

Module 4

Environmental Emergencies



REVIVE²SURVIVE

1300 000 112

Overview

This document has been provided for participants completing a Revive2Survive training course.

Please use this material to complete your course pack and answer your online multiple choice theory assessment. There are no assessments in these module packs, please use the link and attachment provided in your course confirmation email.

This information is to be used as a learning tool and while information contained in this online learning is frequently updated, medical advice should be sought from a practitioner in an emergency.

Module 1- CPR Resuscitation & the Airway

Module 2- Medical Emergencies

Module 3- Bleeds, Burns & Wounds

Module 4- Environmental Emergencies

Module 5- Anaphylaxis

Module 6- Asthma

Module 7- Assessment of a Casualty

Please note-

**HLTAID009 Provide CPR is recommended to be renewed every 12 months

**HLTAID011 Provide First Aid is recommended to be renewed every 3 years



Module 4 Overview

- ❖ Managing an Emergency
- ❖ Hyperthermia
- ❖ Heat Exhaustion
- ❖ Heat Stroke
- ❖ Hypothermia
- ❖ Eye Injuries
- ❖ Swimmers Ear
- ❖ Venomous Bites
- ❖ Poisons

Managing an Emergency

General Principles of Management

After ensuring safety of yourself and those around, management of the casualty involves:

- Quickly assess the situation following DRSABCD
- Ensure the safety of the rescuer, bystanders and the casualty (you may have to move the casualty, if safe to do so)
- Check for responses of the casualty
- Send for help – call 000
- Manage & care for airway & breathing
- Be prepared to commence CPR if needed
- Prevent further harm or injury
- Control of bleeding
- Provide reassurance
- Continue to observe and assess



Managing an Emergency

A casualty may need to be moved to:

- Ensure the safety of the rescuer and casualty
- Protect from extreme weather conditions
- Enable evacuation for difficult terrain
- Enable the care of the airway and breathing (e.g. turning an unconscious breathing person into the recovery position)
- Control severe bleeding

When moving a casualty:

- Avoid bending or twisting the casualty's neck and back
- Try to have 3 or more people to assist in supporting the neck and back if possible
- A single rescuer may need to drag the casualty out of danger



Managing an Emergency

Road Accidents

- Do not touch vehicle or attempt to rescue the casualty if power lines are down, wait until the area is declared safe. Call 000.
- Use hazard lights/torches/bystanders to warn oncoming traffic
- Approach with caution and make the scene as safe as possible
- Turn off ignition of a crashed vehicle and put the hand brake on
- Only remove motorbike helmet from a casualty if necessary to assess and manage breathing or control bleeding
- If an unconscious breathing casualty can be managed from the vehicle do not remove them unless there is a threat to life
- If the casualty is unconscious and not breathing normally remove from the vehicle as soon as possible and commence CPR



Managing an Emergency

Electric Shock

- Do not touch someone who has been shocked if they are still in contact with the source of electricity.
- Turn off electricity supply and if possible/safe to do so unplug the appliance from the power outlet. If you cannot unplug the power source, move the source of electricity away from the person using a non-conducting object (eg. Rubber or wood, be sure it is not wet or metal based).
- Until the power is off avoid direct skin contact with the casualty or any conducting material.
- If unresponsive and not breathing normally follow Basic Life Support flow chart DRSABCD.
- Other injuries may require treatment, burns are common and should be managed (refer to burns module 3).
- Promptly refer all who have suffered an electric shock for medical assessment.

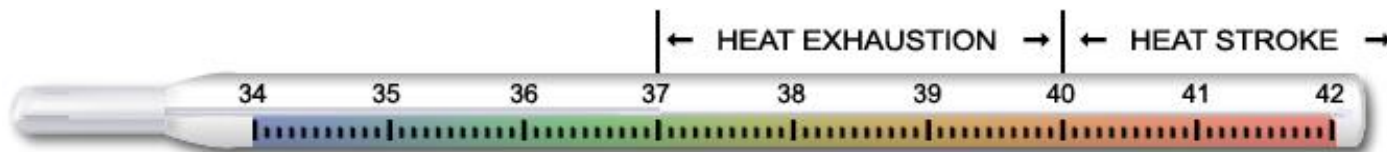


Hyperthermia

Hyperthermia is when the body's temperature elevates and the body's heat regulating mechanisms do not work to bring the temperature within an acceptable range.

