



Service

Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 1 of 12

Distribution: Service Department - Queensland
Newcastle
Sydney
Victoria
Sth Australia
Western Australia
National Warehouse

State Distribution: Supervisors
Technicians
Service Agents

Date	Reason for change	Rev
10/01	Procedure	A
08/02	Document Number to OHS-03-012 plus Rheem header	B

This is a confidential document, which remains the property of Rheem Australia Pty Ltd. Copies shall be issued only to authorised recipients.



Service

Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 2 of 12

Service technicians and supervisors, by the nature of the work they do, often work on sites away from easily accessible first aid support. Working in conjunction with the Building Industry also exposes people to higher than normal risks of injury. With this in mind, the more familiar a technician or supervisor is with basic first aid or life support principles the better the chance of minimising long term effects if a colleague or other person is injured. Recovery from any injury is dependent upon appropriate and prompt treatment.

This procedure is one means of conveying appropriate treatment to Service employees. The procedure needs to be supplemented with appropriate first aid training.

First Aid Kits

All Service vehicles, offices and stores are supplied with a first aid kit. Supervisors must ensure that contents of first aid kits are replaced when used and replaced as "use by" dates expire. As a minimum first aid kits must be audited every six months.

First Aid Actions

This document contains procedures only and is not intended to supplant approved training manuals.

Introduction

In any life threatening emergency the rescuer must :

Ensure his or her safety as well as the victim's.

Act with confidence based on knowledge and training but FIRST - DO NO HARM.

Prevent further injury.

Care for airway, breathing and circulation.



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 3 of 12

Severe Bleeding

Control of bleeding :

1. When attending to any wound, precautions must be taken to avoid direct contact with blood and any body fluids.
2. Apply pressure by pressing over the wound with your hand or squeezing the edges of the wound together.
3. Keep pressure on the wound with a thick pad, bandaged firmly into place. The pad must cover the whole wound.
4. Elevate the part, but do not use a tourniquet. Loosen the bandage if the patient's fingers or toes feel numb, tingling or painful.
5. If bleeding continues, remove the bandage and apply direct pressure to bleeding point.
6. If a piece of metal, wood, glass or broken bone is in the wound, apply pressure to the edges of the wound by placing the pads around the foreign body.

This simple treatment will usually stop all external bleeding and should be maintained until the arrival of medical help. Do not sit someone up if he or she is bleeding from the head or neck, except in the case of a nose bleed.

Shock (Not Electric Shock)

Shock is a medical term used to describe the symptoms, pallor, sweating, clammy skin, with bluish finger tips, mental confusion (sometimes unconsciousness), rapid thready pulse and sighing breathing that may follow accident or injury.

SHOCK SYMPTOMS CONVEY A MESSAGE OF URGENCY THAT THE CASUALTY IS ILL AND IN NEED OF IMMEDIATE TREATMENT.

The causes of shock include serious bleeding, burns, fluid loss and heart attack.

Treatment for Shock

1. Lay the victim down, keep the head at the same level as the heart.
2. Avoid unnecessary movement.
3. Send for medical assistance urgently, if possible, while you treat the cause of the shock.
4. Do not leave the victim unless in the care of a responsible person.



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 4 of 12

Cuts and Abrasions

Cuts and abrasions should not be ignored as they may easily become infected.

Clean the area around the wound thoroughly with soap and water, washing away from the wound.

Remove loose foreign material such as sand, stones, grass, but not deeply embedded material, e.g. glass.

Non-coloured antiseptic solutions may be applied to the surrounding area but not directly to the wound because these solutions may damage tissues.

Small cuts may be sealed with "adhesive plaster" or "butterfly clips". Larger cuts may require an appropriately sized dressing held in place by a bandage. A non-stick dressing is preferable.

DO NOT PLACE COTTON WOOL ON THE WOUND OR USE AS A DRESSING. COTTON WOOL STICKS TO THE WOUND AND CHANGE OF DRESSING WILL CAUSE FURTHER BLEEDING AND DISCOMFORT.

Clean abrasions using the same principles as for cuts. Large abrasions should be covered with sterile non stick dry dressing.

Apply a "non-stick" dressing and secure with a bandage.

Obtain advice from a medical practitioner on whether a tetanus injection is required.

Sprains, Fractures and Dislocations

Sprains (torn ligaments of joints) cause pain, swelling and discolouration.

If available, immediate application of an ice pack (covered with a cloth to prevent skin freezing), will reduce pain and swelling. Bandage the joint firmly. If possible elevate the limb to lessen swelling and pain.

Fractures and Dislocations

Fractures and dislocations are usually accompanied by pain, out-of-shape appearance, and swelling. Abnormal movement of the affected part may be evident.

If you suspect a fracture and an ambulance is readily available, make the victim as comfortable as possible where he or she is.

