- **F** **Face:** Ask them to smile. Is their face drooping on one side?
- **A** **Arms:** Can they raise both arms?
- **S** **Speech:** Is their speech jumbled, slurred or absent?
- **T** **Time:** If so, call 111 immediately.

- Call 111 immediately. Do not wait to see if symptoms get worse. Have the patient lie down.
- Speak slowly and clearly if they are having trouble understanding you. If vomiting occurs, place the patient on their side, open and clear their airway and monitor their breathing.
- If they become unresponsive, but are breathing normally, place them in recovery position.
- If a suitably trained first responder is available, have them check a blood glucose level.
- If the patient becomes unresponsive, and is not breathing normally, begin CPR.

Stroke

If the patient is unconscious and not breathing normally, begin CPR and have a helper call 111.

- If the patient is unresponsive but breathing normally, place them in recovery position with an open airway, call for an ambulance and stay with them.
- If the patient is agitated, aggressive, or violent, move away from the patient, call 111 for police and ambulance, and observe the patient from a safe distance until the scene is made safe.
- If it is safe to do so, ask about the substance taken, when it was taken and in what quantity.
- Do not induce vomiting in any patient.
- Never assume an unresponsive patient is intoxicated.

A patient may appear drunk (or even smell of alcohol), and also have a brain injury, seizure or low blood sugar (diabetes). Call 111 for an ambulance, check for a medical bracelet and recheck DRSABCD frequently.

Overdose/ intoxication

- Assist the patient take six puffs of their salbutamol (Ventolin, 'blue' inhaler) every six minutes until their breathing improves. Keep the patient sitting up if possible.
- Be calm and reassuring. If the patient has a plastic spacer that attaches to the inhaler, use it, as it increases the effectiveness of the inhaler.
- Unless it is a mild case, call an ambulance early for assistance, in case things get worse.
- If the patient's asthma attack is severe, keep giving the inhaler as you wait for an ambulance to arrive.
- If the patient becomes unresponsive, begin CPR.

Caution: Patients with a severe asthma attack will almost always have a clear prior history of asthma. If this is a first episode of wheezing or collapse, consider a cause other than asthma, such as anaphylaxis.

Asthma

- Have the patient lie down and rest.
- Call an ambulance and stay with the patient. Keep them calm and comfortable. Have a helper bring an AED to the patient's side, so it is ready in case the patient becomes unresponsive. Be prepared to do CPR if necessary.
- Reassess the patient frequently.
- If the patient does not have an aspirin allergy, have the patient chew and swallow a 300mg aspirin.
- In a heart attack, aspirin can be lifesaving.
- Bring oxygen to the patient's bedside. It should never be given routinely for a heart attack, but in the case of cardiac arrest, a first responder may need ready access to a bag-valve-mask with 10-15L/min of oxygen flow.
- Cardiac arrest must be considered in all patients who have been discovered unconscious and not breathing, even those found 'drowned' in the water. Get an AED on these patients promptly.

Chest Pain and Heart Attack

3

Mild hypothermia (no confusion, stable patient): have them sit or lie down, supported and continuously observed, under a warm shower. If that's not possible, remove wet clothing, dry them thoroughly and wrap them in warm blankets. Call an ambulance for anything more than mild symptoms.

Severe hypothermia (confusion or signs of shock): Call an ambulance, lie the patient down on a padded/ insulated surface, remove all clothing, dry them, and use warm (not hot) packs wrapped in cloth and warm blankets. They will require medical care.

Recheck DRSABCD frequently. If the patient becomes unresponsive and is not breathing normally, they will require CPR.

Hypothermia

- If you suspect heat exhaustion, call an ambulance immediately.
- Have the patient lie down under a cool shower, hose or tap if available.
- Have them undress while helping them maintain their privacy.
- If they are alert, have them drink water.
- Continue cooling them under cool running water.
- If running water is not available, keep wetting their bare skin and direct a fan on them.
  Recheck DRSABCD frequently.

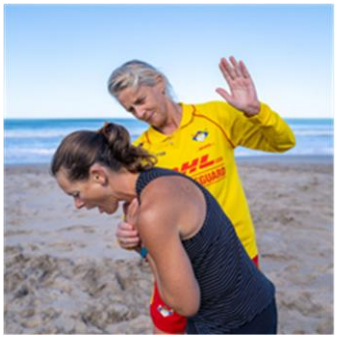
Heat Exhaustion

Heat Stroke

- If you suspect heat stroke, call an ambulance immediately.
- Heat stroke is a form of shock. Get the patient into a cool, shaded location.
- Have the patient lie down under a cool shower, hose or tap if possible.
- Remove any excess clothing.
- Have them drink water only if they are fully alert. Continue cooling them under running water. If running water is not available, keep wetting their bare skin and direct a fan on them.
- Beware over-cooling infants and children.
- The patient may have a seizure or a cardiac arrest, so be prepared to apply the DRSABCD action plan.