The two most common forms of hyperthermia are ***heat exhaustion*** and ***heat stroke***.

- **Heat Exhaustion** - is a warning that the body is getting too hot.
- **Heat Stroke** - can be **LIFE-THREATENING!** A person with heat stroke has a body temperature above 40° C.



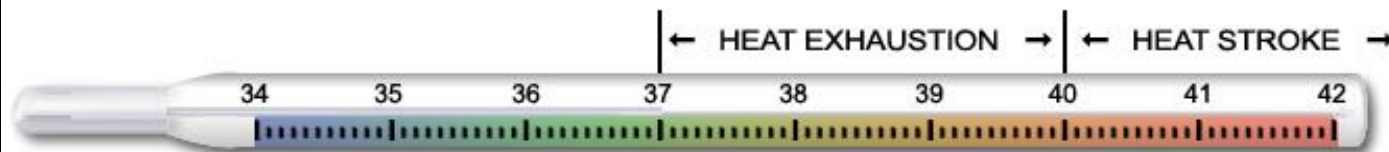
Heat Exhaustion

Signs / Symptoms

- Profuse sweating
- Weak, rapid pulse
- Nausea, vomiting
- Headache, dizziness
- Unsteady on feet
- Muscle cramps
- Fatigue
- Cool, pale, clammy skin
- Thirsty

Management

- Lay casualty in the shade
- Sips of cool water
- Sips of available sports drink
- Cool casualty's body
- Place hands and feet in cold water
- Remove excess clothing
- Loosen any tight clothing
- Fan the casualty & moisten skin
- Seek medical advice



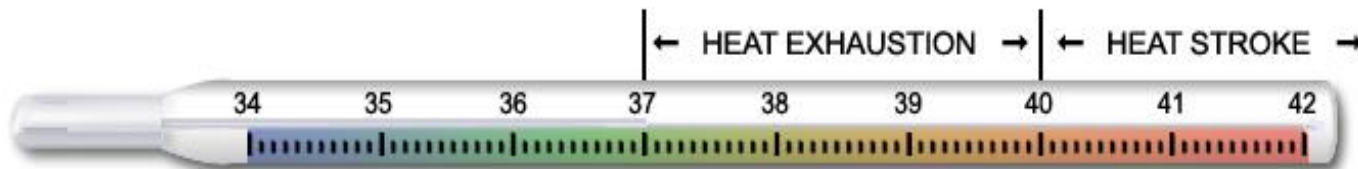
Heat Stroke

Signs / Symptoms

- Reduced sweating
- Temperature above 40 degrees
- Weak, rapid pulse
- Nausea, vomiting
- Seizures
- Headache, dizziness
- Muscle spasms/pain
- Hot, dry, flushed red skin
- Confusion/unusual behaviour
- Loss of consciousness

Management

- Call 000
- Rest casualty in the shade
- If possible, give the casualty a cold shower (with them sitting on the floor of shower)
- Sips of cool water
- Sips of available sports drink
- Cool casualty's body with wet towels, fans or icepacks near neck, groin & armpits
- Remove excess clothing
- Place in Recovery Position if unresponsive and breathing
- Prepare to give CPR if required



Hypothermia

Hypothermia is when the body experiences a significant and potentially dangerous drop in temperature. The most common cause is prolonged exposure to cold.

Signs / Symptoms:

Mild Hypothermia - 35° to 32°

- Pale and cool to touch
- Drowsy or lethargic
- Poor coordination
- Increased heart rate and breathing
- Numbness in extremities
- Uncontrolled shivering
- Slurred speech

Moderate Hypothermia - 32° to 28°

- Decreasing conscious state
- Muscle stiffness
- Low blood pressure
- Shivering may stop
- Slow heart rate and breathing
- Incontinent of urine

Severe Hypothermia - Below 28°

- Unconscious and no longer responding
- Pupils fixed and dilated
- Slow and potentially irregular heart rate, or no heart rate at all
- Slow breathing
- No response to light in the pupil of the eye
- Rigid muscles



Management of Hypothermia

The risk of death increases if the core body temperature drops below 32°C. The key in treating hypothermia is to prevent further heat loss.

