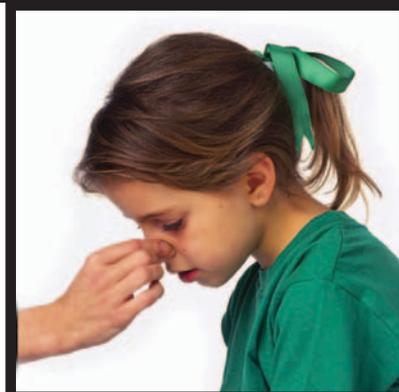




# FirstAid Directory



NSW HEALTH

Emergencies **000**

Poisons Information Centre **13 11 26**  
24 hour advice on poisoning

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## **Congratulations on your new baby!**

Raising and caring for your child is an enormous responsibility. Amidst the many decisions you will have to make, the safety of your child is an essential consideration.

Injury is the leading cause of death and the second most common cause of hospitalisation for children

The information kit gives you access to increased awareness of first and home safety.

This is your opportunity to be prepared in the case of an emergency

### **In the kit you will find:**

- A booklet outlining first aid techniques and injury prevention information
- A first aid CPR chart.
- A magnet detailing emergency numbers.
- A *Kidsafe* brochure

Please keep it in a handy and easy to remember place such as bedside the phone or which your child's personal health record (Blue Book) for easy access during an emergency.

I hope your family finds this information useful.

*John Hatzistergos*

**Minister for Health**

# Introduction

First aid can save lives and prevent serious injuries. In an emergency the information in this booklet will enable you to be of assistance to an injured or sick child between birth and five-years of age. A true emergency is when you believe a severe injury or illness may be threatening your child's life or may cause permanent harm. In these situations your child needs emergency care immediately.

You can seek assistance for a sick or injured child in many ways:

-  **contact your general practitioner**
-  **visit a hospital emergency department**
-  **call 000 for an ambulance.**

While it is impossible to cover each and every condition the following represents a guide for parents but is **not a substitute for a first aid course.**

The NSW Department of Health recommends that you seek to undertake a first aid course if you wish to gain practical experience in emergency first aid.

The best and safest care for your child in an emergency is by **calling 000 for urgent**  
 **ambulance assistance.**

# Health Services Options

When your child becomes sick you may require assistance from a health service. These include:

## **General practitioners (GP)**

A GP is a doctor who has been trained to deal with any sort of mental or physical health issue that any person of any age might have (that's why they're called 'general'). Your GP can help or give you advice about injuries and accidents and will refer you to other services when required.

## **NSW Ambulance Service**

The NSW Ambulance Service provides ambulances staffed by highly skilled officers and paramedics to transport people to hospital in the event of a medical emergency or serious accident.

## **Emergency Departments (EDs)**

Emergency Departments are located in all major hospitals. Its staff are there to assist you and your family in the event of serious injury or a medical emergency. Individuals can bring themselves to the Emergency Department directly or be brought in by friends or family. They're open 24 hours a day, seven days a week.

All these services are important to the health system and by using them wisely you and your child can have the best medical treatment available.

# Childhood emergencies

Common causes or indicators of sudden **INJURY** are:

- falls, crushes or other violent impacts
- poisoning
- near drowning
- burns from hot liquids or smoke inhalation
- severe allergies from food, bites or stings
- choking
- cuts from glass, knives or other sharp objects
- electric shocks
- very loose or knocked-out teeth or other major mouth or facial injuries
- increasing or severe persistent pain.

# Injury and illness

Common signs of **ILLNESS** are:

- trouble with breathing
- bleeding that does not stop
- lips that look blue or purple
- fitting or seizures
- difficulty in waking the child
- any loss of consciousness
- bad headache
- vomiting several times after a head injury
- very unusual behaviour or confusion
- high temperature.

