



Prepared with the assistance of First Aid First.

## FIRST AID HINTS

It is recommended that you complete a first aid course or at least learn cardiopulmonary resuscitation. The following is a general guide only.

### The aim of first aid is to:

- preserve life.
- protect the unconscious.
- prevent a casualty's condition worsening.
- promote the recovery of a casualty.

### Emergency action plan DRABC

In any emergency situation, first confirm it is safe to approach a casualty, then assess the casualty's condition for any life threatening conditions:

**Danger** - Determine whether the scene is safe. Prior to making direct contact with the casualty, assess the scene for danger to yourself, bystanders and the casualty. If it is safe to do so, remove the danger. If not, remove the casualty and bystanders away from the danger.  
Next, check the casualty's:

**Response** - Determine the casualty's level of consciousness. Do not shake casualties, particularly if they are children or infants. The talk and touch process of checking for a response should incorporate gentle touching and loud talking using the COWS steps to determine a casualty's ability to respond:

**C** - can you hear me?

**O** - open your eyes.

**W** - what's your name?

**S** - squeeze my hands.

In a multiple casualty situation, attend first to anyone that fails to respond.

**Send for Help** - Phone for help

Emergency services should be contacted as soon

as possible. Call 000 immediately. A trained QAS Emergency Medical Dispatcher may ask the caller:

- Exact location of the incident
- Phone number from which you are calling
- What has happened?
- How many people are sick/hurt?
- What is the nature of the casualty's injuries?
- Are you with the casualty now?
- How old is the casualty?
- Is the casualty conscious?
- Is the casualty breathing?

Remain calm and ensure that your responses are clear and concise. The QAS Emergency Medical Dispatcher will provide you with first aid instructions and dispatch the paramedics. Do not end the call until you are told to do so by the QAS Emergency Medical Dispatcher.

**Airway** Check the casualty's airway. Look in the mouth for foreign bodies such as food, toys, loose dentures or fluid. Dentures should only be removed if loose or if they could possibly cause an airway obstruction. If secure, leave in place as it will help to ensure a good seal if rescue breathing is necessary. Unless a casualty's airway is obstructed by water, vomit, blood or other fluid, checking the airway should be conducted while the casualty is on their back. If a casualty's airway is obstructed, place the casualty in the lateral (side) position.

**Breathing** Look, listen and feel technique:

- look - for the rise and fall of the chest
- listen - for the movement of air by placing your ear near the casualty's mouth and nose
- feel - for the movement of air from the nose and mouth against your cheek, and place your hand on the casualty's chest to feel for the rise and fall. If the casualty is breathing (and if they are not already on their side), place them in the lateral (side) position and maintain neck stability. The first aid provider should recheck the casualty's airway and breathing regularly then look for other injuries while waiting for the ambulance paramedics to arrive.  
If casualty is not breathing - commence compressions.

**Compression** Give compressions (30 compressions and 2 breaths) at a rate of 100 compressions per minute until help arrives.

**Bleeding** Look for any severe bleeding by scanning from head to toe to detect signs of external bleeding. Bleeding is considered severe when it is spurting or cannot be controlled, and is a life-threatening condition. Address as quickly as possible by applying direct pressure.

**Conduct a secondary survey** Once a casualty has been assessed and managed for any conditions that immediately threaten their life:

- Question the casualty and witnesses to the incident.
- Continue to check the casualty's vital signs.
- Conduct a head-to-toe examination.

**Defibrillation** Call 000

## FIRST AID KITS

Be prepared for responding to accidents and emergency situations. First aid can be performed using whatever equipment is available, but using proper, sterile supplies is recommended wherever possible. A first aid kit should be airtight and contain a variety of dressings and bandages depending upon the environment in which they are to be used. Queensland Ambulance Service (QAS) recommends a home first aid kit, listed below. Build on these basics according to your family size and needs. Workplace kits differ according to industry regulations.