- If moderate or severe hypothermia – call 000
- Commence CPR if needed

The body has four ways of losing heat:

Conduction –

- Remove the person from a cold surface if possible.
- If possible, place the casualty onto a warm surface, or dry surface that will prevent further heat loss.

Convection –

- Remove the person from a windy or wet environment.
- Cover with blankets and shelter from conditions

Radiation –

- Cover as much of the person as possible to avoid heat loss.
- Particularly cover the head of a younger child.

Evaporation –

- Wet and sweaty people will suffer evaporative heat loss.
- Replace wet clothing with dry
- Dry the skin where possible and remove wet clothing as soon as practicable.

* Do not expose to excessive heat

* A person with severe hypothermia may be very cold to touch, unresponsive, rigid, not breathing, have no pulse, and their pupils may be fixed (they will not respond to light changes). They could appear to be deceased, but they may not be. Always assume they are alive and treat accordingly.

Eye Injuries

Embedded object in the eye

- Do not try to remove it
- Create donut bandage to support the item
- Place covering over both eyes
- Seek medical aid
- Stay with the casualty and reassure



Foreign body in the eye

- Reassure the casualty
- If small, gently remove with damp tissue
- If unsuccessful, flush eye with clean water
- Place patch on the eye/eyes effected
- Seek medical aid



Otitis Externa (Swimmers Ear)

Otitis Externa, commonly known as swimmer's ear is inflammation or infection of the outer ear canal.

To prevent Swimmers Ear:

- Use earplugs while swimming
- Do not swim in dirty or polluted water
- Tilt head after swimming, removing as much water as possible from your ear canals
- Do not insert cotton buds, other objects or fingers into your ears
- Do not remove earwax — since it can protect against infection
- Dry the ears well after swimming

Symptoms can include:

- Pain in the ear worse when chewing
- Itchiness
- Popping sensation
- Pressure or full feeling in the ear
- Odour from ear
- Reduced hearing



Management:

- Monitor for pain, if pain persists seek medical help as antibiotics may be required
- Take pain relief and administer ear drops as prescribed
- Keep ear dry using earplugs or shower cap when showering

Venomous Bites and stings

The treatment of various bites and stings is dependent on what the source of the bite or sting was.

Refer to the table below for various treatments:

Land/Sea Animal	First Aid
Snakes	Pressure Immobilisation Technique (PIT)
Funnel Web Spider	
Blue Ringed Octopus	
Cone Shell (Tropics)	
Red Back Spider/other	COLD COMPRESS (PIT if allergic to bite/sting)
Bees, wasps, ants	
Box Jelly Fish	VINEGAR – minimum of 30 seconds salt water if vinegar is not available
Blue Bottles	HOT WATER – use cold compress if no pain relief with hot water
Fish stings	



Pressure Immobilisation Technique

The Pressure Immobilisation Technique (PIT) is recommended for bites/stings from:

- All Australian snakes
- Funnel web spiders
- Blue-ringed octopus
- Cone shell



How to apply a pressure-immobilisation bandage

1. Lay the person down, prevent walking or moving around, to reduce blood flow.
2. Call 000
3. Apply a firm bandage over the bitten area (preferably a pressure immobilisation bandage).
4. Then bandage the entire limb (fingers to shoulder or toes to the hip). The pressure immobilisation bandage should be firm but not tight.
5. Apply a rigid splint to the limb (piece of wood, branch, or rolled up paper).
6. Keep still, reassure and await the arrival of the ambulance.



Poisons

Poisons can be:

- Ingested
- Inhaled
- Injected
- Absorbed

Signs and Symptoms:

- Pale, clammy skin
- Vomiting, Nausea
- Headache or confusion
- Burns to the mouth
- Seizures
- Puncture marks
- Stomach pain

Management:

Poisons Information Line (13 11 26)- should be called if someone has:

- Been poisoned
- Overdosed
- Made a mistake with medicines
- Been bitten or stung by something venomous (for example a snake, spider, bee or wasp)

Treatment for poisons varies and assistance should be sort via Poisons Information Line or by calling 000. Follow the basic life support flow chart (DRS ABCD) if the condition worsens.



Module 4 Complete

Please continue to Module 5



For first aid supplies visit-

www.firstaidgearaustralia.com.au



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