

FIRST AID MANUAL



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CONTENTS

FIRST ACTIONS

GETTING ASSISTANCE.....	4
ARE YOU SAFE?.....	5

PRIMARY ASSESSMENT

ASSESSING THE CASUALTY	6
UNCONSCIOUS CASUALTY	7
CASUALTY MANAGEMENT	7

CPR & AIRWAY OBSTRUCTION

CARDIO PULMANARY RESUSCITATION (CPR)	8
DEFIBRILLATION AND AED.....	9
ADULT AND CHILD AIRWAY OBSTRUCTION	10
MANAGEMENT OF AIRWAY OBSTRUCTION (CHOKING)	11

INJURIES

SEVERE BLEEDING	12
SHOCK.....	13
FRACTURES & DISLOCATIONS	14
SOFT TISSUE INJURIES	15
HEAD INJURY	16
SPINAL INJURY.....	17
EYE INJURIES	18
DENTAL INJURIES	18
WOUND MANAGEMENT.....	19
BURNS	20
CRUSH INJURIES.....	21

MEDICAL CONDITIONS

CHEST PAIN.....	22
STROKE	23
ASTHMA	24
ALLERGIC/ANAPHYLACTIC REACTION.....	25
POISONING.....	26
DIABETES	27
SEIZURES.....	28
HEAT RELATED ILLNESSES.....	29
COLD RELATED CONDITIONS	30

SUPPORT OPTIONS

SUPPORT OPTIONS.....	31
WE WOULD LOVE TO HEAR FROM YOU.....	34

This manual contains emergency first aid information and is intended to supplement and revise information learned on our first aid courses.

GETTING ASSISTANCE

IN AN EMERGENCY...



When your call is answered, the operator will ask:

- » What service is required — Ambulance, Fire or Police
- » Your name
- » Your phone number
- » Your location
- » The number of patients
- » The nature of the incident and the injuries (if known)

Try to remain calm so the operator can clearly understand what the situation is and what assistance is required.

IF AN ILLNESS OR INJURY IS LIFE THREATENING, CALL 111 FOR AN AMBULANCE IMMEDIATELY.

LIFE THREATENING CONDITIONS INCLUDE:

- » Collapse or unresponsive
- » Absence or difficulty breathing
- » Chest pain
- » Severe bleeding
- » Severe allergic reaction
- » Large burns
- » Severe injuries

The ambulance staff will advise the proper care in the right place and at the right time.

Call Healthline **0800 611 116** or your local medical centre for medical advice and information.



Always call 111 for an ambulance if in doubt



ARE YOU SAFE?

ALWAYS CONSIDER YOUR SAFETY BEFORE ATTEMPTING TO HELP!

Is there anything that could be of harm to you, the casualty or others that may make the situation worse?

- » Traffic?
- » Electrical risks?
- » Chemicals, flammable liquids?
- » Fumes or gas?
- » Are you safe from potentially harmful body fluids — blood, saliva etc?
- » Slip/trip — uneven ground, water or liquid, tools, toys?

ALWAYS CONSIDER THE WEATHER AND ANY OTHER ENVIRONMENTAL FACTORS THAT COULD MAKE ADMINISTERING FIRST AID UNSAFE!

REMEMBER — SECURE THE SCENE.

MOVEMENT FROM DANGERS

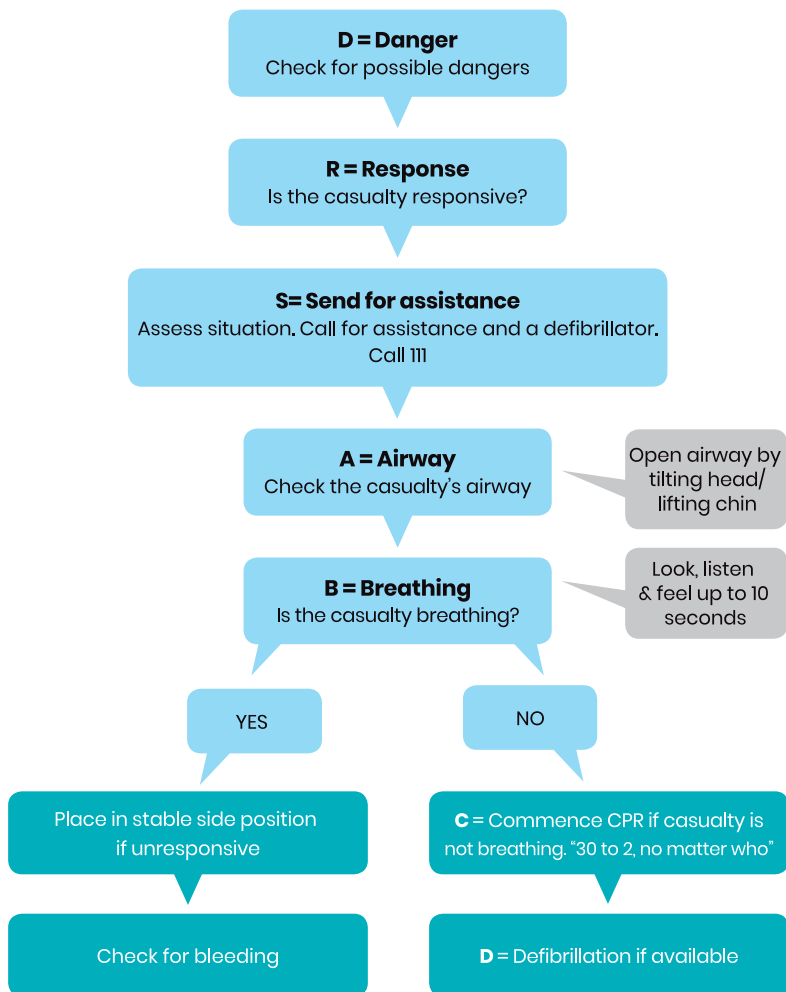
Movement can worsen the casualty's condition by increasing pain, injury, blood loss or shock. Only move a casualty if there is an apparent reason to do so:

- » to ensure safety
- » in extreme weather or on difficult terrain;
- » to check for ABCs
- » to control severe bleeding

Stay with the casualty and send others to get help.



ASSESSING THE CASUALTY



ENSURE THE CASUALTY IS KEPT WARM AND KEEP REASSURING THEM.



PRIMARY ASSESSMENT

- » **IDENTIFY ANY POTENTIAL DANGERS**
(Considering yourself, the casualty & any bystanders)
- » **IS THE CASUALTY RESPONSIVE?**
(Shout and tap)
- » **CALL 111 FOR AN AMBULANCE**
(Ask a bystander to call 111 for an ambulance and get an AED)
- » **CHECK CASUALTY'S AIRWAY**
(Open the airway using head tilt and chin lift)
- » **IS THE CASUALTY BREATHING?**
(Look, listen and feel for up to 10 sec)
- » **PLACE IN STABLE SIDE POSITION, IF BREATHING**
(Ensure the airway is open)
- » **CHECK FOR AND MANAGE BLEEDING**
(Promptly stop any bleeding)

Any person who fails to respond or shows only a minor response should be managed as if unconscious.

If not breathing normally begin CPR NOW!

Attach Defibrillator (AED) and follow its prompts.

CASUALTY MANAGEMENT

After the primary assessment monitor any change in level of consciousness using AVPU and keep checking for ABC's until medical help arrives.

- A** — ALERT and fully responsive
- V** — Responds to VOICE
- P** — Unconscious, responds to PAIN
- U** — UNRESPONSIVE unconscious



DO NOT leave the person sitting. Position the casualty lying on their side



CARDIO PULMONARY RESUSCITATION (CPR)

Cardiopulmonary Resuscitation (CPR) is an emergency procedure in which cardiac massage and artificial respiration are used to keep oxygenated blood circulating to the brain and around the body to keep vital organs alive.

ENSURE THE CASUALTY IS FLAT ON THEIR BACK ON A FIRM SURFACE.

ADULT

1. Start **30 COMPRESSIONS AT A RATE OF 100-120 TIMES PER MINUTE** by placing the heel of one hand in the centre of the chest, with your other hand on top on the first. Depth of compressions should approximately one third of the depth of the chest (5-7 cm).
2. Open the casualty's airway by gently tilting their head back and lifting the chin. Take a normal breath and ensure a good seal around the casualty's mouth with yours and **GIVE 2 BREATHS WITH JUST ENOUGH FORCE TO MAKE THE CHEST RISE.**
3. Repeat **30 COMPRESSIONS AND 2 BREATHS** until help arrives.

INFANT/CHILD

1. For infants/children the compression area is the same as with adults, but with less pressure. Infants (under 1 year) use 2 fingers only. Children use the heel of one or two hands **AND GIVE 30 COMPRESSIONS AT A RATE OF 100-120 TIMES PER MINUTE AND AT ONE THIRD OF THE CHEST DEPTH.**
2. For a child, open the airway by gently tilting their head back and lifting the chin. For an infant, place head in neutral position. Take a normal breath and ensure a good seal around the mouth for a child (or nose and mouth for an infant) with yours and **GIVE 2 BREATHS WITH JUST ENOUGH FORCE TO MAKE THE CHEST RISE.**
3. Repeat **30 COMPRESSIONS AND 2 BREATHS** for 1 minute. If there is no response, go for help and continue CPR until help arrives.



DON'T give up, even if you feel that it is hopeless.



DEFIBRILLATION AND AED

A defibrillator is an electronic device that sends an electrical shock through the casualty's chest in an attempt to restore a normal heart rhythm. Early defibrillation significantly improves the chance of survival.

