2024 Online Edition

first aid for all

First Aid for All Charitable Trust

First Aid Action Plans

It's not just first aid. IT'S LIFE.

NAME:

actions for survival

*leading the way in **first aid** training*

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This publication is designed to assist you to complete your course.

It is hoped that you will find the contents presented in such a way that revision of the topics enclosed will prove easy to understand.

In turn the retention of knowledge you gain will provide confidence to use the skills you developed as part of your first aid course.

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Kia Ora
Hello & Welcome

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First Aid for All

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Course Information

Your course contains two parts:

Part one

Part one consists of developing your knowledge and practical skills. The intention is to ensure you become more confident when managing a medical emergency.

Depending upon which learning method you have chosen, this information will be presented through e-learning modules or face-to-face in the classroom.

The teaching consists of two components. The first will cover immediate life-threatening emergencies. The second will focus on different medical conditions.

Part two

At the end of part one, you will be required to complete some practical assessments. These assessments will contribute towards the successful completion of the course. It will also allow you to consolidate and apply your learning to several scenarios.

The assessments are completed in groups and overseen by your course facilitator. The group will consist of a maximum number of four participants.

You will be given individual scenarios and then be required to manage the situation presented. To complete the course and be deemed competent, you must meet all of the assessment requirements without assistance.

You will be awarded the relevant certificate after successfully completing your course.

Course Objectives

The overall objective of any of our first aid courses is to either learn new or develop existing skills applicable in a medical emergency. For us, however, the most crucial factor is that you leave the course with the confidence to use those skills should the need ever arise.

Upon completing your course, you will have the knowledge and ability to undertake the tasks outlined below and apply them practically.

- Assess an emergency situation and identify the priorities of managing an emergency.
- Understand the importance of a systematic emergency assessment.
- Understand potential dangers and demonstrate the application of S.T.O.P.
- Understand the correct procedure to summon assistance.
- Understand the safety measures required when dealing with bodily fluids.
- Demonstrate the management of an unconscious person.
- Demonstrate competent CPR and how to assist a person who is choking.
- Understand the options available to control bleeding and demonstrate management techniques.
- Understand the causes, signs and symptoms and describe the management of people in shock.
- Understand the management of soft tissue injuries.
- Understand the management of fractures and dislocations.
- Understand the management of common medical conditions and trauma injuries.
- Understand how to assess and manage burns.
- Understand the management of hypothermia and hyperthermia*.
- Understand the management of poisoning and anaphylaxis*.
- Understand the management of head, neck and spinal injuries*.
- Understand the management of gunshot, impalement, stabbing and crush injury*.
- Understand the importance of reporting and how to record an incident at work*.
- Understand the essential aspects of the Health and Safety at Work Act 2015*.

*applies to New Zealand First Aid Course participants only

Training for first aiders

WorkSafe recommends workers be trained in first aid by an organisation accredited by the New Zealand Qualifications Authority. When each first aider has completed the course, the training provider will issue them with a first aid certificate which is generally valid for two years. After two years, first aiders should get refresher training to keep their certificate current and to update their knowledge.

The Australian and New Zealand Committee on Resuscitation (ANZCOR) recommends that CPR skills be refreshed at least annually but, as this may not be feasible for all industries, ANZCOR considers that refresher training for first aiders every two years is a good opportunity for people to practise their skills and keep up to date with the latest techniques.

If it would take some time for emergency services to reach your workplace, consider additional training for your first aiders in advanced techniques (for example, providing oxygen). If you need more information about first aid training, contact the Association of Emergency Care Training Providers.

WORKSAFE
(February 2020)

Introduction

Welcome to your Actions for Survival (AFS) First Aid course. All AFS courses are designed to incorporate the three learning styles: audio, visual and kinaesthetic. The course includes teaching and practical 'hands-on' modules, with the learning process designed to assist you in retaining information in conjunction with simple action plans used within the course. Throughout the course, training will be skill-based and set at a pace that allows all participants the opportunity to attain competency in each module.

This course aims to ensure that all participants can acquire the essential minimum knowledge base, skills and confidence to utilise those skills in the early management of emergencies.

The course encourages student participation throughout each module and promotes the idea that learning should be fun. We look forward to working with you during your course and hope you find the course material interesting and informative.

First Aid is the emergency care and treatment of a sick or injured person before more advanced medical assistance such as a paramedic, doctor, nurse or other ambulance officers arrive.

A first aider generally provides a first response in an emergency situation, and by undertaking this role, your responsibilities include:

- Providing initial emergency care to a person/s.
- Knowledge of any available equipment that you are trained to use.
- Keeping your skills up to date.
- Recognising safe and unsafe work practices.
- Reporting of any workplace hazards appropriately.

As a First Responder, you will also ensure:

- Your own, the person/s and any bystander's safety.
- 111 is called quickly.
- An initial assessment to establish the life-sustaining care needed. Provide further care as indicated until help arrives.
- Tell ambulance personnel or other medical help, the patient's condition, what changes have occurred and what care you have provided.

Please REMEMBER that this course will not make you a doctor in two days. However, it aims to develop your existing skills and create competent, but more importantly confident, 'First Responders'.

Thank you for joining us,
The Actions Team

Information Guide

Useful websites

New Zealand Resuscitation Council	http://www.nzrc.org.nz
New Zealand Qualifications Authority	http://www.nzqa.govt.nz
Toitū Te Waiora	https://toitutewaiora.nz
Burn Support Group Charitable Trust Inc	http://www.burns.org.nz
Epilepsy New Zealand	http://www.epilepsy.org.nz
Asthma New Zealand	http://www.asthma.org.nz
National Poisons Centre	http://www.poisons.co.nz
Allergy New Zealand	http://www.allergy.org.nz

Information Guide

Useful websites

Diabetes New Zealand	http://www.diabetes.org.nz
Heart Kids New Zealand	http://www.heartkids.org.nz
Stroke Foundation of New Zealand	http://www.stroke.org.nz
Brain Injury NZ	http://www.brain-injury.org.nz
New Zealand Spinal Trust	http://www.nzspinaltrust.org.nz
ACC	http://www.acc.co.nz
Mountain Safety Council New Zealand	http://www.mountainsafety.org.nz
Heart Foundation	http://www.heartfoundation.org.nz

The Chain of Survival

The Chain of Survival was developed in the early 1990s by the American Heart Association. When all the links in the chain are delivered quickly and effectively, survival rates from sudden cardiac arrest (SCA) improve dramatically. SCA is when a person collapses, their breathing ceases, and their heart stops beating. In this condition, the victim of SCA is essentially dead.

The chain shows Five links above, although there is growing support to include a sixth, PREVENTION. It educates people about healthy eating, exercise and developing a healthy balanced lifestyle, thereby avoiding diseases and illnesses associated with an unhealthy lifestyle and, in turn, reducing the chances of SCA. The emphasis and success of the chain depend almost totally on the lay rescuer. This is due to the small window of opportunity where the victim of an SCA can be saved by their condition being corrected. It is without question that the time from the moment an SCA begins the use of a defibrillator will prove the primary determining factor in the outcome of a person's survival.

The links in the chain are as follows:

Early Recognition & Response

It is essential to the chances of surviving SCA that a person's collapse is identified as early as possible, it is recognised that they are not breathing and that there are no signs of life present being of paramount importance. The emphasis then switches and depends heavily upon the rescuer's response to the situation in order to activate the following links in the chain.

Early Access

The next step is to alert the emergency medical services and other agencies by calling 111. This initial response is highly dependent upon providing clear and concise information about the emergency being passed to the emergency call taker and the ambulance crew knowing where the exact location is, then finding the emergency quickly upon their arrival. It is a simple fact that in the majority of cases where SCA is present

an ambulance cannot arrive quickly enough. Therefore, the lay rescuer is tasked with delivering effective Cardio Pulmonary Resuscitation (CPR) in the hope that the cells and tissues of essential organs will be kept oxygenated to buy time until the emergency medical services arrive.

Early CPR

Prompt and effective delivery of CPR is an essential part of the chain. Oxygenated blood needs to be circulated around the body. If the heart has ceased to work, then this is achieved through a series of manual coordinated chest compressions delivered by the rescuer. Next, the rescuer supplies oxygen to the person because breathing has ceased or has become ineffective.

As mentioned previously, when a person is in this condition, is not breathing, and their heart has stopped, they are effectively dead, and no matter how well or how poorly the CPR is performed, you cannot make a dead person any worse.

The only possible result from a layperson performing CPR is that either the person will stay dead or the treatment given will improve the person's condition.

Early Defibrillation

When a person collapses and becomes unconscious, a defibrillator should be called for and used as soon as one becomes available.

The decreasing cost of these machines and the development of Public Access Defibrillation (PAD) programmes will hopefully result in access to more defibrillators in New Zealand over the next few years.

In different parts of the world, defibrillators have been made available to members of the public and placed at identified location points to maximize their availability in areas where large numbers of people gather. The results have seen survival rates from SCA improve dramatically in recent times. These machines are critical in achieving increased survival outcomes from SCA.

Early Advanced Care

The fifth link in the chain involves the arrival of the emergency services. Once at the scene, ambulance officers will administer help and treatment by applying advanced skills and equipment. They may connect the person to a defibrillator if one is not already present. Emergency care professionals may also have advanced breathing equipment at their disposal and may administer cardiac drugs to the victim of SCA.

Each link in the chain is vital to improving the survival chances of a sudden cardiac arrest victim.

With more awareness about defibrillators and increasing numbers of the machines becoming available across the country, their impact is seeing improved survival outcomes. Increased survival rates from sudden cardiac arrest are now being reported. However, the survival numbers remain relatively low.

Improvements to outcomes in each of the links in the chain will see further improvements in survival rates in New Zealand.

The CPR standards that we work with are reviewed every five years. Following the review, you may see changes occurring, and what you may be taught is different from a previous course you have undertaken.

The change process is based upon published international scientific evidence, and each country then decides upon which changes they wish to adopt into their guidelines.

Action Plan

Dangers - S.T.O.P.

KEY INDICATORS:
Dangers visible and invisible.
Fire, water and electricity.
Violence.
Needle Stick.
Gas or poisonous fumes.
Blood.
Other body fluids.
History.

Dangers can be both visible and invisible. In a medical emergency, a rescuer can quickly become tunnel-visioned, focusing only on the injured person/people, not the dangers around them. For example, we often hear about someone jumping into the water to rescue someone, and the rescuer becomes the victim. It is, therefore essential that we **STOP** before we enter a potentially dangerous scene. **S.T.O.P.** can be broken down into an acronym and is detailed in the illustration below. It is important to remember that dead heroes can't save lives, and injured ones become a real nuisance. In a medical emergency, you are number one, and it is crucial that you recognise any potential dangers. It is also vital that you keep reassessing your safety, along with the person/s and any bystanders, throughout the duration of the incident.

STOP
(Assess the scene)

THINK
(111, First Aid Kit, Can I manage?)

PROTECT
(Universal Precautions, for example gloves and face shield)

OBSERVE
(Dangers)

S.T.O.P. *(All ages, all emergencies)*

Universal Precautions

Universal precautions are a system of protection used to prevent the transmission of diseases by reducing the transfer of blood and other body substances.

Always put your safety first. This goes beyond the obvious of what we can see or hear. It includes dangers that may not be so apparent such as poisonous fumes or infectious diseases. The following are infectious conditions that most people have heard of:

- AIDS (HIV+).
- Covid-19, SARS.
- Bird Flu, Swine Flu.
- Influenza.
- Hepatitis.
- TB.
- Herpes.
- Meningitis.

Medical professionals take every precaution to protect themselves, which should be a lesson for any lay rescuer. An ambulance or emergency room is full of protective barriers used to reduce the chances of a staff member coming into contact with a person's body fluids and, in turn, minimises the risk of cross-infection. You, too, need to take similar actions and protect yourself against body fluids.

Face masks and gloves are two precautions recommended in an emergency, and the availability of these items should be a priority for all first responders.

Other considerations include:
- Rolling down long sleeves.
- Covering cuts with waterproof plasters.
- Washing your hands after treating a person.

If you do not have gloves, plastic bags on your hands will provide an alternative barrier. Treat all medical emergencies in the same way.

For those people coming into contact with members of the public, caution should always be exercised in any medical emergency and no matter how serious the emergency, the rescuer's safety should always come first. The biggest problem with infectious diseases is we cannot see the threat. It is for this reason that taking personal precautions becomes essential.

Because a person does not generally inform us of any illness or medical condition before administering care, we need to treat everyone in the same way regardless of age, sex or ethnicity and consider them a potential threat.