Parents – you know your child best. If at any time you feel your child requires medical attention, see your general practitioner, attend a hospital emergency department or **call 000 for an  ambulance.**

# Actions in an emergency

## In an emergency

- If you need immediate help **call 000 for an  emergency ambulance.**
  - This call is free from any telephone.
  - When dialling 000 an operator will ask which service you require.
    - ask for an ambulance
    - you will be asked a standard set of questions by the operator to help get an ambulance to you as quickly as possible
    - stay calm and speak slowly.
-  **hang up until the operator has obtained the required information.**

## Information required from 000 callers

- what is the exact address of the emergency?
- what is the phone number you are calling from?
- what is the problem?

## Tell me exactly what happened?

- how old is he/she?
- is he/she conscious?

Once you have answered all these questions the first available ambulance will be dispatched. If necessary you will be instructed on emergency lifesaving actions that you or someone else may have to do until the ambulance arrives.

If you live in a rural area or an area that is difficult to find, remember landmarks such as 'yellow house with blue picket fence'.

If you are in a hard to find location have someone flag the ambulance down or leave the front light on at night.

Always provide accurate information to help the ambulance get to you quickly.

If your child needs to go to hospital or see your general practitioner, remember to bring the following information with you:

- blue book (*NSW Health Personal Health Record*)
- current medication
- any suspected poisons or medications your think your child may have taken.

# First Aid Topics

– is he/she breathing?

*The following first aid topics are alphabetically listed*

This advice is not a substitute for your participation in a first aid course but is included as a guide for parents and carers.

## Allergic reactions

An allergy is the body's reaction to substances with which it comes into contact. The allergy may be to food, an insect sting or bite, medication, lotion, cream or chemical. Reactions can be mild, moderate or severe.

### **Mild and moderate allergic reactions cause:**

- swelling and redness of the skin
- itching or hives
- puffy eyes
- sneezing
- a runny nose

Consult your general practitioner to determine the cause and treatment.

### Severe allergic reactions (anaphylaxis) cause:

- swelling and redness of the skin
- itching or hives all over the body
- puffy eyes
- swelling of the lips and face
- wheezing
- breathing difficulties (similar to asthma)
- collapse or shock

### Management of anaphylaxis:

- lie the child down in the recovery position
- if the child has an emergency plan\* for anaphylaxis, follow it
- inject the EpiPen if it has been prescribed in the upper outer thigh and hold in place for 10 to 15 seconds
- **Call 000 immediately to request  urgent ambulance assistance**



*(\* If it is already known that a child is severely allergic to a food, chemical or insect bite an emergency plan may be available for when a reaction occurs)*

### For more information on allergies go to:

- [www.chw.edu.au/parents/factsheets](http://www.chw.edu.au/parents/factsheets)
- [www.health.nsw.gov.au/public-health/clinical\\_policy/topics/allergies/index.html](http://www.health.nsw.gov.au/public-health/clinical_policy/topics/allergies/index.html)

## Abdominal pain (if severe)

**If** your child has abdominal pain with fever, vomiting or internal bleeding see your 📞 **general practitioner immediately.**

**If** the symptoms are severe, particularly if the child is dehydrated, **call 000 immediately to request urgent 🚑 ambulance assistance.**

## Abrasions (skin grazes or scrapes)

- clean the area of dirt with mild soap and clean water.
- allow the area to dry and dress the wound with a non-stick dressing.
- **if** the abrasion is large or very painful, see your 📞 **general practitioner.**

## Asthma

Give the prescribed medication as per your child's asthma management plan.

**If** your child has severe difficulty breathing, can't get enough breath to talk or is getting tired, **000 to request urgent** 🚑 **ambulance assistance.**

**If** you have no medication or the attack doesn't improve within a few minutes see your 📞 **general practitioner immediately.**

However, if the attack is severe or out of control call **000 to request urgent** 🚑 **ambulance assistance.**

**For more information on asthma go to:**

- [www.health.nsw.gov.au/topics/asthma.html](http://www.health.nsw.gov.au/topics/asthma.html)

## Bites and stings

### Human bites

Human bites present a high risk of infection.

- the affected area should be cleaned with mild soap and clean running water for 3–5 minutes
- then cover with a clean dressing.
- if bleeding occurs apply direct pressure until the bleeding stops.

