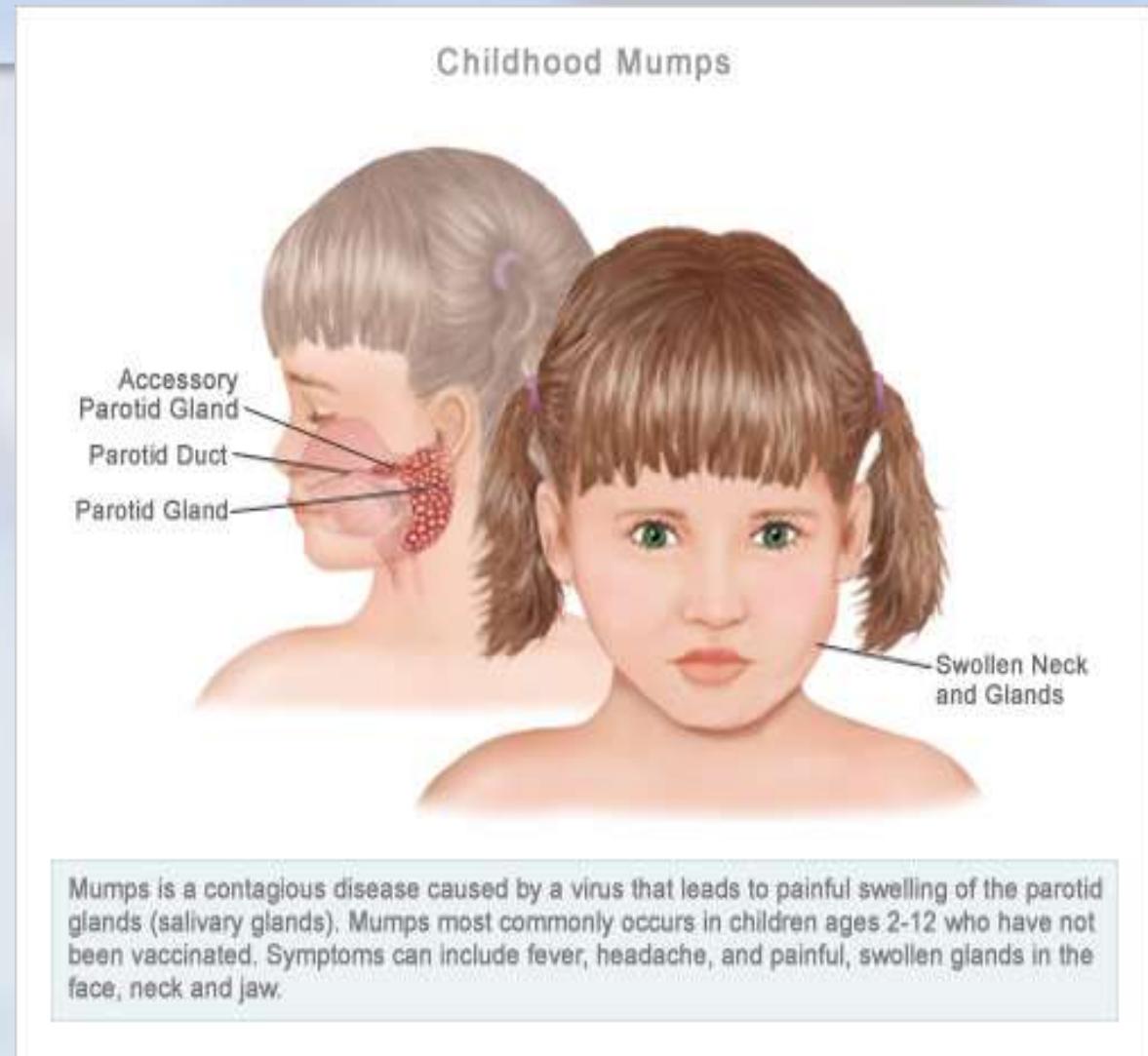
# Mumps

## Symptoms:

- Fever
- Sore throat
- Swelling of throat/glands

## Treatment:

- See the doctor





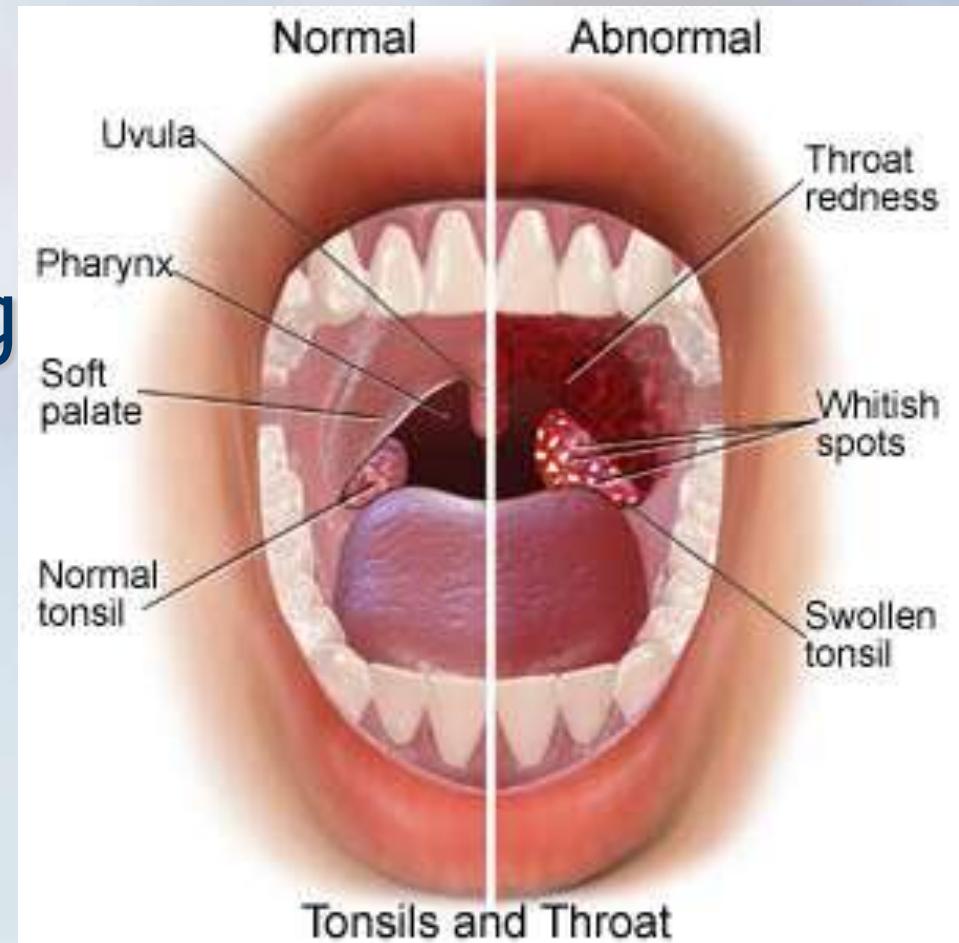
# Tonsillitis

## Symptoms:

- Sore throat
- Difficulty swallowing
- Fever
- Headache and earache

## Treatment:

- See the doctor





# Bronchitis

## Symptoms:

- Dry cough
- Slight fever
- Chest pain

## Treatment:

- See the doctor





# Worms

## Symptoms:

- Itchy bottom
- Restless sleep
- Teeth grinding in sleep

## Treatment:

- Medication given to all the family



# Hand, Foot And Mouth Disease

- This illness is caused by the Coxsackie Virus and usually presents with sudden onset of sore throat, fever and greyish lesions on the mouth, fingers, palms and soles of feet and occasionally the genitals.
- The incubation period is 3-6 days and the symptoms usually last a few days, up to 1 week.
- Treatment is general management of infectious illness.
- Exclusion: until child is well enough to attend nursery.