Anaphylaxis

- Call an ambulance as soon as you suspect anaphylaxis as patients can deteriorate rapidly.
- Have the patient lie flat or sit down. Remove bee stingers or other obvious causes of anaphylaxis.
- If you think the patient is having anaphylaxis, help the patient use their Epi-pen (adrenaline auto-injector) per its labelled instructions. Recheck DRSABCD. Help a suitably qualified surf lifeguard administer oxygen to the patient.
- Monitor for signs of shock and treat as necessary.
- Always call an ambulance if a patient has used an Epipen, as multiple doses are sometimes necessary. If adrenaline has been used, or you have no adrenaline available, and the patient is still having trouble breathing, give 6 puffs from a salbutamol inhaler every 6 minutes if available, while waiting for the ambulance. If the patient becomes unresponsive, begin CPR.



Choking

- Lean the patient forward and support his or her chest with one hand.
- Give up to five hard blows between the shoulder blades with the heel of your other hand, with a goal of dislodging the object with each blow.
- Do not be afraid to use significant force; the patient's life may depend on the back blows being effective.
- Check whether the object has been expelled between each blow.

If back blows are unsuccessful the surf lifeguard should give five hard chest thrusts.

- Stand behind the patient, with your arms around their chest, hugging them close to your body.
- Place one fist against the lower half of their sternum (breastbone), in the same location as CPR is performed, and hold that fist tightly with your other hand.
- Make a sharp, forceful inward thrust, compressing the chest.

Unconscious patient (or patient unable to maintain their own head position).

Provide manual in-line stabilisation of the cervical spine. While the patient is being moved or resuscitated, hold the patient's head in-line with the neck and torso in a neutral position.

Manual in-line stabilisation of the neck can be performed while the patient is on their back, or on their side. Once the movement is completed, use padding (a 2cm thick folded towel if they are supine) under their head to keep their neck in a comfortable position.

Neck and spinal injury

Head Injury

- If the patient has mild symptoms, they should get checked out by their GP, or medical centre within a day.
- If the patient under your care is having symptoms of a serious head injury, they should be referred to their GP, the nearest emergency department, or immediate review by ambulance.
- Any patient who has lost consciousness should not drive home; you should help them make alternate arrangements to be escorted by a competent adult for medical assessment.
- Any patient who has signs of serious head injury as above, must not return to sport until cleared by a doctor.

External Bleeding

- Ask patient to lie down, this helps prevent an unexpected faint.
- Wear gloves and remove small or unembedded objects from the wound with fingers or tweezers if you can do so safely.
- Using the patient's clothing, a towel, or a dressing to avoid cutting yourself, apply firm, direct pressure with your fingers or your hand on the bleeding wound.
- Dress and bandage the wound once the bleeding has stopped.

What to do if bleeding has soaked through the bandage:

- Remove all the dressings and reapply firm, direct, prolonged pressure directly onto the wound until the bleeding has stopped. Then reapply a dressing.
- Never apply a tighter dressing, or more dressings, to stop bleeding, use firm direct pressure.
- Use firm, direct finger/hand pressure to stop uncontrolled or significant bleeding.

Shock

- Call an ambulance early if shock is suspected. Make sure that the 111 operator understands the severity of the situation. Shock is a time-critical emergency.
- Treatment should begin immediately while urgent transport is being arranged.
- Lie the patient down.
- Keep them warm, comfortable and calm.
- Recheck DRSABCD frequently.
- Reassure the patient by talking to them.
- Help a trained surf lifeguard administer oxygen.
- Identify and provide specific care for causes of shock such as massive bleeding or anaphylaxis.
- Do not give food or fluids to the patient.
- Be prepared to perform CPR if the patient becomes unresponsive and is not breathing normally.

Fracture

- Keep the patient lying down, or in a position of greatest patient comfort.
- Call an ambulance.
- Watch for signs of shock.
- Control bleeding if required.
- If they must be moved for their safety, immobilise the fracture with manual stabilisation, which means multiple people holding the body part in a comfortable stable position while the patient is moved.
- Use available resources to splint fractures, such as towels, pillows, and cardboard splints.

- Do not attempt to relocate the dislocation yourself, as outcomes are better if performed by health professionals.
- Support the limb in the position of greatest patient comfort.
- If pain is manageable and the dislocation is not otherwise serious, refer them to the emergency department.
- If the dislocation is serious, with severe pain, a discoloured limb, reduced pulses, or any other associated injuries, call an ambulance.
- For comfort, a triangular bandage can be fashioned into a sling. Always check the limb for normal sensation, colour and capillary refill at the fingertips.

Dislocation