ABC to Advanced First Aid

Includes...

- Workplace
- Advanced
- Remote
- Oxygen
- Defib
- CPR

International Emergency Numbers
Latest Guidelines

Dr Audrey Sisman

5th edition
Introduction

Congratulations on taking positive steps towards learning first aid which is an essential life skill we should all learn in order to help others and possibly save a life.

The **ABC to Advanced First Aid** book is written by a medical practitioner with experience in emergency medicine, hospital medicine, general practice and natural therapies.

The book contains clear, simple first aid advice which will assist you in handling most emergency situations.

Keep this book with your first aid kit at home, in your car or when travelling overseas.

### How to use this book

**ABC to Advanced First Aid** is divided into 8 main colour coded sections:

- Essential First Aid
- Trauma
- Medical Emergencies
- Advanced Resuscitation
- Advanced First Aid
- Work & Recreation First Aid
- Remote First Aid
- General First Aid

Each subsection shows you step-by-step how to recognise and deal with an emergency situation.

Emergencies are recognised by **SIGNS & SYMPTOMS** which are contained in a red box.

Displayed in a green box is the **FIRST AID** management of an emergency situation.

☎ means dial your country’s emergency number.

A fold out **World Map** of international emergency numbers at the back of the book identifies emergency numbers across the world. The **Emergency Numbers** page is for writing local, national and international emergency numbers.

Also at the back, there is a **First Aid Incident Report Form** which can be torn out and used in a first aid incident.
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#### First Aid Incident Report Form

World Map

**Emergency Numbers**
Unconsciousness is a state of unrousable, unresponsiveness, where the person is unaware of their surroundings and no purposeful response can be obtained.

**NO RESPONSE**

- **NO Breathing** or Abnormal Breathing
- Follow Basic Life Support Chart

**Breathing Normally**

- Recovery Position, Call ☎️, monitor

Causes of an **unresponsive (unconscious), breathing** state:
- A - Alcohol
- E - Epilepsy
- I - Insulin (Diabetes)
- O - Overdose
- U - Uraemia (renal failure)
- T - Trauma (head/spinal)
- I - Infections (meningitis)
- P - Pretending
- S - Stroke

Combinations of different causes may be present in an unconscious casualty e.g. head injury and diabetes.

NB. The sense of hearing is usually the last sense to go, so be careful what you say near an unconscious casualty.

All unconscious casualties must be handled gently and every effort made to avoid any twisting or forward movement of the head and spine.

(A noticeably pregnant, unconscious, breathing woman is best placed on her left side).

The recovery position:
- Maintains a clear airway - allows the tongue to fall forward.
- Facilitates drainage and lessens the risk of inhaling foreign material (e.g. saliva, blood, food, vomit).
- Permits good observation and access to the airway.
- Avoids pressure on the chest which facilitates breathing.
- Provides a stable position and minimises injury to casualty.

**Step 1**
- Raise the casualty’s furthest arm above the head.
- Place the casualty’s nearest arm across the body.
- Bend-up the casualty’s nearest leg.
- With one hand on the shoulder and the other on the knee, roll casualty away from you.

**Step 2**
- Stabilise the casualty by flexing the bent knee to 90° when resting on the ground.
- Tuck the casualty’s hand under their armpit.
- Ensure the casualty’s head is resting on their outstretched arm.

**Step 3**
- Carefully tilt the head slightly backwards and downwards. This facilitates drainage of saliva and/or stomach contents and reduces the risk of inhalation which may cause pneumonia.
**Basic Life Support & AED**

- **D** Dangers?
- **R** Response?
- **S** Send for help. Call ☎️
- **A** Check, Clear & Open Airway
- **B** NO Breathing or abnormal breathing
- **C** Compressions
  - Start CPR
  - 30 x Compressions
  - **CPR 30:2**
  - 2 x Rescue Breaths if able & willing
- **D** Defibrillation
  - use AED

**RESPONSE**

- **NO RESPONSE**
- **CONDUCT SECONDARY SURVEY**
  - If necessary
  - • Call for help
  - • Stop Bleeding
  - • Cool Burns
  - • Support the Head, Neck & Spine
  - • Support Fracture(s)
  - • Pressure Immobilisation Technique
  - • Assist with medication(s)

