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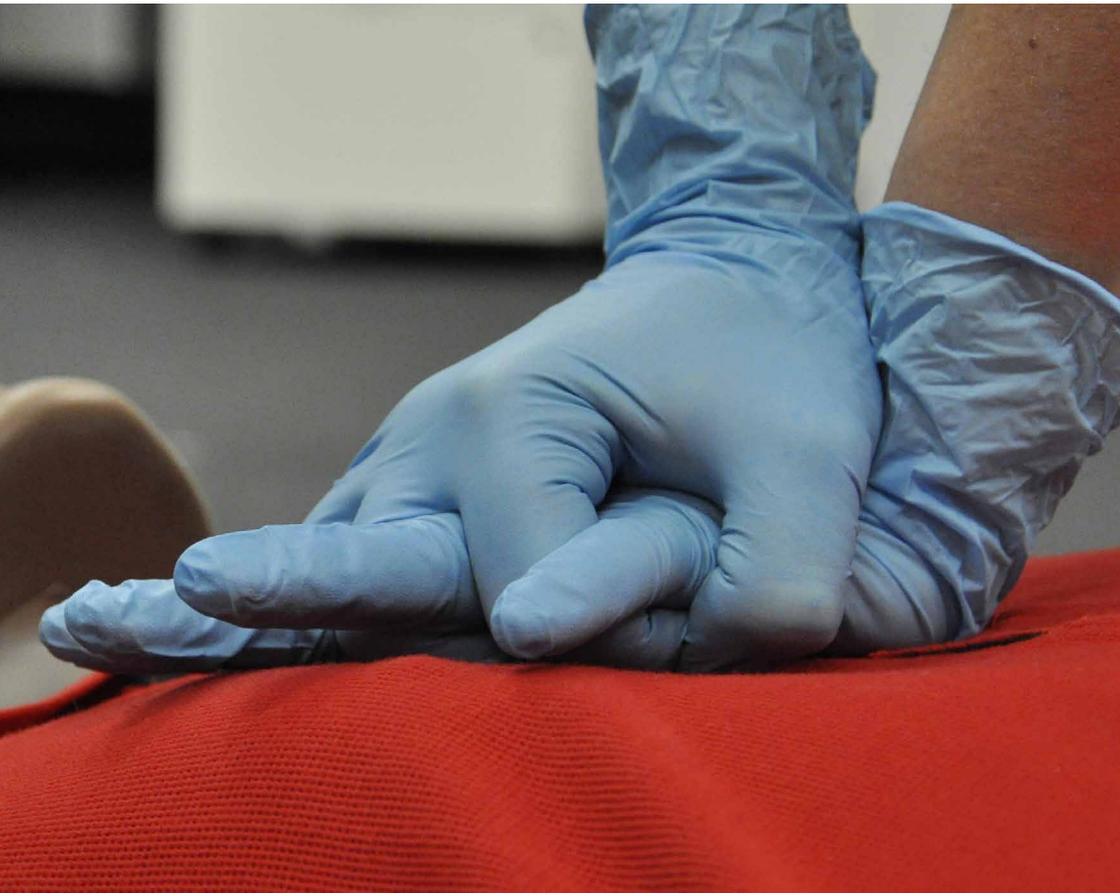
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Basic life support



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Basic life support

Basic life support is the help provided to maintain a clear and open airway, breathing and circulation—and thereby, life—in the hope that the natural function of the lungs and heart will be restored. If there is no breathing or response, cardiopulmonary resuscitation (CPR) and automatic external defibrillation (AED) must be quickly given to save a life.

Basic life support is closely linked to the Chain of survival, providing immediate actions following a sudden cardiac arrest. The time taken to call for help and provide basic life support skills—CPR and AED—is vital.

There are two main actions in providing basic life support:

1. maintaining an airway—this may involve having to clear an obstruction, such as the tongue, foreign material or vomit from the airway
2. giving external cardiac compressions combined with breaths, and carried out in a rhythmical fashion.

These simple techniques will either restart normal heart action or maintain circulation sufficient to preserve brain function until specialised assessment and treatment are available.

If the patient is unconscious and breathing, ensuring the airway is open takes precedence over any other injury. However, it is important to handle the patient gently with a minimum of movement.

If you are faced with an emergency in which there is a life-threatening situation, what you do in the first few minutes will be critical. It is important that the call for the ambulance is performed as soon as possible in an emergency. If the patient is an infant or small child, take them with you to make the call.



Maintain an open and clear airway.