Following best practice protocols will go a long way to minimising the risk of contracting an infectious disease and taking it home to families and loved ones. It is also vital that any employment guidelines or requirements are followed diligently to avoid disciplinary action against you should something go wrong.

REMEMBER
Take these precautions with everyone!

Calling 111

1. Dial 111. Once the call is answered, tell the operator which service you require and wait to be connected to the emergency service you requested, either Fire, Ambulance or Police.

2. Once connected, speak slowly, speak clearly and concisely, and be prepared to answer any questions the emergency services call handler may ask.

3. Tell the emergency services call handler your location and the medical emergency location if different from where the call is being made.

4. If someone is sent to call for an ambulance, ask them to return and confirm the call has been made.

REMEMBER

- Dial slowly.
- Call 111 New Zealand's emergency services number.
- Remain calm, do not panic.
- Speak slowly and clearly.
- Provide clear location details.
- Do not hang up before all the information is given.
- Avoid becoming angry or frustrated.
- Monitor the person carefully as their condition can change.

Recovery Position

Key Indicators

- Unconsciousness.
- Breathing is present.
- Vomiting.

1

Position the person's arm nearest you straight up or at a right angle to their body.

2

Bend the person's knee furthest away from you.

4

Holding their hand in place, grasp the top of the person's knee and pull them towards you.

3

Place the person's hand of the furthest arm on their ear nearest you.

REMEMBER

- **Only move a person when life is in danger or you have to leave a person to treat others or call 111.**

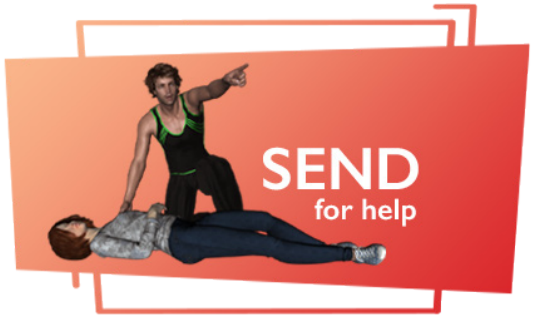
5

Ensure person's airway and mouth are kept open to allow for effective drainage.

Emergency Assessment Action Plan

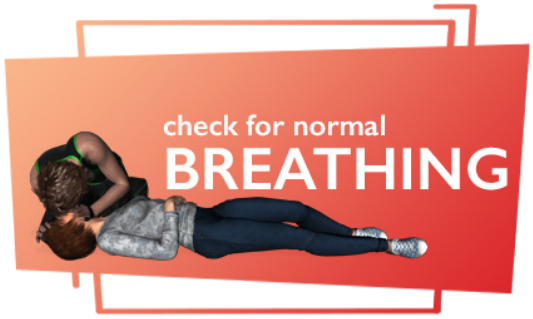
S.T.O.P. Check for danger, remember to also look up if a person has fallen from a height, consider sharp objects. Consider your safety, the collapsed person's safety and the safety of any bystanders present (see page 12).

Speak as you approach the person.
If there is no response, squeeze the person's shoulder, then speak clearly again, saying something simple like, "Hello, can you hear me?"



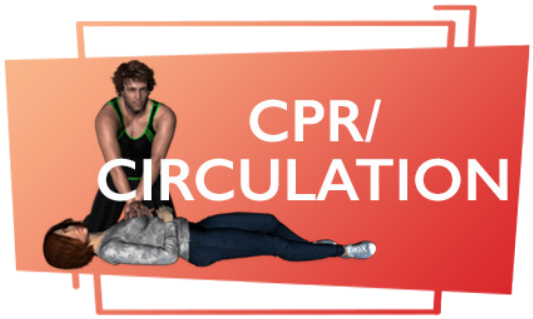
Send for help, Dial 111 (see page 14). Request a bystander collect the nearest available AED (see page 23) as required.

Open the airway (head tilt, chin lift). Use protective barriers such as gloves and a face shield if available.



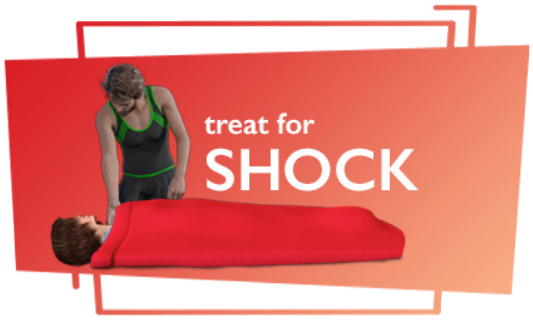
Look, listen and feel for **normal** breathing.
Listen for sounds of normal breathing.
Feel for exhaled breath on your cheek. **Remember to keep your hands in place during the checks.**

Emergency Assessment (adult/child/infant)



If **not** breathing normally commence CPR (see pages 18, 19, 20, 21, 22). Uncontrolled life-threatening bleeding should be treated prior to the commencement of CPR for example a severed leg where blood is pumping from the wound.

If the person is breathing normally check for any life threatening bleeding and treat by applying direct pressure (see pages 28, 29, 30).



Treat for shock. Lie the person down and keep them warm. Do not overheat them. (see page 31).

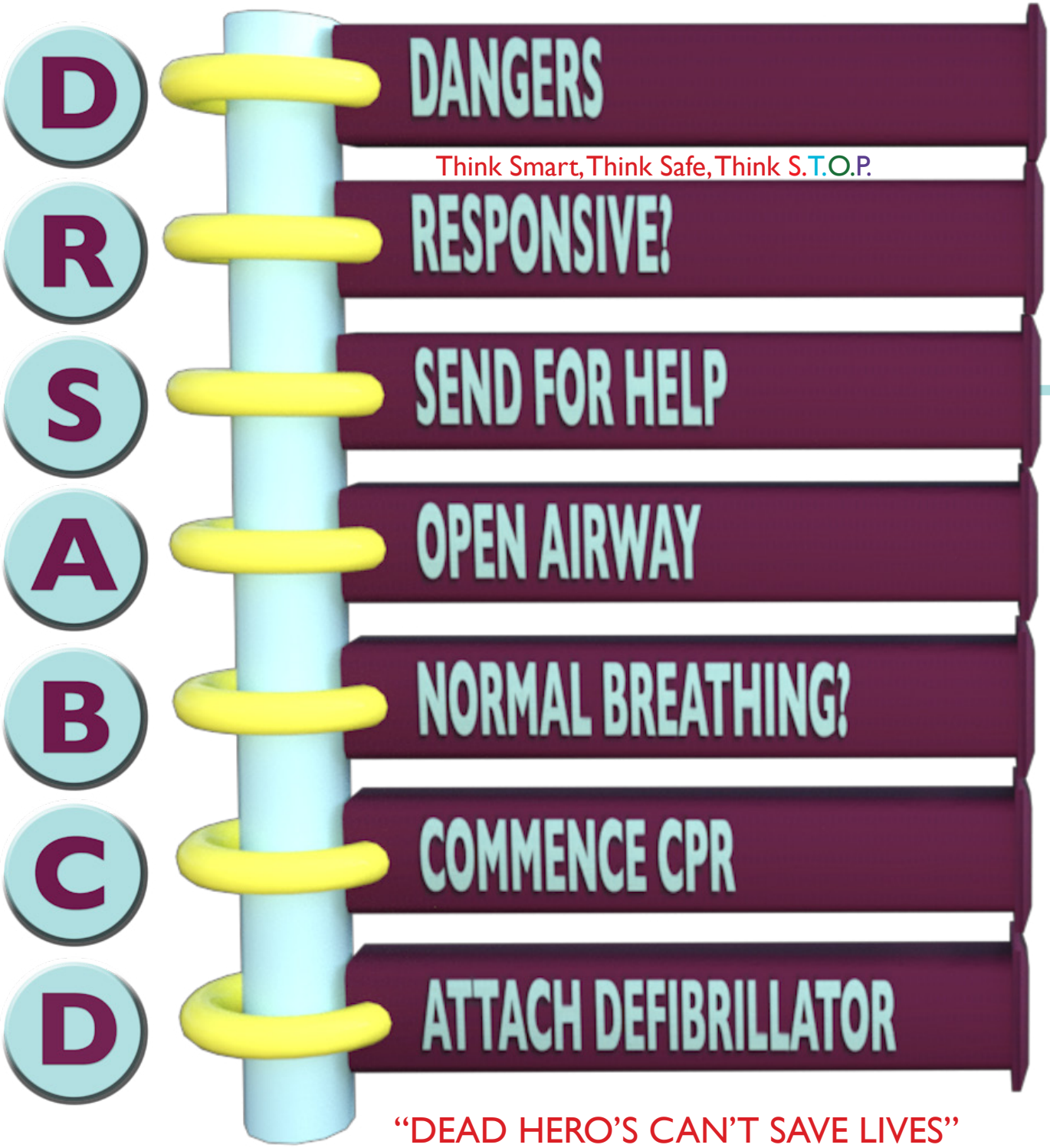
Place person on their side.

Monitor for changes in their condition until help arrives.

When the emergency services arrive try to provide as much information as you can about what has happened.

Be prepared to be asked to assist the emergency services (see page 15).

Adult/Child/Infant Collapse Management Plan



"DEAD HERO'S CAN'T SAVE LIVES"

ADULT 8+ YEARS
CHILD 1 - 8 YEARS
INFANT 0 -12 MONTHS

Ask for an available AED

CPR

CPR Adult (8+ Years) Action Plan

1

FIND THE CENTRE OF THE CHEST
Ensure the person is on a firm flat surface. Place the heel of one hand in the centre of their chest, put the other hand on top and interlock your fingers. Ensure you are comfortable and in a good position to kneel close to the person and straighten your arms.

2

30 COMPRESSIONS
Using both hands, press down firmly on the person's chest, approximately one-third of the chest depth equivalent to >5cm. Lean forward with your shoulders over the person and move from the hips. Push down 30 times at a speed of 100-120 compressions per minute.

3

OPEN THE AIRWAY
Open the airway and give 2 slow full breaths* (lasting approximately one second each) enough to make the person's chest rise. Between breaths, turn your head towards the person's feet and take another fresh breath before breathing into the person's mouth again.

4

CONTINUE
Continue CPR at a ratio of 30 compressions to 2 breaths until someone else takes over, help arrives, or you are too tired to continue.

5

DEFIBRILLATOR
When a defibrillator becomes available, turn it on and follow the voice prompts.

*Use protective barriers such as gloves and a face shield if available.

CPR Child (1-8 Years)
Action Plan

1

FIND THE CENTRE OF THE CHEST
Ensure the child is on a firm flat surface. Place the heel of one or two hand in the centre of their chest. Ensure you are comfortable and in a good position, kneel close to the child and straighten your arm.

2

30 COMPRESSIONS
Press down firmly on the child's chest to a depth of approximately one-third of the chest depth, equivalent to 5cm. Lean forward and move from the hips. Push down 30 times at a speed of 100 - 120 compressions per minute.

3

OPEN THE AIRWAY
Open the airway and give 2 breaths* (lasting approximately one second each) enough to make the child's chest rise. Between breaths, turn your head towards the child's feet and take another fresh breath before breathing into the child's mouth again.

4

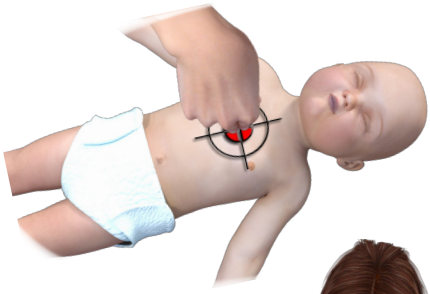
CONTINUE
Continue CPR at a ratio of 30 compressions to 2 breaths until the child recovers, help arrives, or you are too tired to continue.

5

DEFIBRILLATOR
When a defibrillator becomes available, turn it on and follow the voice prompts.

*Use protective barriers such as gloves and a face shield if available.

CPR Infant (0-12 months)
Action Plan



1 FIND THE CENTRE OF THE CHEST
Ensure the infant is on a firm flat surface. Place two fingers in the centre of their chest.

2 30 COMPRESSIONS
Press down firmly on the infant's chest using two fingers to approximately one-third of the chest depth, equivalent to 4cm. Push down 30 times at a speed of 100 - 120 compressions per minute.

3 OPEN THE AIRWAY
Open the airway and give 2 breaths* (lasting approximately one second each) enough to make the infant's chest rise. Between breaths, turn your head towards the infant's feet and take another fresh breath before breathing into the infant's mouth again.

Remember: When opening the infant's airway use the neutral or sniff position.

4 CONTINUE
Continue CPR at a ratio of 30 compressions to 2 breaths until the infant recovers, help arrives, or you are too tired to continue.