**If** the skin is broken **contact your** 📞 **general practitioner.**

### Animal bites

Treat in the same manner as with human bites.

 **try to capture the animal, instead notify the police or council.**

**If** the bite is severe, go to the  **hospital emergency department** or **call 000 to request urgent**  **ambulance assistance.**

### Insect bites (bees and wasps)

**If** a stinger remains in the skin, remove it by scraping it sideways with a fingernail or the side of a sharp object. Grasping it with tweezers could squeeze more poison into the wound.

Stings can cause allergies or infection.

- see your  **general practitioner** if the area becomes red or swollen.
- **if your child collapses or has difficulty breathing call 000 for urgent  ambulance assistance.**

### Spider bites

**If** redness, pallor, weakness, nausea or vomiting occurs see your  **general practitioner immediately.**

**If** your child collapses, is unconscious or has difficulty breathing, **call 000 to request urgent  ambulance assistance.**

**Funnel web spider:** apply a compression bandage and immobilise the limb. **Call 000 to request urgent  ambulance assistance.**

 **apply a tourniquet to the limb or cut the wound.**

**Redback spider:** Apply a cold pack to the site and **call 000 to request urgent  ambulance assistance.**

 **apply a tourniquet to the limb or cut the wound.**

### Snake bites

Assume all snakes are poisonous and **call 000 for an emergency  ambulance immediately.** There are more venomous than non-venomous snakes in Australia and it is hard to tell the difference.

 **apply a tourniquet to the limb or cut the wound.**

Apply a compression bandage to the limb and immobilise the limb. Keep your child as still as possible.

**For more information on spider and snake bites go to:**

- [www.health.nsw.gov.au/topics/snake.html](http://www.health.nsw.gov.au/topics/snake.html)

## Sea creature stings

### Barbed marine creatures

(eg stingrays or stinging fish):

- Immerse the site in tolerably hot water until pain subsides.

**If** redness, pallor, weakness, nausea or vomiting occurs see your  **general practitioner immediately.**

**If** your child collapses, is unconscious or has difficulty breathing, **call 000 to request urgent  ambulance assistance.**

### Jellyfish stings (including bluebottles):

- carefully brush off the tentacles using a towel or other barrier to avoid stinging yourself and wash with cold water. Apply ice packs to the area until pain subsides.

**If** any redness, pallor, weakness nausea or vomiting occur see your general practitioner immediately.

**If** your child collapses, is unconscious or has difficulty breathing,  **call 000 to request urgent ambulance assistance.**

**Blue-ringed octopus:** Apply a compression bandage, immobilise the limb and  **call 000 to request urgent ambulance assistance.**

## Tick bites

The best way to remove an attached tick is to use tweezers with a fine point.

- grasp the tick behind the head, as close to the skin as possible.
- gently pull the tick straight out with steady pressure.

 **twist or jerk the tick.** Do not try to kill the tick before removal by using methylated spirits, nail polish remover, alcohol, petroleum jelly, or anything else – this can make the tick inject more poison.

- after removing the tick, wash your hands and disinfect the tweezers and the bite.

## Bleeding

### Bleeding from cuts and wounds

(Abrasions / grazes see page 8)

