First Aid in education and care settings

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Introduction

In first aid our aim is to look after and treat the casualty until further assistance arrives (e.g. Ambulance). We are usually able to devote all our resources to that one casualty. When someone is seriously injured or sick it is advisable to always call the Ambulance and bring the Ambulance to the casualty not to take the casualty to the Ambulance or Medical Care. If in doubt you should phone the Ambulance and follow their advice.

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Introduction

Characteristics of a good first aider

1. **Responsibility** – deals with whole situation
2. **Knowledge**- knows difference between life and death, partial and permanent disability, performs skills accordingly
3. **Communication** – able to call for help and establish open lines with victim and other people
4. **Composure** – has a lot of common sense and able to perform under a lot of pressure

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Assess the situation

Identifying assess and minimising hazards on the situation that may pose a risk of injury or illness to self or to others.

How do we do this?

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Assess the situation

The aim is to:

- preserve life
- prevent injury or illness from becoming worse
- protect the unconscious casualty
- promote a safe environment
- provide reassurance
- seek medical help
- help promote recovery.

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Assess the situation

Identify Hazards in the situation

- exposure to blood, vomit and other body fluids;
- acts of aggression;
- an unsafe scene, for example, oncoming traffic in a road accident, or fallen power lines;
- bystanders placing themselves and others at risk of injury;
- back, neck or shoulder injuries sustained when moving objects;
- the presence of smoke, fire or poisonous fumes.

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Assess the situation

Emergency first aid

Emergency Action Plan

Your Action Plan should include the following:

1. Quickly assess the situation.

2. Ensure safety for yourself and the casualty. Where there is danger, remove the cause of danger from the casualty or the casualty from the cause, without putting yourself in danger.

3. Decide what you must do first, following the priority given under the **DRSABCD** of First Aid.

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Assess the situation

Emergency first aid

Emergency Action Plan

4. Move the casualty as little as possible. The casualty should be moved with care only if:
   - in danger from fire, road traffic, hot road surfaces, electric current, drowning etc, providing it is safe to do so.
   - it is necessary to establish and maintain a clear airway or perform CPR
5. Reassure the casualty.
6. Let the conscious casualty rest in the position he finds most comfortable.

Assess the situation

Emergency first aid

Emergency Action Plan

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Assess the situation

How to call an ambulance

Dial "000" (triple zero) in an emergency (if unsuccessful trying 000 on a mobile then try 112)
Ask for ambulance.
Give the location of where the ambulance has to go (that is, state, district or suburb, street, road, address). give a cross-street reference, building or landmark.
Give the phone number you are calling from and your name.
Explain exactly what has happened.
Possible number of casualties (people hurt or sick).
How **old the casualty** is.
If the casualty is **conscious/ breathing**.
DO NOT hang up until the operator tells you to.;

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Assess the situation

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Legal Liability

Significant legislation occurred in NSW in 2002 with the Civil Liability Act – this Act uses the term '**good Samaritan**' which protects a person who assists another in a first aid setting from potential legal complications.

Duty of Care… If you act in a paid or voluntary employment as a First Aid Officer, you have a duty to provide first aid services to those in your care

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The Chain Of Survival

1st Link
Early Access

2nd Link
Early CPR

3rd Link
Early
Defibrillation

4th Link
Early Advanced
Cardiac Life
Support

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First Aid Hygiene

Before Treatment

Always wear gloves if available take care not to touch any unclean object when wearing gloves or once hands are washed.

- Wash hands with soap and water, or rinse with antiseptic.
- Ensure that hands are washed thoroughly between fingers and under nails.
- If possible, use a protective cover over clothing.
- Cover any adjacent areas likely to produce infection.

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First Aid Hygiene

During Treatment

- Avoid contact with body fluids.
- Avoid coughing, breathing, or speaking over the wound.
- Avoid treating more than one casualty without changing gloves between each casualty.
- Use a face shield or mask with a one-way-valve, if available, when doing active resuscitation.
- Use only clean bandages and dressings.

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First Aid Hygiene

After Treatment

- Wash hands and disposes of gloves.
- Clean up both casualty and yourself.
- Clean up the immediate vicinity.
- Dispose of dressings, bandages, gloves and soiled clothing correctly by burning.
- Wash hands with soap and water even if gloves were used.

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Basic Life Support Flow chart

D Check for **Dangers**

Check for: Hazards
Risks
Safety

R **Responsive**? or Unconscious?