5 DEFIBRILLATOR
When a defibrillator becomes available, turn it on and follow the voice prompts.

*Use protective barriers such as gloves and a face shield if available.

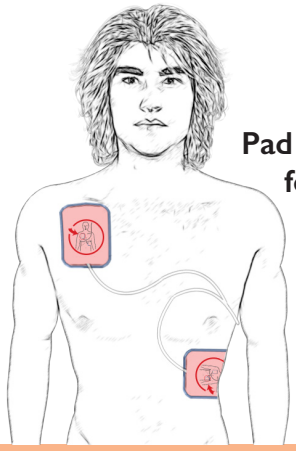
Early Defibrillation (AED)
Action Plan

1 Send for an Automated External Defibrillator (AED) if available and notify 111 that an AED is available at the scene. Commence CPR as required until the arrival of the AED. For use on Adults, children & infants.

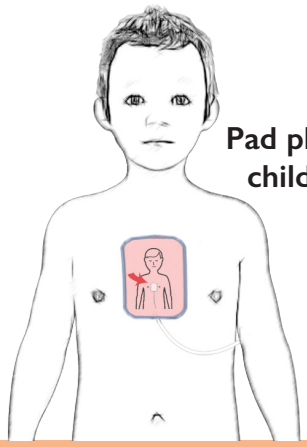
2 As soon as the AED arrives, ensure it is a safe environment for use, relax and get into a comfortable position, then turn on the AED. Follow the computer-generated voice prompts, listen carefully and do exactly what the AED tells you. You will be told to remove upper items of clothing.

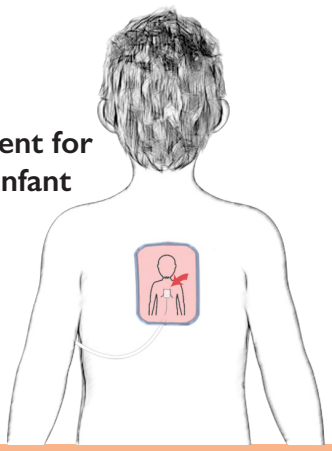
3 You will be asked to place adhesive pads onto the person's bare chest and, if required, plug the pads in. The AED will then say, "DO NOT TOUCH THE PATIENT, ANALYSING".

4 The AED will charge itself if needed and tell you to push the flashing shock button. Once a shock cycle has been administered or if the AED doesn't recognise the need to shock, you will be asked to check breathing and if no breathing is present, to commence CPR.

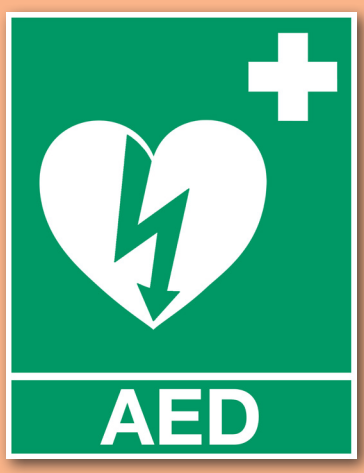


Pad placement for adult





Pad placement for child and infant



Know where your nearest AED/defibrillator is located. Call 111/get the AED

AED Locations
Get the app today

Arrival of the Emergency Services

When medical help arrives, please do not feel threatened. You have already provided the best opportunity for the person's survival.

1. Continue with whatever treatment you have been providing unless otherwise directed by a medical professional.

2. It will allow the health professionals to gather their equipment, assess the person, and administer advanced cardiac care.

3. Be prepared to provide as many details as possible about the emergency, the history if known, what has happened, the name, age and any known illnesses you may have been told about.

4. You may see health professionals use a different type of defibrillator, administer drugs via an injection or a drip, or put tubes into the victim's mouth. Do not be alarmed by this; it is usual practice. If you use an onsite defibrillator, leave the pads in place and only remove them when a health professional directs you to do so.

5. Often a first responder is left at the scene of an emergency, not knowing what has happened to the person, and nobody has even said thank you. Unfortunately, this is the nature of emergency care. If, however, you are involved in a medical emergency after completing one of our courses, we would like to hear about it. Whether you think you have been successful or not, it is important to be able to talk about your experience. Furthermore, we would like the opportunity to say thank you for trying to assist somebody.

6. Remember to consider your safety throughout the emergency and keep re-evaluating the situation. Unfortunately, there may be occasions when a member of the public is already at the scene and may have started treatment. They may never have completed a first aid course before and, at the same time, be unwilling to accept direction or any guidance. However, it may result in needing to step back even though they are not providing appropriate treatment to avoid putting yourself at risk. Once the emergency services arrive, please advise them of your observations and the care provided to the person/s.

If you encounter a bystander that arrives and wishes to help, try to provide them with a task wherever possible. Talking to witnesses, collecting blankets, gathering and recording information, and directing traffic can take a lot of pressure off you and free you up to deal with the sick or injured person.

7. You are an essential asset to the emergency services personnel, and your assistance in whatever form it may take is greatly appreciated.

Often, a bystander's skills and contribution to a person's care in a life-threatening emergency make a difference and lead to a positive outcome.

Choking

Choking (Conscious Adult/Child) Action Plan

KEY INDICATORS:

- Difficulty in breathing.
- Person is generally seen to clutch their throat.
- Person may seem distressed.
- Unable to speak or cough effectively.
- Grey/Blue skin colour.
- Evidence such as eating a meal before the onset of choking.
- Adults often leave the scene.
- Children will usually go to an adult seeking help.
- High pitched audible sound as air passes the obstruction.
- If the person can speak, then they are not choking.
- Monitor them carefully, as this may change.

1. **To establish whether someone is choking, ask them, "Are you choking?" and assess for an effective cough. If they can do either, encourage them to cough to expel the obstruction. Monitor them carefully in case the situation changes. DO NOT USE BACK BLOWS where an effective cough is present. The object may move leading to a total obstruction of their airway. Direct someone to call 111.**

2. **If a person cannot cough effectively or speak, give up to 5 sharp blows between the shoulder blades with the heel of your hand. Often the first blows will clear the obstruction*.**

3. **If the back blows fail, position yourself behind the person, place a closed fist in the centre of the choking person's chest (the same place as for CPR), grasp your fist with your other hand and provide a quick inward thrust. These thrusts are similar to chest compressions but sharper and delivered at a slower rate. Give up to 5 chest thrusts as required*. Continue to give back blows and chest thrusts until the obstruction is relieved or the person becomes unconscious.**

*** Check whether the obstruction has been cleared following each back blow or chest thrust.**

REMEMBER:

- If the obstruction is not cleared, call 111.
- Continue to repeat back blows and chest thrusts until either the obstruction is cleared, medical help arrives, or the person becomes unconscious.
- The person may become unconscious at any time (see the action plan on page 27).

Choking (Conscious Infant) Action Plan

KEY INDICATORS:

- Difficulty in breathing.
- Flushed face and neck.
- The infant may seem distressed.
- The infant makes strange noises or no sound at all.
- Grey/Blue skin colour.
- The infant's cough becomes weak and ineffective.
- If the infant can cry, then they are not choking.
- Monitor them carefully, as this may change.

1. **Open the infant's mouth and look for visible obstructions. DO NOT PERFORM BLIND FINGER SWEEPS. Direct someone to call 111.**

2. **Place the infant face down across your thigh, keeping the head lower than the feet. Support the infant's lower jaw using a "C" grip. Give up to 5 back blows, quickly checking to see if the obstruction has cleared after each blow. Often the first blow will remove the obstruction.**

3. **If the obstruction is not cleared, sandwich the infant between your arms, then turn the infant over, keeping the infant's head lower than their feet.**

4. **Give 5 chest thrusts just below the nipple line using 2 fingers. Remember to support the head and neck. Although similar to CPR, chest thrusts should be sharper and at a slower rate*. Continue to give back blows and chest thrusts until the obstruction is relieved or the person becomes unconscious.**

*** Check whether the obstruction has been cleared following each back blow or chest thrust.**

REMEMBER:

- If the obstruction is not cleared call 111.
- Continue to repeat back blows and chest thrusts until either the obstruction is cleared, medical help arrives, or the infant becomes unconscious.
- It is important that a doctor sees an infant following this procedure.
- The infant may become unconscious at any time (see the action plan on page 27).

Choking (Unconscious all ages) Action Plan

KEY INDICATORS:

- History (for example, the person was seen to choke on food before their collapse).
- The person is unconscious.
- Noisy breathing.
- No movement.
- No sounds.
- No visible signs of life.

1. **Commence CPR: (DRSABCD).**
   Adult: 30:2 breaths.
   Child: 30:2 breaths.
   Infant: 30:2 breaths.

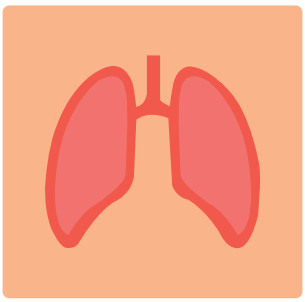
2. **Check for airway obstruction and look for visible objects before each set of rescue breaths; if you can see the obstruction, use your fingers to pull it out.**
   DO NOT PERFORM BLIND FINGER SWEEPS.

3. **If nothing can be seen or the obstruction is too far back, commence rescue breathing as per CPR guidelines (go to pages 18, 19, 20, 21 and 22).**

REMEMBER:

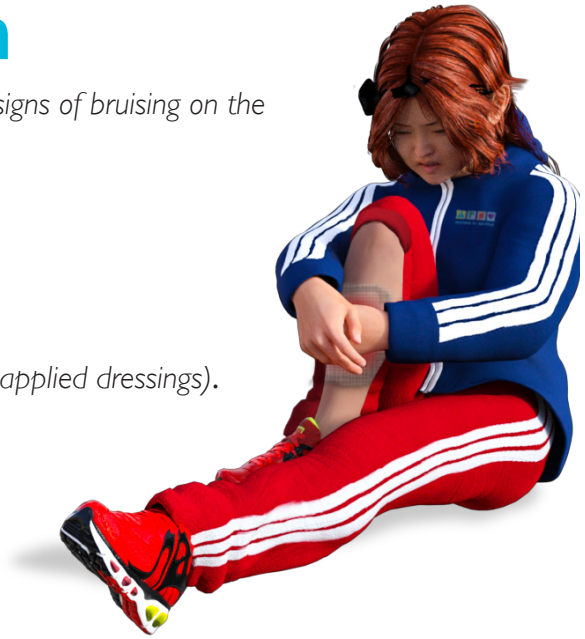
- Perform Emergency Assessment.
- Look in their mouth and remove visible objects only.
- DO NOT PERFORM BLIND FINGER SWEEPS.
- Perform rescue breathing regardless of obstruction.
- Perform chest compressions.
- Check the mouth before each set of rescue breaths.
- If the person's chest does not rise, reposition the head and try again.

Bleeding



Bleeding (External) Action Plan

Visible blood coming from a wound or signs of bruising on the person's skin.



KEY INDICATORS:

- Blood.
- Associated injuries.
- History *(mechanism of injury)*.
- Grey-blue skin colour *(check with person re tightness of any applied dressings)*.
- Pain.
- Swelling.
- Bruising.
- Shock.
- Visible physical trauma.

1. **Apply firm pressure, use sterile dressings if available. Pressure can be applied using hands (including the injured person's hands), a pad or whatever is available, placed directly over the wound. If available, use gloves or plastic bags as an effective alternative for protection.**

2. **If bleeding continues, apply further pressure and add a second dressing, ensuring it is directly over the wound; if you cannot control the bleeding, consider removing the bandages/pads to ensure the pressure is applied correctly over the bleeding point. Call 111. If the injury involves a limb, elevate the injured arm or leg to reduce blood flow to the wound.**

3. **Apply firmer pressure. Use 1 to 2 dressings/pads only over a smaller area; this will achieve more significant pressure over the bleeding point than continuing to layer up further dressings/pads. To further assist with bleeding controls ask the person to lie down and remain still whilst restricting movement of the bleeding limb.**

REMEMBER:

- S.T.O.P. where possible obtain the history.
- Apply direct pressure to the site of the wound (if available, use a sterile dressing and cover the wound).
- Call 111 (where the bleeding is severe or not controlled).
- Assist the person into a position of comfort, lying down is a preferable option for larger bleeds.
- Apply firm pressure, using 1 to 2 pads over a small area.
- Treat for shock, reassure and monitor the person.
- Arterial tourniquets may be used again by trained first responders for life-threatening bleeding from a limb when it cannot be controlled by direct pressure (see page 29).

Where bleeding is severe or life-threatening, controlling the bleed takes priority over airway and breathing management. Lie the person down, apply pressure and call 111.