ATTACH A DEFIBRILLATOR (AED) AS SOON AS AVAILABLE

Time to defibrillation is the most important factor for survival from cardiac arrest. For each minute defibrillation is delayed, the chance of survival decreases by approximately 10%.



You cannot accidentally shock the casualty as the AED will not shock someone who does not need one

Call. Push. Shock.
**Be prepared and confident
to save a life with an AED**



Modern AEDs are easy to use and can be purchased through
The First Aid Training Company
firstaidcompany.nz/aed

ADULT AND CHILD AIRWAY OBSTRUCTION

ADULTS & CHILDREN

BACK BLOWS

First try leaning the casualty forward and **GIVE UP TO 5 SHARP BLOWS BETWEEN THE SHOULDER BLADES** with the heel of your hand.

Leaning them forward will ensure that the obstructing item is unlikely to go further down the airway.

CHEST THRUSTS

Stand behind the casualty and lean casualty slightly forward. Place the fist of one hand in the centre of the chest, place your other hand over the first and pull toward you firmly. **GIVE UP TO 5 CHEST THRUSTS**.

Continue with back blows ×5 and chest thrusts ×5 until the object is cleared or casualty becomes unconscious.

If unconscious begin CPR.

IF AN INFANT OR CHILD IS CHOKING THEY MAY:

- » Turn blue in the face
- » Make no noise

INFANTS 0-1 YEAR OLD

Support the infant's head by holding their jaw and **HOLD FACE DOWN** along your arm or over your thigh. **GIVE UP TO 5 BACK BLOWS** with the heel of your hand between the shoulder blades.

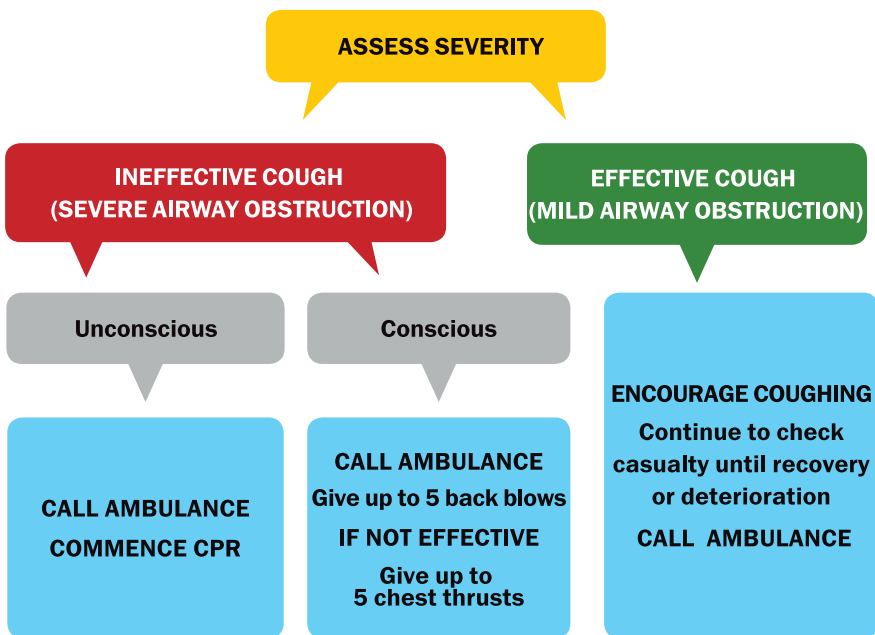
TURN THE INFANT FACE UP and **GIVE UP TO 5 CHEST THRUSTS** using 2 fingers just below the nipple line in the centre of the chest.

Continue with back blows ×5 and chest thrusts ×5 until the object is cleared or patient becomes unconscious.

If unconscious begin CPR.



MANAGEMENT OF AIRWAY OBSTRUCTION (CHOKING)



SEVERE BLEEDING

Use gloves or plastic bags over your hands.

Using a clean bandage, pad (or whatever is available) **APPLY DIRECT, FIRM PRESSURE OVER THE WOUND** sufficient to stop the bleeding.

To assist in controlling bleeding:

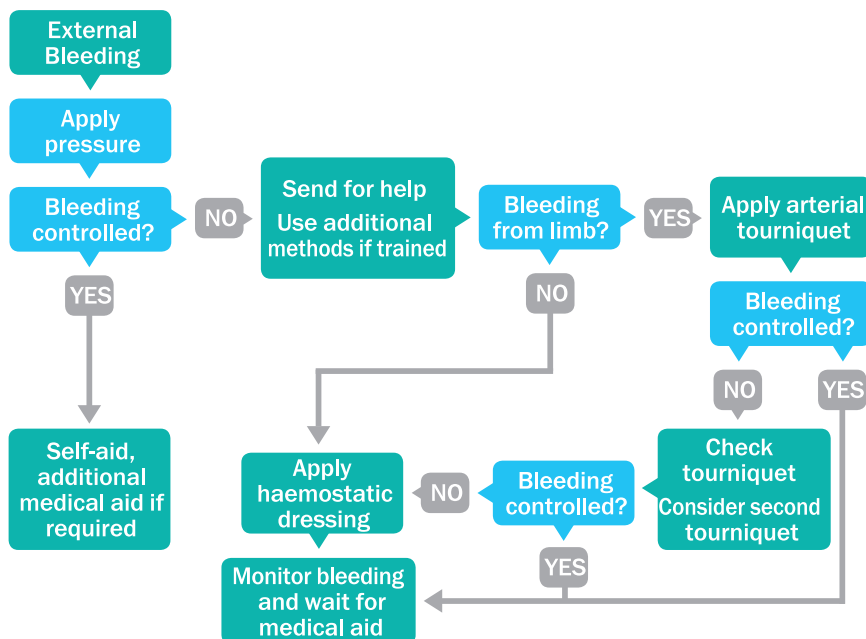
- » Restrict movement without elevating
- » Immobilise the part
- » Advise the casualty to remain at total rest

If bleeding still continues it may be necessary to remove the pad to ensure that a specific bleeding point has not been missed. You may need to **REMOVE THE INITIAL DRESSING** to allow more direct pressure to be placed on the bleeding location – only do this once.

If the severe bleeding is from a limb and not controlled by direct pressure, you may consider applying an arterial tourniquet above the bleeding point.



Arterial tourniquets should only be used where the bleeding cannot be controlled by direct pressure



SHOCK

Shock is a very serious and life-threatening condition and must be identified and managed immediately. Shock occurs when the body is not getting enough blood flow and can damage multiple organs.

Shock may be seen in most serious injuries involving fluid loss such as severe bleeding, major trauma, burns or illness involving diarrhoea, dehydration or vomiting.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Cold, pale and clammy skin
- » Feeling dizzy, faint and unwell
- » Anxiety, shallow breathing
- » Confusion
- » Rapid but weak pulse
- » Urgent need to go to the toilet
- » Feeling sick/nauseous/vomiting

HOW TO MANAGE SHOCK

- » Call 111 for an ambulance
- » Check DRSABCD
- » Do not elevate the legs
- » Give first aid for any wounds or injuries and control any bleeding without using elevation techniques
- » Keep the casualty warm and comfortable
- » Keep reassuring them as much as possible



Shock is considered life threatening. Call 111 for an ambulance immediately.



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FRACTURES & DISLOCATIONS

WHAT IS A FRACTURE?

A bone fracture is a break in a bone and happens because an area of bone is not able to support the energy placed on it. Fractures are common and most people fracture at least one bone during their lifetime!

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Bruising
- » Swelling around the injured area
- » Loss of function
- » Deformity of the limb

WHAT IS A JOINT DISLOCATION?

A dislocated joint is a joint that slips out of place. It occurs when the ends of bones are forced from their normal positions. When a joint is dislocated, it no longer functions properly.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Swelling
- » Immobility of injured joint
- » Intense Pain
- » Deformity of the limb

HOW TO HELP

- » Call 111 for an ambulance, except for minor fractures and dislocations
- » Try not to move the casualty unless it is absolutely necessary
- » Control any bleeding (no direct pressure on the bone)
- » Immobilise the limb. Where possible, it should not be moved at all. Support it in the as found position
- » Cold packs may help reduce pain and swelling
- » Check every 10 minutes for colour, warmth and swelling
- » Keep the casualty warm and continue to reassure them
- » Check for signs of shock



DO NOT try to reposition the bones to their original position.



SOFT TISSUE INJURIES

A **BRUISE** is caused when tiny blood vessels are damaged or broken as the result of a bump to the skin and a bruise results from blood leaking from these injured blood vessels into the soft tissue.

A **SPRAIN** is an injury to a ligament (the thick, tough, fibrous tissue that connects bones together). If too much force is applied to a ligament, they can be stretched or torn causing a sprain.

A **STRAIN** is an injury to a muscle or tendon. Muscles are made to stretch, but if stretched too far, it may cause stretching or tearing of a muscle or tendon.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Tenderness
- » Bruising
- » Swelling
- » Too painful to use affected joint

HOW TO HELP

- R** — Rest (stop any activity causing pain)
- I** — Ice (20 minutes every 3-4 hrs intervals)
- C** — Compression (apply firm but not tight elastic bandage)
- E** — Elevation (raise the injured part using a pillow or blanket)

AVOID

- H** — Heat
- A** — Alcohol/Anti-inflammatory medication
- R** — Running
- M** — Massage