**If** the wound is small apply gentle direct pressure for 10–15 minutes using a clean dressing.

**If** possible check if the bleeding has stopped.

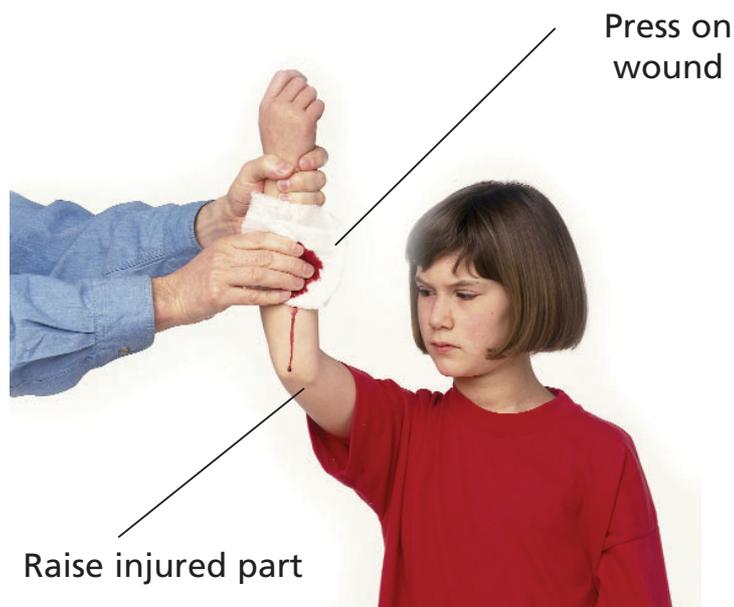
Some wounds may need immediate stitching by your 📞 **general practitioner.**

These could include facial injuries, wounds with continuing bleeding and wounds that are likely to reopen.

**If** the wound is serious (eg covering a large skin area or is very deep), **call 000 to request urgent 🚑 ambulance assistance.**

**For more information on bleeding go to:**

■ [www.ambulance.net.au/simpaid-5.html](http://www.ambulance.net.au/simpaid-5.html)



## Internal bleeding

**If** your child vomits or passes blood in their urine or from their bowel (poo) – particularly after an injury – see your 📞 **general practitioner immediately.**

**If** the symptoms are severe, **call 000 to request urgent 🚑 ambulance assistance.** Avoid giving your child anything to eat or drink prior to seeing your doctor.

## Nose bleeds

These are relatively common in children and can occur without warning. Have your child lean forward and pinch their nose and nostrils gently for 15 minutes.

**If** the bleeding does not stop or if the nose bleeds are regular your child should **contact a 📞 general practitioner.**



Tilt head forward

Pinch nostrils together for ten minutes

## Breathing difficulties

The most common reason for breathing difficulties is infection (croup, bronchiolitis, pneumonia) and asthma (see page 9). An inhaled foreign body should also be considered in a child less than five years.

**If** your baby or child has breathing difficulties, it is important to consult your  **general practitioner** on the same day to find the cause.

**Call 000 to request urgent  ambulance assistance** if any of the following danger signs are present:

- lips and mouth are blue
- unnatural drowsiness (child) or floppiness (baby)
- rapid difficult breathing and chest in drawing (sucking in of the skin between the ribs, visible tensing of the neck muscles during breathing)
- child cannot speak (or drink, especially babies) because of shortness of breath
- is sweating, anxious and increasingly restless.

*Note: Noises associated with breathing difficulties depend on the cause and location of the problem eg Croup – barking cough; asthma – wheeze breathing out; Pneumonia – grunting.*

## Broken bones

Avoid moving the injured area.

**If** the bone is protruding or there are injuries to the head, neck or spine call **000 to request urgent**  **ambulance assistance.**

If the break is stable and the child is coping adequately with pain see your  **general practitioner** or  **hospital emergency department immediately.**

**If** possible support or splint the injury gently. Resting, cooling and elevating the injury may help the symptoms.



**Do Not give your child anything to eat or drink**

as treatment of a broken bone may require an anaesthetic.



## Bruising

Resting, cooling and elevating the injury may help the symptoms.

**If** the bruise is large apply a cold compress gently for 20 minutes.

**If** the large bruise is over the chest, back, abdomen or genitals see your  **general practitioner immediately.**

## Burns and scalds

**If** your child is burnt:

- Cool the burn for 30 minutes with cold running water. Small children can be over-cooled easily.



**make the child too cold.**

- If the burn is from a chemical, flush under running water.



- **remove any clothing or material** that may be sticking to the burned area.



- **use ice, butter or ointments on the burn**

If the burn is on the face or hands, is larger than the size of the child's palm or if there is a raw area left by the burn, **call 000 to request urgent  ambulance assistance.**

Your  **general practitioner** can provide advice on blistering, pain relief and on the appropriate dressings for the burn.

## Choking

Check first if the child is still able to breathe, cough or cry. If the child is breathing, coughing or crying, he or she may be able to dislodge the food by coughing.