Bleeding (Tourniquet) Awareness

A device for managing uncontrolled life-threatening bleeding where a user has been trained. This information does not train a person in the use of a tourniquet.

KEY INDICATORS:

- Life-threatening bleeding.
- Bleeding from a limb where direct pressure is ineffective.
- History *(mechanism of injury)*.
- **Responder trained in the correct application techniques.**

Windlass Tourniquet

The most effective tourniquets are commercially produced and designed initially for military use. These are commonly known as windlass tourniquets (a nautical term to haul or lift something with a windlass). These tourniquets are most effective when the user has been trained to apply the device correctly.

1. **A tourniquet should not be applied over a joint or wound, wherever possible and must not be hidden by any dressings or clothing.**

2. **The manufacturer's instructions should always be followed when applying the device. Where no instructions are available, position the tourniquet 5 cm above the wound, then tighten using the windlass until the bleeding stops. If the bleeding does not stop, check the positioning of the device. If the bleeding continues and a second tourniquet is available, apply it above the first.**

3. **You should record the time a tourniquet is applied and pass that information to the health professionals on their arrival. Once in place, do not remove the device. Hospitalisation is critical.**

PLEASE NOTE:

- An improvised (non-commercial) tourniquet is unlikely to completely stop circulation to an injured limb without risking damage to the surrounding tissue.
- An improvised tourniquet that fails to stop all circulation can increase bleeding. However, where a life-threatening bleed is present, an improvised tourniquet is considered a better option than no tourniquet.
- You can make an improvised tourniquet using a triangular or elasticated bandage from clothing or a surfboard leg rope.
- Placing a rod or strong stick under an improvised tourniquet band can be tightened by twisting, similar to the windlass found on commercial tourniquets.

Tourniquet use should only be undertaken by trained personnel wherever possible.

Bleeding (Internal) Action Plan

Internal bleeding (inside the body) often occurs following an accident, fall or resulting from an illness.

KEY INDICATORS:

- History *(mechanism of injury)*.
- Shock in severe bleeding.
- Grey-blue skin colour, sweaty.
- Bruising, pain, tenderness or swelling on or around the affected areas.
- Blood found in urine, faeces or vomit. Faecal matter may be tar coloured (black). Vomit may be bright red or the colour of coffee grounds.
- Rapid breathing, panting and feeling thirsty.
- Coughing up blood from the lungs *(bright red/frothy)*.
- Swelling and hardening of the abdominal area.

1 **Consider the history and the mechanism of injury. Call 111 - New Zealand Emergency Services Number.**

2 **Make the person comfortable, lie them down if appropriate, and treat for shock. Loosen any tight clothes, especially around their neck or waist.**

3 **Keep the person calm and cover them with a blanket or coat to keep them warm. Do not allow them to eat or drink anything.**

REMEMBER:

- S.T.O.P. obtain the history where possible.
- Call 111.
- Treat for shock, lie the person down and keep them warm.
- Loosen any tight clothing.
- Keep the person calm, reassure and monitor them.
- Avoid giving the person anything to eat or drink.
- A person with internal bleeding may deteriorate rapidly, be prepared to commence CPR.

Major internal bleeding is life-threatening, requiring urgent hospitalisation.

Amputation Action Plan

Amputation is the loss or removal of a body part such as a finger, arm or leg.

REMEMBER

- S.T.O.P. obtain the history,
- Control any bleeding first using a dressing or clean cloth.
- Raise the injured area (where possible).
- Treat for shock.
- Call 111.
- Place the amputated part into a plastic bag - ensure it is dry.
- Place the bag into another plastic bag or container filled with ice and water.
- DO NOT allow the ice to come into direct contact with the amputated part.
- Seal and label the bag where possible identifying the person and the body part.
- Ideally, the body part travels with the person to hospital.

Bleeding (Nose Bleed) Action Plan

During a nosebleed, blood flows from one or both nostrils. It can be heavy or light. It can last from a few seconds to 15 plus minutes. The medical name for a nosebleed is epistaxis.

1. **Sit the person down at a table, lean them forward and firmly pinch the soft part of the nose, just above the nostrils, for 10 to 20 minutes.**

2. **Ask them to breathe through their mouth – spit out any blood, and avoid swallowing it to prevent irritating the stomach and promoting vomiting, which can intensify the bleeding.**

3. **When the bleeding stops, the person should not blow their nose for a few hours. Stay seated, rather than lying down, to reduce the possibility of further bleeding.**

If bleeding continues for more than 20 minutes seek medical advice.

Bleeding (Minor Injuries) Action Plan

Includes minor cuts, scratches and grazes where bleeding will stop quickly stops on its own or with gentle pressure applied to the wound.

1. **Clean an injury with clean running water or saline solution (found in most first aid kits).**

2. **Where any debris, such as gravel, is found in a wound, remove it carefully.**

3. **Dry an injury using a clean cloth or paper tissues, then apply a sterile adhesive dressing, such as a plaster to cover the injury.**

Keep the dressing clean and change it as necessary. Keep the wound dry. Remove the dressing after a few days once the wound has closed.

Bleeding (Stabbing) Action Plan

Reports of knife crime and similar sharp instrument incidents are increasing. Keeping yourself safe must always be the priority when assisting someone with such an injury.

1. **Call 111 and provide as much detail as possible. Always ensure that the area is safe and that you are not in danger before administering any first aid.**

2. **First, examine the area for anything stuck in the wound. Do not remove it, as it is likely to be controlling bleeding. Apply direct pressure on either side of the object. Otherwise apply direct pressure directly to the wound.**

3. **If the injured person becomes unconscious but continues breathing normally, place them on their side (see page 15) and keep applying pressure to the wound.**

Where there is a likely crime scene, try to preserve evidence, only move things to administer life-saving care. Wear gloves if possible.

Bleeding (Gunshot) Action Plan

Gunshot wounds need medical attention to assess their severity and begin treatment. Call 111 as soon as it is safe and possible. Acting quickly can help slow bleeding and prevent life-threatening complications.

1. **If somebody has been shot, the priority is for you and the injured person to find a safe place away from further threats.**

2. **Applying firm pressure to the wound is essential when the person is bleeding heavily. Check for an exit wound and a further source of bleeding.**

3. **If they have a large wound, cover the area with any clean cloth, clothing, sanitary towels, or incontinence pads if available. Press down as hard as you can.**

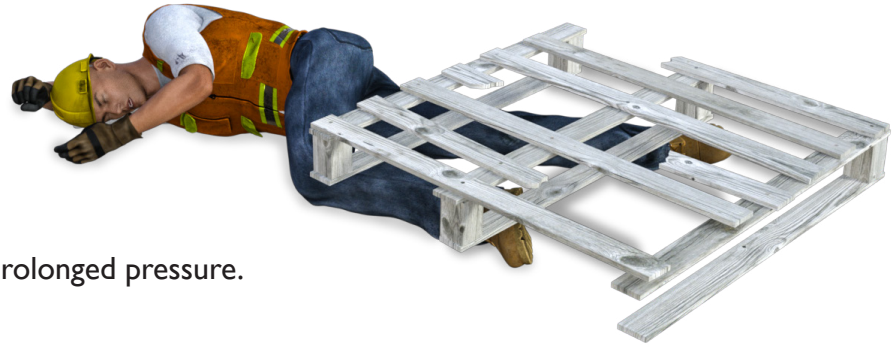
Bleeding is the leading cause of death for people with gunshot wounds.

Bleeding (Crush Injury) Action Plan

Crush injuries result from different situations, including vehicle entrapment, falling debris, industrial accident or prolonged pressure on the body due to a person's body weight when immobile.

KEY INDICATORS:

- History *(mechanism of injury)*.
- Severe bleeding.
- Grey-blue skin colour.
- Shock.
- Bruising, pain, tenderness or swelling.
- No pain and no obvious injuries.
- A crushing force.
- A persons own body weight causing prolonged pressure.



1 **Check for hazards and dangers. Call 111. If possible move the heavy weight off the injured person as soon as possible.**

2 **Control any bleeding using a cloth, clothing or dressing if available and apply firm pressure to the wound. If available use gloves.**

3 **Check for other injuries and maintain body temperature using blankets or extra clothing. Monitor and regularly check for deterioration in the injured person's condition.**

REMEMBER:

- S.T.O.P. obtain the history where possible.
- Call 111.
- Remove the crushing object if possible.
- Treat for shock, lie the person down and keep them warm.
- Loosen any tight clothing.
- Keep the person calm, reassure and monitor them.
- Avoid giving the person anything to eat or drink.

There may be no pain or obvious signs of injury associated with crush injury. Anyone who experiences a crush injury should be taken to hospital.

Bleeding (Impalement) Action Plan

An impaled objects is a foreign body that has punctured the body's soft tissue and remains embedded.

KEY INDICATORS:

- History *(mechanism of injury)*.
- An injury without blood as the embedded object is preventing blood loss.
- Possible life-threatening bleeding.
- Person is trapped or pinned by the impalement.
- Intense pain.
- Impalements can range from minor injury to life-threatening.

1 **Check for hazards and dangers. Call 111. Avoid unnecessary movement of the person or the object. DO NOT pull an embedded object out unless it's small, like a nail or a staple, and near the surface of the skin, in which case remove it.**

2 **Apply pressure by pushing firmly on either side of the object to control any bleeding. Removing an impaled object, runs the risk of triggering further bleeding that cannot be stopped with external pressure.**

3 **The uncontrolled movement of an object that's punctured the body will cause further soft-tissue damage and result in increased bleeding. The object should be secured and supported if medical help is unavailable and the person needs moving. Shortening an object will also assist in this goal.**

BLEEDING SUMMARY:

Call 111 if:

- A body part has been severed *(amputated)*.
- There is bleeding that won't stop.
- A person has sustained a crush injury.
- Internal bleeding is suspected.
- Any occasion where you feel you cannot manage and require help.
- If someone is unconscious, assess for injuries or provide care without delay.

Always consider:

- Your safety, that of the injured person and any bystanders present.
- The use of gloves, plastic bags, or other protective items.
- If you do not like looking at blood, cover it up and apply pressure.
- Where available use clean dressings towels or clothing to stop bleeding.

When people are conscious, talk to them and check they are happy to be helped. Explain what you will do to assist them. Great communication can make all the difference to a person in pain.

Shock

Shock Action Plan

Shock is 'a lack of oxygen to the vital organs. The most likely cause, a fall in blood volume or blood pressure'.

KEY INDICATORS:

- History *(mechanism of injury)*.
- Nausea.
- Thirsty.
- Rapid breathing that may become shallower.
- Disorientation, dizziness, confusion and anxious.
- Pale skin colour that may develop into grey-blue skin colour.
- Air hunger *(yawning and gasping for air)*.
- Feeling cold, shivering and increasingly restless.
- Unconsciousness.

1 **Ensure the safety of everyone at the scene. If the person is not complaining of chest pain or difficulty breathing, lie flat if unconscious. Place them on their side.**

2 **Control any bleeding, call 111. Keep the person warm but do not overheat them. Consider placing a blanket underneath the person to avoid heat loss through cold surfaces.**

3 **Check for movement and sounds frequently. Monitor for changes in the person's condition.**

REMEMBER:

- S.T.O.P. obtain the history.
- Call 111.
- Lay the person down.
- Loosen tight clothing.
- Keep the person warm but do not overheat them.
- Reassure and monitor continuously.

Shock is an escalating condition caused by a lack of oxygenated blood and should be treated as potentially life-threatening.

Gathering Information
Action Plan

Once it is established that a person is conscious and breathing normally, an opportunity exists to gather further essential information. This data may prove vital if the person loses consciousness before being fully assessed at the hospital.

1

ASK QUESTIONS - The easiest way to find out information is to ask questions of the person who is sick or injured. Leave the person in the position found until you are happy that it is safe to move them into a more comfortable position suited to their injury or illness. Try to obtain a history of relevant events. The types of questions to consider may include.

- **How do you feel?**
- **Have you had this before?**
- **What were you doing before this happened?**
- **Are you on any medication?**

2

WHAT ARE THEY TELLING YOU? - Ask if they have any medical alert bands, tags, or jewellery (remember, many people have such identifiers but don't wear them). Gathering information helps establish the course of action you need to consider. The person may tell you they have pain or a known condition for which they use medication. They may also notify you it has just started, for example, a feeling they get before a seizure commences. With that information, you can make clear decisions on the steps you wish to take next.

3

WHAT CAN YOU SEE? - Remain visual and look for signs of danger. Look, listen, and feel for clues to any injuries, and use your sense of smell to identify unusual scents. Compare each side of the body, looking for differences, for example, the shortening of a limb. Remember, however, people do have long-term injuries that are not related to the current situation. Look at the person's movements and listen to their speech for clues of illness or injury.