The ambulance officers can administer pain relief while the fracture is splinted and the patient



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 5 of 12

is being moved, thus reducing pain and shock.

Where ambulance or medical help is not readily available, treat the fracture at the site of the accident unless life is endangered (the victim's or your own).

Steady and, if necessary, support the injured part at once to prevent further damage and maintain this control until the fracture has been immobilised.

Immobilise by using :

- for upper limbs – gently binding the affected part,
- for lower limbs – interim splint may be achieved by bandaging to opposite leg.

Splints and bandages. The support of splints may be required when there is a possibility of a long or rough journey before medical aid is available or in the presence of multiple injuries. The fracture should be splinted before the victim is moved.

WARNING

If a fracture of the spine is suspected DO NOT MOVE a conscious victim unless life is in danger. Untrained personnel should not move the victim if first aiders or ambulance officers are available. If the victim is unconscious, turn on side and ensure clear airway. Keep the spine in a neutral position by supporting the head.

As in all emergencies, MAINTENANCE OF AIRWAY and ARREST OF HAEMORRHAGE take priority.

General Care of Victim

A conscious victim should : not be moved

- be made as comfortable as possible (e.g. support the natural curves of the body).
- be protected from heat or cold.

Send for help immediately.

If the victim is unconscious

Turn the unconscious person on his or her side supporting the head in a neutral position. In this position the tongue will fall forward clear of the airway and the mouth can drain.

The patient must be kept on his or her side.

If it will not make their injuries worse :



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 6 of 12

- bend the uppermost leg and knee until the thigh is at a right angle to the body.
- bend the uppermost hand and elbow so that the hand lies near the face.
- gently pull back the underneath arm so that it lies on the ground behind the victim.

If this would make injuries worse, use a rolled blanket or something similar to keep the victim in this position.

- Observe constantly and check for pulse and breathing.
- Care for the victim in the manner described for the conscious victim.

Burns and Scalds

Burns and scalds cause the same effects on the body and are treated in the same way. The priority is to lessen pain and shock.

Specific Action and Treatment

1. When water is available :

- If the victim's clothes are on fire, put out the flames by dousing with water. Immediately cool all burnt parts of the body with cold water for about 10 minutes.
- Remove clothing that is not stuck to the skin.

2. When no water is available :

- If the victim's clothes are on fire, smother the flames by wrapping a blanket or similar large, non-synthetic article around the victim. Non-synthetic garments may be used for this purpose.
- Remove smouldering clothing that is not stuck to the skin. Do not cause further injury to the victim or yourself in the process.

General Treatment

- Cover the burnt areas with a clean cloth to prevent contamination.
- Don't break blisters.
- Don't apply lotions or creams to the burns.
- Do not pull hot clothing across the face of the victim.
- Call for medical assistance and transport the victim as quickly as possible to a doctor or hospital.

Chemical Splash



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 7 of 12

These directions apply to such chemicals as ammonia, caustic soda, chlorine and sulphuric acid.

Remove victim from further exposure.

3.If the substance has splashed into the eyes, wash out with water immediately and continue for at least 15 minutes. The eye must be opened. You may have to get a workmate to help you. Medical help must be sought urgently.

4.If the body is splashed, dilute the chemical by hosing or showering if water is immediately available. Remove contaminated clothing while being hosed. If water is not available immediately, remove contaminated clothing, taking care to avoid contaminating the hands. Evaluate the areas splashed and, if necessary, seek medical aid.

Poisons

Poisons may be liquids, solids or gases. They may be taken by mouth, absorbed through the skin or injected (snake bite, marine stings).

If possible, the poison's label or container should be taken with the victim to hospital. The material safety data sheet should be taken, if available, with the victim to the hospital.

Poisons by Mouth

Contact the POISONS INFORMATION CENTRE telephone 131126 for advice before administering first aid. If communication to the CENTRE is impossible, the procedure below should be used.

A person who has taken poison by mouth shall be induced to vomit only :

1. If conscious and;
2. If he or she can sit up, swallow, and hold a container

NEVER INDUCE AN UNCONSCIOUS PERSON TO VOMIT.

NEVER INDUCE VOMITING, IF A PERSON HAS TAKEN :

1. Acid e.g. battery acid;
2. Alkali, such as drain and oven cleaners; or
3. Petroleum-based product, e.g. kerosene

If acid or alkali has been taken, the mouth and lips will be burnt. Irrigate the mouth with water.



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 8 of 12

While waiting for assistance, either from a doctor or ambulance, watch the victim closely for any change in conscious state. If the victim becomes unconscious, care for airway, breathing and circulation.

Poisons Absorbed Through the Skin, e.g. Organo Phosphates

Some agricultural poisons can be absorbed through the skin. These may cause muscle weakness, profuse secretion of saliva and marked difficulty in breathing. The victim's airway must be cleared, if necessary, while the victim is being transported to hospital. A specific antidote is available at all hospitals.