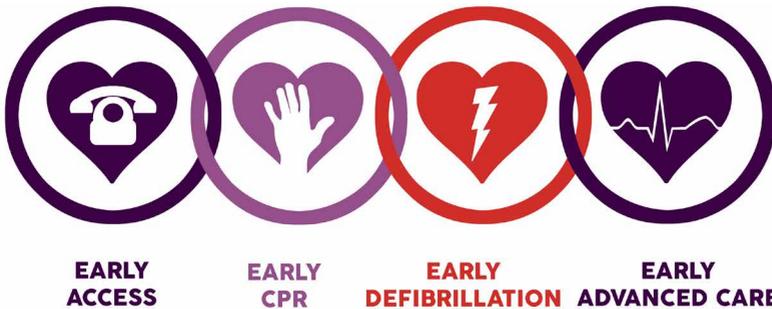
Cardiac chest compressions.



The Chain of survival

Immediate action needs to be taken to maximise a patient's chances of survival, particularly when there is no breathing, movement or response.

This 'Chain of Survival' is the key to improving the survival rate from sudden cardiac arrest in our community. Time is of the essence!



The Chain of survival explained

Early access

The ambulance must be called immediately to ensure that early defibrillation and advanced life support can commence without delay.

Early CPR

If CPR is begun within 4 minutes of the heart stopping, oxygenation of the vital organs (such as the brain) is maintained.

Early defibrillation

If CPR is given within 4 minutes and defibrillation within 8-12 minutes, there is a significantly improved chance of survival.

Early advanced life support

Advanced treatment by the ambulance service, such as giving medication and stabilising the airway, may increase chances of survival even further.



The first aider

First aid is the helping behaviours and initial care provided for an acute illness or injury.

First aid can be initiated by anyone in any situation.

A first aider is someone trained in first aid who should:

- recognise, assess, and prioritise the need for first aid
- provide care by using appropriate competencies
- recognise their own limitations, and seek additional care when needed.

The goals of first aid are to preserve life, alleviate suffering, prevent further illness or injury, and promote recovery.

The first aider who arrives first at the scene of an incident takes charge and stays in charge until handing over control to a health professional.

Any other first aider who arrives should offer to help the original first aider, without trying to take control. If you feel another first aider at the scene is more qualified to handle the situation, ask that person to take control. However, the most qualified person does not need to be in control, especially if another first aider already has matters well organised.



General management of a patient

The general management of patients is the same, whatever the cause. The patient needs to:

- be protected from danger
- be in the recovery position if unconscious and breathing normally
- have a clear airway
- have their injuries treated, such as bleeding, burns or wounds
- receive appropriate medical aid – call triple zero (000) for an ambulance
- be monitored until an ambulance arrives.

If the patient is unconscious and not breathing normally

1. Follow DRSABCD.

If the patient is breathing normally

1. Follow DRSABCD.
2. Place the **unconscious breathing patient** in the recovery position, carefully supporting the head and neck. Ensure the airway is clear and open. Ask the **conscious patient** what happened.
3. Manage life-threatening injuries, such as severe external bleeding, and send for medical aid if not already done so.
If possible, do not leave an unconscious patient alone.
4. Check the patient for identification, medication or a medical alert device (eg bracelet or necklace).
5. Assess the patient for bleeding and other injuries, noting tenderness, swelling, wounds or deformity in the following order:
 - a. head, face and neck
 - b. shoulders, arms and hands
 - c. chest
 - d. abdomen
 - e. pelvis and buttocks
 - f. legs, ankles and feet.
6. Ask bystanders what happened and record all observations.
7. Continue to check the patient's response and breathing.
8. Provide information to medical personnel when they arrive.



DRSABCD action plan

DANGER

Check for danger and ensure the area is safe for:

- yourself
- bystanders
- the patient.

RESPONSE

Check for a response:

- ask name
- squeeze shoulders.

No response?

- Send for help.

Response?

- Make comfortable.
- Monitor breathing and response.
- Manage severe bleeding and then other injuries.



SEND FOR HELP

Call triple zero (000) for an ambulance or ask a bystander to make the call.

Stay on the line.

[If alone with the patient and you have to leave to call for help, first turn the patient into recovery position before leaving to calling for an ambulance.]



AIRWAY

Open the patient's mouth and check for foreign material.

Foreign material?

- Place in the recovery position and clear the airway.

No foreign material?

- Leave in position found.
- Open the airway by tilting the head back with a chin lift.



In an emergency call **triple zero (000)** for an ambulance

BREATHING

Check for breathing.

- Look, listen and feel for 10 seconds.

Not normal breathing?

- Ensure an ambulance has been called.
- Start CPR.

Normal breathing?

- Place in the recovery position
- Monitor breathing.



CPR

Start CPR

30 chest compressions
: 2 breaths

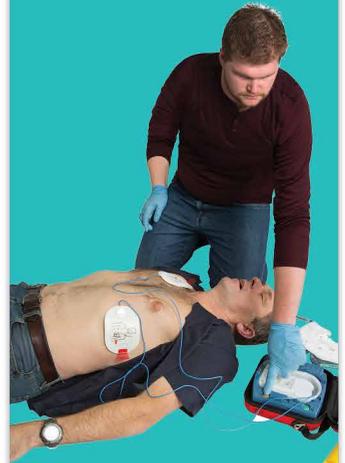
Continue CPR until:

- help arrives
- the patient starts breathing
- or you are physically unable to continue.