4

BASELINE CHECKS - A baseline check is a group of simple observations made while awaiting medical assistance, as outlined below. Regular checks will assist with determining whether a person's condition is changing.

- **Pulse - note the rate, strength and rhythm (increase or decrease) for changes.**
- **Respirations - note the rate and rhythm for changes. Deep or shallow, quiet or noisy.**
- **Temperature - feel to see if they are hot or cold to touch.**
- **Colour - look at the skin and note the colour (red, grey or blue).**

5

ADDITIONAL INFORMATION - Whilst talking to the injured or ill person try to obtain further information such as.

- **Their name, date of birth, home or work address.**
- **The details and contact numbers of a partner, family member or friend.**
- **Previous medical history and any additional medication the person may be on.**
- **Any other related information that may be useful to the health professionals.**

Handover to the medical professionals any information you have gathered about the sick or injured person in your care. Be clear and concise if possible record the information on paper.

Injuries

Breaks & Dislocations Action Plan

A broken bone is called a fracture. A bone that has moved from its normal position is called a dislocation.

KEY INDICATORS:

- History *(mechanism of injury).*
- Sound and sense *(person heard a crack or feeling when the injury occurred).*
- Pain *(the injury site hurts).*
- Tenderness *(the area around the injury site hurts).*
- Deformity *(different to the expected shape with unusual movement).*
- Bruising or swelling *(evident on or around the injury site).*
- Shock *(often associated with fractures).*
- Evidence of a bone is protruding through the skin *(open fracture).*
- Grinding *(sound heard when the end of bones rub against each other).*

1. **Assist in placing the injured part in the most comfortable position for the person. Listen to what they tell you. They know what is more comfortable or painful.**

2. **Apply pressure around the site of an open fracture where bleeding is present.**
   Avoid unnecessary movement.
   Do not try to push the protruding bone back in.

3. **Never try to put a dislocation back in place. Apply an ice pack to the injured area to reduce swelling and pain. Treat as for a fracture.**

REMEMBER:

- S.T.O.P. obtain the history.
- Call 111.
- Reassure.
- Steady and support the injured part.
- Do not move the patient unnecessarily. Listen to what the person is telling you and assist them in finding the most comfortable position.
- Consider additional support and padding to assist the person's comfort, such as cushions or pillows.
- Do not give them anything to eat or drink. If thirsty,
- moisten their lips.
- Treat for shock and continue to reassure.

A fracture is a break, a break is a fracture, they are the same thing.

Burns Action Plan

Burns cause tissue damage They occur when the skin is exposed to heat, flames, boiling water, steam, electricity, friction, chemicals or radiation (including sunburn).

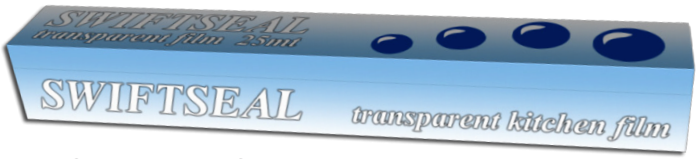
KEY INDICATORS *(Burns can range from surface burns to deep burns)*

- History *(mechanism of injury).*
- Painful *(however, the deeper a burn, the less it may hurt).*
- Swelling *(around the site of a burn).*
- Signs of shock.
- Difficulty in breathing *(caused by breathing in smoke).*
- A dry cough (*where heat or smoke may have damaged the airway).*
- Blistering *(or peeling skin).*
- Red skin at the site of the burn *(whilst a deeper burn may cause a blackening or charcoal appearance of the skin).*

1 **Where a person is on fire (see page 40). Ensure your safety at all times. Cool the burn for a minimum of 20 minutes with cool running water. The cooling process remains effective for up to 3 hours following the injury. For more extensive burns, consider the possibility of hypothermia developing, especially where children are involved.**

2 **Remove restrictive items and clothing that are not stuck to the skin, including rings, watches, and jewellery, where this can be achieved without causing further damage to the skin. Use alternatives such as soft drinks or beer where cool water is unavailable.**

3 **Cover the burn with a layer of cling film, DO NOT WRAP. Continue to cool the burn. Where possible, elevate a burnt limb to help reduce any swelling.**



REMEMBER:

- S.T.O.P. obtain the history. **DO NOT ENTER A BURNING BUILDING.**
- Stop any burning, put out the fire or remove the person from danger, STOP, DROP, WRAP & ROLL.
- Check for other life-threatening conditions.
- Call 111 *(for burns involving the eyes/over the size of half the person's arm or causing significant pain).*
- Cover the burnt area with cling film where possible. DO NOT USE ON FACIAL BURNS.
- Treat for shock, reassure and monitor.
- DO NOT remove anything sticking to a burn.
- Never put creams, butter, lotions, powders or ointment on a burn.
- It is acceptable to use cooling gels after a minimum of 20 minutes of cool running water or when no cool water is available.

If burnt by scalding water ensure all clothing including nappies not stuck to the body are removed as they will retain heat and are likely to continue to cause damage.

Burns (fire safety) Action Plan

Having a comprehensive emergency plan at home saves lives. Install smoke detectors, place a fire blanket in the kitchen and consider a multi-purpose fire extinguisher.

KEY POINTS:

- Can you get out of your family home in the event of a fire?
- Establish a family evacuation plan *(so everyone knows what to do, especially at night).*
- Are smoke detectors installed and checked regularly?
- Keep all matches and lighters out of children's reach (*children are fascinated by fire).*
- Teach children to stay low and get out (*the cleanest air is closer to the ground).*
- Teach children to Stop, Drop and Roll (*to extinguish flames when on fire).*

1

STOP

Clothing or person on fire? *STOP* the person moving around, as this will help to feed the fire. Do not enter a burning or toxic environment. Avoid becoming a victim.

2

DROP

***DROP* the person to the ground.**

Use a fire blanket if available;

- **Pull the tabs to release the fire blanket.**
- **Fold the edge of the blanket over your hands and wrap it around the person.**
- **Place the blanket around the person until the fire is covered.**

3

WRAP n' ROLL

***WRAP n ROLL* the person and continue to smother any flames using the blanket. If a fire blanket is unavailable, use other items, such as a regular blanket or a coat. Continue to roll the wrapped person until the fire is out. Douse the flames with water only if it is safe to do so.**

REMEMBER:

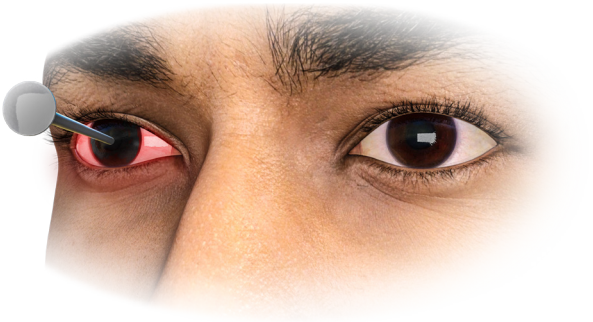
- S.T.O.P. obtain the history. **DO NOT ENTER A BURNING BUILDING.**
- Move to a safe area as soon as possible.
- Call 111 *(Do not attempt to fight a fire unless it is safe to do so).*
- The cleanest air is nearest to the ground.
- Think safe especially during the summer months around BBQ's and outdoor burners.
- Carbon Monoxide is a silent odourless killer, consider installing a carbon monoxide detector.
- It's not always the fire or smoke that kills but often toxic fumes given off by the furnishings.
- To establish a home evacuation plan and install smoke detectors. Check them regularly.
- Consider and check for other injuries if safe to do so for example if they have jumped from a window.

Only approach a flame if it is safe to do so. If you are unsure, remove yourself from the area and call for the emergency services.

Eye Injuries Action Plan

Eye injury or trauma must be taken seriously. Prompt medical attention can save a person's sight and reduce further complications.

KEY INDICATORS:



- Pain *(inside or behind the the person's eye).*
- Inflammation.
- Eye rubbing (*caused by irritation).*
- Panic *(due to fear that the person cannot see).*
- Eyes watering.
- Visible blood in the eye, or bleeding around the eye.
- Redness *(caused by excessive rubbing or an object in the eye).*
- Blindness *(or issues with vision such as being unable to focus).*

1 **If the injury is severe, for example, where chemicals or an object is embedded in a person's eye, call 111.**

2 **Objects embedded in the eye should be stabilised and a pad should be placed around the object. Ensure the injured eye is only covered. DO NOT TRY TO REMOVE AN EMBEDDED OBJECT.**

3 **Eye irritation, such as dirt or grit, may be cleansed by placing the injured side on the downside and flushed with water for at least 20 minutes or using a saline solution if available.**

REMEMBER:

- S.T.O.P. obtain the history.
- If unconscious, commence an emergency assessment.
- Reassure and establish what happened and what may be in the injured eye/s.
- Call 111.
- Administer appropriate care as required.
- Cover eyes as required.
- Treat for shock, reassure and monitor.
- Continue to reassess and await help if called for.
- Eye injuries can be very frightening for the person.
- Consider appropriate protection at all times including from sunlight.

Eye injuries are common but generally manageable. If an injury is serious, seek medical assistance urgently. If you are unsure call 111.

Head Injuries Action Plan

Head injuries are serious, with damage to the brain being a primary concern. Evidence of such an injury may not be immediately evident.

KEY INDICATORS:

- History.
- Loss of consciousness, however brief.
- Pain.
- Blood or clear fluid coming from the ears or nose.
- Confusion, balance or coordination issues.
- Aggressive, angry or violent.
- Nausea/vomiting.
- Lowered levels of consciousness.
- Inappropriate responses to questions.
- Memory loss.
- Unequal pupils.
- Bruising around the eyes or ears.

1. **Use direct pressure to control bleeding. Where possible ask the injured person to apply the pressure. Ensure a player is assessed by a health professional before continuing with sport or other activity.**

2. **If needed, secure dressings in place by using a second dressing. Seek medical advice from a health professional. Remember concussion or brain compression is difficult to identify and the seriousness of a head injury may not be immediately recognisable.**

3. **Minimise movement and stabilise the head. Position the injured person in a position they feel most comfortable in. If unconscious and breathing normally, place the person on their side.**

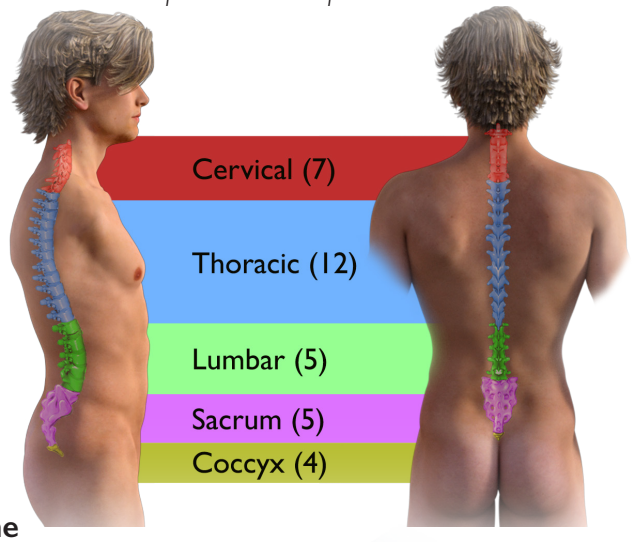
REMEMBER:

- S.T.O.P. obtain the history.
- Control bleeding.
- Call 111 as required.
- Minimise movement and stabilise in the position found.
- Maintain the person's airway.
- Consider the possibility of other injuries, especially life-threatening ones.
- Treat for shock (*keep the injured person warm*).
- Avoid driving for 24 hours and no alcohol for 48 hours following injury.
- Avoid aspirin for the next four days.

Regardless of severity, a healthcare professional should assess anyone who has sustained a head injury. The consequences of failing to recognise concussion can be far-reaching.

Neck & Spinal Injury Action Plan

The spine comprises 33 separate bones, called vertebrae, running from the base of the skull to the coccyx (tailbone). Each vertebra surrounds and protects the spinal cord.



KEY INDICATORS:

- History *(fall from height, motor vehicle incident, etc)*.
- Difficulty breathing.
- Pain in the neck or back or signs of associated head injury.
- Weakness or unable to move their limbs *(paralysis)*.
- Tingling, numbness or loss of control over limbs.
- Incontinence, nausea.
- Headache or dizziness.
- Head or neck found in an abnormal position.
- Priapism *(erection)*.
- Shock.

