

# AUSTRALIAWIDE **FIRST AID** MANUAL – SUMMARY POINTS

## PREPARED FOR MEMBERS of COLLIER PARK SENIORS GOLF CLUB INC.

The summary points below are handpicked from the manual to guide members for situations that may arise on the golf course which may be:

- Heart related
- Stroke
- Injury related (Hit by a golf ball or fall)
- Heat related
- Snake bite

If a fellow player suffers an incident, the most important actions from club members are to:

1. Stay calm but act quickly,
2. Check what the problem is,
3. Call for help and
4. Do what is possible to stabilize the patient.

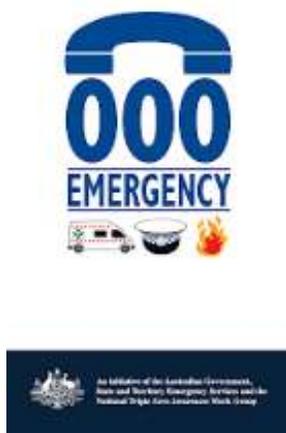
As the Manual says - **I.N.F.** -Identify, **N**otify and **S**tabilize.

- **Identify** – before calling for help it will be very useful if you can tell them what you think the problem may be – have a go at examining the patient – see further notes below.
- **Notify** – use the Emergency Plus App which will allow you to call 000 and alert them exactly where you are. If you don't have the App installed (highly recommended), only then call 000.

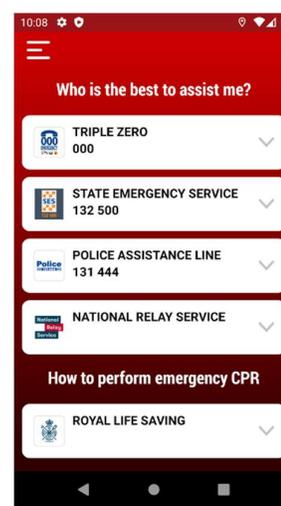
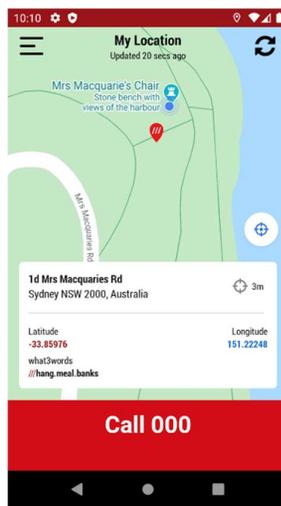
The Pro Shop asks that you do **NOT** call them – the App (or 000) will do that for you and will also pinpoint your exact location. The Pro Shop advises that you will only waste time if you try to call them yourself.



Emergency Plus Icon



Open the App to reveal the above 3 interactive icons.



- **Stabilize** - whilst waiting for help to arrive, do what you can to make the patient comfortable – see further notes below.

In general terms, the manual pretty much states the obvious:

The main purpose of First Aid is represented by the 5 **P**'s:

1. **P**reserve Life
2. **P**rotect from further harm
3. **P**rovide pain relief
4. **P**revent injury from becoming worse and
5. **P**rovide reassurance.

The standout repetitive action in all procedures and actions seems to be that of number 5 above – ie, Reassure and calm the patient, keep calm yourself and don't panic.

Recommended actions are further emphasised with the acronym: (DoctorsABCD)

**DRSABCD** = **D**angers, **R**esponsive, **S**end for help, **A**irway, **B**reathing, **CPR**, **D**efibrillation.

- **D**angers – quickly look for issues that may further endanger the casualty, self or others ie. tree branches falling, exposure to hot sun, snakes, fallen power lines, golfers teeing off from nearby tee, etc. and take measures to negate them.
- **R**esponsive – check if the patient is responsive – use the acronym **C.O.W.S.**
  - a. **C**an you hear me?
  - b. **O**pen our eyes
  - c. **W**hat is your name?
  - d. **S**queeze my hand

If no response, commence **CPR**.

- **S**end for help – see **Notify** above.
- **A**irway – ensure the airway is open by gently tilting the head back – with the patient on his/her back.
- **B**reathing – look, listen & feel - check by holding your cheek close to the mouth. If breathing, place casualty in the Recovery Position (see below).
- **CPR** – Commence CPR if no pulse is detected. (See CPR explanation following.)
- **D** – Defibrillation will be executed by Pro Shop employees or ambulance people. (Note that a shock may not be needed – see following description under Heart)

**Repetitive observations for each condition - from the manual:**

- a. Stay calm and provide reassurance.
- b. Assess the history of the injury or illness.
- c. Follow basic wound care procedures.
- d. Casualty's skin becomes cold and clammy – in many instances.
- e. Pressure immobilization technique for bleeding, snake bite or fractures (PIT)
- f. Airway over spine every time – you can live with a broken back, but you can't live without air.