- 1 packet of plastic strips
- 1 roll of non-allergenic tape
- 2 sterile eye pads
- 4 triangular bandages
- 1 conforming gauze bandage (10 cm)

- 1 conforming gauze bandage (7.5 cm)
- 1 conforming gauze bandage (5 cm)
- 1 hospital crepe bandage (10 cm)
- 1 sterile combine dressing (9 x 10 cm)
- 1 sterile combine dressing (20 x 20 cm)
- 1 medium wound dressing (#14)
- 2 non-adhesive dressings (5 x 7.5 cm)
- 1 non-adhesive dressing (10 x 7.5 cm)
- 1 pair stainless steel scissors (sharp/blunt)
- 2 square gauze swabs
- 1 pair forceps
- 1 pack (10) latex gloves
- 1 resuscitation mask
- 2 bottles eye irrigation (15 mL)
- 1 bottle antiseptic cream (50 g)
- 1 wound closure steri-strip
- 1 stainless steel splinter remover
- 1 bottle antiseptic solution (30 mL)
- 5 alcohol swabs
- 1 first aid hints booklet

## SUNBURN

Wear a shirt, 30+ sunscreen, a hat and UV protective sunglasses. While snorkelling, wear a shirt and sunscreen. Sunburn can be worse if pregnant or taking some medications. If sunburnt, drink plenty of water and apply cool running water to burn. For severe burns, seek medical assistance. Keep the patient cool and lying down.

## INSECT BITES

While most bites are more painful than dangerous, it is important to look for signs of an allergic reaction. Try to identify the source of the bite in case of later medical intervention.

- Reassure and calm the casualty.
- There will be pain and possibly some redness and swelling around the site of the sting.
- If the sting is visible, brush or scrape it off. Using tweezers risks squeezing more poison into the wound.
- Apply an ice pack or cold compress for at least 10 minutes.
- If a sting to the mouth and throat causes throat swelling or a blocked airway, dial 000 and give the patient an ice cube to suck until help arrives.
- If the casualty shows any sign of impaired breathing or swelling to the face, neck, tongue, mouth or lips or shows a widespread rash phone 000.

## Mosquitoes

- In general, mosquitoes are most active at sunrise and sunset.
- Use personal 'tropical strength' insect repellents containing 'DEET' or 'picaridin'.
- Use indoors and outdoors controls e.g. coils.
- Screen doors and windows and get rid of containers that can hold water.
- If camping, sleep under a mosquito net and zip up tents whenever possible.

## Ross River Virus

Ross River virus occurs throughout Australia including Tropical North Queensland. It is spread by a variety of freshwater and salt marsh mosquitoes.

## Dengue Fever

About once a year, Tropical North Queensland has a localised dengue fever outbreak. This happens when someone brings the virus to the resident dengue mosquito population from overseas. Dengue mosquitoes live in and around buildings and bite during the day.

If you develop severe flu-like symptoms up to 2 weeks after a mosquito bite, seek medical assistance for blood tests to eliminate common mosquito borne infections.

A variety of

First Aid Courses  
No Minimum Numbers

- First Aid kits
- First Aid Duties

All things First Aid



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## SNAKE BITE

- Immediately rest, calm and reassure the patient.
- DO NOT wash the bite site as the venom may be identified later in hospital.
- Promptly apply a firm 10-15cm elasticised broad bandage or crepe bandage over the area of the bite starting from the fingers or the toes and going all the way to the arm pit or groin. (DO NOT apply in an effort to cut-off circulation to the limb, but tight enough that two fingers cannot be easily slid under the bandage). Crepe or compression bandages are ideal but any flexible material can be used i.e. tear up clothing, sheets or towels into strips.
- When the bandage is completed, it is important to MARK THE SITE OF THE BITE with either a pen/marker, with a small snip of the bandage or a dirty mark with your finger so the doctors can quickly locate the site of the bite without removing the bandage in order to undertake a Venom Detection Test.
- Immobilise the limb with a splint or sling. Improves as needed E.g. bind one leg to the other with bandages ; use a folded newspaper as a splint, a belt for a sling.
- Seek medical help immediately or call 000
- DO NOT try to catch or kill the snake.
- DO NOT use a tourniquet, cut or suck the wound or give alcohol or food to the patient.

## ASTHMA

### Symptoms

- Difficulty in breathing, with a very prolonged breathing-out phase.
- Wheezing as the casualty breathes out.
- Difficulty speaking and whispering.
- Distress and anxiety.
- Coughing.
- Features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds (cyanosis).

### Treatment

- Keep the casualty calm and reassure them.
- Sit the patient in a position they find most comfortable, often leaning forward with arms resting on a table or the back of a chair. Do not lie the casualty down.
- Give 4 puffs of a blue reliever puffer (Asmol, Airomir, Epaq or Ventolin) through a spacer device. Ask the person to take 4 breaths from the spacer after each puff.
- Wait 4 minutes. If there is little or no improvement encourage the casualty to use their inhaler again.