**If** your child is breathing:

- **Do Not** try to dislodge the food by hitting the **child on the back** because this may move the food into a more dangerous position and make the child stop breathing.
- stay with your child and watch to see if their breathing improves.

**If** the child is not breathing easily within a few minutes, **call 000 for urgent  ambulance assistance.**

If your child is **NOT** breathing then:

- try to dislodge the piece of food by placing the child face down over your lap so that their head is lower than their chest.
- give the child four sharp blows on the back just between the shoulder blades. This should provide enough force to dislodge the food.
- check again for signs of breathing.

If the child is still not breathing, **call 000 and ask for an  ambulance.** The ambulance service operator will be able to tell you what to do until the ambulance arrives.

For baby



Give four back slaps  
Check mouth  
Give four lateral chest thrusts

For small child



Bend child over your knees

For older child

Give four sharps slaps between shoulder blades



Bend child over well forward

## Dehydration

Dehydration is loss of water and important salts from the body and can be caused by vomiting, diarrhoea, fever or heat exhaustion when a child cannot drink enough to replace lost fluid. Dehydration can be mild, moderate or severe. The smaller your child the smaller the amount of fluid that needs to be lost before your child becomes seriously ill.

### Signs of dehydration:

- decreased number of wet nappies
- passing less urine than usual (it may be difficult to distinguish urine in a nappy from diarrhoea)
- increased thirst and dry mouth
- sunken eyes
- tiredness, irritability
- deep breathing.

### If you recognise these signs you need to act quickly:

- move your child to a cool place. Lie your child down and remove clothing.
- help the body to cool by placing moist, cool cloths on the forehead and wrists and fan the child.

- if the child has cramps, apply ice packs and gently stretch the muscles. Do not massage the muscles.
- encourage your child to drink, offer them clear fluids frequently to replace the fluid they have lost. The more diarrhoea and vomiting there is, the more fluid your child needs. The fluids will not stop the vomiting and the diarrhoea, but should stop your child from becoming dehydrated.

Oral electrolyte solutions (eg Gastrolyte) are specially designed to replace fluids and body salts lost in gastroenteritis. They are available from chemists and are generally the best early treatment for gastroenteritis. Other suitable clear fluids are described in the table below.

Suitable clear fluids table:

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**Oral electrolyte solution** Follow packet directions

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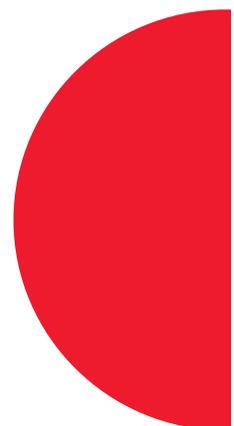
**Lemonade** 1 cup lemonade plus 4 cups of water

---

**Unsweetened pure fruit juice** 1 cup juice plus 4 cups of water

---

*Seek medical assistance if your child does not respond and/or continues to lose fluid (vomiting/diarrhoea) particularly if your child is very young (under 6 months).*



## Dental injuries (dislodged tooth)

Find the tooth. Handle the tooth by the top (crown), not the root portion. Rinse the tooth in milk (do not use water).

**If the tooth is a baby tooth** - not permanent, never attempt to replace it because it may cause damage. Contact your dentist as soon as possible for advice.

**If the tooth is a permanent** - adult tooth, place the tooth in the tooth socket if possible and see a dentist or visit a hospital emergency department immediately. If you cannot replace the tooth, place it in milk while you travel to the nearest dentist. Time is a critical factor in saving the tooth.

## Eye injuries

**If** you suspect that there has been any damage to your child's eye take the child to your  **general practitioner** or  **hospital emergency department immediately** or **if serious call 000 to request urgent**  **ambulance assistance.**

 **Do not apply pressure to the eye or try to remove any penetrating objects.**

**If** there is a penetrating object, immediately **call 000 for an**  **emergency ambulance.**

## Fever

Normal body temperature is 37°C. A fever is a temperature over 38.5°C.

