



Huggies First Aid Kit



Emergency Phone Number list

Police, Ambulance, Fire Dept.

From land line: 000

From mobile phones: 112

To contact your local police station

Freecall Telstra Directory Assistance: 1223

Poisons Information Centre

Ph: 13 11 26

Advice and Support Numbers

Tresillian Family Care Centres

Ph: (02) 9787 0855 Sydney

Ph: 1800 637 357 Outside Sydney – 24 hour

Helpline

Karitane

Ph: (02) 9794 1852 Sydney

Ph: 1800 677 961 Outside Sydney – 24 hour

Helpline

Sudden Infant Death Society (SIDS) Australia

Ph: 1300 308 307

Australian Breast Feeding Association

Ph: 1800-MUM-2-MUM (or 1800-686-2-686)

Australian College of Midwives

Ph: 1300 360 480

Hospitals

New South Wales

Sydney Children's Hospital Ph: (02) 9382 1111

Children's Hospital Westmead Ph: (02) 9845 0000

Australian Capital Territory

Canberra Hospital Ph: (02) 6244 2222

Victoria

Royal Children's Hospital Ph: (03) 9345 5522

Tasmania

Royal Hobart Hospital Ph: (03) 6222 8308

Queensland

Royal Children's Hospital Ph: (07) 3636 3777

South Australia

Women and Children's Hospital Ph: (08) 8161 7000

Western Australia

Princess Margaret Hospital Ph: (08) 9340 8222

Northern Territory

Royal Darwin Hospital Ph: (08) 8922 8888



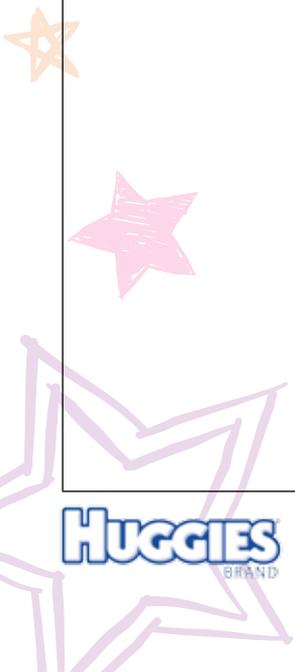
HUGGIES
BRAND

Everyday First Aid

Be prepared to treat a child for loss of consciousness, or even to resuscitate, if their condition deteriorates from one of the following everyday situations. Familiarise yourself with Resuscitation techniques and complete a St John Ambulance [first aid](#) course.

Injury & Possible Symptoms	First Aid	Actions
<p>Bleeding</p> <ul style="list-style-type: none"> • Obvious external bleeding. • If the wound is gushing blood an artery may have been punctured. 	<ul style="list-style-type: none"> • Press firmly on the wound (with a clean cloth or your palm). • Raise Injured Part to above the line of the heart. • Lay child down keeping injured part high. • Continue to press on the wound. • Bandage a sterile dressing firmly, but not too tightly in place over the pad. If bleeding continues do not remove original dressing, place another dressing over the top and maintain pressure. • Keep injured part raised and supported. • NOTE: DO NOT try to remove objects that are embedded in a wound as you may cause further damage and bleeding. Make a dressing around the injury. 	<ul style="list-style-type: none"> • Seek medical attention. • If bleeding does not stop treat for shock and call an Ambulance <p>AUS “000” NZ “111”</p>
<p>Burns and Scalds</p>	<ul style="list-style-type: none"> • Note: DO NOT remove any clothing or material that may be sticking to the burned area. • If no cold water is available, use another cool liquid such as milk. • Cool burn with cold water (preferably running water) for at least 20 minutes. • Remove cooled clothing and cool injury again. Cut around material that is sticking to the burn. • Do not touch the burn or burst any blisters. • Cover burn loosely with clean non-fluffy material, plastic bag or kitchen film. • DO NOT give anything to eat or drink and watch for signs of shock. 	<ul style="list-style-type: none"> • Seek medical attention. • Call an ambulance if necessary <p>AUS “000” NZ “111”</p>