**Breathing Normally**

- Recovery position & monitor Secondary Survey
- Send or go for AED

**In an EMERGENCY CALL ☎️ or**

- **Assess hazards and use strategies to minimise risk. Follow safe workplace practices**

**Shock**

- No Shock Advised
- Shock Advised

- AED Analyses Rhythm
  - • Switch on
  - • Follow voice prompts

**Defibrillator**

- Defibrillation
  - use AED

**Compressions**

- 30 x Compressions
  - CPR 30:2
  - 2 x Rescue Breaths if able & willing

**Warning:**

- **In an EMERGENCY CALL ☎️ or**

- **Means call your country’s emergency number**
Diabetes

- Diabetes is an imbalance between glucose and insulin levels in the body.
- The imbalance may result in Hypoglycaemia (Low blood sugar) or Hyperglycaemia (High blood sugar). Both conditions, if left untreated, result in altered states of consciousness which are medical emergencies.

**SIGNS & SYMPTOMS** - Both conditions share similar signs and symptoms:
- Appear to be drunk (Dizzy, drowsy, confused, altered level of consciousness)
- Rapid breathing
- Rapid pulse
- Unconscious

<table>
<thead>
<tr>
<th>HYPOglycaemia (LOW)</th>
<th>HYPERglycaemia (HIGH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pale, cold sweaty skin</td>
<td>Warm, dry skin</td>
</tr>
<tr>
<td>Fast progression</td>
<td>Slow progression</td>
</tr>
<tr>
<td>Hunger</td>
<td>Acetone smell on breath (nail polish remover)</td>
</tr>
<tr>
<td>Trembling</td>
<td>Thirst</td>
</tr>
<tr>
<td>Weakness</td>
<td>Passes urine frequently</td>
</tr>
<tr>
<td>Seizure</td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td></td>
<td>Abdominal Pain</td>
</tr>
</tbody>
</table>

- The most common type of diabetic emergency is Hypoglycaemia.
- Hyperglycaemia is not common, as its slow onset allows diabetics to take corrective measures.

**FIRST AID**

Both conditions (Hypo and Hyperglycaemia) are managed the same way by first aiders.

**Conscious:**
- Give sweet drink/food: 5-7 jelly beans, 2-4 teaspoons of sugar or honey, glass of fruit juice (not diet or low sugar type).
- Repeat if casualty responds
- On recovery assist with high carbohydrate food: sandwich, few biscuits, pasta or rice meal.
- Call ☎ if no improvement within a few minutes of giving sugar (could be hyperglycaemia or another medical condition).

**Unconscious:**
- Place in recovery position
- Call ☎
- DO NOT administer insulin – could be fatal
- GIVE NOTHING by mouth

Hypoglycaemia can occur if a person with diabetes:
- Takes too much insulin
- Fails to eat adequately
- Over-exercises ie burns off sugar faster than normal
- Becomes ill – viral infection eg. diarrhoea and vomiting
- Experiences great emotional stress

The reason sugar is given to diabetics with an altered state of consciousness is that most will be hypoglycaemic (low). The symptoms of hypoglycaemia progress rapidly and must be addressed quickly.

If the casualty turns out to be hyperglycaemic (high), the small amount of sugar given by a first aider will not significantly raise blood sugar levels and will do no harm.

Don’t give diet or diabetic food/drink which contains artificial sweetener – this doesn’t correct low blood sugar.
Stroke
The blood supply to part of the brain is disrupted, resulting in damage to brain tissue. This is caused by either a blood clot blocking an artery (cerebral thrombosis) or a ruptured artery inside the brain (cerebral haemorrhage). 80% of strokes are caused by a blockage. The signs and symptoms of a “stroke” vary, depending on which part of the brain is damaged. **Stroke is a medical emergency.**