## RECOGNIZING & TREATING PROBLEMS

- **HEART:**

- a. **SUDDEN CARDIAC ARREST** – electrical malfunction

- Symptoms**

- Sudden chest pain
      - Likely fibrillation

- Treatment**

- Commence CPR
      - AED (Automatic External Defibrillator) - will be administered by Pro Shop or ambulance personnel.

- (**NOTE:** The AED will first ‘read’ symptoms & will only recommend a shock if the heart is in fibrillation.

- If there is no pulse a shock will **not** be recommended, and CPR should be continued.)

- b. **HEART ATTACK** – coronary artery blocked

- Symptoms**

- Pale & sweating
      - Rapid shallow and difficult breathing
      - Central chest pain which may spread
      - Nausea or vomiting

- Treatment**

- Rest patient in sitting position.

- c. **ANGINA** – reduced blood supply to the heart

- Similar symptoms and treatment to heart attack

- d. **HEART FAILURE** – heart unable to perform proper function.

- Similar symptoms and treatment to heart attack as well as:
      - Bubbly gasping breaths
      - Frothy sputum
      - Swelling of extremities – ankles
      - Partial collapse.

- **STROKE** – use acronym **FAST** to identify = **F**ace, **A**rms, **S**peech, **T**ime

- a. Has their face drooped?
  - b. Can both arms be raised?
  - c. Can patient speak clearly?
  - d. Call for help quickly.

- Treatment**

- 1. If conscious, place in comfortable position & ensure airway is open
    - 2. If unconscious & breathing, place in recovery position. (see below)
    - 3. Maintain body temperature.

## RECOVERY POSITION

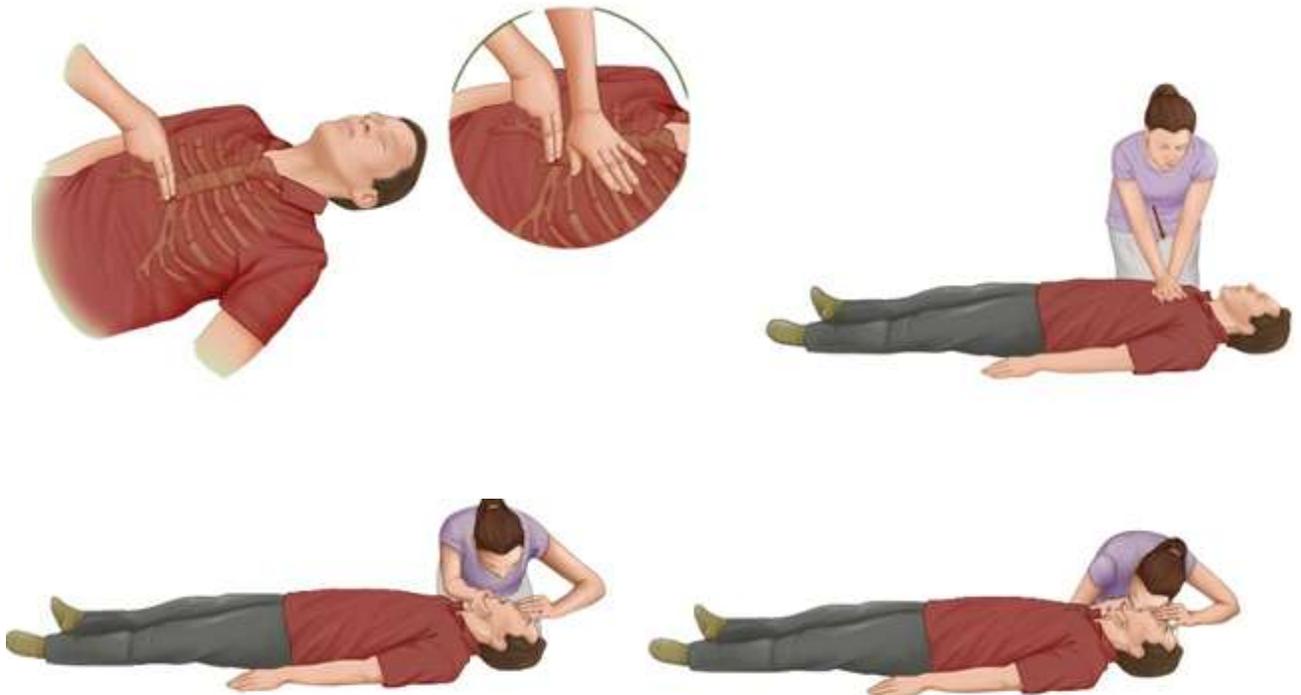


## Cardiopulmonary Resuscitation (CPR)

Thirty compressions (1/3 depth of depth of chest) at a rate of 2 compressions per second followed by 2 breaths (watch chest rise). Make sure nose is sealed off and head is tilted.