Injury & Possible Symptoms	First Aid	Actions
<p>Choking</p> <ul style="list-style-type: none"> Breathing is obstructed. Sudden clutching at the throat. Face may turn blue. Trying to cry or speak, but making strange noises or no sound. 	<p>A Choking Baby</p> <ul style="list-style-type: none"> DO NOT shake a baby or hold it upside down. Lay the baby face down with its head low and chin supported by your hand. Give 5 sharp blows between the shoulder blades. If this does not clear the blockage give up to 5 chest thrusts. <p>Chest Thrust for a baby.</p> <ul style="list-style-type: none"> Place baby on its back on a firm surface. Place two fingers in the CPR compression position. Give 5 chest thrusts, sharper but slower than CPR. Check in the mouth for the obstruction. Call an ambulance if obstruction has not been cleared. Repeat steps until help arrives or the obstruction is cleared. Monitor breathing and pulse and be prepared to resuscitate. <p>A Choking Child</p> <ul style="list-style-type: none"> Encourage the child to try to cough up the object if possible. Bend child forward and give 5 sharp slaps between the shoulder blades. If back blows fail commence chest thrusts checking to see airway is clear after each thrust. <p>Chest thrusts for an older child: * These can be given either standing, lying or sitting.</p> <ul style="list-style-type: none"> Identify the same point on the sternum as when doing CPR Place one hand on the back for support and one hand on the sternum if child is upright. Thrusts should be sharp and delivered at a slower pace than compressions. Look in the mouth for the obstruction after each thrust. Call an ambulance if the obstruction has not cleared. Repeat steps until help arrives or the obstruction is cleared. Monitor breathing and pulse and be prepared to resuscitate. 	<ul style="list-style-type: none"> Call an ambulance if obstruction has not been cleared. <p>AUS "000" NZ "111"</p> <p>* Seek medical advice.</p>



Injury & Possible Symptoms	First Aid	Actions
<p>Febrile Convulsion</p> <ul style="list-style-type: none"> • The child may be flushed and sweating with a hot forehead. • The eyes may roll upwards, be fixed or squinting. • Face may look blue if they are holding their breath. • The back may be arched and stiff. • Fists may be clenched. 	<p>Baby or Toddler</p> <ul style="list-style-type: none"> • Place the child on their side on the floor or large flat area for safety. • Remove objects from nearby that may cause injury. • After the convulsion has stopped, remove excessive clothing to assist with cooling. DO NOT attempt to cool by sponging or bathing. 	<ul style="list-style-type: none"> • Seek medical advice.
<p>Poisoning</p>	<ul style="list-style-type: none"> • DO NOT try to make your child vomit as this can cause further harm. • Identify the poison the child has taken. Chemical/alcohol/medicine/ plant. • Call the Poisons Information centre 13 11 26 (AUS) 0800 764 766 (NZ). • Follow their advice. 	<ul style="list-style-type: none"> • Call the Poisons Information centre 131126 (AUS) 0800 764 766 (NZ). • Seek medical attention.
<p>Snake and Spider Bites</p> <ul style="list-style-type: none"> • A pair of puncture marks. • Severe pain, redness and swelling around the bite. • Vomiting. • Disturbed vision and increased salivation and sweating. • Breathing difficulties. 	<ul style="list-style-type: none"> • DO NOT let your child walk. • Lie the child down and keep still. • Apply firm pressure to the bite area and bandage firmly from the fingers or toes, moving up the limb as far as can be reached. • Redback spider bite – Apply Icepack to bite and call an ambulance. 	<ul style="list-style-type: none"> • Call an ambulance <p>AUS “000” NZ “111”</p> <p>* Try to identify the spider or snake.</p>



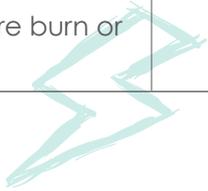
Emergency First Aid

Before reading the information contained in this chart, make sure you are aware of the [basics of DRABC](#) as outlined by St John Ambulance in the section St John Ambulance Resuscitation Chart. You may need to use these techniques in one of the following situations.