DEFIBRILLATE

Apply a defibrillator as soon as possible and follow the voice prompts.



DRSABCD ACTION PLAN

The DRSABCD action plan is a vital aid to the first aider in managing a patient during an emergency.

- D** Dangers?
- R** Responsive?
- S** Send for help
- A** Open Airway?
- B** Normal Breathing?
- C** Start CPR
- D** Attach Defibrillator (AED)

This plan helps you find out:

- what dangers are around that may affect you, bystanders and the patient
- if the patient is conscious or unconscious
- if the patient's airway is clear of foreign matter and open
- if the patient is breathing
- if resuscitation and defibrillation is needed
- what, if any, immediate first aid is required
- if the patient needs an ambulance.



DANGERS?

In every emergency situation, it is most important to make sure the area is safe. Once you have made sure the area is safe, you can approach the patient and begin to assess their condition.



Check for danger

1. Before approaching the patient, **look** and **listen** for any signs of danger to yourself, bystanders and the patient.
2. Once you have carefully checked to make sure the area is safe, you can approach the patient and check for a response.

Examples of danger and an immediate threat to yourself or bystanders might include:

- electrical wires
- toxic fumes
- wet and slippery surfaces
- unstable structures.

Deep water is a particular hazard. If you are helping a drowning person, do not endanger your own safety. Throw a rope or something that floats and which may aid the victim in keeping their head above water. Call for help.

Make sure that you do not become a patient too. You are no help to the patient if you become injured yourself.



RESPONSIVE?

As soon as you have determined that the situation is safe, you need to see if the patient is conscious by checking if they can respond to you.

1. Gently squeeze the patient's shoulders and ask:

- **C**an you hear me?
- **O**pen your eyes!
- **W**hat is your name? (Remember 'COW')

Or ask the patient to squeeze your hands (both hands should be tried if a stroke is suspected).



No response?

No response indicates that the patient is unconscious.

It is important to send for help as quickly as possible as unconsciousness is a life-threatening condition.

1. Send for help. Call triple zero (000) for an ambulance.

Response?

1. If the patient is breathing and responsive, leave in the position in which you found them, provided there is no further danger.
2. Make the patient comfortable and reassure them.
3. Monitor the patient's breathing and responsiveness.
4. Manage any life-threatening injuries that need immediate attention, such as severe external bleeding.
5. Manage other injuries.



SEND FOR HELP!

CALL TRIPLE ZERO (000) & • STAY FOCUSED • STAY RELEVANT • STAY ON THE LINE.

[www.em.gov.au/Triplezero\(000\)](http://www.em.gov.au/Triplezero(000))

In a medical emergency, it is important that you call for help as soon as possible.

1. Call triple zero (000) and ask for an ambulance, or ask another person to make the call.
2. Stay on the line.
3. If the patient is unconscious and breathing and you are alone with them and have to leave the scene to call triple zero, place the patient in the recovery position first and then go and make the emergency call.

When you call

- You will be asked if you need police, fire or ambulance.
- Your call will be directed to the service you asked for.
- Speak clearly and answer the questions.
- Stay on the phone until the operator tells you to hang up.

For a medical emergency

- Give the approximate number of patients.
- Give an indication of the type and extent of injuries if possible.
- State if any other emergency services are required. If there is a damaged power line, advise emergency services to ensure that the electricity authority is contacted. If there is danger from chemical or fuel spillage or a gas leak, advise emergency services to ensure that the fire authority is contacted.



Providing location information

- You will be asked where you are.
- Try to provide the suburb, street name, street number, nearest cross-street and your actual location.
- In rural areas, give the full address and distances from landmarks and roads, as well as the property name (and road number if there is one).
- If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed.



AIRWAY

The patient's airway must be clear and open so that the patient can breathe. Check the airway to ensure it is open before you treat any other injury.

The airway may be blocked by:

- the back of the patient's tongue
- solid or semisolid material, such as food, vomit or blood
- swelling or injury of the airway
- position of the neck (eg an unconscious seated person with their chin on their chest).

Checking the airway

Adult or child (over 1 year)

1. If the adult or child is lying on their back, leave them in that position.
2. If the adult or child is lying face down, turn them into the recovery position.
3. Open the patient's mouth and look for any foreign matter blocking the airway.
4. If there is a blockage:
 - turn the patient into the recovery position
 - tilt the patient's head back with the mouth slightly downwards
 - clear the airway of the foreign material with your fingers.Only remove dentures if they are loose or broken.