Fever is a natural response to infection; it is not always necessary to treat a fever. If your child is hot and uncomfortable, you can try these simple steps:

- take off your child's clothes.
- give medications to reduce fever (eg paracetamol and ibuprofen).  
This medication should be given at the correct dose, so ask your chemist or doctor for the correct dose.
- give your child plenty to drink.  
Children with a fever need more fluids.

As fever is mostly caused by infection you will need to see your 📞 **general practitioner** to find the cause for a temperature in young children. You should see a 📞 **general practitioner immediately** if your child is very young (under 6 months) or seems very sick (lethargic and unresponsive).

Older children who have a cold, but are not very sick, generally do not need to see a doctor with every fever.

**For more information on fever go to:**

- [www.chw.edu.au/parents/factsheets/](http://www.chw.edu.au/parents/factsheets/)

## Fits / convulsions / seizures

The causes of fits, seizures and convulsions vary according to age. The most common cause of fits in late infancy and early childhood are caused by fever or high temperature. Other causes are epilepsy, head injury, meningitis and encephalitis.

**If** your child has a fit:

- stay calm.
- look at your watch or clock and time the convulsion.
- **Do Not** try to restrain your child and do not put anything in their mouth.
- stay with your child and lay them on their side.
- loosen tight clothing from around the neck and move objects away that may cause injury.
- arrange to see your local doctor/general practitioner after the convulsion has stopped.

**Call 000 for an  emergency ambulance if:**

- your child has never had a fit before
- the fit lasts more than 5 minutes
- another fit starts up after the first one stops
- your child has difficulty breathing or looks particularly unwell.

**For more information on fits/convulsions/seizures go to:**

- [www.chw.edu.au/parents/factsheets/febrilej.htm](http://www.chw.edu.au/parents/factsheets/febrilej.htm)



Leave the child in the recovery position if breathing

## Head injuries

If the wound is small, apply gentle direct pressure for 10–15 minutes using a clean dressing. If possible, use clean gloves to check if the bleeding has stopped. Some wounds may need **immediate** stitching by your 📞 **general practitioner**, including facial injuries, wounds with continual bleeding and wounds that are likely to re-open.

**Call 000 to request an 🚑 ambulance if your child exhibits the following:**

- blood is flowing from nose or ears
- any fitting, twitching or convulsing
- unconscious or drowsy
- vomiting more than once
- is confused, dizzy or is falling over
- or is less than one year old.

## Poisoning

(Ingestion of poisons and overdoses of drugs or medications)

If your child has swallowed any poisons\* or drugs or medications\*\* not prescribed for them **call the Poisons Information Centre on 13 11 26 immediately.**

Remember some drugs and poisons have delayed effects and these effects may not be obvious. Children are small and what may not trouble an adult can be serious for a child.

Substances which may be poisonous include:

- \* dishwashing detergent, cigarettes, cleaning fluid, soap, toilet deodorisers, weed killer etc.
- \*\* Drugs or medications include any prescription medication or over the counter (non-prescription) medications such as paracetamol, Iron tablets, cold and flu medications etc) substance which may be poisonous (e.g. detergent, cigarettes, cleaning fluid, soap, toilet deodorisers etc) **call the Poisons Information Service 131126 and follow their advice.**

## Sunburn

Sunburn is red, itchy and tender. Babies and young children are particularly vulnerable and should wear a hat and protective sun cream or clothing in the sun.

**If** your child does become sunburnt:

- move your child into the shade or into a cool room and offer them a cool drink.
- cool the burn area under a cool shower or sponge with cold water. Apply cool moist compress on the sunburned area to soothe the skin.
- dress your child in loose soft clothing to avoid irritation of the burned skin.
- you can apply a moisturiser to help relieve the irritation of dry, flaky skin (consult your pharmacist as some moisturisers contain oil which will cause the burn to retain its heat).
- avoid sun exposure until the redness peeling and pain have subsided.