Seek medical advice if an injury does not respond to RICE within 48-72 hrs



HEAD INJURY

A head injury is any trauma that leads to injury of the scalp, skull, or brain. The injuries can range from a minor bump on the skull to serious brain injury.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Loss of consciousness, confusion or drowsiness
- » Blood or fluid from the nose or ears
- » Slurred speech/blurred vision
- » Clumsiness or lack of coordination
- » Nausea and vomiting
- » Unusual behaviour
- » Short term memory loss

HOW TO HELP

- » Call 111 for an ambulance immediately if the casualty shows any of the above symptoms as head injuries should be treated as medical emergencies
- » Control any bleeding
- » You must always assume the neck/spine is injured in the case of a head injury and DO NOT move the casualty unless absolutely necessary
- » Keep the casualty warm and continue to reassure them
- » If casualty is unresponsive, then the airway must take precedence and the head should be carefully tilted back to maintain an open airway
- » Two people ideally will be required to move the casualty into stable side position



All casualties who have sustained a head injury, regardless of severity, should seek assessment by a Healthcare Professional



SPINAL INJURY

A Spinal Injury is always a medical emergency as it could lead to chronic painful conditions and permanent paralysis. Spinal injuries occur when a traumatic event (often a car, diving or sporting accident) results in damage to the spinal column.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Casualty is lying with their head, neck or back in an awkward position
- » Weakness
- » Severe pain in the head, neck or back
- » Tingling or loss of sensation
- » Inability to move arms or legs
- » Loss of bowel or bladder control
- » Difficulty breathing
- » Unconsciousness

HOW TO HELP

FOR THE CONSCIOUS CASUALTY:

- » Call 111 for an ambulance immediately
- » Tell the casualty to remain still while gently holding their head in the as found position. If they are uncooperative do not physically restrain them
- » Keep the casualty comfortable until help arrives
- » Only move the casualty if it is absolutely necessary to protect them from significant danger. It is best to prevent movement, if possible, until healthcare professionals trained in the management of spinal injuries arrive

FOR THE UNCONSCIOUS CASUALTY:

- » Call 111 for an ambulance immediately
- » Airway management takes precedence over any suspected spinal injury, follow DRSABCD
- » It is acceptable to gently move the head into a neutral position to obtain an open airway
- » All unresponsive casualties that are breathing should be carefully placed in the stable side position
- » Keep the casualty warm and continue to reassure them



Only move a casualty if they are in immediate danger, are unconscious or need CPR



EYE INJURIES

You can treat many minor eye irritations by flushing the eye with water, but more serious injuries require medical attention.

HOW TO HELP

FOREIGN BODY

- » Wash your hands thoroughly before touching the eyelids to examine the eye
- » Flush the eye with water, Optrex or Saline — avoid flushing into the uninjured eye (minimum 20 minutes)
- » Do not touch, press, or rub the eye itself
- » Do not try to remove any foreign body except by flushing
- » If the foreign body is not dislodged by flushing, one eye should be covered and the casualty should get medical assistance

EMBEDDED FOREIGN BODY

- » If an object is sticking out of the eye DO NOT try to remove it. If possible, gently cover the injured eye only
- » Seek immediate medical assistance

CHEMICAL EXPOSURE

- » Get the casualty to rinse/splash their face to remove excess chemical
- » Fill a large bowl/bucket with water, deep enough to immerse the whole face in
- » Get the casualty to immerse their face/eyes in the water, blink and rinse the eyes for 1 hour
- » Call 111 for an ambulance

DENTAL INJURIES

It may be possible to save a tooth that has been knocked out if you take quick action.

HOW TO HELP

- » Pick the tooth up by the crown — DO NOT touch the root
- » Clean the tooth by getting the casualty to suck on it or by gently rinsing it with milk
- » Gently try and replace the tooth into the socket it came out of
- » If it can't be replaced, keep the tooth moist by carrying the tooth in the casualty's mouth (so long as there is no chance of the casualty swallowing the tooth) or in a container of the casualty's saliva or in milk
- » Arrange for the casualty to see a dentist within 1 hour

NOTE: If a first or baby tooth is knocked out, it should not be replanted.
Give the child ice to suck.



WOUND MANAGEMENT

An open wound is a type of physical trauma where the skin is torn, cut or punctured.

HOW TO HELP

- » For your safety, avoid direct contact with blood, by using disposable gloves or plastic bags over your hands. Cover any cuts or scratches on your own skin first
- » Control the bleeding (direct or indirect pressure)
- » Clean the wound (only if no further medical attention is required). Proper cleaning will help remove any foreign material and reduce the risk of infection
- » Cover the wound with a clean bandage or dressing and apply direct pressure unless an impaled object is present
- » Immobilise the injured part

IF A BODY PART IS AMPUTATED

- » Control the bleeding
- » Call 111 for an ambulance
- » Protect the amputated part by keeping it clean and dry. Place it in a plastic bag and keep it cool, not in direct contact with ice
- » When calling for assistance advise them of the amputation
- » Treat for shock

IMPALED OBJECTS

- » DO NOT remove an impaled object!
- » Restrict casualty movement and immobilise the impaled object with supportive bandaging

SEE BLOOD — THINK R.E.D.