Infant (under 1 year)

1. Lay the infant down on a firm surface.
2. Clear their mouth of the blockage with your little finger.



Opening the airway will ensure the patient can breathe. They can be either in the recovery position if you needed to clear the mouth of any blockage, or on their back.

Opening the airway

Adult or child (over 1 year)

1. Place your hand high on the patient's forehead.
2. Place the thumb of your other hand over the patient's chin below their lip, supporting the tip of the jaw with the knuckle of your middle finger. Place your index finger along jaw line.
3. Gently tilt the patient's head backwards to bring their tongue away from the back of their throat. Avoid pressure on the neck and soft tissue under the skin.
4. Lift the chin, opening the patient's mouth slightly.



Infant (under 1 year)

The upper airway in infants is easily blocked because the trachea (windpipe) is soft and may be distorted by an excessive backward head tilt or chin lift. Therefore, to open an infant's airway the head should be tilted backwards very slightly with a gentle movement.

1. Place the infant flat on their back.
2. Tilt the infant's head back very slightly to open the airway.
3. Gently lift the infant's chin to bring their tongue away from the back of their throat. Avoid pressure on the soft tissue under the infant's chin.



Seated, unconscious patient

If a patient is found unconscious in a seated position (eg car accident or slumped in chair), simply tilting the head back, lifting the chin and moving the jaw forward will open the patient's airway.



Recovery position

Adult or child (over 1 year)

1. With the patient on their back, kneel beside the patient and position their arms
2. Place the patient's furthest arm directly out from their body.
3. Place the patient's nearest arm across their chest.
4. Position the patient's legs
5. Lift the patient's nearest leg at the knee and place their foot on the floor so the leg is bent.
6. Roll the patient into position
7. Roll the patient away from you onto their side, carefully supporting their head and neck the whole time.
8. Keep the patient's leg bent with their knee touching the ground to prevent the patient rolling onto their face.
9. Place the patient's hand under their chin to stop their head from tilting and to keep their airway open.



Infant (under 1 year)

1. Lie the infant face down on your forearm.
2. Support the infant's head with your hand.



BREATHING

After you have ensured the airway is clear and open, you should check if the unconscious patient is breathing normally. This will tell you whether or not to start CPR.

Check for breathing

1. Look and feel for chest movement.
2. Listen and feel for sounds of air escaping from the mouth and nose (an occasional gasp is not adequate for normal breathing).

Take no more than 10 seconds (2–3 breaths) to do this.



If the patient is not breathing normally and is not responsive

1. Ensure an ambulance has been called.
2. Start CPR.

If the patient is breathing normally but is unconscious

1. Ensure an ambulance has been called — triple zero (000)
2. Ensure the patient's airway is clear and open.
3. Turn the patient into the recovery position.
4. Continue to check the patient for normal breathing until medical aid arrives.
5. If the patient stops breathing, roll them onto their back and start CPR.
6. If, during CPR, the patient starts breathing but is still unconscious, turn them back into the recovery position.
7. Continue to check the patient. Be ready to turn the patient onto their back again and restart CPR if breathing stops.



CARDIOPULMONARY RESUSCITATION

Cardiopulmonary resuscitation (CPR) is given to a patient when they are unconscious and not breathing normally.

CPR is the repeated action of giving 30 chest compressions followed by 2 breaths.

- Compressions should be given at a rate of 2 compressions per second (approx. 100–120 compressions per minute).

Try to achieve 5 sets of 30 compressions and 2 breaths in about 2 minutes.

- The first aider should minimise interruptions to chest compressions.

- Any attempt at resuscitation is better than no attempt at all.
- If a first aider is unwilling or unable to give breaths, giving compressions only will be better than not doing CPR at all.
- Children (1–8 years of age) should be managed as for adults.

Change over between first aiders during CPR

When two first aiders are present or if a second person arrives to help:

- one of the two first aiders indicates readiness or a need to change
- first aiders must change over smoothly with minimal interference to the resuscitation procedure
- change should be done frequently: approximately every 2 minutes, to minimise fatigue.

When to stop CPR

You can stop giving CPR when:

- the patient begins breathing normally and is responsive
- more qualified help arrives and takes over
- you are physically unable to continue.

When the patient starts breathing

1. Turn the patient to the recovery position, carefully supporting the head and neck. Ensure the airway is clear and open.
2. Assess the patient for bleeding and other injuries noting tenderness, swelling, wounds or deformity in the following order: head, face and neck; shoulders, arms and hands; chest and abdomen; pelvis and buttocks; legs, ankles and feet.
3. Continue monitoring the patient's breathing and responses.



Compressions

Adult or child (over 1 year)

Give compressions with the patient on a firm surface.