**SIGNS & SYMPTOMS**

**FAST** (for signs of stroke)

**F** - Facial weakness
Can the casualty smile? Has their mouth or eye drooped?

**A** - Arm weakness
Can casualty raise both arms?

**S** - Speech
Can casualty speak clearly and understand what you say?

**T** - Time
Time to act fast - Call ☎️

Also

• Numbness of face, arm/s or leg/s on either or both sides of body.
• Difficulty swallowing - drool
• Dizziness, loss of balance, fall
• Loss of or decreased vision or sudden blurred vision in one or both eyes
• Headache, often severe with abrupt onset: change in pattern of headaches
• Drowsiness
• Confusion or dazed state
• Altered state of consciousness

**FIRST AID**

• If casualty fails one of the FAST tests, Call ☎️
  (even if symptoms are brief and resolve quickly).
• Nothing to eat or drink
• Reassure
• Recovery position if unconscious
• Maintain body temperature
• Give oxygen if available and trained in its use
• Monitor Vital Signs

New drugs and medical procedures can clear a blockage and restore blood supply to the brain. Rapid access to stroke care (in hospital) can significantly reduce damage to brain tissue. Early recognition of stroke and protection of the airway, contribute to reducing deaths and long term damage from stroke.

Cerebral haemorrhage (bleed)  Cerebral thrombosis (clot)

Symptoms of stroke may also be caused by other conditions such as epilepsy or diabetes (low blood sugar). Check blood sugar level, if trained, as this can improve the accuracy of stroke diagnosis.

Hyperventilation

Hyperventilation syndrome is the term used to describe the signs and symptoms resulting from stress-related or deliberate over-breathing. The increased depth and rate of breathing upsets the balance of oxygen and carbon dioxide which results in diverse symptoms and signs.

**SIGNS & SYMPTOMS**

• Rapid breathing
• Light-headedness
• Tingling in fingers and toes.
• Blurred vision
• Spasms in hands and fingers.
• Severe Anxiety
• Chest discomfort
• Palpitations

**FIRST AID**

• Calm and Reassure.
• Encourage slow regular breathing - count breaths aloud.
• Seek medical aid – exclude other medical condition.
• **DO NOT** use a bag for rebreathing.

**NB. Other conditions** which may present with rapid breathing:

• Asthma attack
• Heart failure
• Heart attack
• Collapsed lung
• Embolus (clot) in lung
• Diabetes
• Some poisons
**Jaw Thrust**

The jaw thrust method is used to open the airway with minimal neck movement on casualties with suspected spinal injury. The simplest way of ensuring an open airway in an unconscious casualty is to use the head tilt chin lift technique.

**REMEMBER:** Airway management takes priority over spinal injury.

**Jaw Thrust Method:**
- Kneel at top of casualty’s head
- Rest your elbows on the surface where casualty is lying
- Place one hand on each side of casualty’s lower jaw, below the ears (angle of jaw)
- Use your index and middle fingers to push the jaw forward away from chest
- Use your thumbs to retract lower lip to keep casualty’s mouth open if necessary
- Slight head tilt may be necessary to maintain airway patency

**Normal Heart Function**

- Electrical impulses generated within the heart from a natural pacemaker, coordinate contraction and pumping of the heart.
- These electrical impulses can be recorded by an ECG (Electrocardiograph).
- A normal functioning heart shows sinus rhythm on an ECG.
- AEDs (Automated External Defibrillators) have an inbuilt ECG monitor which analyses the heart rhythm and determines if shock is required.

**Abnormal Heart Rhythms**

- During cardiac arrest, ECGs will detect abnormal electrical activity (heart rhythms).
- The following 3 heart rhythms are associated with cardiac arrest:
  
  **Ventricular Fibrillation (VF):**
  - VF is the most common rhythm in cardiac arrest
  - The heart quivers but doesn’t pump
  - VF lasts a few minutes before all electrical activity ceases (asystole)
  - VF is a shockable rhythm - asystole is not (see below)

  **Ventricular Tachycardia (VT):**
  - The heart beats too fast to pump effectively (pulseless VT)
  - VT may progress to VF then asystole
  - VT is a shockable rhythm

  **Asystole** (flat line):
  - Asystole is a non-shockable heart rhythm
  - All electrical activity has ceased and survival is unlikely

*AEDs only shock two rhythms - VF and VT (not asystole)*

* Asystole is pronounced: ā-sis’tō-lē
Defibrillation & AEDs

Defibrillation delivers an electric shock to the heart.