Noxious Gases

Ensure you and other assistants do not become victims of gas inhalation.

Quickly move the victim to an area that has fresh air. If breathing has stopped, seek medical help.

Snake and Insect Bites

Bites by venomous snakes, spiders and insects.

General Principles

Close observation of the casualty is necessary and, if breathing or circulation fail, basic life support must begin.

Treatment

Snakebite

1. Keep the victim at rest lying down. **DO NOT PERMIT TO WALK OR TO RUN AROUND.**
2. Immediately apply a firm, broad crepe bandage around the limb, starting over the bite area and working towards the shoulder or groin. Then bandage from the toes or fingers up to the site of the bite, thus covering the whole limb. Do not remove trousers or jeans. Crepe bandages are ideal but any flexible material can be used - clothing, strips of towelling.
3. Immobilise the affected limb with a splint.
4. Reassure the victim that this treatment will delay the spread of venom.
5. Transport safely, (preferably on a stretcher) without panic to the nearest hospital. Bring transport to the victim where possible.
6. Maintain a clear airway and breathing during treatment.



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 9 of 12

7. Alert the hospital of the impending arrival of the victim. Urgent treatment may be required on arrival.

8. Do not cut the bite area.

9. Do not wash venom off the skin. The venom will assist in later identification. If possible, the dead snake should be taken for identification.

Funnel Web Spider

Treat as for snakebite.

Red Back Spider

Pain is intense.

Apply ice-and-water mixture, but be careful to avoid skin damage from direct application of ice to unprotected skin.

Seek medical advice.

Bees (in allergic patients only)

Treat as for snake bite but first scrape off the sting with a finger-nail or knife blade.

Ticks

Have the tick removed by a qualified person.

Avoid squeezing the abdomen of the tick as poison may be injected into the victim.

If the tick is in the ear, olive oil may be used until medical help is obtained.

Eye Injuries

Severe Injuries

Where there is evidence of severe eye injury, medical attention must be sought urgently.

Foreign Body in the Eye

DO NOT RUB THE EYE.

If no assistance is available, splash clear water into the eye with the hand to wash out the foreign object.

If assistance is available, sterile irrigation solution from a fresh bottle should be used to wash out the foreign object by gently applying drops of the solution on the white part of the eye.

DO NOT USE CONTENTS OF BOTTLES THAT HAVE BEEN OPENED PREVIOUSLY. EYE BATHS SHOULD NOT BE USED because there is no way of ensuring they are clean.

If the foreign body is visible, the assistant should gently lift the foreign body from the surface of the eye with a moistened cotton bud or the moistened corner of a clean handkerchief.

If the foreign body cannot be removed by these simple methods or is known to be a sharp object, medical help must be sought urgently.

If discomfort persists when no foreign body is visible, medical help must be sought WITHIN 24 HOURS. Small scratches on the surface of the eye can lead to ulceration. Apart from discomfort, permanent scarring may result.