1. Get into position.
 - Place the patient on their back.
 - Kneel beside the patient's chest.
 - Locate the lower half of the sternum (breastbone) in the centre of the chest.
 - Place the heel of one hand on the lower half of the sternum and the heel of your other hand on top of the first hand.
 - Interlock the fingers of your hands and raise your fingers.
2. Press down on the sternum.
 - Position yourself vertically above the patient's chest.
 - With your arms straight, press down on the patient's chest until it is compressed by about one-third.
3. Release the pressure. Pressing down and releasing is 1 compression.
4. Give 30 compressions.



Infants (under 1 year)

Give compressions with the patient on a firm surface.

1. Get into position.
 - Place the patient on their back.
 - Place self beside the patient's chest.
 - Locate the lower half of the sternum (breastbone) in the centre of the chest.
2. Place 2 fingers over the lower half of the sternum
3. Press down on the patient's chest until it is compressed by about one-third.
4. Release the pressure. Pressing down and releasing is 1 compression.
5. Give 30 compressions.



Giving breaths

Adult or child (over 1 year)

1. Open the airway using the head tilt and chin lift.
 - Place one hand on the patient's forehead or top of their head.
 - Use the other hand on the chin to tilt their head (not the neck) backwards.
 - Avoid pressure on the neck and soft tissue under the skin.
2. Give breaths.
 - With the head tilted backwards, pinch the soft part of the nose closed with your index finger and thumb, or seal the nose with your cheek.
 - Open the patient's mouth by placing your thumb over the chin below the lip and supporting the tip of jaw with the knuckle of middle finger. Place your index finger along jaw line. The chin is held up by your thumb and fingers in order to open the mouth and keep the airway clear.
 - Take a breath and place your lips over the patient's mouth, ensuring a good seal.
 - Blow steadily for about 1 second, watching for the chest to rise.
 - Turn your mouth away from the patient's mouth and watch for chest to fall, and listen and feel for signs of air being expelled. Maintain head tilt and chin lift.
 - Take another breath and repeat the sequence. This is now 2 breaths.

If the chest does not rise, recheck the mouth and remove any obstructions. Make sure the head is tilted and chin lifted, and ensure there is a good seal around the mouth (or mouth and nose).



Giving breaths

Infants (under 1 year)

1. Tilt the infant's head back very slightly.
2. Lift the infant's chin to bring their tongue away from the back of their throat.
3. Avoid pressure on the neck and the soft tissue under the chin.
4. Give breaths.
 - Place your lips over the infant's mouth and nose, ensuring a good seal.
 - Blow steadily for about 1 second, watching for the chest to rise.
 - Turn your mouth away from the infant's mouth and watch for chest to fall, and listen and feel for signs of air being expelled. Maintain head tilt and chin lift.
 - Take another breath and repeat the sequence. This is now 2 breaths.

If the chest does not rise, recheck the mouth and remove any obstructions, and ensure there is a good seal around the mouth and nose.



The upper airway in infants is easily obstructed because the trachea (wind-pipe) is soft and may be distorted by an excessive backward head tilt or chin lift.

In infants, therefore, the head should be kept neutral and only minimal head tilt used.

The lower jaw should be supported at the point of the chin with the mouth maintained open. There must be no pressure on the soft tissues of the neck. If this does not provide a clear airway, the head may be tilted backwards very slightly with a gentle movement.



Other methods for giving breaths

Mouth-to-nose breaths

The mouth-to-nose technique is used when:

- the jaw and/or teeth are broken
- the jaws are tightly clenched
- resuscitating in deep water
- resuscitating an infant or small child when your mouth can cover the patient's nose and mouth together.

1. Kneel beside the patient.
2. Keep the patient's head tilted back.
3. Close the patient's mouth.
4. Place your thumb on the lower lip to keep the patient's mouth closed.
5. Support the jaw.
6. Take a deep breath and open your mouth wide.
7. Seal your mouth around the patient's nose (infant—mouth and nose) without compressing the soft part.
8. Blow into the patient's nose (infant—mouth and nose).
9. Remove your mouth and allow the patient's mouth to open by removing your thumb to allow exhalation.

Mouth-to-mask breaths

Using a resuscitation mask avoids mouth-to-mouth contact between the first aider and the patient. This may be appropriate if the patient has vomited, if blood is present or if the patient is inebriated.

1. Kneel beside the patient, one knee level with head and the other with patient's chest.
2. Tilt head backward, lift chin and support jaw to maintain an open airway.
3. Place narrow end of mask on bridge of nose (apply mask firmly to achieve an effective seal).
4. Take a deep breath and blow through the mouthpiece of the mask.
5. Remove your mouth to allow exhalation.
6. Turn your head to listen and feel for the escape of air.
7. If the chest does not rise, recheck head tilt, jaw support and mask seal.