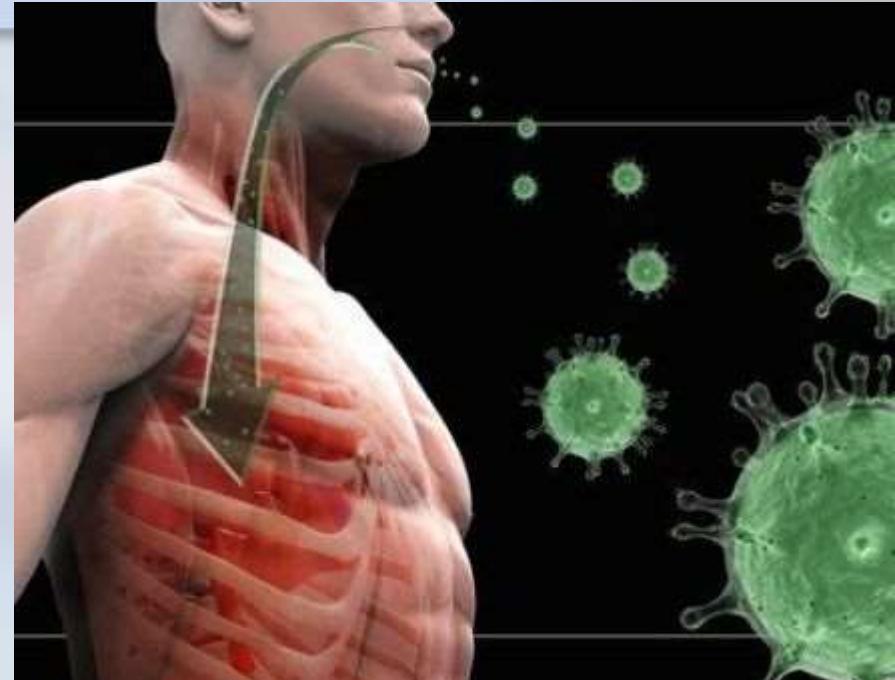




# Sars Virus

## Symptoms:

- High fever
- Headache
- Aching body
- Dry cough



## Treatment:

- Urgent hospitalisation

# Meningitis

## THE WARNING SIGNS

### EARLY SYMPTOMS

Develop within 8 hours of infection

- Cold hands/feet
- Leg pain
- Unusually pale or mottled skin

### CLASSIC SIGNS

Take 13-22 hours to develop

- Purple rash

(see the rash test, right)

- Sensitivity to light
- Severe headache
- Fever
- Stiff neck and joints
- Drowsiness or coma

1 Press the side of a clear tumbler against the rash



2 If the rash does NOT change colour or appearance, call a doctor immediately

■ Urgent Hospital treatment



# Ear Infection

## Symptoms:

- Pulling at an ear
- Mild fever
- Irritability
- Partial hearing loss



## Treatment:

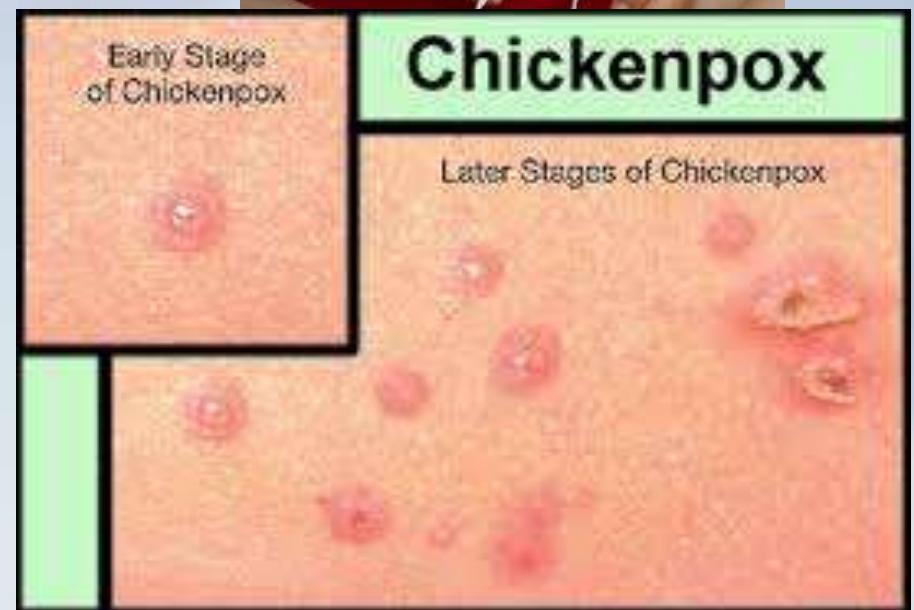
- Children's Paracetamol
- See doctor - antibiotics



# Chicken Pox

## Symptoms:

- Group of small raised spots
- Skin eruptions anywhere
- Blisters from scabs
- Mild fever for 2 days



