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
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.

<table>
<thead>
<tr>
<th>Injury &amp; Possible Symptoms</th>
<th>First Aid</th>
<th>Actions</th>
</tr>
</thead>
</table>
| **Bleeding**               | • 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. | • Seek medical attention.  
• If bleeding does not stop treat for shock and call an Ambulance  
AUS "000"  
NZ "111" |

| **Burns and Scalds**       | • 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. | • Seek medical attention.  
• Call an ambulance if necessary  
AUS "000"  
NZ "111" |
<table>
<thead>
<tr>
<th>Injury &amp; Possible Symptoms</th>
<th>First Aid</th>
<th>Actions</th>
</tr>
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</table>
| Choking                   | A Choking Baby | • Call an ambulance if obstruction has not been cleared.  
AUS “000”  
NZ “111”  
* Seek medical advice. |
|                           | A Choking Baby |  
• Breathing is obstructed.  
• Sudden clutching at the throat.  
• Face may turn blue.  
• Trying to cry or speak, but making strange noises or no sound. |
|                           | A Choking Baby |  
• 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. |
|                           | Chest Thrust for a baby. |  
• 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. |
|                           | A Choking Child |  
• 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. |
|                           | Chest thrusts for an older child: * These can be given either standing, lying or sitting. |  
• Identify the same point on the sternum as when doing CPR  
• Place on 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. |
<table>
<thead>
<tr>
<th>Injury &amp; Possible Symptoms</th>
<th>First Aid</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Febrile Convulsion</strong></td>
<td><strong>Baby or Toddler</strong></td>
<td>• Seek medical advice.</td>
</tr>
<tr>
<td>• The child may be flushed and sweating with a hot forehead.</td>
<td>• Place the child on their side on the floor or large flat area for safety.</td>
<td></td>
</tr>
<tr>
<td>• The eyes may roll upwards, be fixed or squinting.</td>
<td>• Remove objects from nearby that may cause injury.</td>
<td></td>
</tr>
<tr>
<td>• Face may look blue if they are holding their breath.</td>
<td>• After the convulsion has stopped, remove excessive clothing to assist with cooling. DO NOT attempt to cool by sponging or bathing.</td>
<td></td>
</tr>
<tr>
<td>• The back may be arched and stiff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fists may be clenched.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Poisoning</strong></td>
<td>• DO NOT try to make your child vomit as this can cause further harm.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify the poison the child has taken. Chemical/alcohol/medicine/plant.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Call the Poisons Information centre 131126 (AUS) 0800 764 766 (NZ).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Follow their advice.</td>
<td></td>
</tr>
<tr>
<td><strong>Snake and Spider Bites</strong></td>
<td>• DO NOT let your child walk.</td>
<td>• Call the Poisons Information centre 131126 (AUS) 0800 764 766 (NZ).</td>
</tr>
<tr>
<td></td>
<td>• Lie the child down and keep still.</td>
<td>• Seek medical attention.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Redback spider bite – Apply Icepack to bite and call an ambulance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Try to identify the spider or snake.</td>
<td></td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Event and Recognition</th>
<th>First Aid</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unconscious</strong></td>
<td><strong>Follow the DRABCD of First Aid as set out in the St John Resuscitation Chart.</strong></td>
<td><strong>Call an ambulance. AUS “000” NZ “111”</strong></td>
</tr>
<tr>
<td>No response when roused.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drowning</strong></td>
<td><strong>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.</strong></td>
<td><strong>Note: Take the child to hospital even if they seem recovered as any inhaled water may have caused lung damage.</strong></td>
</tr>
<tr>
<td>Breathing and heart may have stopped</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The unconscious child:</strong></td>
<td><strong>Assess child’s condition and be prepared to resuscitate.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Place in the recovery position.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Remove any wet clothing.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cover with a towel or blanket.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Electrical Injury</strong></td>
<td><strong>Break the contact by switching off the current at the mains.</strong></td>
<td><strong>If the child seems unharmed, make them rest and observe their condition. Seek medical advice.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>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.</strong></td>
<td><strong>Continue to monitor their condition and be prepared to resuscitate.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Wrap a dry towel around the feet and pull them away.</strong></td>
<td><strong>Cool any burns with cool water.</strong></td>
</tr>
<tr>
<td>Event and Recognition</td>
<td>First Aid</td>
<td>Actions</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| **Head Injuries**     | **The Conscious Child** | • If unconscious call an ambulance.  
AUS “000” NZ “111” |
| The brain may be “shaken” by a violent blow causing concussion. Recognising concussion:  
• Brief loss of consciousness, dizziness or nausea on recovery.  
• Loss of memory of immediately preceding events.  
• A mild headache.  
| • Treat any wound or bump with a cold compress.  
• Watch for any abnormal behaviour.  
• Seek medical advice.  
| **Child who regains consciousness quickly** |  
• 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.  
| **The Unconscious Child** |  
• Follow the DRABCD of First Aid and call an ambulance. Review the St John Chart.  
|  
| **Shock** | • 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.  
| • 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.  
| • Call an ambulance.  
AUS “000” NZ “111”  
| Note: The most likely cause of shock in a child is serous bleeding or a severe burn or scald.  


Resuscitation

DANGER
Check for Danger
To self, others and casualty

RESPONSE
Check for Response
Ask casualty’s name
Gently squeeze shoulders

No Response
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
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

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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