Mouth-to-stoma breaths

A stoma is a hole in the windpipe visible in the front of the neck, resulting from a partial or total removal of the larynx (voice box). This procedure is usually done as part of the treatment for cancer, but sometimes after burns, injury or infection.

Mouth-to-stoma breaths are performed on patients who breathe totally through the stoma, or partially through a stoma, their mouth and nose.

A scarf or other fabric filter over the neck may alert the rescuer to the possible presence of a stoma. A stoma will be more obvious when the patient is on their back. If a tube is seen in the stoma, always leave it in place to keep the hole open for breathing and resuscitation.

1. Support the jaw with the head in backward tilt to make it easier for you to seal your mouth over the stoma.
 - Partial stoma — seal the nostrils with index and middle fingers and use the thumb to press the chin upwards and backwards, sealing the lips.
2. Take a deep breath and blow through the stoma—watch for rise and fall of chest.
 - Partial stoma — when the chest rises, lift the fingers sealing the nose and mouth and listen for escaping air from nostrils and stoma.
3. If the chest fails to rise, this may be due to:
 - a poor seal over the stoma
 - air is escaping from mouth and nose from partial stoma
 - stoma or tube is blocked—do not remove the blocked tube.
4. If foreign material is obvious, attempt to clear it. Re-attempt inflation by blowing harder.
5. If still blocked, use back blows and chest thrusts in an attempt to dislodge the obstruction; alternate 5 back blows to 5 chest thrusts (see Choking, page 27).



CPR for — the drowning patient

Remove the victim from the water as soon as possible, but do not endanger your own safety. Throw a rope or something that floats and which may aid the victim in keeping their head above water. Call for help.

- Follow DRSABCD.
- If the patient is unconscious and not breathing normally, start CPR.
- If the patient is breathing, keep them in the recovery position and continue to check their breathing.

Call triple zero (000) for an ambulance for all drowning patients, even if the event is seemingly minor or the patient appears to have recovered fully.

the patient in a wheelchair

If the patient is in a wheelchair and requires CPR, carefully and safely take the patient out of the wheelchair and place them onto their back to start CPR.

the pregnant patient

If a woman in an advanced state of pregnancy requires CPR.

- Place her on her back with her shoulders flat.
- Place padding under her right buttock to tilt her pelvis to the left.
- If there is not enough padding available to achieve a definite tilt, a second person should hold the patient's pelvis tilted to the left while CPR is performed.
- Do not delay CPR to find padding.



DEFIBRILLATION

- Use a defibrillator (AED) as soon as possible if the patient is not breathing and is not responsive (unconscious).
- If you are alone with the patient, place the patient in the recovery position and collect the defibrillator (if available nearby).
- If two first aiders are present, one should collect the defibrillator while the other begins CPR on the patient.

CPR and defibrillation

CPR can maintain the blood flow and keep the blood oxygenated; the defibrillator can assist the heart to regain its normal electrical rhythm.

CPR should continue while the defibrillator is being collected, opened and the pads are being attached. It is crucial that CPR continues at all times except during analysis and when the actual electric shock is being delivered.

Note!

- The defibrillator will provide visual or vocal automatic instructions (depending on the make of the defibrillator). Follow the visual or vocal prompts.
- A defibrillator will automatically detect if a patient's heart is beating normally.
- A defibrillator will NOT advise to press the shock button if it detects that the patient's heart is beating normally.
- If you think the patient is not responding and not breathing and this is not actually the case, then connecting a defibrillator will cause no harm.
- Do not remove the pads from the patient's chest even if they are conscious.
- If the patient has responded to defibrillation and is now breathing normally, place them in the recovery position. Do not remove the pads.
- Continue to monitor the conscious patient. Be prepared for further CPR if the patient stops breathing normally, or the defibrillator advises to press the shock button.



How to defibrillate an adult patient

1. Prepare the patient

1. Expose the patient's chest, removing any clothes if necessary, including a bra.
2. If the patient's chest is damp or wet, wipe it down with a towel to ensure it is dry before applying the defibrillator pads.
3. Remove any medication patches located where the pads will be applied.
4. Remove or move any jewellery where the pads will be applied.
5. Check for pacemaker or implant scars, found between the collarbone and the top of the breast, or either side of the chest.



2. Apply the pads

- Open the defibrillator case.
- Follow the defibrillator's automatic prompts, which will tell you where the pads are to be placed on the patient's chest.
- If there is a second first aider, CPR should continue while the pads are being placed.

1. Place one pad to the patient's right chest wall, below the collarbone.
2. Place the other pad on the patient's left chest wall, below the left nipple.

Check for pacemaker or implant scars, found between the collar bone and the top of the breast, or either side of the chest.

If an implant is identified, place the pad at least 8 cm away from the site. Do not place the pad on top of the pacemaker or implant site.