- Use AED when casualty is unconscious & not breathing normally.
- If 2 rescuers then continue CPR while one of the rescuers locates an AED and organises AED pads.
- Switch on AED & follow voice prompts of the AED.
- Place pads on bare chest (remove clothing), wipe chest dry if wet. Remove clothing, jewellery, medication patches. Place pads 8 cm from implanted device (pace-maker), avoid piercings. Remove excessive chest hair.
- **No contact.** DO NOT touch casualty during analysis or shock.
- **No conduction.** DO NOT have casualty in contact with conductive material eg metal floor, puddles of water.
- **No explosion.** DO NOT use in explosive environment.

**Children and AEDs:**

- **Over 8:** Use adult pads on a casualty who is unconscious and not breathing normally.
- **Under 8:** When using an AED on those under 8 years, *ideally* use paediatric pads and an AED with a paediatric capability. Defibs with paediatric capability, automatically adjust the size of the shock to the size of the casualty. However if these are unavailable then it is reasonable to proceed with standard adult AED pads.
- Place pads as per adult positioning, provided the pads do not touch each other. Pads can also be placed one on the front of the chest (over the heart), the other in centre of the back.
- **Care should be taken when purchasing an AED for an education or care setting to select a device that is suitable for the age group.**

**Note:**

- AEDs should only be used on unresponsive, non-breathing casualties.
- An AED can be used on unresponsive, non-breathing pregnant casualties.
- In large-breasted individuals, place the left electrode pad to side or underneath the left breast.
- If the casualty has an implanted pacemaker, raised area will be seen just below the left or right collar bone. Position AED pads 8cms from the pacemaker unit and proceed as usual.
- **DO NOT** bump or move casualty while AED is analysing rhythm.
- AED packs should include: razor, scissors, hand towel, spare pads, gloves and face shield.
- AEDs conduct automatic internal checks and provide visual indicators that the unit is ready and functioning properly - check indicator daily - follow manufacturer guidelines.
**SCUBA Diving**

SCUBA divers breathe compressed air from cylinders underwater which can lead to unique problems:

**Decompression Illness (DCI)**

Also known as the ‘Bends’ is caused by nitrogen bubbles forming in the bloodstream and body tissues which results from a scuba diver surfacing too quickly. This can lead to serious complications (eg neurological damage, chronic joint pain or even death) if not managed properly.

### Prevention is Best:

- Avoid deep dives.
- Reduce depths during multi-level dives.
- Do safety stops.
- Ascend slowly - 10 metres/ minute.
- Stay hydrated.
- Stay insulated.
- Don’t dive if feeling unwell.
- Ensure equipment is operational.
- Dive with a buddy.
- DO NOT fly within 24 hrs of a dive.
- DO NOT use Entonox (nitrous oxide) for pain relief.

### Signs & Symptoms

*(within an hour of a dive)*

- Numbness/ tingling
- Extreme fatigue
- Weakness/ paralysis
- Visual, speech, hearing difficulty
- Headache
- Joint pains
- Rash
- Poor balance or coordination
- Altered consciousness
- Convulsions
- Collapse

### FIRST AID

**Conscious:**

- **Lie diver flat** (horizontal, no pillow) - this reduces the likelihood of bubbles travelling to the brain.
- **Give 100% oxygen** through demand valve or non-regreathing mask (pg 36). Oxygen reduces the size and number of nitrogen bubbles.
- **Give fluids** to drink if conscious (no alcohol) - divers are often dehydrated after breathing dry gas underwater which worsens the effects.
- Keep diver **warm** and **no exertion**.
- Call ☎️ for immediate transfer to recompression chamber.
- Seek advice from Divers Emergency Service (DES)
- Record details of recent dives.

**Unconscious:**

DRSABCD (pg 3)

Call DES to speak to a medic trained in diving medicine.