Fractured ribs are a common (& acceptable) occurrence.

Change over First Aiders every 2 minutes if possible.



## IMPACT RELATED INJURIES

**Minor Injuries** – if to the eye:

- Gently cover the eye with a 'golf towel' or item of clothing – whatever is available.
- Accompany player to Pro Shop or call them for assistance.
- **\*Do not pull on the eyelids or 'push' the object around the eye's surface.**
- **\*Do not allow casualty to 'rub' the eye.**

## Major Injuries

Eg. from a golf ball to the head – possibility of concussion.

**Concussion is the body's way of protecting the brain. Of all the head injuries, the severity of this is often underestimated and many casualties have succumbed several hours after the incident.**

Check the patient's response and whether they have any alteration of consciousness.

Ask questions such as:

- What is your name?
- Do you know where you are?
- What colour is my shirt?
- Wiggle your fingers?
- Can you count to 5 for me?

Lay the casualty flat with complete rest and shade.

- Call Triple Zero (000) for an ambulance.
- Do not remove any protruding object.
- Immobilise the casualty's head and spine by having one person place their hands on either side of the casualty's head (palms inwards), but do not cover the ears.
- If to the eye, cover using a 'ring bandage' to reduce movement.
- Be calm and provide reassurance.
- Keep hands away from the eye.
- Eye-drops are not to be used under any circumstances.

## HEAT RELATED EMERGENICES

1. **Dehydration**
2. **Hyperthermia**
3. **Heat Cramps**
4. **Heat Exhaustion**
5. **Heat Stroke**

**Symptoms** are similar for all conditions including:

- Pale cool clammy skin, ( or hot dry skin for heat stroke)
- Rapid breathing
- Profuse sweating – (but sometimes lack of sweating for heat stroke)

- Thirsty
- Headache
- Nausea
- Cramps
- Dizziness
- Spasms

**Treatment** is also similar for all conditions including:

- Complete rest in the shade
- Remove unnecessary clothing
- Sponging with cool water and fanning
- Frequent small amounts of cool water to drink
- Gently stretch affected muscles (if cramped)

## **SNAKE BITES**

**Signs & Symptoms** (Could take up to 2 hours to become apparent)

- Puncture marks or parallel scratches on the skin – rarely any pain.
- Discoloration around the bite site (not always).
- Pale, cool skin with progressive onset of sweating.
- Rapid, shallow breathing.
- Blurred vision, drooping eyelids.
- Difficulty swallowing and speaking.
- Abdominal pain, nausea and/or vomiting.
- Headache.
- Collapse – progressing to unconsciousness.

### **Care and treatment**

- The main treatment for a snake bite is application of the ‘pressure immobilisation technique’ (**PIT**), as soon as possible. (Refer to illustration below).
- Casualty must remain as still as possible to slow down venom travelling through the body.
- Keep casualty under constant observation and provide reassurance.
- Keep casualty at rest.
- Follow DRSABCD and be prepared to perform CPR.
- If on a limb, ASAP, apply a wide heavy elastic bandage (10 – 15 cm wide) over the bite site.
- The bandage should be firm and tight. To test, you should not be able to easily slide a finger between the bandage and the skin.
- Apply a second heavy elastic bandage starting from the fingers or toes and winding as far up the limb as possible. Consistent coverage (overlapping half over half), and consistent pressure (firm but not cutting circulation) are the key to an effective PIT.
- Immobilise the limb and joints with a splint so that limb movement is restricted.

- Keep the limb immobilised, and the casualty at complete rest, until ambulance arrives.
  - \*If only one bandage is available, start just below the bite site and wind the bandage as far up the limb as possible, ensuring to cover the bite site.
  - \* If no bandages, or splints are available, improvise with clothing or whatever you can from the surrounding environment.
  - \*Do not wash the bitten area, as a venom sample may be obtained.
  - \*Do not elevate the limb.
  - \*Do not use an arterial tourniquet.
  - \*Do not remove the bandage once it has been applied, even if casualty is feeling well.
  - \*Do not try to capture or kill the snake.
  - \*Do not cut the bite and suck the venom out.



(P.I.T.) – Pressure Immobilisation Technique basically immobilizing the limb with firm bandages.

## TRIVIA

### Rule of Threes

You can live for 3 minutes without air (unless you are a trained free diver or Tom Cruise), 3 hours without shelter (in a harsh environment), 3 days without water and 3 weeks without food.

### Legalities

When the patient is conscious – ask for permission to assist.

If the patient does **not** consent – do not provide assistance.

If the patient is not conscious it is generally safe to assume permission.

In response to a question, the course facilitator said that no one has been sued yet for failing to obtain permission from an unconscious patient.

Always show respect to the patient.

Don't try a procedure you are not trained to do.