3. Using the defibrillator

1. Once the pads are placed, the machine will provide visual or vocal automatic instructions (depending on the make of defibrillator).
2. It is important that no one touches the patient during the analysis and shock process.
 - If a person has been performing CPR, they should stop and move slightly away so they are not in contact with the patient.
3. The defibrillator will analyse the heart and determine whether a shock should be given.
4. After the shock is delivered, continue CPR until medical assistance arrives.
5. If the patient starts breathing normally, place them in the recovery position.
 - DO NOT remove the pads.
 - DO NOT turn off the defibrillator.
6. Continue to check the patient's breathing. Be prepared to begin CPR again if the patient stops breathing normally.



How to defibrillate a child (between 1–8 years)

Use a defibrillator with paediatric mode or paediatric pads for children (1–8-years) who are not breathing normally and are not responsive.

If paediatric-sized pads are not available with the defibrillator, standard adult pads may be used. It is recommended that both adult and paediatric pads are stored with a defibrillator.

1. Prepare the patient (page 24).
2. Apply the pads:
 - Place one pad in the centre of the patient's chest, between the nipples.
 - Turn the patient into the recovery position and place the second pad in the centre of the patient's back, between their shoulder blades.

If child pads are not available, adult pads should be used. Place adult pads as you would on an adult, ensuring the pads do not touch.

If insufficient space on the child's chest, one pad can be placed on the chest, and the other on the back.

3. Roll the patient back onto their back.
4. Use the defibrillator (page 25).



Infants (under 1 year)

Infants who are not breathing or responsive are more likely to be in respiratory arrest. This is when normal breathing stops due to failure of the lungs to function effectively.

Defibrillation is not recommended. Ensure an ambulance has been called—triple zero (000).



CHOKING

Adult or child (over 1 year)

Warning

If the patient becomes blue, limp or unconscious, follow DRSABCD and call triple zero (000) for an ambulance.

Signs and symptoms

- clutching the throat
- coughing, wheezing, gagging
- difficulty in breathing, speaking or swallowing
- making a whistling or 'crowing' noise, or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness

1. Encourage the patient to relax.
Ask the patient to cough to remove the object.
2. If coughing does not remove the blockage, call triple zero (000) for an ambulance.
3. Bend the patient well forward and give up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.
Check if the blockage has been removed after each blow.
4. If the blockage has not cleared after 5 back blows, give up to 5 chest thrusts by placing one hand in the middle of the patient's back for support and the heel of the other on the lower half of the sternum.
Thrusts should be slower and sharper than CPR compressions.
Check if the blockage has been removed after each thrust.
5. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
6. If the patient becomes blue, limp or unconscious, call triple zero (000) for an ambulance and follow DRSABCD.



Choking infant (under 1 year)

Warning

If the patient becomes blue, limp or unconscious, follow DRSABCD and call triple zero (000) for an ambulance.

Signs and symptoms

- clutching the throat
- coughing, wheezing, gagging
- difficulty in breathing, speaking or swallowing
- making a whistling or 'crowing' noise, or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness

1. Immediately call triple zero (000) for an ambulance. Stay on the phone.
2. Place the infant with their head downwards on your forearm, supporting the head and shoulders on your hand.
3. Hold the infant's mouth open with your fingers.
4. Give up to 5 sharp blows to the back between the shoulders with the heel of one hand, checking if the blockage has been removed after each blow.
5. If the blockage has come loose or been removed, turn the infant into the recovery position and remove any object that may have come loose with your little finger.
6. If the blockage has not been removed after 5 back blows, place the infant on their back on a firm surface.
7. Place 2 fingers on the lower half of the sternum and give up to 5 chest thrusts, checking if the blockage has been removed after each thrust. Support the infant's head with the other hand.
8. If the blockage has not been removed after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
9. If the infant becomes unconscious, start CPR.



Infection control

During first aid, both you and the patient are at risk of infection. If the patient is infected with any bacteria, then you are at risk from the patient. If you are infected with any bacteria, then the patient is at risk from you. They are also at risk from bacteria in the environment, particularly if they have any open wounds.

Practicing standard precautions is recommended for the treatment and care of all patients, regardless of their perceived or actual infectious status.

Taking these simple precautions can protect both you and the patient from infection. These precautions aim to prevent the transmission of blood and other body fluids (saliva, vomit, pus, urine, faeces), and to keep wounds and surfaces clean.

Standard precautions include:

Hand washing

Washing your hands is the single most important measure in preventing the spread of infection. You should wash your hands:

1. before touching a patient
2. before a procedure
3. after a procedure
4. after touching a patient
5. after touching a patient's surroundings.

If disposable gloves are available for you to use, you should also wash your hands before putting on the gloves and after you remove the gloves.

Wash your hands with soap and water, a liquid soap, or an alcohol-based hand solution.

Gloves

You should always wear gloves when you are treating a patient.

