First Aid in the Home
(This information does not replace a first aid course)

First aid is one of the most important skills anyone can learn. It may save a life or prevent permanent injury. This card gives some first aid advice for a few common events. To learn more about first aid, enrol in a first aid course with a registered training organisation.

D R A B C D Action Plan
St John Ambulance recommends using their D R A B C D Action Plan in assessing whether an injured person has any life-threatening conditions and if immediate first aid is needed.

D – check for Danger
• To you, others and the injured person.

R – check Response
• Is the injured person conscious or unconscious?

A – check Airway
• Is airway clear of objects?
• Is airway open?

B – check for Breathing
• Is chest rising and falling?
• Can you hear or feel air from mouth or nose?
• If no breathing, give 2 initial breaths.

C – give CPR
• If no signs of life – unconscious, not breathing and not moving, start CPR.
• CPR involves giving 30 compressions on lower half of breastbone, at a rate of approximately 100 compressions per minute, followed by 2 breaths.

D – apply a Defibrillator
(if available)
Follow voice prompts.

Important
If a person is unconscious, phone 000 for an ambulance and follow D R A B C D. If on a mobile phone outside the network coverage area, dial 112.
Attend a first aid course run by a Registered Training Organisation, such as St John Ambulance or the Australian Red Cross.

Minor cuts and grazes
• Clean the wound thoroughly with clean (preferably sterile) water or saline solution.
• Apply a sterile dressing; put pressure on the wound to stop bleeding and elevate the area.
• A pharmacist can advise on dressings.

Seek medical help if:
• A cut is longer than 1cm – it may need stitches
• The wound is very dirty
• There is something imbedded in the wound
• There is severe bleeding.

Head injury
• Monitor person's breathing and pulse.
• Support person's head and neck during movement in case spine is injured.
• Place a sterile dressing over wound to control bleeding – apply direct pressure to wound unless you suspect a skull fracture.
• Lie person down with head and shoulders slightly raised. If person vomits, turn them onto side and clear airway.
• Phone 000 for an ambulance.

Seek medical help urgently if person:
• Vomits
• Is drowsy, less alert or unconscious
• Develops unusual behaviour
• Develops a headache
• Has blood or fluid leaking from their ears
• Has blurred vision or pupils that are unequal in size.

Burns and scalds
• Remove person from danger.
• Cool burnt area with cold running water for at least 20 minutes.
• Remove clothing and jewellery from burnt area, unless stuck to burn.
• Place sterile, non-stick dressing over burn – a pharmacist can advise on dressings.
DO NOT
• Apply fat, lotion or ointment to burns.
• Use towels, cotton wool or blankets directly on a burn.
• Remove anything stuck to a burn.
• Touch burnt areas or burst any blisters.

Seek medical aid if:
• The burn involves the airway
• The burn involves hands, face, feet or genitals
• The burn is deep, even if the casualty does not feel any pain
• You are unsure of the severity of the burn
• A superficial burn is larger than a 20 cent piece.

Choking
Adult/Child over 1 year
• Encourage person to relax, breathe deeply and cough to remove object.
• If unsuccessful – phone 000 for an ambulance.
• Bend person well forward and give up to 5 sharp back blows (with heel of hand) between their shoulder blades. Check if obstruction has been relieved after each blow.
• If blockage has not cleared after 5 back blows – place one hand in the middle of the person’s back for support, place the heel of the other hand in the CPR position on the chest and give 5 chest thrusts – slower but sharper than CPR compressions. Check if obstruction has been relieved after each chest thrust.
• If blockage has not cleared after 5 chest thrusts – continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
• If person becomes unconscious, remove any visible obstruction and commence CPR.

Infant under 1 year
• Phone 000 for an ambulance.
• Place infant on your forearm, with head downwards and support head and shoulders on your hand.
• Hold infant’s mouth open with your fingers and give up to 5 sharp back blows between shoulders with heel of your hand. Check if obstruction has been relieved after each back blow.
• If blockage has not cleared after 5 back blows – place infant on back on a firm surface, place two of your fingers on lower half of breastbone (in CPR position) and give 5 chest thrusts – slower but sharper than CPR compressions. Check if obstruction has been relieved after each chest thrust.
• If blockage has not cleared after 5 chest thrusts – continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
• If infant becomes unconscious, commence CPR.

Poisoning
• Follow DRABCD.
• Phone 000 for an ambulance (and a fire brigade if atmosphere is contaminated with gas or smoke).
• Listen to the casualty – provide reassurance but not advice.
• Try to determine the type, amount and time of poisoning.
• Phone the Poisons Information Centre on 13 11 26.

DO NOT INDUCE VOMITING.

Basic first aid kit
• Sterile cotton gauze. swabs to clean wounds.
• Assorted sterile adhesive dressing strips.
• Assorted non-stick wound/island dressings.
• Stretch roller bandage.
• Crepe bandage.
• Triangular bandage.
• Safety pins or clips.
• Rust resistant scissors.
• Rust resistant tweezers.
• Sterile normal saline solution.
• Antiseptic.
• Isopropyl alcohol swabs.
• Sting neutraliser.
• Cold or ice pack.
• Disposable gloves.

For more information
Consumer Medicine Information (CMI) leaflets – your pharmacist can advise on availability.
NPS Medicines Line – phone 1300 888 763 Monday to Friday, 9am to 6pm EST.
The Poisons Information Centre on 131 126 from anywhere in Australia.
Pharmacists are medicines experts. Ask a pharmacist for advice when choosing a medicine.
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First Aid

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