1 **Gather as much information as possible about the events that led up to the incident. Consider any danger that may be present, including falling debris. Call 111. Offer reassurance and explain what is happening.**

2 **Immobilise the head and neck and restrict their movements as much as possible. Keep the injured person still, but do not physically restrain them. If the person needs to be moved, minimise the head, neck, and spine movement.**

3 **If the person is unconscious, airway management takes priority over any suspected spinal injury. If they are breathing normally, place them in the recovery position. Aim to keep the spine, head and neck straight when moving the person. Maintain the airway.**

REMEMBER:

- S.T.O.P. obtain the history.
- Consider danger from falling debris if a fall from a height is involved.
- Call 111.
- Ensure that the person's airway is open.
- Pay attention to spinal alignment to minimise harm.
- Immobilise a person's head and restrict their movements as best you can.
- Do not unnecessarily move the injured person.
- Keep a conscious person as comfortable as possible.
- If the person is breathing but unconscious, place them in the recovery position.
- The first thing an adult does with a fallen child is pick them up, S.T.O.P.

More than half of spinal injuries occur in the cervical region. Move the head into a neutral position to obtain a clear airway. Life takes precedence over injury.

Soft Tissue Injury Action Plan

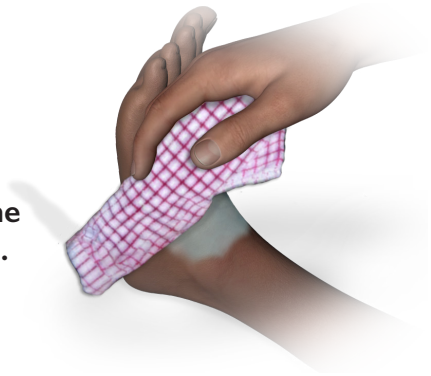
Soft tissue injuries include sprains, strains and bruising and involve damage to muscles, ligaments and tendons.

KEY INDICATORS:

- History of events *(sporting injury, slip, trip or fall)*.
- Pain at the injury site.
- Swelling around the injury.
- Tenderness around the injury site.
- Bruising *(caused by bleeding into damaged tissues)*.
- Immobility of an injured body part.
- Difficulty performing everyday tasks.

1

Rest and ice the injured limb. Assist the patient into a comfortable position; this may involve sitting or lying down. Rest the injury for up to 24 hours. Ice will help to reduce pain and swelling. Use for between 10 and 20 minutes. Repeat the process if the pain persists. Wrap the ice in a cloth before applying it to avoid burning the skin.



2

Apply a compression dressing. Apply firmly, ensuring pressure is applied evenly to the injured part. Check it is not too tight. If the dressing causes increased pain, remove it.

3

Elevate the injured area for 24 to 48 hours. Take pain relief during this time (*following the directions on the packet*), such as paracetamol as required.

REMEMBER:

- S.T.O.P. obtain the history.
- R.I.C.E.D Rest, Ice Compression, Elevation, Diagnosis
- Rest the injured part.
- Apply ice to the injury to reduce swelling, bruising and pain *(do not allow the ice to come into contact with the skin)*.
- Apply ice for ten to twenty minutes. Repeat as needed.
- Apply pressure or a compression dressing to the injured part.
- Elevate the injured limb to limit blood flow and reduce bruising.
- Get the injury diagnosed by a qualified medical practitioner if the pain or swelling has not reduced significantly within 48 hours.

If in doubt treat the injury as a fracture and seek immeadiate medical advice.

Illnesses

Allergies (Anaphylaxis) Action Plan

Anaphylaxis is a severe allergic reaction and potentially life-threatening. The condition requires immediate treatment and urgent medical attention.

KEY INDICATORS:

- Swelling/pain at site or a rash at site.
- Swelling of the eyes, lips, face, hives or welts, abdominal pain and vomiting.
- Difficulty or noisy breathing, swelling of the tongue or tightness in the throat.
- Children become pale and floppy.
- Decreasing levels of response and consciousness.
- Difficulty speaking.
- Skin becomes pale or blue.

Orange to thigh, blue to sky.

1 **Check for medical emergency alerts. If available, assist the person in using their autoinjector. Autoinjectors in New Zealand include an EpiPen (pictured above) and an Anapen (shown below).**

Push the red button after removing the grey cap.

2 **Make a fist around the autoinjector and remove the cap. Place the other end of the pen against the outer middle thigh. If using an Anapen, remove the black needle shield first.**

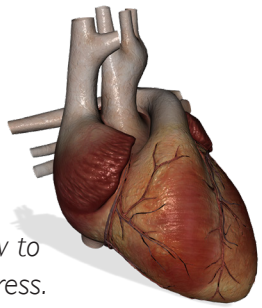
3 **Push down HARD until you hear or feel a click, then hold in place for 3 seconds. Remove the autoinjector, being careful not to touch the needle. If using an Anapen, push the red button on the pen. Whichever autoinjector is used, always read the instructions on the pen before using it.**

REMEMBER:

- S.T.O.P. obtain the history.
- Check for medical alert identifiers.
- Call 111 *(if it is a system-wide reaction or you have any concerns)*.
- Check to see if the person has medication to counteract the allergy.
- If available, assist with administering medication.
- Treat for shock, reassure and monitor.
- The needle in both pens is strong enough to pierce clothing.

If available, give a second dose where symptoms are not relieved by the first injection.

Angina Action Plan



Angina is discomfort or pain in the chest caused by reduced blood flow to the heart muscle, often experienced following exercise or emotional stress.

KEY INDICATORS:

- History *(confirms they have angina and have medication for the condition)*.
- There may be a history of heart disease or angina.
- Pale or blueness of skin.
- Central chest pain *(that may radiate down left or both arms, the jaw, throat or back)*.
- Shortness of breath.

1 **Obtain the history of events. If you are told the pain is different to their normal angina pain, treat them as they are having a heart attack.**

2 **Assist the person to take their medication if they have it.**
If no improvement is seen after 5 minutes, assist the person in taking a second dose.
Medication may be presented as tablets or a spray placed under the tongue.

3 **If the person's condition fails to improve after 10 minutes call 111.**

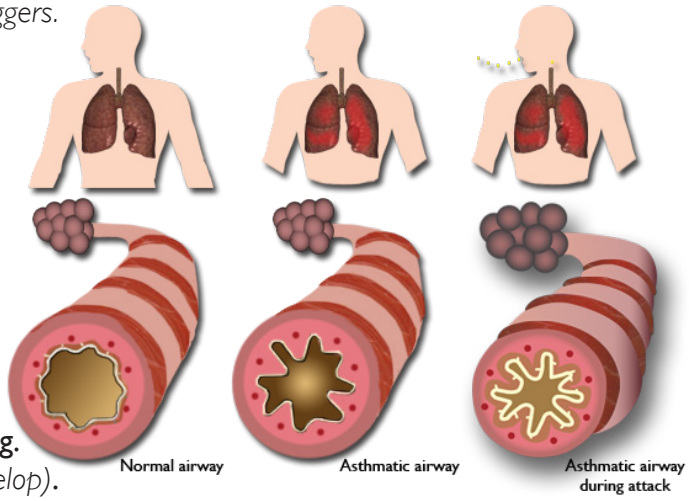
REMEMBER:

- S.T.O.P. obtain the history.
- Reassure the person.
- If medication is available for the condition, assist the person in using it.
- Place the person in a comfortable sitting position.
- If the condition persists for more than 10 minutes or you are concerned for the person's welfare, call 111.
- Stay with the person and reassure them.
- Treat for the worst, hope for the best.
- People with angina may identify a different type of pain than usual. If so, treat it as a heart attack.

While angina is often associated with physical exertion, angina can also occur at rest, usually when an artery narrows to more than 70%.

Asthma Action Plan

Asthma occurs in people who have sensitive airways, leading to them narrowing when they come into contact with specific triggers.



KEY INDICATORS:

Mild attack:

- Cough, soft wheeze.
- Minor difficulty in breathing, no difficulty in speaking a sentence.

Moderate attack:

- Persistent cough.
- Obvious difficulty in breathing, only able to speak short sentences.
- Accessory muscle use, raised shoulders when breathing.

Severe attack: *(can take a few minutes to a few days to develop).*

- Very distressed and anxious.
- Gasping for breath.
- Unable to speak more than a few words per minute.
- May not have an audible wheeze.

1. **SIT - Position the person upright and reassure.**

2. **TREAT - Assist the person with asthma to take their medication if they require it; otherwise, monitor them closely,**
(6 puffs of a reliever every 6 minutes).
Ideally, use a spacer for an aerosol inhaler if available.
(1 puff to 6 breaths until six puffs have been given; continue until the ambulance arrives).
Breathe slowly and deeply through the mouthpiece.

3. **MONITOR - the person and provide reassurance until help arrives or they are free of any signs or symptoms.**

REMEMBER:

- S.T.O.P. obtain the history.
- Assess the type of attack (**A**).
- Call 111 *(if the attack is severe or the person is frightened)*.
- Sit the person upright and reassure (**S**)
- Treat with one puff of blue reliever or equivalent inhaler to six breaths until six puffs have been given (**T**).
- Help. If there is no improvement after six minutes, continue to use the blue inhaler six puffs every six minutes until an ambulance arrives (**H**).
- If not already done, call 111.
- Monitor closely (**M**).
- All OK only when free of wheezing, cough and breathlessness (**A**).

An asthma attack can take anything from a few minutes to a few days to develop. During an asthma attack coughing, wheezing or breathlessness can quickly worsen.

Diabetes Action Plan

Diabetes is when little or no insulin production occurs in the pancreas. As a result, a person needs help managing carbohydrates, proteins and fats correctly.

KEY INDICATORS:

- Slurred speech, person may be staggering, dizzy *(appearing drunk)*.
- Shaking, trembling or appearing weak.
- Uses inappropriate words or actions may become aggressive, with changes in mood or behaviour.
- Unable to follow simple instructions, loses concentration easily and appears tired.
- Hunger or feeling very thirsty.
- Headache.
- Seizure.

1 **Check for medical emergency alerts and follow any established diabetes management plans.**

2 **Give sweet substance to a conscious person that can follow simple commands.**

<u>DO NOT</u> give diet or sugar-free soft drinks.

3 **If the person becomes unconscious. <u>DO NOT</u> place anything in their mouth. If breathing, place the person on their side and call 111. Monitor their breathing until help arrives.**

REMEMBER:

- S.T.O.P. obtain the history.
- Check for medical alerts.
- Reassure the person.
- If conscious, give glucose tablets, a sweet drink, a sugar paste or a sweet substance.
- If there is no improvement or the person's condition deteriorates, call 111.
- If unconscious, do not put anything in their mouth and commence an emergency assessment.
- Place the person on their side, ensure their airway is open and monitor until help arrives.
- Low blood sugar is immediately life-threatening.
- If diabetes is suspected, always give sugar, administer glucagon only if available and trained to do so.

If a person is using an insulin pump, it should not be touched. Only the wearer should suspend its use. Always follow management plans if in place.

Heart Attack Action Plan

A heart attack is a sudden partial or complete coronary artery blockage, reducing blood supply to the heart muscle.

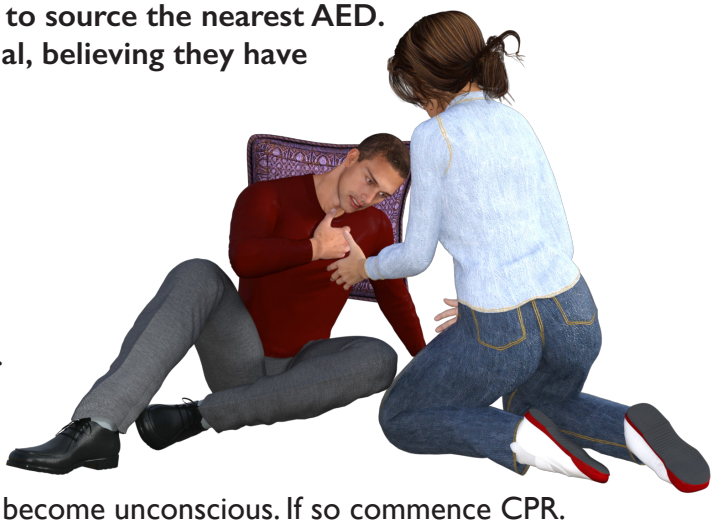
KEY INDICATORS:

- History of heart disease or angina.
- Central chest pain *(often described as squeezing, gripping or heavy)* lasting more than ten minutes.
- However a heart attack can occur without chest pain or discomfort.
- Pain may radiate down the left or both arms, the jaw, throat and back.
- Complain of feeling cold and sweaty.
- Pale or blueness of the skin.
- Anxious, scared or in denial.
- Nausea or vomiting.
- Shortness of breath.