Wash your hands before putting gloves on and immediately after removing gloves. It is also a good idea to cover any cuts or wounds on your hands before putting gloves on.

First aid gloves are disposable. After gloves are used in first aid, they are contaminated and can be a source of infection.



Respiratory hygiene

Respiratory secretions may be passed from person to person by coughing, or by hand-to-hand, hand-to-nose, hand-to-eye or hand-to-mouth contact.

If your patient has a respiratory infection, you can offer them a mask to wear if they are being treated in a first aid facility. You can also encourage the patient to sit at least 1 metre away from others in common waiting areas.

All people with signs or symptoms of a respiratory infection should:

- cover their nose and mouth with a tissue when coughing or sneezing, or cough and sneeze into their elbow
- use tissues to contain respiratory secretions
- spit into a tissue if spitting is necessary
- dispose of tissues in the nearest rubbish bin immediately after use, preferably after placing the tissue in a plastic bag wash their hands thoroughly after contact with respiratory secretions and contaminated objects or materials.

Dressings

Dressings will come into direct contact with open wounds. It is therefore important that they are kept sterile to minimise any risk of infection.

The general principles for applying dressings are:

- wash and dry your hands before you put on clean disposable gloves
- use a sterile dressing that extends about 2 centimetres past the edges of the wound
- DO NOT touch the dressing surface that will contact the wound
- if the wound is minor, clean the wound with saline or clean water (if not available, use an antiseptic swab) before applying a dressing
- replace any dressing that becomes wet or soiled with blood or pus at least once a day
- wash and dry your hands after removing gloves.



Waste disposal

Ensuring all surfaces are cleaned effectively and ensuring all waste is disposed promptly and effectively are important strategies for minimising the spread of infection.

Anything considered to be a potential source of infection (eg blood, body fluid, needle) should be safely contained. Waste disposal should comply with any state or local government requirements.

1. Remove any clothing that is contaminated with blood.
2. Place all items that are soiled with blood or other body fluids in plastic bags, and tie the bags securely.
3. Dispose of sharps, including scissors and tweezers, that have become contaminated with blood or other body fluids in a rigid-walled, puncture-resistant sharps container.



Cleaning

Cleaning should start as soon as possible after an incident involving blood or other body fluids has occurred.

1. Wear appropriate personal protective clothing (eg eye protection, plastic apron, mask and protective gloves) when cleaning blood or other body fluid spills.
2. Clean contaminated surfaces with disposable paper toweling and warm soapy water.
3. When cleaning large spills (greater than 10 centimetres), use caution because the risk of a splash is very high. Gently place disposable paper towels over the spill to soak it up, and then mop the area with warm soapy water.



Basic life support is the aid given to maintain life.

The two simple techniques of (1) ensuring a clear and open airway, and (2) providing cardiopulmonary resuscitation, may be enough to either restart normal heart function, or maintain circulation. These actions may help to preserve brain function until professional and specialised treatment is available.

Quick guide

Basic life support

The Chain of survival

The first aider

General management of a patient

DRSABCD action plan

Dangers?

Responsive?

Send for help!

Airway

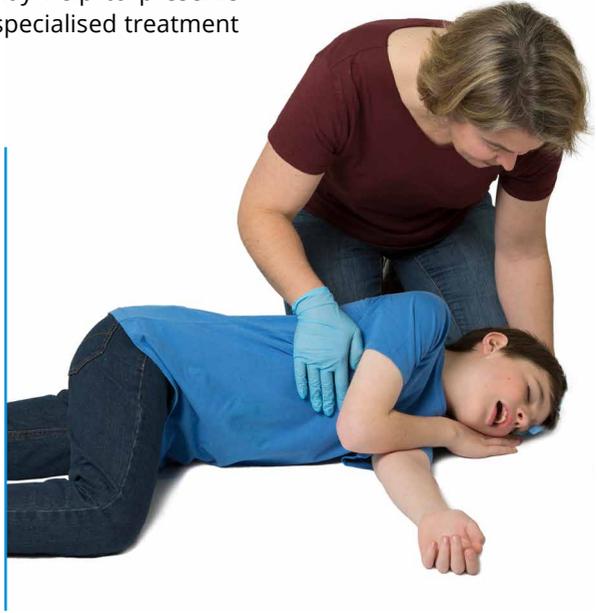
Breathing

Cardiopulmonary resuscitation

Defibrillation

Choking

Infection control



SAVE A LIFE LEARN FIRST AID

Call 1300 ST JOHN www.stjohn.org.au

EMERGENCY TELEPHONE NUMBERS

TRIPLE ZERO (000)

■ Ambulance ■ Fire ■ Police

Poisons Information Centre
13 11 26

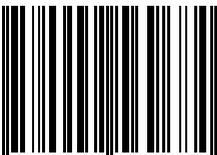
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