### Caution

If this is the first attack, or if the attack is severe and any one of the following occurs:

- The inhaler has no effect after four minutes,
- The casualty is becoming worse,
- Breathlessness makes talking difficult or
- The casualty becomes exhausted,  
**Dial 000 for an ambulance.**
- Encourage the casualty to use their inhaler every five to 10 minutes.
- Monitor and record breathing and pulse rate every 10 minutes.

If the patient becomes unconscious see 'UNCONSCIOUSNESS' on this page.

## HEART ATTACK

### Symptoms

- Persistent central chest pain - often described as vice-like or a heavy crushing pressure.
- Pain spreading (radiating) to the jaw, neck and down one or both arms.
- Breathlessness.
- Discomfort high in the abdomen, similar to indigestion.
- Possible collapse without warning.
- Ashen skin and blueness at the lips.
- Rapid, weak pulse which may be irregular.
- Profuse sweating, skin cold to the touch.
- Gasping for air (air hunger).
- Nausea and/or vomiting.

### Treatment

- Rest casualty in position of comfort - usually sitting.
- Call 000 and say you suspect a heart attack.
- If advised by medical direction give them an aspirin tablet to chew slowly (provided they are not under 16 yrs of age or not allergic to aspirin).
- If they have any medication for angina, such as tablets or a spray, assist them to take it.
- Constantly monitor and record breathing and pulse rate, until help arrives.
- If they become unconscious, see next section.

## UNCONSCIOUSNESS

### No Breathing

- Open airway - Check patient's airway is open and clear.
- Tilt head - Tilt their head and lift their chin to open the airway.
- Check for breathing - Look along their chest, and listen and feel for breaths. If they are not breathing, call 000 and describe the situation. Start CPR immediately, until help arrives.
- Put patient on their back on a firm surface.
- Place the heel of one hand on the centre of casualty's chest and the other hand on top of the first.
- Use two hands for adults and children (1-8 years old). In the case of an infant (less than one year old) use two fingers.
- Use straight arms with locked elbows, keeping your fingers off their ribs.
- Lean directly over their chest and press down to one-third the depth of the chest.
- Release the pressure, but don't remove your hands.
- Give compressions (30 compressions and 2 breaths) at a rate of 100 to 120 compressions per minute until help arrives.

Many types of marine stingers exist in tropical and subtropical waters of the world. The Whitsundays region is no different. A range of venomous types including dangerous and non-dangerous jellyfish, stonefish, stingrays, blue ring octopus, fire corals, sea snakes, and others occur in our waters, and may be present onshore and offshore any time of year. While the likelihood of encountering any of these creatures is very low, there are many things you can do to reduce the risk of any injury.

## IRUKANDJI & BOX JELLYFISH FACTS

- You can get stung at the reef or islands, as well as inshore.
- Different species of Irukandjis occur onshore and offshore.
- Stings have been reported year round.
- Irukandji syndrome affects all stung people.
- Accurate medical records since 1943 indicate that Irukandjis have been around a long time.
- We do not know where Irukandjis breed, but it does not appear that they breed in the rivers.
- Vinegar kills invisible stinging cells, stopping more sting.
- Hairy people and animals can still get stung.
- Summer is not the only risk time for stings.

## STINGER SAFETY

- Wear protective clothing and sandals if wading in shallow water.
- A full-length lycra suit offers environmentally safe sun protection (no harmful chemicals leaching into the water, as with sunscreen), and provides excellent prevention of jellyfish stings by reducing the amount of exposed skin by more than 75%; most cruise operators offer reasonable daily stinger suit hire.
- Carry vinegar to apply to stings when you go swimming, boating or cast-netting. Some beaches provide vinegar.
- Don't swim alone.
- Make sure someone knows where you are and when you expect to be home.
- Carry a mobile phone or VHF radio.
- If in doubt of a sting, treat it as Irukandji.
- Saturate stings with vinegar, even minor stings.
- Don't go back in the water until you're sure you are not ill (Irukandji syndrome typically takes 45 minutes to develop).
- If in doubt or distress, seek medical help ASAP.

## IF STUNG...

- **Seek help - dial 000 (or "112" from a mobile or VHF 16)**
- **Treat the person: emergency care (start CPR if necessary)**
- **Treat the sting: dose with vinegar as soon as possible**
- **DO NOT RUB - DO NOT APPLY FRESH WATER**

**EMERGENCIES**  
If normal 000 fails  
**DIAL 112**



**Have you got your emergency details on your phone?**



**24 hr Text Emergency Number call 106 using TTY.**



for deaf, hearing-impaired or speech-impaired people.