## Treatment:

- Cold compress
- Discourage scratching



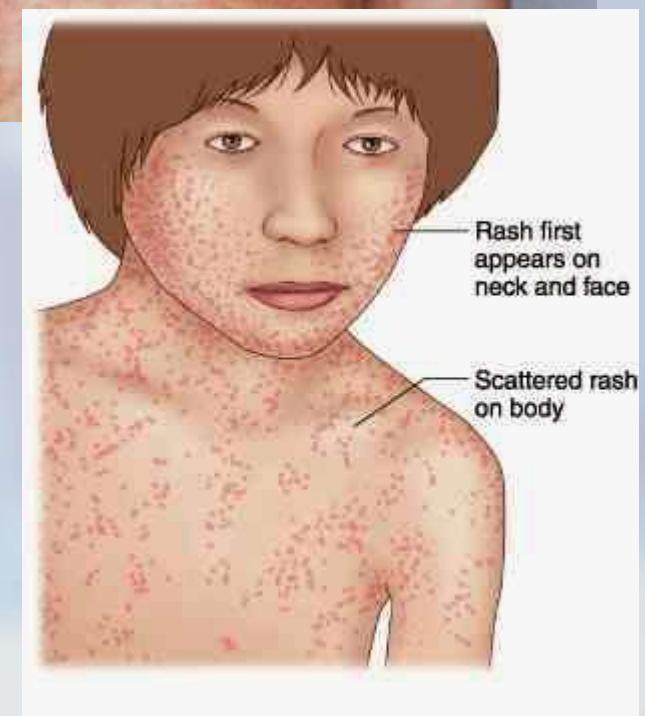
# Measles

## Symptoms:

- Running nose
- Harsh hacking cough
- Sensitive eyes to light
- White spots in mouth
- Red spreading rash

## Treatment:

- Cold compress for eyes
- Children's Paracetamol





# Childcare workers

- The definition of a serious incident from the Education and Care Services National Regulations is:
- Regulation 12: meaning of *serious incident*:
  - (a) The death of a child:
  - (i) while being educated and cared for by an education and care service or
  - (ii) following an incident while being educated and cared for by an education and care service.
  - (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service, which:
    - (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
    - (ii) for which the child attended, or ought reasonably to have attended, a hospital.
    - e.g. whooping cough, broken limb, anaphylaxis reaction
    - (c) any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought
    - (d) any circumstance where a child being educated and cared for by an education and care service
      - (i) appears to be missing or cannot be accounted for or
      - (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these regulations or
      - (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.
    - You need to notify the regulatory authority within 24 hours of becoming aware of a serious incident.



# Prevention- Food Safety

- Health, hygiene and safe food practices
- National Regulations: Regulations 77, 168
- To minimise risks to children, an education and care service or a family day care educator must implement:
  - • adequate health and hygiene practices
  - • safe practices for handling, preparing and storing food.
- The service must also ensure that policies and procedures are in place about these practices.
- Centre-based services that prepare and serve food may be required in some jurisdictions to register as a food business or comply with food safety legislation in each state and territory.
- Educators should be particularly aware of safety standards for storing and reheating food brought in from home.
- The National Health and Medical Research Council (NHMRC) publication, Staying Healthy: Preventing infectious diseases in early childhood education and care services provides further information on recommended health and hygiene practices.



# Incidents, injury, trauma and illness

- National Law: Section 174
- National Regulations: Regulations 85–87, 168, 177–178, 183
- An approved service must have in place policies and procedures in the event that a child is injured, becomes ill, or suffers a trauma. These procedures should be followed and must include the requirement that a parent be notified, as soon as possible and within 24 hours, in the event of an incident, injury, illness or trauma relating to their child (including the death of a child).
- The National Regulations require that an incident, injury, trauma and illness record be kept, and that the record be accurate and remain confidentially stored until the child is 25 years old.
- Information should be recorded as soon as possible, and within 24 hours after the incident, injury, trauma or illness.



# Serious incidents

- The National Law requires the regulatory authority to be notified of any serious incident at an approved service. A serious incident means:
  - • the death of a child while attending a service, or following an incident while attending a service.
  - • any incident involving serious injury, trauma or illness of a child while being educated and cared for at an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner, or for which the child attended or ought reasonably to have attended a hospital. This might include, for example, whooping cough, a broken limb or an anaphylactic reaction.
  - • an incident at the service premises where the attendance of emergency services was sought, or should have been sought.
  - • if a child:
    - – appears to be missing or cannot be accounted for
    - – appears to have been taken or removed from the service premises in a way that breaches the National Regulations, or
    - – is mistakenly locked in or locked out of any part of the service premises.
- ‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital.
- ‘Emergency services’ may include ambulance, fire brigade, police and state emergency services.
- A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident



# Infectious diseases

## National Regulations: Regulations 4, 88

- An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible.

### The service

- must have policies and procedures in place about dealing with infectious diseases.
- For family day care services, the service need only notify the parents of children being educated and cared for at the residence or venue where there is an occurrence of an infectious disease.
- The National Health and Medical Research Council (NHMRC) publication, *Staying Healthy: Preventing infectious diseases in early childhood education and care services* provides detailed information on infections and diseases which are required to be notified to the local public health department. It also provides information about exclusion periods for infectious diseases.
- Notifying all families of the occurrence of an infectious disease should be done in a manner that is not prejudicial to the rights of any child or staff member. For example, 'There is a case of chicken pox in the toddler room' rather than 'John has chicken pox'.