1 **POSITION - Ask the person to stop what they are doing and place them in a resting, slightly upright sitting or comfortable position.**

2 **ASSIST - Assist the person in taking their angina medication if available, or give them 300mg of aspirin to chew. If their condition does not improve after ten minutes or their condition worsens call 111.**

3 **MONITOR AND REASSURE - Stay with the person until professial help arrives. As a precaution, quietly ask a bystander to source the nearest AED. A person with chest pain may be in denial, believing they have indigestion.**



REMEMBER:

- S.T.O.P. obtain the history.
- Call 111.
- Reassure the person.
- Keep the person as still as possible.
- Place the person in a slightly upright sitting position.
- Assist with the person's medication if available.
- Consider giving the person an aspirin to chew.
- Stay with the person and reassure them.
- Be prepared for breathing to stop or the person to become unconscious. If so commence CPR.
- Chest pain may not always be present. Then shortness of breath is the most common clue of a heart attack.

DO NOT take someone with chest pain to hospital by car or public transport, this could make their condition worse. Wait for an ambulance to arrive.

Hyperventilation Action Plan

A panic attack is common, with more than one in ten people are likely to experience such an event during their lifetime.

KEY INDICATORS:

- Extreme anxiety, fear or panic.
- Restlessness *(maybe pacing)*, feeling they are losing control or dying.
- Very pink in colour, feeling dizzy, light-headed or faint.
- Unable to speak whole sentences without problems.
- Pins and needles in arms, hands, fingers and toes.
- Palpitations with rapid or difficulty breathing *(feeling that there is not enough air)*.
- Tightness around the chest with an increased heart rate.
- Sharp stabbing chest pain.
- Claw-like fingers and inverted thumbs in more extreme cases.

1. **Remove the person from the area of stress where possible. Otherwise, try to ensure the cause of any anxiety is removed.**

2. **Encourage the person to slow their breathing rate down. Reassure them that a panic attack, while very frightening, is not life-threatening or dangerous. Ask if this has happened before and what they think might help.**

3. **Take charge of the situation, be firm but understanding. Establish a rapport, empathise and listen actively. Panic attacks often peak within 10 minutes of starting and, on average, last up to 30 minutes.**

REMEMBER:

- S.T.O.P. obtain the history.
- Check for medical alerts.
- Try to remove the person from the area of stress or isolate them from it.
- Encourage the person to slow down their breathing rate. Try to get them to breathe in through the mouth and out of the nose until symptoms disappear.
- Take charge of the situation, be gentle but firm and remain understanding.
- If the episode continues, seek medical advice from a health professional or contact a relevant support service.
- If a person has a history of breathing problems or you are in any doubt, call 111.

If there is any uncertainty about whether a person's abnormal breathing is due to hyperventilation or a different problem is causing the breathing issue, call 111.

Heat Related Illness Action Plan

Overexposure to heat can lead to serious illness. Heat-induced illnesses include heat exhaustion and heat stroke.

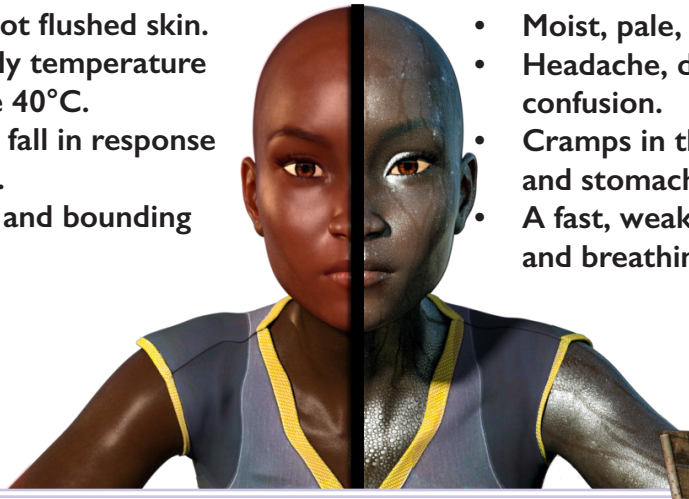
KEY INDICATORS:

- History of events involving heat exposure *(excessive physical exertion)*.
- Flushed with hot, dry skin or pale skin colour and other signs of shock.
- Dry tongue and feeling thirsty.
- Headache, dizziness, weakness or poor muscle control and orientation.
- Changes in behaviour.
- Nausea.
- Declining levels of consciousness.
- High body temperature.
- Confusion or seizures.

1

Heat Stroke

- **Dry hot flushed skin.**
- **A body temperature above 40°C.**
- **Rapid fall in response levels.**
- **A full and bounding pulse.**



Heat Exhaustion

- **Moist, pale, clammy skin.**
- **Headache, dizziness and confusion.**
- **Cramps in the arms, legs and stomach.**
- **A fast, weakening pulse and breathing.**

Establish the severity of the person's condition.

2

Remove a person from the heat source. Remove excess clothing, cool the person using a sponge, wet towels, or sheets or spray them with cool water, then fan the person.

REMEMBER:

- S.T.O.P. obtain the history.
- Call 111 and remove excess clothing.
- Remove the person away from the heat source to a cooler place.
- Cool the person using a wet sheet fan or sponge them down with cold water to keep them cool.
- Use cold packs placed in the armpits and around the person's neck.
- Once a regular body temperature is achieved, replace the wet sheet with a dry one.
- Monitor the person's temperature, breathing and response levels.
- It may take up to an hour to see any signs of improvement.
- For heat exhaustion, give fluids, if available, offer isotonic sports drinks.

Heat exhaustion is caused by a loss of salt and water, usually by excessive sweating. Heatstroke is due to the brain's 'thermostat' failing to regulate a person's body temperature.

Cold Related Illness Action Plan

Hypothermia occurs when a person's body temperature falls below 35°C. Hypothermia can quickly become life-threatening.

KEY INDICATORS:

- Skin is cold to the touch, pale and dry.
- Clumsiness, disorientation and uncoordinated movements.
- Shivering, but as the condition worsens, it is no longer detected.
- Tired, confused and may display irrational behaviour.
- Slow and weakening pulse becoming undetectable.
- Vision impairment.
- Breathing becomes slow and shallow.
- Falling levels of response.

1 **Move to a sheltered area. Warm and dry the person where possible. Remove wet clothing carefully. Ensure their head is covered. Use your body to shelter them and keep them warm. Use a foil survival blanket if available.**

2 **Treat for shock, lay the person flat and keep them warm. Get a blanket or other insulating material underneath the person to avoid heat loss through the ground.**

3 **Avoid alcohol, tobacco, tea or coffee. If the person is responsive, offer them warm drinks and high-energy food such as soup or chocolate.**

REMEMBER:

- S.T.O.P. obtain the history.
- Call 111.
- Maintain the person's airway.
- Assess personal warmth and dry clothing.
- Check for other injuries.
- Warm and dry the person, passive reheating.
- DO NOT RUB THE PERSON.
- If CPR is required, continue for as long as possible. People have survived for long periods in cold temperatures.
- Warm slowly, and avoid any sudden movements.
- Monitor the person's breathing, level of response and temperature.

Somebody must be with a person with hypothermia at all times. Do not leave them alone. If unable to call for emergency help, ideally, send two people together to alert medical services.

Poisoning Action Plan

Poisons can cause injury, illness or death. Toxins can enter the body via inhalation, skin absorption, injection (including stings or bites), and swallowing.

KEY INDICATORS:

- History.
- Breathing difficulties.
- Slurred speech.
- Clumsy movements.
- May become aggressive.
- Use of inappropriate words or actions.
- Vomiting or nausea.
- Diarrhoea.
- Seizures.
- Abdominal pain.
- Excessive salivation.
- Lowered levels of response or unconsciousness.

1 **COLLECT EVIDENCE - Gather Information**
When was it taken?
Was any alcohol consumed?
How many were taken?
How much was taken?

2 **REMEMBER: 0800 POISON (0800 764 766)**
If the person is unconscious call 111, if they are fully conscious call New Zealand's Poison Centre on 0800 POISON.

3 **REASSURE the person if conscious. Follow the advice given by the Poison Centre. Where posionous fumes are present move the person to fresh air or ensure the area is well ventilated before entering the area.**

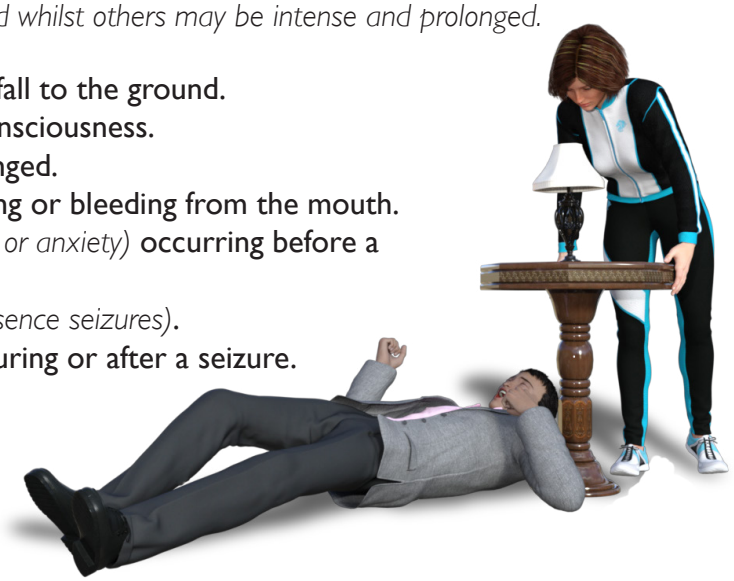
REMEMBER:

- S.T.O.P. obtain the history.
- Check airway and breathing; ensure the person's airway is open.
- If unconscious, call 111 and commence an emergency assessment.
- If conscious, obtain as much history and evidence as possible.
- Contact 0800 Poison (0800 764 766).
- Follow the instructions given.
- Monitor and reassure the person.
- Do not induce vomiting or give anything to eat or drink unless advised to do so by the Poisons Centre.

Always ensure your safety first, then the sick or injured person, and any bystanders before approaching. With poisons, always consider the risk of contamination.

Seizures (Epilepsy) Action Plan

A seizure is due to an interruption in the normal electrical activity in the brain. There are many seizure types, some mild whilst others may be intense and prolonged.



KEY INDICATORS:

- The body may become rigid, and the person may fall to the ground.
- A person may convulse violently with a loss of consciousness.
- A convulsion may be brief, then stop, or be prolonged.
- A convulsion may stop and start again with foaming or bleeding from the mouth.
- An aura is an abnormal feeling or sensation *(smell or anxiety)* occurring before a more significant seizure begins.
- A person may stare blankly for a few seconds *(absence seizures)*.
- A person may display strange behaviour before, during or after a seizure.
- Memory loss/confusion.
- Tiredness.
- Incontinence.

1 **MAINTAIN SAFETY - Make the area around the person having the seizure safe. Some people can tell you what is about to happen before their seizure commences, giving them time to prepare beforehand. Note the time the seizure started.**

2 **PROTECT THE HEAD - Protect the head where possible from injury. DO NOT restrain the person having the seizure.**

3 **MONITOR - Closely watch the person until the seizure has finished, then place them on their side. DO NOT put anything in their mouth.**

REMEMBER:

- S.T.O.P. obtain the history.
- Remove all dangers to the person.
- Protect the person's head; do not restrain them or put anything in their mouth.
- Treat the person with dignity at all times.
- Avoid leaning over the person and try to prevent others from doing so.
- Call 111 if the person has hurt themselves during the seizure, the seizure lasts more than 5 minutes or if the seizure stops and another starts, you believe they are pregnant, or a seizure in water.
- There are many different seizure types, and signs will differ between people.
- Follow a person's seizure management plan if there is one in place.

Not all seizures result from epilepsy; other causes include low blood sugar, head injury, poisoning, drug use, alcohol withdrawal and fever in children under six.

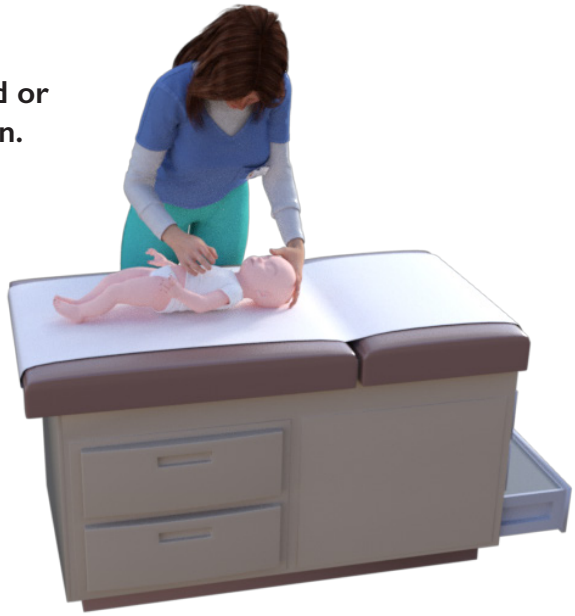
Febrile Convulsion Action Plan

Febrile convulsions are linked to fever and infections, occurring in approximately 3% of infants and children aged between six months and six years.