- R** — Rest & Reassure
- E** — Expose & Evaluate
- D** — Direct Pressure & Dressing



BURNS

A burn is an injury caused by heat, cold, electricity, chemicals, gases, friction and radiation (including sunlight).

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Very painful (depending on depth)
- » Swollen area
- » Blistered skin
- » Redness
- » Charred skin

HOW TO HELP

- » If the casualty's clothing is on fire — **STOP, DROP, COVER & ROLL**
- » Cool the burn area with cool water (18–23°C) for 20 minutes
- » Dilute for at least 1 hour for chemical burns
- » If possible, remove any constrictive jewellery
- » After cooling the burn, cover with cling film to prevent infection, unless it is a chemical burn
- » Do not use ointments or creams
- » Do not remove anything stuck to a burn

GET MEDICAL ASSISTANCE OR CALL 111 FOR:

- » Burns that are greater than 10% of total body surface area
- » Burns to special areas — face, hands, feet, genitalia, perineum and major joints
- » Electrical burns
- » Chemical burns
- » Burns with an associated inhalation injury
- » Burns in the very young or very old



Call 111 for an ambulance immediately for all extensive, chemical, electrical and eye burns.



CRUSH INJURIES

WHAT IS A CRUSH INJURY?

A crush injury may result from a variety of situations, including entrapment, falling debris or prolonged pressure to a part of the body due to their own body weight. The injuries can be extremely serious if it causes severe bleeding or damage to internal organs.

HOW TO HELP

- » Check DRSABCD
- » Remove the crushing object as soon as possible, if it is safe to do so. Casualties should be released as quickly as possible, irrespective of how long they have been trapped
- » Control bleeding
- » If you are unable to remove the object, call for immediate assistance
- » Continue to reassure the casualty and keep them warm
- » Assess casualty for signs of shock
- » If casualty becomes unresponsive and is not breathing normally, start CPR
- » All casualties who have been subjected to crush injury, including by their own body weight, should be taken to hospital for investigation



DO NOT apply an arterial tourniquet before removing the crushing object unless there is life-threatening bleeding



CHEST PAIN

ANGINA

Angina is a painful or uncomfortable sensation in the chest that occurs when part of the heart does not receive enough oxygen.

HEART ATTACK

Heart attack occurs when there is a blockage of a coronary artery. Heart attack lasts much longer than angina, and its symptoms generally continue even after a person rests.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Chest pain
- » Pain on either side – (shoulder/ arm/hand/neck/throat/jaw)
- » Tightness in the chest
- » Nausea
- » Breathing difficulties
- » Sweating
- » Often mistaken for indigestion
- » Pale/grey skin

HOW TO HELP

- » Encourage the casualty to stop what they are doing and rest in a comfortable position
- » If the casualty has prescribed medication assist them to take it as directed
- » Call 111 for an ambulance if symptoms are severe, get worse quickly or last longer than 10 minutes
- » Give the casualty 300mg (one dissolvable tablet) of Aspirin – unless they are allergic to aspirin
- » Stay with the casualty and keep reassuring them
- » Send for a defibrillator – www.aedlocations.co.nz
- » Start CPR if they are unresponsive and not breathing normally



Call 111 for an ambulance immediately if a heart attack is suspected



STROKE

A **STROKE** occurs when the supply of blood to part of the brain is suddenly disrupted or when spontaneous bleeding from a blood vessel within the skull occurs.

Approximately 80% of strokes are caused by an acute blockage of a blood vessel supplying part of the brain.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- » Sudden confusion, trouble speaking or understanding
- » Sudden trouble seeing in one or both eyes
- » Sudden trouble walking, dizziness, loss of balance or coordination
- » Sudden severe headache with no known cause
- » If the casualty is unconscious but breathing, lay casualty on their side and ensure airway is clear



HOW TO HELP

- » If you suspect a **STROKE** call 111 for an ambulance immediately, even if signs and symptoms have resolved or are minor
- » Sit casualty down and reassure
- » Do not give casualty anything to eat or drink
- » Monitor their level of consciousness and breathing



Call 111 for an ambulance immediately if a stroke is suspected



ASTHMA

Asthma is a condition that affects the airways — the small tubes that carry air in and out of the lungs.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Coughing
- » Wheezing
- » Shortness of breath
- » Tightness in the chest
- » Distressed

HOW TO HELP

- » Calm the casualty and continue to reassure them
- » Ensure they take their 'reliever' medication, usually a blue inhaler, immediately
- » Give 6 puffs. Wait 6 minutes. If there is little or no improvement give another 6 puffs
- » If there is still no improvement, call 111 for an ambulance immediately
- » Keep giving 6 puffs every 6 minutes until the ambulance arrives
- » The casualty should sit down and ensure that any tight clothing is loosened. Do not lie the casualty down!
- » Continue to reassure them

If uncertain whether the casualty is suffering from asthma or anaphylaxis, administer an EpiPen first, followed by the reliever

The "reliever" medication is best given one puff at a time via a spacer device. If a spacer is not available, simply use the inhaler. Use the casualty's own inhaler if possible. If not, use the first aid kit inhaler if available or borrow one from someone else.