This might be done through a notice at the entrance to the service.

- Cases of some infectious diseases are required to be notified to the local public health department.
- Public health staff can provide valuable advice, support and resources to help manage outbreaks of illness, such as diarrhoea.

Services should also notify families of exclusion periods for infectious conditions, such as in a policy document, through a poster displayed in the centre or in a family handbook.



# First aid kits

## National Regulations: Regulations 89, 168

- A centre-based service must provide an appropriate number of suitable first aid kits that are easily recognisable and readily accessible to adults.
- The service must have policies and procedures about the administration of first aid to children being educated and cared for by the service.
- A family day care educator must provide a suitable first aid kit at the residence or family day care venue that is easily recognisable and readily accessible to adults.
- First aid kits should also be taken when leaving the service premises for excursions, routine outings or emergency evacuations.
- A belt bag is one way of taking a modified first aid kit on an excursion or to the outdoor play space.
- A Risk assessment can assist in determining first aid kit requirements
- Services might use data gathered from their incident, injury, trauma and illness records to determine the appropriate locations and contents for their first aid kits.



## Medical conditions

### National Regulations: Regulations 90–91

- An approved service must have a policy for managing medical conditions which sets out practices in relation to the following:
  - the management of medical conditions
  - if a child enrolled has a specific health care need, allergy or relevant medical condition, procedures requiring parents to provide a medical management plan
  - requiring the development of a risk minimisation plan in consultation with the child's parents
  - requiring the development of a communications plan for staff members and parents.
- Medical conditions that must be outlined in the service policy include asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis.
- Staff members and volunteers must be informed about the practices to be followed.
- If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents must be provided with a copy of the policy. Where a child has been diagnosed as at risk of anaphylaxis, a notice stating this must be displayed at the service.



## Administration of medication

National Law: Section 167 (protection from harm and hazards)

National Regulations: Regulations 92–96, 178, 181–184

- Medication (including prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without authorisation by a parent or person with the authority to consent to administration of medical attention to the child.
- In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted.

In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation.

In this circumstance, the child's parent and emergency services must be contacted as soon as possible.



## The medication must be administered:

- • from its original container before the expiry or use-by date
- • in accordance with any instructions attached to the medication or provided by a registered medical practitioner
- • for prescribed medications, from a container that bears the original label with the name of the child to whom it is prescribed
- • with a second person checking the dosage of the medication and witnessing its administration
- • details of the administration must be recorded in the medication record.
- In the case of a family day care service, or a service that is permitted to have only one educator, a second person is not required to check the dosage and witness the administration of the medication.
- The National Regulations set out requirements for confidentiality and the storage of medication records.
- A child over preschool age may self-administer medication under the following circumstances:
  - • written authorisation is provided by a person with the authority to consent to the administration of medication
  - • the medical conditions policy of the service includes practices for self-administration of medication.



## Childcare Staff First Aid Training

- The first aid, anaphylaxis management training and emergency asthma management training required must be updated at least every three years from the date of completion. The first aid certificate may specify additional requirements to keep it valid. For example, if your first aid certificate requires the CPR component to be completed every 12 months to keep it current, you will need to comply.

# Triage



- Is the term used to work out priorities in dealing with multiple casualties
- We see it at hospitals when we are waiting and they are sorting out most urgent care to less urgent care
- For normal first aiders adopt a do the most good for the most amount of casualties and make use of others around to help as many people as possible



# Motor Vehicle Accidents

- Call for rescue services
- Make the scene safe
- Turn off cars ignition/ remove keys
- Stay aware of potential hazards with other vehicles and fuel leaks
- Position your vehicle safely with hazard light on





# Motor Vehicle Accidents

- Don't attempt to move unless there is immediate danger.
  - Maintaining the airway by supporting the head with back tilt
  - Control bleeding
  - Immobilise fractures
  - Provide re-assurance and make comfortable as possible
- Note changes and timelines if possible





# Motor Vehicle Accidents

- Important information to 000
- Location use landmarks and common sense approach
- Type of accident
- Number of people
- What rescue services are required





# Motor Cycle accidents

- Extreme care with helmets
- ONLY REMOVE IF:
- Casualty is unconscious
- They are Vomiting
- Airway is at risk
- 2 people if possible to remove
- 1 to support the head and neck
- 1 to remove slowly
- Place a support under head