KEY INDICATORS:

- Hot room or environment.
- A sudden temperature rise.
- High temperature.
- Wearing too many clothes.
- Underlying illness *(infection)*.
- Fever.
- Shaking.
- The body appears to stiffen, often uncontrollably.

1. **Start CPR and call 111 for an ambulance if the child or infant is not breathing normally after the convulsion. Ensure the immediate area is safe from hazards.**



2. **Remove clothing and cool the child or infant by removing clothing down to their nappy or pants.**

3. **Once the convulsion has finished place the child or infant on their side and support them. Ensure that they are breathing normally.**

REMEMBER:

- S.T.O.P. obtain the history.
- Call 111 if the child or infant is not breathing normally.
- Remove clothing down to pants or nappy.
- After the seizure has ended, seek medical advice as there is an underlying cause that led to the convulsion.
- Do not give medication until directed to do so by a doctor or medical professional.
- An infant cannot regulate their temperature in the same way as an adult.
- Follow organisational protocols where they are in place.

Children or infants who experience a febrile convulsion from an underlying illness are not at a greater risk of developing epilepsy or damage due to a febrile convulsion.

Stroke Action Plan

A stroke is a life-threatening medical emergency that requires immediate medical attention. Recognising the signs and calling for medical assistance is crucial.

KEY INDICATORS:

- Slurred speech.
- A person is frightened and confused.
- Inappropriate words or actions.
- Incontinence.
- Restricted movement and senses.
- Blurred, decreased or a loss of vision in one or both eyes.
- Breathing may be slow and noisy, with dribbling or drooling from one side of the mouth.
- Sudden severe headache or changes to a person's usual headache pattern.
- Decreased level of response and consciousness.
- Clumsy movements, dizziness, loss of balance or an unexplained fall.
- Partial paralysis or tingling, weakness or numbness where one side of the body sags.

Face - Has their face dropped on one side? Can they smile?
Arms - Can they raise both arms and keep them raised?
Speech - Can they speak a simple sentence without slurring their words?
Time - Call 111 FAST if any of the above are seen. Lost time is lost brain.

1 **Call 111 - A stroke is a serious medical emergency, and the quicker they are treated in a hospital, the quicker the cause and damage done can be assessed, and the greater the chances of survival and recovery are.**

2 **REASSURE AND MONITOR - Reassure and treat the person with dignity. Continue to observe the person closely for changes in their condition. If their level of consciousness falls, place them on their side.**

3 **COMFORT - If conscious, make the person as comfortable as possible. Ensure they are kept warm. Do not give them anything to eat or drink, as their swallowing may be impaired.**

REMEMBER:

- S.T.O.P. obtain the history.
- Call 111.
- Monitor and reassure the person continuously.
- Treat with dignity at all times.
- Even though they may be unable to communicate, the person will often understand you.
- Move the person only if necessary, and always do so with extreme care.
- Do not give medication unless directed by a doctor or medical professional.

To reduce the risk of experiencing a stroke eat healthily, exercise regularly and avoid smoking and excessive alcohol consumption. A stroke is not restricted to a specific age group.

Health & Safety

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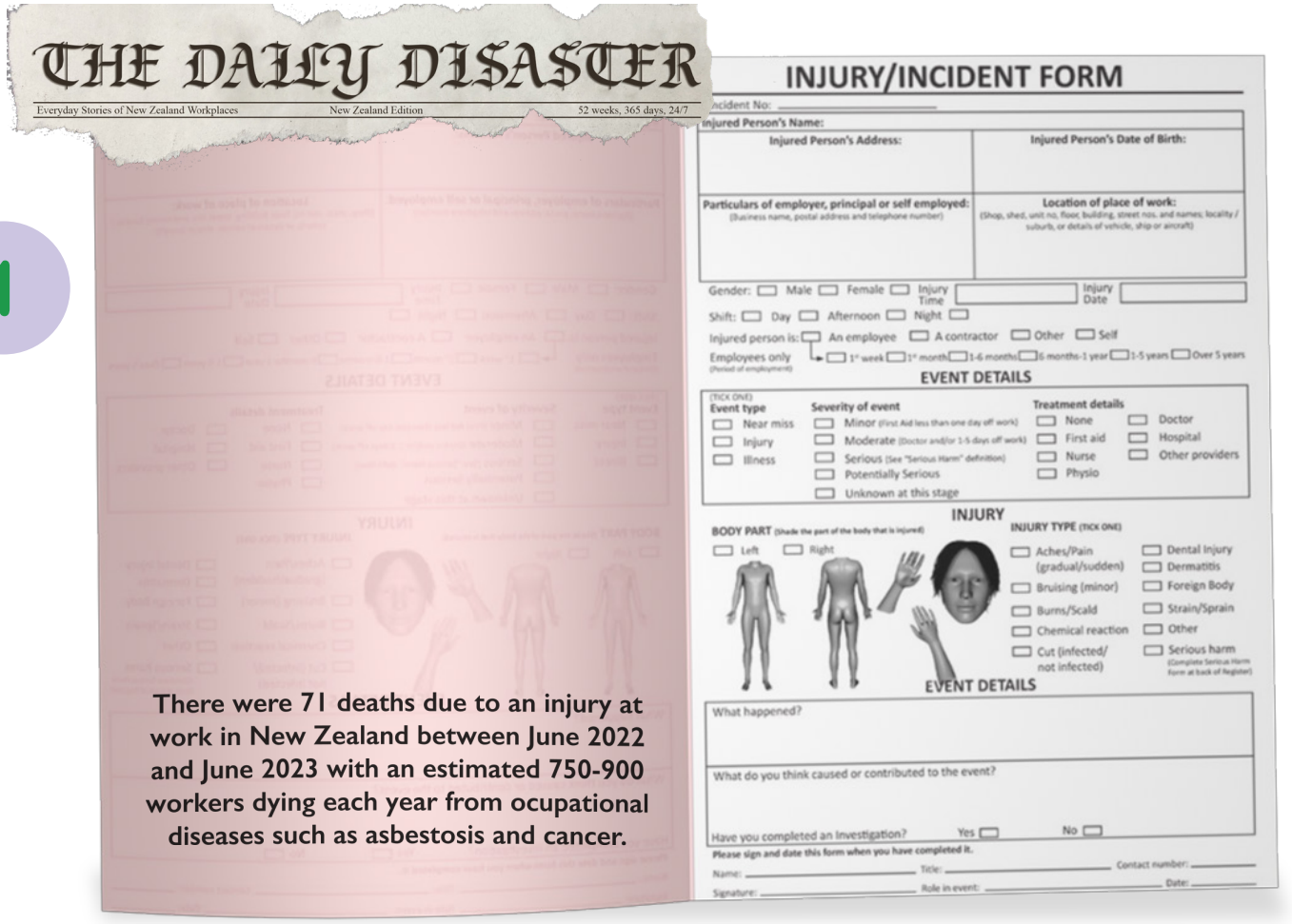
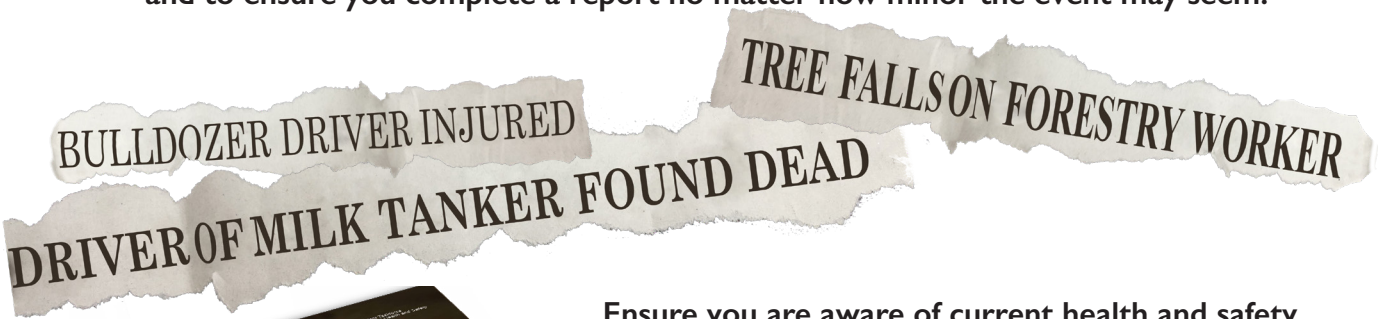


It is your responsibility to know where your injury/incident/accident registers are kept and to ensure you complete a report no matter how minor the event may seem.



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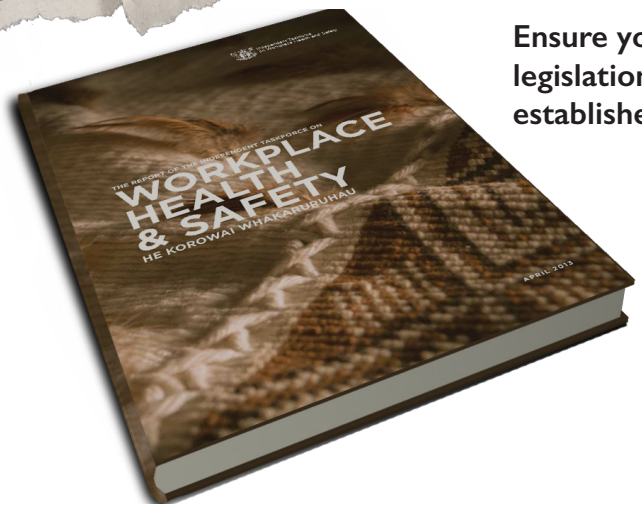

Ensure you are aware of current health and safety legislation and always work within the guidelines established by the organisation you are working for.

First Aid Kits

Suggested minimum contents for a workplace first aid kit

An employer must provide at least one first aid kit for each workplace, and they need to ensure workers know where it is kept. What you put in the kit should be based on the particular risks of the work carried out at your workplace.

- Instructions for providing first aid instructions including CPR.
- Two pairs of disposable nitrile gloves.
- 7.5 x 10cm (medium) non-adherent dressing/pad x 3.
- Resuscitation mask or face shield.
- 10 x 10cm (large) non-adherent dressing/pad x1.
- 5 x 5cm (small) non-adherent dressing/pad x 6.

Ideally include a small notebook and pen to record things such as dates, times, observations, and any equipment used.

- Saline 15ml x 8.
- Triangular bandage x 2.
- Wound cleaning wipe single, 1% Cetrimide BP x 10.
- Adhesive dressing strips pack of 50.
- Non-stretch hypoallergenic adhesive tape 2.5cm wide roll.
- Tweezers.
- 7.5cm width conforming cotton bandage x 3.
- Scissors.
- 5cm width conforming cotton bandage x 3.
- Safety pins, at least 6.

Sourced from Worksafe, First aid at work 2020.

First Aid Kits

Suggested alternative with additional items for a workplace first aid kit

Workers in remote or isolated locations must also be provided with a basic first aid kit with additional first aid equipment if required.

- Instructions for providing first aid instructions including CPR.
- Two pairs of disposable nitrile gloves.
- 7.5 x 10cm (medium) non-adherent dressing/pad x 3.
- Resuscitation mask or face shield.
- 10 x 10cm (large) non-adherent dressing/pad x 2.
- 5 x 5cm (small) non-adherent dressing/pad x 6.
- Whistle.
- Torch.

Ideally include a small notebook and pen to record things such as dates, times, observations, and any equipment used.

- Saline 15ml x 8.
- Triangular bandage x 2.
- Wound cleaning wipe single,1% Cetrimide BP x 10.
- Adhesive dressing strips pack of 50.
- 7.5cm width conforming cotton bandage x 3.
- 5cm width conforming cotton bandage x 3.
- Safety pins, at least 6.
- Non-stretch hypoallergenic adhesive tape 2.5cm wide roll.
- Rescue blanket.
- 10cm crepe bandage.
- Large sterile burn dressing x 1.
- Tweezers.
- Scissors.

Sourced from Worksafe, First aid at work 2020.

Acknowledgements

New Zealand Resuscitation Council Guidelines,
Worksafe First aid at work - February 2020.
Toitū Te Waiora - First Aid as a Life Skill ,Training Requirements for Quality Provision of Unit Standard-based and Revalidation First Aid Training and Assessment - Version 3.2 August 2023.

Notes

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