The medic will assess the situation and advise what course of action should be taken. The medic will **not** make arrangements for evacuation or local transport.

**(DES) Divers Emergency Service - 24hr emergency hotline**

Call DES to speak to a medic trained in diving medicine. The medic will assess the situation and advise what course of action should be taken. The medic will not make arrangements for evacuation or local transport.

- **Australia**
  - 1800 088 200
  - +61-8-82129242
- **New Zealand**
  - 0800 4337 111
  - +64-9-4458454
- **South Africa**
  - 0800 020 111
  - +27-10-2098112
- **Japan**
  - +81-3-38124999
- **Korea**
  - 055-549-0912
  - 010-4500-9113
- **Europe**
  - +39-06-42118685
- **America**
  - +1-919-6849111

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**Demand valve** - 100% oxygen

**Horizontal - no pillow**

**Drink**
Ruptured Lung (Pulmonary Barotrauma)

As a diver surfaces, the gas in the lungs expands. If expanding gas is not adequately exhaled, the diver’s lungs distend and tear. This may result in a pneumothorax, subcutaneous emphysema or arterial gas embolism.

**SIGNS & SYMPTOMS**
(within 5 mins of a dive)
- Breathing difficulty
- Chest pain
- Coughing
- Blood streaked sputum
- Cyanosis (blue lips)
- Swallowing difficulty
- Voice changes
- Air bubbles under skin around neck and face (subcutaneous emphysema)
- Altered consciousness

**FIRST AID**
- Remove diver from water immediately.
- If immediate exit is delayed, remove divers weight belt and inflate buoyancy vest.

**On land or boat:**
- Rest diver in position of comfort - sitting upright or reclined.
- Give 100% Oxygen (pgs 36, 37).
- Call ☎️
- Call DES for advice (pg 60).

Ear Squeeze (Ear Barotrauma)

If the pressure difference between the outer and middle ear is not equalized via the eustachian tube, the diver will experience earache and possible eardrum rupture. This may lead to complications such as vertigo (dizziness), middle ear infections, and deafness.

**Sinus Squeeze (Sinus Barotrauma)**

Sinuses are air spaces within the head which connect to the nasal cavity. If mucus blocks the sinuses, the pressure difference causes pain and rupture of the sinus lining which may lead to sinus infection.

**SIGNS & SYMPTOMS**
- Pain in ear/ sinuses
- Bleeding from ear/ nose

**FIRST AID**
- Apply clean compress over ear/ nose
- Position casualty injured side down to allow free drainage of fluid from ear.
- Seek medical advice - antibiotics may be needed

Best treatment is prevention:
- Equalize pressure in ears on descent (Valsalva Manoeuvre).
- DO NOT dive when congested (head cold).
Traveling to a Remote Area

A remote area can be defined as one in which medical care is more than one hour away. Parties travelling to remote areas should be well organised and experienced.

Planning & Preparation:
When preparing for a trip to a remote area, plan for the unexpected:
• Injury/ illness • Getting Lost • Change in weather • Trip takes longer than predicted.

Your provisions and equipment depends on the number of participants, duration, and likely conditions. Consider:
• Food • Water (litres per day per person) • Clothing • Shelter • Fire
• First aid kits • Medications and repeat scripts • Communication devices • Insurances • Vaccinations • Fitness and ability of group members • Medical history of group members.

If going overseas to a remote area:
• Get a medical and dental checkup prior to your trip.
• Speak to a travel doctor who understands the environment you are travelling to.
• Check medication is not heat or cold sensitive - asthma puffers don’t work in extreme cold.
• Some medications are illegal in certain countries - check with your travel doctor.
• Check your prescribed medication is compatible with medications in your first aid kit.
• Ensure your travel insurance covers emergency evacuation by helicopter. Some countries require proof of ability to pay. Leave credit card details, insurance cover or cash with travel agent, embassy and/ or next-of-kin.