Call 111 for an ambulance if the casualty is frightened or not improving



ALLERGIC/ANAPHYLACTIC REACTION

An allergic reaction is the body's way of responding to an "invader." When an allergen (the substance that causes an allergic response) enters the body, it causes the body's immune system to develop an allergic reaction in a person with an allergy to it. Allergic reactions can be mild or severe. Most severe allergic reactions occur within seconds or minutes after exposure to the allergen. Severe allergic reactions are referred to as anaphylactic reactions.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

ALLERGIC REACTION

- » Hives or welts
- » Swelling of lips, face or eyes
- » Hay fever
- » Tingling mouth

ANAPHYLACTIC REACTION

- » Abdominal pain
- » Swelling of tongue and throat
- » Difficulty or noisy breathing
- » Wheeze, whistle or persistent cough

Most fatal cases of food induced anaphylaxis occur in those with asthma. If it is uncertain whether the casualty is suffering from asthma or anaphylaxis it is appropriate to use the EpiPen first, followed by asthma reliever medication. No harm is likely to occur by doing so in a casualty having asthma without anaphylaxis.

HOW TO HELP

ALLERGIC REACTION

- » Give medication, if prescribed
- » Stay with the casualty and monitor them for any signs of anaphylaxis

ANAPHYLACTIC REACTION

- » Call 111 for an ambulance, even if an EpiPen has been used
- » Lay the person flat and do not allow them to stand or walk
- » If breathing is difficult allow them to sit in a comfortable position
- » Assist the casualty to administer an EpiPen – Please take the time to read the instructions on the EpiPen to ensure correct use
- » If no improvement within 5 minutes, a second EpiPen may be used



Call 111 for an ambulance even if an EpiPen has been used



POISONING

Poisoning occurs when the body comes into contact with a harmful or toxic substance which has been swallowed, inhaled, absorbed or injected

Different poisons affect the body in different ways, they can take effect quickly or over time. Poisoning should be considered as a cause if someone suddenly becomes ill for no apparent reason, or acts strangely, particularly if they are found near a poisonous substance

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Nausea & vomiting
- » Difficulty breathing
- » Diarrhoea
- » Abdominal pain
- » Abnormal skin colour
- » Dizziness/drowsiness
- » Burns around the nose or mouth
- » Blurred vision
- » Seizures
- » Unconsciousness

HOW TO HELP

- » Ensure your safety — protect yourself from poisoning
- » Check ABC's
- » If life threatening, immediately call 111 for an ambulance
- » Contact the National Poisons Centre — 0800 764 766 (0800 POISON)
- » Monitor ABC's and any changes in level of consciousness
- » DO NOT make the casualty vomit without advice from a medical professional



DO NOT give the casualty any fluid or make them vomit unless instructed by medical personnel



DIABETES

Diabetes is a disorder that affects the way your body uses food for energy. It occurs when the body cannot regulate the amount of sugar (specifically, glucose) in the blood. Glucose in the blood gives you energy to perform daily activities, walk briskly, run for a bus, ride your bike and perform your day-to-day chores. Excessive thirst/eating/urinating can be early signs of diabetes.

SOME OF THE SIGNS AND SYMPTOMS OF A DIABETIC EMERGENCY MAY BE:

- » Irritable, hungry or a change in mood
- » Feeling weak & tired
- » Shallow breathing
- » Skin may be cool, clammy, pale or sweaty
- » Confused, forgetful or disorientated

HOW TO HELP

Often in a first aid situation, the casualty is likely to have a low blood sugar level. Give a conscious casualty 15–20 grams of glucose tablets (4–5x 4 gram glucose tablets) or 15 grams of glucose gel. If glucose tablets or gel are not available, give 3 teaspoons of honey, sugar or confectionary e.g. jelly beans or approximately 200ml of fruit juice.

If the casualty is unconscious, place in stable side position then apply a sugary paste (3 teaspoons of sugar with a little bit water to make a paste, honey or fruit jam) to the inside of the cheek or gums.

If they improve, give more sugar until they can eat a complex carbohydrate e.g. a sandwich.

If symptoms or signs of hypoglycaemia persist after 10–15 minutes or the casualty deteriorates, is seizing or is unconscious, call 111 for an ambulance.



