

BREATHING ISSUES	
SIGNS AND SYMPTOMS	> FIRST AID
Choking: no sound of breathing, no air from nose and/or mouth, an inability to speak or cough forcefully.	Lean the patient forward and give them 5 back blows between the shoulder blades, using the heel of one hand. With the patient upright, give 5 chest thrusts to create an artificial cough. Stand behind them with arms around their chest, hold your fist to their chest, thumb-side between the nipple line. Grasp fist with the other hand and give 5 inward thrusts.
Fainting: Unsteady and pale, weak, clammy, unconscious.	Reassure the patient and make them comfortable. If possible, lay them down and raise their feet. If they're unconscious for more than 5 minutes, call an ambulance.
Asthma attack: Difficulty with proper breathing.	Sit them upright with legs hanging down, body leaning forward. Loosen clothing. If medication is to hand, assist them in following their asthma plan.
Hyperventilation: Rapid breathing, possibly due to mental or emotional stress, a panic attack, stimulant use, drug overdose.	Help them take in less air by encouraging them to slow their breathing down to 1 breath every 5 seconds. Tell them to breathe through their nose and have them mirror your breathing.

FRACTURES AND DISLOCATIONS	
SIGNS AND SYMPTOMS	> FIRST AID
Dislocation: bruising, pain, swelling, deformity.	Do not attempt relocation – support, secure and get medical help.
Open fracture: bone protruding through the skin.	Prevent movement. Follow steps for bleeding and cover with something clean, padding the area. Watch them for shock.

COLD AND HEAT RELATED ILLNESSES	
SIGNS AND SYMPTOMS	> FIRST AID
Hypothermia: shivering, lack of coordination, mumbling or slurred speech, confusion, low energy.	Give warmth through body heat, warm drinks and energy food (but not hot water bottles). Raise lower limbs.
Heat exhaustion or heat stroke: tiredness and weakness, feeling faint or dizzy, headache, nauseousness, sweating, fast pulse, extreme thirst, having darker urine than usual.	Lie them in a cool place, remove unnecessary clothing, cool their skin with a wet flannel or cold packs around the neck and armpits, or wrap them in a wet sheet. Fan their moist skin and get them to drink.

Disclaimer: These hints will enable you to be of assistance to a person in an emergency. However, everyone should be trained to give skilled first aid and these notes cannot replace such training.

NEED FIRST AID TRAINING?

We provide a range of first aid courses, delivered by enthusiastic instructors who come from a wide variety of clinical backgrounds. We know first aid training isn't the most exciting way to spend your time, so we make a real effort to make the sessions interesting and engaging.

We get that first aid isn't always a one-size-fits-all solution – the risks of an accounting workplace are far different to those in a logging crew, for example. We can tailor courses to suit the particular needs of your workplace.

Our courses are designed to be run on-site at your workplace to minimise disruption and travel time for your attendees. We also hold community courses at public places for individuals to attend.

FYI: 97% of people who attend our first aid course say our training is awesome!



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EMERGENCY FIRST AID GUIDE

IF YOU NEED HELP CALL 111



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FIRST STEPS, EVERY TIME, IN ALL CASES

- ✓ Check the scene for any danger and remove the patient from risk if necessary.
- ✓ Check for response – ask if they're ok, tap an uninjured part.
- ✓ If unresponsive, seriously ill or injured, send for help and call 111 for an ambulance immediately.
- ✓ Check their airway for obstruction. If there seems to be something in their mouth, try sweeping it out with your finger. If the airway is blocked, follow first aid for choking (below). If airway is clear, tilt their head and lift their chin.
- ✓ If they're not breathing, start CPR. Check vital signs – if they're not breathing, apply an AED and follow the voice prompts.

TO CONTROL BLEEDING

- While applying pressure, elevate limb above heart. If injury has dirt or otherwise in it, wash under clean running water. Apply clean dressing and bandage.

TREATING BURNS & SCALDS

- Assess the burn. The area of a burn is more critical than the depth – if 10% or more of the body's surface is burned (as a result of a second or third degree burn), the injury is life threatening. A patient's hand represents approximately 1% of their body surface. Phone 111.
- For chemical burns, wear gloves.
- Cool the burn by placing in gently flowing tepid (not cold or icy) water for a minimum of 20 minutes.
- Once cooled cover the burn with a clean, non-adherent dressing. Do not use bandages or plasters.
- DO NOT: touch or remove anything stuck to the burn; pull clothing over the burn; break blisters or remove any loose skin; apply fat, ointment or lotions.
- Call 111 if you think the burn is serious.

TREATING SHOCK

- Shock is likely to develop with serious injury or illness. Symptoms include fainting, rapid and uneven breathing, rapid heartbeat, vomiting, sweating, pale and clammy skin.
- Lie them on their back with their legs raised slightly, if it won't cause them pain or harm. Do not elevate the head.
- Check breathing at least every 5 minutes until help arrives.
- Keep them warm and comfortable and loosen tight clothing.
- Do not give them food or drink.
- If they're vomiting or drooling, turn their head to the side (if you're sure they don't have a spinal injury – if this is suspected, keep their head, neck and back in line and roll them as a unit). Phone 111.

POSITIONS

1. If a conscious patient has a head wound or is having trouble breathing, elevate the head and shoulders.
2. If there is a possible head, neck or back injury, keep the patient lying flat.
3. If vomiting, drooling, bleeding from the mouth or may vomit, roll them onto their side.
4. If patient is unconscious but breathing, place them in the stable side recovery position: on their side, chin up to open airway, arm on the floor straightened out with the other hand tucked under their floor-side cheek. Floor-side leg should be slightly bent, while top leg is pulled right over to lean on the ground and stabilise the body.