Team Leaders:
• Register and de-register your trips - this involves notifying authorities and friends of your planned route and estimated time of arrival. When you arrive at your destination, notify friends and authorities immediately.
• Check weather and other pertinent condition reports.
• Talk to members with a chronic medical condition and have them explain how to deal with any possible emergencies (eg testing a diabetic blood sugar level, dealing with asthma attack).
• Give regular briefings to your group and local staff on what to expect on the next stage of trip.
• Don’t overestimate group abilities.
• Always allow time for the unexpected.
• Don’t go faster than the slowest member of your group.
• Use the buddy system to monitor individual progress.
• If someone is not well, (pg 67) stop as soon as it’s safe to do so and follow up the problem.
• Don’t leave an injured person alone in the bush.

Personal Survival Kit:
• Radio Distress Beacon (pg 70)
• Water bottle • Pocket knife • Matches • Flint • Cotton wool - good tinder (pg 63)
• Small metal pot - for boiling water and cooking
• Poly zip bags - keeps cotton wool & matches dry. Stores water.
• Iodine or chlorine tablets - purifies water (pg 64).
• Vitamin C tablets - removes iodine and chlorine taste from water. Boosts immune system.
• Salt tablets - replenishes salt after sweating.
• Thermal blanket & black garbage bag - sleeping bag, roof for shelter, collects rain water, carries firewood, signaling device, marks trail when torn into strips.
• Wire saw - sawing wood for fire or shelter.
Remote First Aid

LOST or Injured

Sit down, stay put, stay calm.
Think through your situation, take stock - assess resources and needs.
Observe your surroundings.

Plan your survival - in most cases the priority should be:
- Make a SHELTER
- Build a FIRE
- SIGNAL
- Find WATER

1 STOP

2 SURVIVE

SHELTER

- Shelter is the means by which your body is protected from excess exposure to sun, cold, wind, rain or snow.
- Anything that takes away or adds to your overall body temperature can be your enemy.
- Clothing is the first line of shelter protection - have the right clothes for the right conditions.
- Wear a hat - protects from the sun and preserves body heat in the cold.
- Keep the layer closest to your body dry.
- Layers trap air and are warmer than one thick layer.
- Do not expend energy making a shelter if nature provides one.

Space (thermal) blanket prevents dampness, insulates your shelter, collects rain water, makes a solar still (pg 64), conserves body heat and makes a good reflective signaling device.

Black garbage bags make a good alternative to space blankets.

FIRE

Fire can purify water, cook food, signal rescuers, provide warmth, light and comfort and help keep dangerous predators at a distance. The smoke keeps flying insects at bay.

Outdoor adventurers should have a minimum of two ways of starting a fire - eg a flint striker and waterproof matches on their person, and with their gear.

To make a fire you need to build up gradually beginning with tinder, then kindling, then small pieces of wood progressing to larger pieces. Tinder is dry material that ignites easily eg paper, leaves, grass, bark, resin, cotton wool. Kindling is readily combustable material that is added to burning tinder eg small twigs and pine cones. Dead tree branches make good fuel wood.

- Collect enough fire wood for the night, then collect the same again.
- Carefully bank your fire to prevent igniting surrounding areas.
- Conserve fuel by making a fire where the ends of large logs meet the fire only - push inward as more fuel is needed.
- Make a refector from your space blanket on the back wall of a shelter to reflect the heat of your fire to your back.
- Sit between fire and back shelter wall.
- Never leave a fire unattended.
- Extinguish fire before leaving camp.
ABC to Advanced First Aid is divided up into 8 main colour coded sections:

1. Essential First Aid
2. Trauma
3. Medical Emergencies
4. Advanced Resuscitation
5. Advanced First Aid
6. Work & Recreation First Aid
7. Remote First Aid
8. General First Aid

In conjunction with an approved first aid course, this book will assist you learn the skills to handle most emergency situations.

This book incorporates the latest guidelines and is written for Australian conditions.

For training purposes, this book satisfies the Australian Health Training Package competency units:

HLTAID001: Provide CPR
HLTAID002: Provide Basic Emergency Life Support
HLTAID003: Provide First Aid
HLTAID005: Provide First Aid in Remote Situations
HLTAID006: Provide Advanced First Aid
HLTAID007: Provide Advanced Resuscitation
HLTAID008: Manage First Aid Services and Resources