**See your  general practitioner:**

- if the sunburn is widespread and severe.
- if the sunburn blisters.
- if the sunburn is accompanied by accompanied by chills, fever, nausea, vomiting, light-headedness or a headache.
- if the sunburn affects an infant under the age of 18 months;

Sunburn is often accompanied by heat stress, heat exhaustion and dehydration (pg 21).

**For more information on heat exhaustion go to:**

- [www.chw.edu.au/parents/factsheets/](http://www.chw.edu.au/parents/factsheets/)

## Vomiting (see dehydration on page 21)

What has been included in this section is general information only. It is not and was not intended to be a substitute for completing a first aid course.

It is comforting to know that children rarely become seriously ill without any prior warning. Parents you know your child best and if you have concerns for the health of your child see your general practitioner or in an emergency **call 000 to request urgent**  **ambulance assistance.**

### Further information on children's health

#### SIDS information

- [www.sidsandkids.org/](http://www.sidsandkids.org/)

#### General Health

- [www.healthinsite.gov.au](http://www.healthinsite.gov.au)
- [www.chw.edu.au/parents/kidshealth](http://www.chw.edu.au/parents/kidshealth)

## First-aid

Keep a first aid-kit at home and in the car and remember to take one when you go on a holiday.

First aid kits can be bought from a chemist, St Johns Ambulance and Australian Red Cross Society. You can also make up your own first aid kit. But the things you need from a chemist or supermarket, put them in an airtight container and store it out of reach of children.

### Include the following of each in your first-aid kits:

- first aid book
- adhesive tape
- bandaids
- sterile gauze pads  
of various sizes
- wide gauze bandages
- crepe bandages
- triangular bandages
- absorbent cotton
- plastic bag
- disposable gloves
- antiseptic liquid  
(or soap)
- liquid paracetamol
- insect repellent
- calamine lotion
- SPF 30+ sunscreen
- emergency blanket
- normal saline
- thermometer
- blunt ended tweezers
- blunt/sharp scissors
- safety pins or clips
- hot/cold packs

Remember to store the first aid kits in places that are out of children's reach but easily accessible for adults and check the kits regularly, replacing missing items or medicines that may have expired.

**First Aid course providers in NSW include:**

**St John Ambulance**

1300 360 455

**Red Cross**

02 9229 4100

**The Royal Life Saving Society of Australia**

02 9879 4699

**Acknowledgements:**

Pictures provided by St John Ambulance Australia  
and DK publishing



CPR Chart supplied by Royal Life Saving



# Resuscitation For Children 1-8 years

## DANGER

Check for danger:  
• to self • to bystanders • to the child

## RESPONSE

Squeeze the child's shoulders  
Shout "are you okay?"

# A

## AIRWAY

Check  
Clear

## CHECK AND CLEAR



Position  
child on side.  
Support head.  
Check and  
clear mouth.

# B

## BREATHING

Look  
Listen  
Feel

## YES (Breathing Present)



## Lateral Position

Position child  
on side.  
Ensure the airway  
remains clear.

## REMEMBER PHONE 000

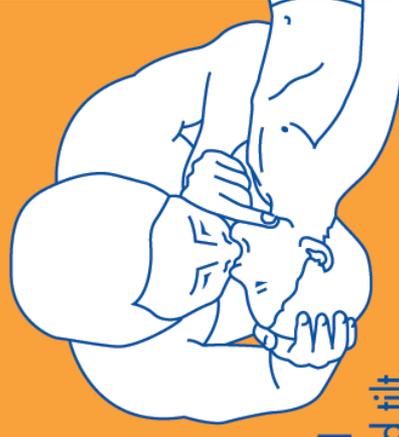


Ask a bystander to phone "000"  
for an **AMBULANCE**.

## NO (Breathing Absent)

## Give 5 Breaths

Turn child  
onto back.  
Support head and  
jaw. (A slight head tilt  
may be necessary to open the airway).