Event and Recognition	First Aid	Actions
<p>Unconscious</p> <p>No response when roused.</p>	<ul style="list-style-type: none"> Follow the DRABCD of First Aid as set out in the St John Resuscitation Chart. 	<ul style="list-style-type: none"> Call an ambulance. AUS "000" NZ "111"
<p>Drowning</p> <p>Breathing and heart may have stopped</p>	<ul style="list-style-type: none"> Lift the child out of the water and carry with the head lower face up or down than the chest to reduce the risk of inhaling water. <p>The unconscious child:</p> <ul style="list-style-type: none"> Assess child's condition and be prepared to resuscitate. Place in the recovery position. Remove any wet clothing. Cover with a towel or blanket. 	<ul style="list-style-type: none"> Note: Take the child to hospital even if they seem recovered as any inhaled water may have caused lung damage.
<p>Electrical Injury</p> <ul style="list-style-type: none"> May cause breathing and heart to stop. Burns where the current entered and left the body. May still be tightly gripping the cable. 	<ul style="list-style-type: none"> Break the contact by switching off the current at the mains. If you cannot switch off the current, stand on dry insulating material such as telephone books. Use a wooden broom handle to push the child's limbs away from the source. Do not touch the child's skin. Wrap a dry towel around the feet and pull them away. 	<ul style="list-style-type: none"> If the child seems unharmed, make them rest and observe their condition. Seek medical advice. Continue to monitor their condition and be prepared to resuscitate. Cool any burns with cool water.



Event and Recognition	First Aid	Actions
<p>Head Injuries</p> <p>The brain may be “shaken” by a violent blow causing concussion.</p> <p>Recognising concussion:</p> <ul style="list-style-type: none"> • Brief loss of consciousness, dizziness or nausea on recovery. • Loss of memory of immediately preceding events. • A mild headache. 	<p>The Conscious Child</p> <ul style="list-style-type: none"> • Treat any wound or bump with a cold compress. • Watch for any abnormal behaviour. • Seek medical advice. <p>Child who regains consciousness quickly</p> <ul style="list-style-type: none"> • If your child has been “knocked out”, even briefly, call a doctor and seek medical advice. • Make the child rest and watch closely. If they have not recovered completely within 30 minutes, call an ambulance. <p>The Unconscious Child</p> <ul style="list-style-type: none"> • Follow the DRABCD of First Aid and call an ambulance. Review the St John Chart. 	<ul style="list-style-type: none"> • If unconscious call an ambulance. AUS “000” NZ “111”
<p>Shock</p> <ul style="list-style-type: none"> • Recognising shock: • Pale, cold and sweaty skin, tinged with grey. • A rapid pulse becoming weaker. • Shallow, fast breathing. • Later signs include: • Restlessness, yawning, and sighing. • Thirst. • Loss of consciousness. <p>Note: The most likely cause of shock in a child is serious bleeding or a severe burn or scald.</p>	<ul style="list-style-type: none"> • Lay the child down flat, keeping the head lower than the chest. • Call an ambulance. • Raise legs, on pillows, to higher than the heart level. • Loosen any tight clothing. • Give constant reassurance. Encourage the child to talk or answer questions. • Cover with a light blanket to keep warm and observe breathing rate and skin colour. • Keep monitoring the pulse rate. • Be prepared to resuscitate. 	<ul style="list-style-type: none"> • Call an ambulance. AUS “000” NZ “111”



Resuscitation

DANGER	Check for Danger	To self, others and casualty
RESPONSE	Check for Response	Ask casualty's name Gently squeeze shoulders
	No Response	Open mouth—look for foreign material
	Response Make comfortable, monitor signs of life	
AIRWAY	No foreign material	Leave on back Open airway
	Foreign material in mouth	Recovery position Open and clear airway
BREATHING	Check for Breathing	Look, listen, feel for breathing
	NOT Breathing	Call 000 for an ambulance Give 2 initial breaths Check for signs of life
	Breathing Place in recovery position, monitor signs of life	
CPR	No signs of life Unconscious, not breathing, not moving	
	Start CPR, 30 compressions 2 breaths Continue CPR (30:2) until help arrives or casualty recovers	
	Adult	Child
DEFIBRILLATION	Apply defibrillator (if available)	Follow voice prompts



Have you got your priorities right—Learn First Aid
Telephone: 1300 360 455 Website: www.stjohn.org.au

This is not a substitute for first aid training
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