Send for Help, Call 000
Resuscitation Team

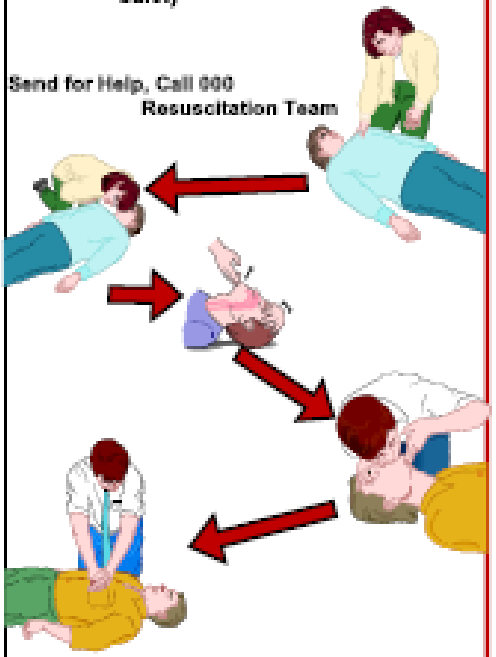
S **Send** for Help

A Open **Airway**
Look for signs of life

B Normal **Breathing**?

C 30 Chest **Compressions: 2 breaths**
if unwilling / unable to perform rescue breaths continue chest compressions

D Attach **Defibrillator (AED)** as soon as available and follow its prompts (if available)



Continue CPR until qualified personnel arrive or signs of life returns (responsiveness or normal breathing returns)

NO SIGNS OF LIFE:= Unconscious, Unresponsive, not breathing Normally, Not Moving
AED = Automated External Defibrillator

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CPR

When a casualty's heart stops beating, this is known as cardiac arrest and the required first aid management is effective and immediate CPR. Some of the causes of cardiac arrest include heart attack, poisoning, electrocution and prolonged respiratory arrest.

RESCUE + COMPRESSIONS = CPR
BREATHS

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What Is AED?

Automatic External Defibrillator: A device that can be used by anyone with a minimal amount of training to defibrillate someone whose heart has stopped.

AED is a computerised defibrillator which will analyse the victim's heart rhythm and if a shockable rhythm is determined it will instruct the user to deliver an electric shock. The AED provides on-going voice prompts to the operator for Basic Life Support (BLS) and calling emergency services.

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When Is AED Used?

- In conjunction with BLS
- At the earliest possible stage
- Standard AED suitable for use in children only over 8 years of age
- For children between 1 and 8 years (or under 25kg) – use paediatric pads/mode.
- AED is not recommended for children less than 1 year.