## CIRCULATION

Check  
Pulse

Check the pulse 1 minute  
after start then every  
2 minutes throughout  
resuscitation

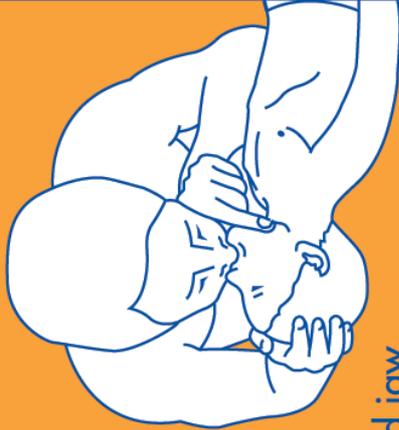
## CHECK FOR SIGNS OF LIFE



## YES SIGNS OF LIFE

Continue  
to breathe  
for the child

Support head and jaw.  
1 breath every 3 seconds.

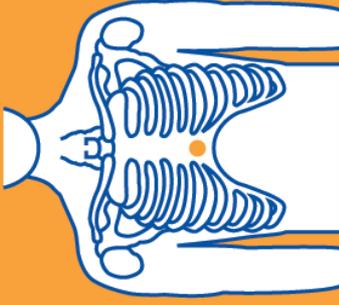


## NO SIGNS OF LIFE

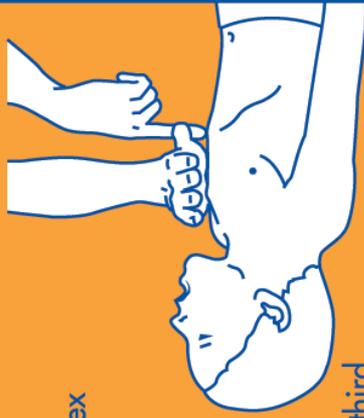
### CPR

#### ONE OPERATOR:

1 breath in 2 seconds,  
5 compressions in  
3 seconds.



Find the bottom of the  
sternum. Place the index  
finger on this point.  
For children position  
the heel of one hand  
next to the index  
finger. Compress  
to approximately one third  
of depth of chest.



The information contained in  
this poster is recommended for  
aquatic based emergencies,  
it is no substitute for formal  
instruction. For more info call  
1300 737 763.



**Royal Life Saving**  
THE ROYAL LIFE SAVING SOCIETY AUSTRALIA

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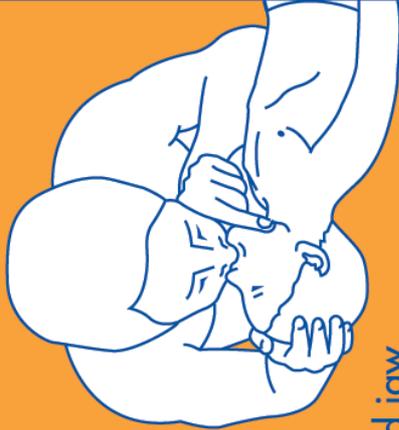
## CHECK FOR SIGNS OF LIFE



## YES SIGNS OF LIFE

Continue  
to breathe  
for the child

Support head and jaw.  
1 breath every 3 seconds.



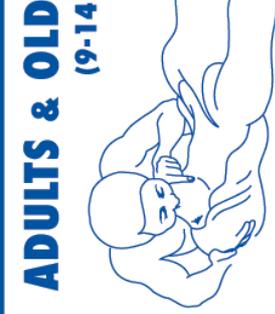
### INFANTS (BIRTH-1 YEAR)



**Breathing**  
1 breath every 3 seconds.  
Cover both mouth and nose.  
Support head and jaw.  
Do not tilt head back.

#### Compressions

Position 2 fingers next to  
index finger. Compress to  
a depth of approximately  
one third of depth of chest.  
1 breath in 2 seconds, 5  
compressions in 3 seconds.



#### Breathing

1 breath every 4 seconds.  
Tilt head backwards. Cover  
mouth and support jaw.

#### Compressions

Place the heel of one hand next to  
index finger. Support hand. ADULTS-  
Compress to a depth of approximately  
4.5cm. OLDER CHILDREN-compress  
to approximately one third of the  
depth of chest. 2 breaths and 15  
compression every 15 seconds.

### ADULTS & OLDER CHILDREN (9-14 YEARS)