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 10 of 12

Nose Bleed

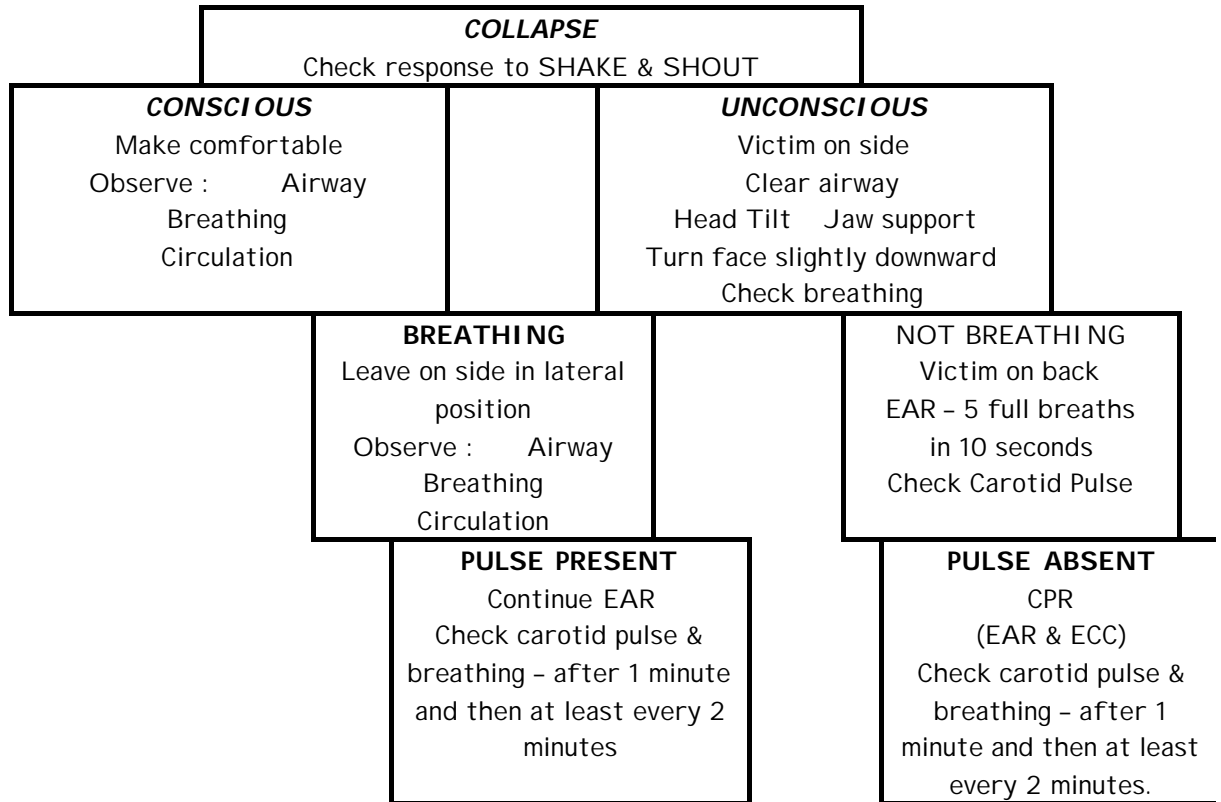
1. Sit the victim down, leaning forward.
2. Ask victim to open mouth and breathe through it while you pinch their nostrils at the bridge of the nose.
3. Do not plug the nose with gauze or cotton wool.
4. Loosen any tight clothing around the victim's neck.

Nose bleed normally stops with this simple treatment but if it does not, seek medical help.

Basic Life Support

Resuscitation must be commenced as soon as it has been established that the victim and rescuer are safe from further danger or injury. Begin resuscitation following the steps in the Basic Life Support Flow Chart below :

Basic Life Support Flow Chart



E A R - Expired Air Resuscitation
ECC - External Cardiac Compression
CPR - Cardio Pulmonary Resuscitation
Key Points



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 11 of 12

Adequate performance of the following steps will ensure effective resuscitation

Expired Air Resuscitation

Assessment of response

Turn on side

Clear airway

Check breathing

Turn on back

Head tilt

Jaw support

Seal mouth and nose

Inflation, tilt, blow, look, listen

Initial five full breaths

Check carotid pulse

Repeat – blow, look, listen, feel

Check carotid pulse after one minute and then at least every two minutes

Observe condition

Lateral position

Maintain check on airway, breathing, circulation

During operator changeover, maintain an open airway

Cardio Pulmonary Resuscitation

Assessment of response

Turn on side

Clear airway

Check breathing

Turn on back

Head tilt

Jaw support

Five full breaths

Check carotid pulse

Position hands for ECC

Compressions

Breaths

Check carotid pulse after one minute and then at least every two minutes

Observe condition

Lateral position

Maintain check on airway, breathing, circulation



Title: SAFETY PROCEDURE - BASIC FIRST AID	Doc No: OHS-03-012
Created By: T.Thornton - R.Daisley	Revision: B
Checked By: R. Bevitt	D.O.I.: 08/02
Authorised By: T.Thornton	Page 12 of 12

Fewer than sixty compressions per minute do not provide adequate blood flow to the brain of an adult.

Expired Air Resuscitation

Age Group	Frequency
Adults	15 breaths per minute
Infants and children (up to 8 years)	20 puffs per minute

External Cardiac Compression

Age Group	Method	Depth
Adults	2 hands	40 - 50 mm
Infants and Children	Under 1 year	2 fingers
	1 - 8 years	1 hand
		10 - 20 mm
		20 - 30 mm

Position of hands for ECC - Lower half of sternum for all age groups.

Cardio Pulmonary Resuscitation

	Ratio vent : comp	Frequency
Adults	Single Operator	2 : 15
	Two Operators	1 : 5
Infants & Children	Single Operator	2 : 15
	Two Operators	1 : 5
		4 cycles per minute
		12 cycles per minute
		6 cycles per minute
		20 cycles per minute

Revival Checks

Check carotid pulse after 1 minute and then at least every 2 minutes. Feel carotid pulse for up to 10 seconds.

SUMMARY

Management of the Victim

Condition	Breathing	Pulse	Treatment
Conscious	Present	Present	Keep in position of comfort. Observe airway, breathing and circulation.
Unconscious	Present	Present	Turn on side Observe airway, breathing and circulation.
Unconscious	Absent	Present	Turn on back and commence Expired Air Resuscitation, 5 full breaths and check carotid pulse after 1 minute, then at least every 2 minutes.