

YOUR RESUSCITATION REMINDER D. . . A.C.

For any collapsed person, act quickly! Seconds Count!

Check for **DANGER**—is it safe to proceed?

Check **R**ESPONSE to 'Shake and Shout'.

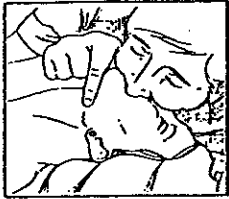
If no response, follow the A B C: **CALL FOR HELP**

AIRWAY



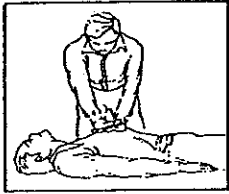
Turn to side and clear the mouth.
Tilt the head and support the jaw.
Check for breathing: LOOK for any movement of lower chest: LISTEN and FEEL for any escape of air.
If breathing, leave victim on side.

BREATHING



If not breathing, keep head tilted and jaw supported.
Give 5 breaths of Expired Air Resuscitation (E.A.R.) quickly.
Check the pulse in the neck: if present, continue E.A.R. but re-check every two minutes.
ADULT: 15 breaths per minute.
BABY: 20 puffs per minute.

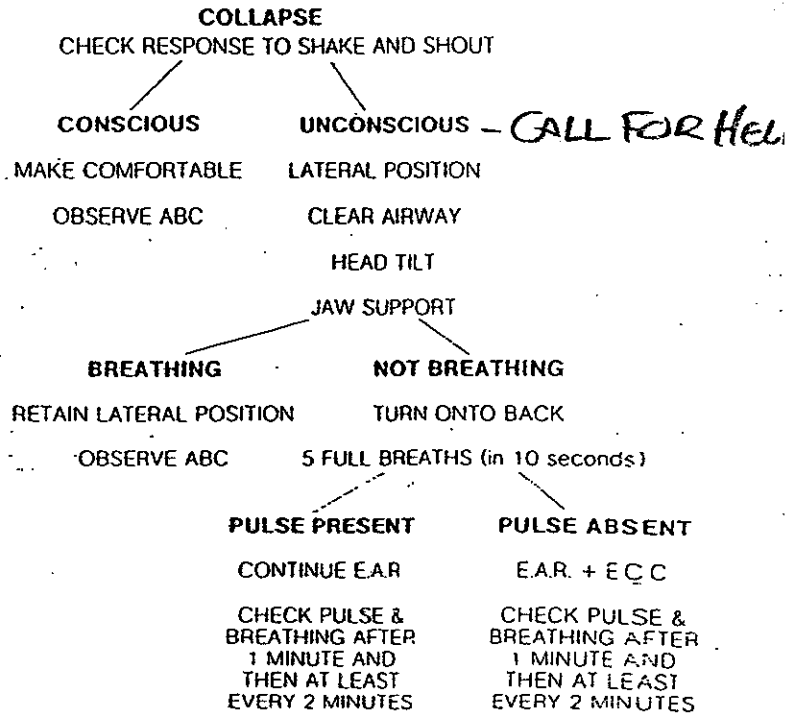
CIRCULATION



If pulse absent, begin External Cardiac Compression (E.C.C.) and continue E.A.R. Compress over middle of lower half of the breastbone, at least every second.
ADULT: 4-5cm. at 60-80/min. (Two hands)
BABY: 1-2cm. at 100/min. (Two fingers)
ONE OPERATOR: 15 Compressions / 2 Inflation.
TWO OPERATORS: 5 Compressions / 1 Inflation.

Re-check pulse and breathing every two minutes. Stay with the victim. Call for help. Send for ambulance assistance.

BASIC LIFE SUPPORT FLOW CHART



Message Form

Please Contact: Name:

Address:

Phone:

(and advise them of the situation)

Situation:

W/Art? Injury Illness Lost Trapped

Describe:

Notes

 Map Name: Grid Ref.:

Casualty:

Name:

Address:

Condition:

Time:

Conscious & Co-operative:

Conscious & Confused:

Unconscious-Responds to Voice:

Unconscious-Responds to Pain:

Unconscious-No Response:

Pulse Rate :

Respiration Rate:

Pupils (show size):

R L R L R L

Treatment:

Medication:	What	How Much	When
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assistance Needed:

What:

Where:

Group name:

Sign:

No. In Group:

Name:

Date:

Notes:

Emergency Procedure

Stop

Ensure Safety of the Group

Get to the Casualty Quickly & Safely

Move Casualty only if Necessary

Establish Casualty's condition

Treat & Stabilise Casualty

Make Casualty Comfortable

Send Message

Send a message with two (2) competent people containing:

- Casualty's name.
- Injuries - condition.
- Location: Grid ref. & Description.
- The help you need.
- Your intended action.
- Contact Name & phone No.

Signal for Assistance

Keep Casualty Advised