DO NOT administer insulin



SEIZURES

A seizure is an involuntary behaviour that usually affects how a person feels or acts for a short time and is usually associated with epilepsy. However, seizures aren't always due to epilepsy.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Dizziness
- » Falling to the ground/loss of consciousness
- » Incontinence
- » Body spasms
- » Staring, excessive blinking or upward rolling of the eyes
- » Clenched jaw
- » Foaming at the mouth
- » Rigid limbs

HOW TO HELP

- » Try to reassure the casualty
- » Clear the area. Move any furniture or objects out of the way that may cause harm
- » Do not place anything in their mouth, as this can increase the risk of choking
- » Do not try to restrain the casualty, but protect or cushion the head
- » Check DRSABCD once the seizure is over
- » Once the seizure is finished and normal breathing is detected, place the casualty into the stable side position. Cover and monitor
- » If the casualty has not had a seizure before or suffers repeated or prolonged seizures, call 111 for an ambulance



DO NOT restrain the person or put anything in their mouth



HEAT RELATED ILLNESSES

HEAT CRAMPS are painful, brief muscle cramps that occur during exercise or work in a hot environment. Inadequate fluid intake often contributes to heat cramps.

The symptoms of **HEAT EXHAUSTION** may include heavy sweating and a rapid pulse as a result of your body overheating. Causes of heat exhaustion include exposure to high temperatures, strenuous physical activity and dehydration.

HEATSTROKE is the most severe form of heat illness and is life-threatening.

Heatstroke can be brought on by high environmental temperatures, strenuous physical activity or by other conditions that raise your body temperature. Immediate medical attention is required.

SOME OF THE SIGNS AND SYMPTOMS MAY BE:

- » Dizziness
- » Thirst
- » Nausea & vomiting
- » Fainting
- » Cessation of sweating
- » Confusion

HOW TO HELP

- » Move the casualty to a cool shaded area and remove excess clothing
- » Rehydrate the casualty with as much water as possible, given slowly (small sips frequently)
- » Cool the body by fanning the casualty or using ice packs under the arms or in the groin area if they're available
- » If the casualty doesn't improve within 10 minutes or becomes unresponsive, call 111 for an ambulance immediately
- » Check DRSABCD



COLD RELATED CONDITIONS

Frostbite is when the skin and/or the tissue under the skin freezes and causes cell damage. This is caused by exposure to cold. Your feet, hands, nose, ears and face are at the highest risk of frostbite.

First degree frostbite, is also called **FROST NIP**. The numbed skin turns white in colour and the skin may feel stiff to the touch.

HOW TO HELP

- » Rewarm the affected area by holding it with your hands, between your legs or under your armpits
- » Rapid warming can be harmful so rewarm the affected areas gradually

In cases of serious **FROSTBITE** the skin is damaged and tissues die as a result of the freezing.

HOW TO HELP

- » Call 111 for an ambulance immediately
- » Move the casualty to a warm area/room
- » Warm the affected area. If possible, bathe in lukewarm (NOT HOT) water
- » Do not rub or massage the frostbitten area

HYPOTHERMIA is a condition where the normal body temperature of 37°C drops below 35° and is usually caused by being in a cold environment or through prolonged exposure.

SOME OF THE SIGNS AND SYMPTOMS OF HYPOTHERMIA MAY BE:

- » Confusion
- » Slurred speech
- » Slow to respond
- » Slow, shallow breathing and weak pulse
- » Drowsiness
- » In severe cases shivering may stop
- » Clumsy or uncoordinated
- » Unconsciousness

HOW TO HELP

- » Call 111 for an ambulance immediately
- » Move the casualty to a warm area/room
- » Remove any wet clothing and replace with warm, dry clothing or blankets
- » If the casualty is alert give them warm sweet fluids



SUPPORT OPTIONS

Call one of these support numbers for information or advice if you are concerned about your patient and it is not an emergency.

Heart helpline	0800 863 375
Healthline.....	0800 611 116
Poison Centre	0800 POISON
Diabetes NZ	0800 DIABETES
Immunisation Advisory Centre.....	0800 IMMUNE
Lifeline Helpline	0800 543 354
Depression Helpline	0800 111 757
Suicide Crisis Helpline.....	0508 828 865

- » Your Doctor
- » Ph:

IN EMERGENCIES CALL 111

VISIT THESE WEBSITES FOR MORE INFORMATION

Health info.....	healthinfo.org.nz
AED locations	aedlocations.co.nz
Health Navigator	healthnavigator.org.nz
Allergy New Zealand	allergy.org.nz
Poisons Centre database	toxinz.com
New Zealand Heart Foundation.....	heartfoundation.org.nz
New Zealand Resuscitation Council.....	nzrc.org.nz
Asthma and Respiratory Foundation.....	asthmafoundation.org.nz
Get Ready for Emergencies	getready.govt.nz
Information on concussion.....	accsportsmart.co.nz



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