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Emergency First Aid

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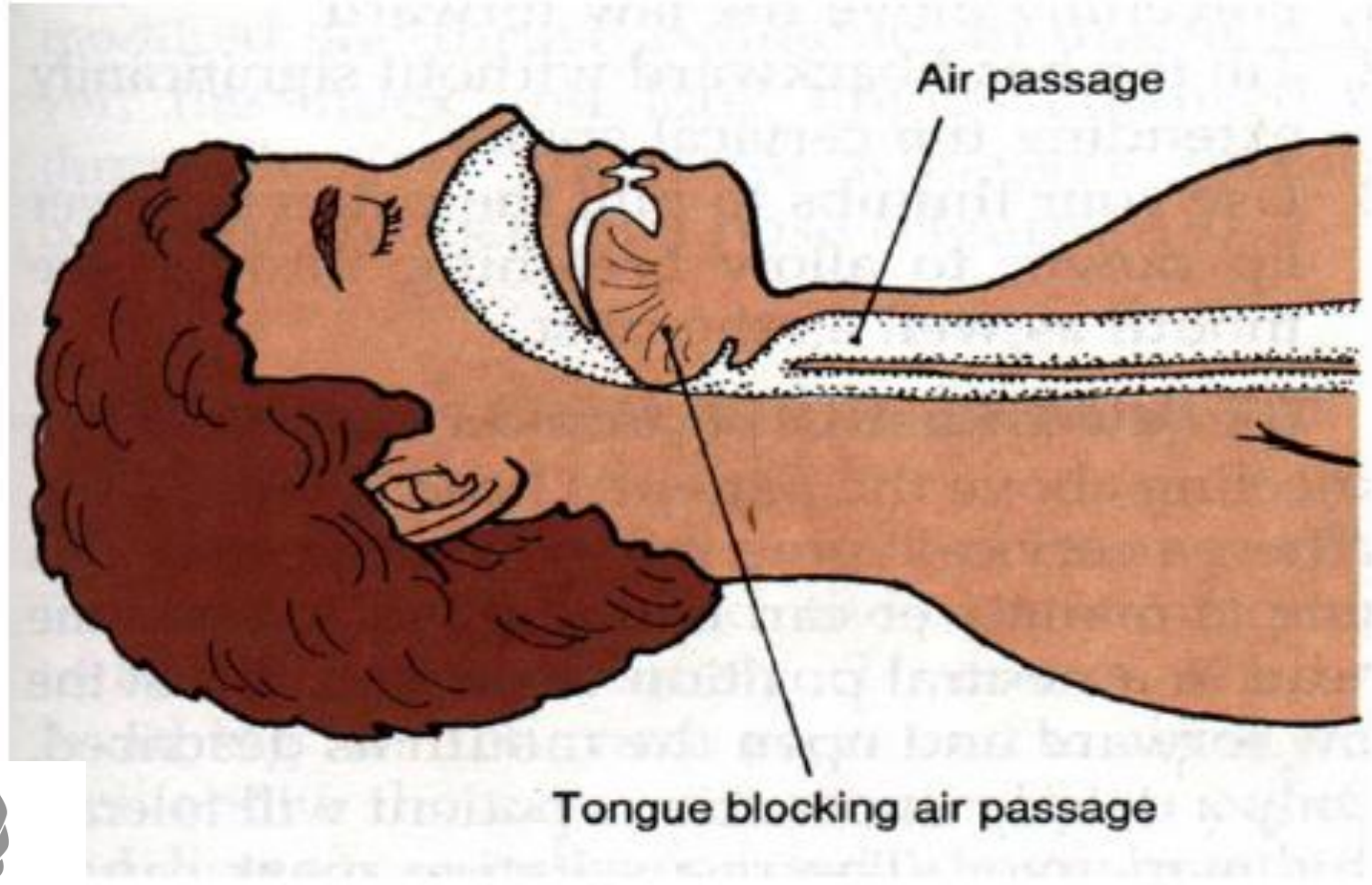
Opening the Airway



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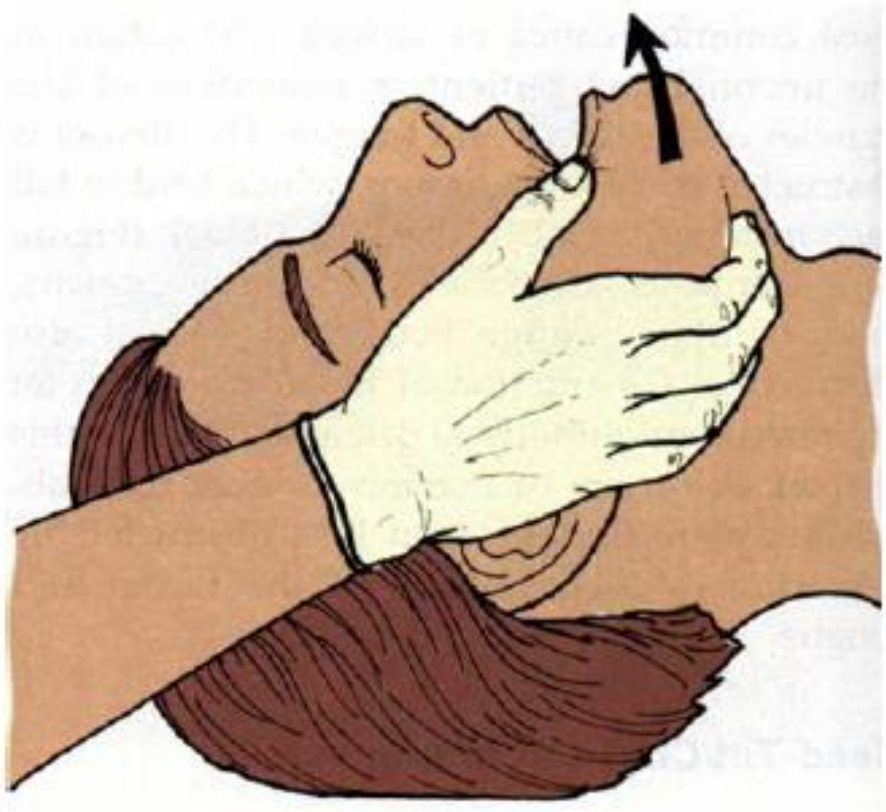
Opening the Airway



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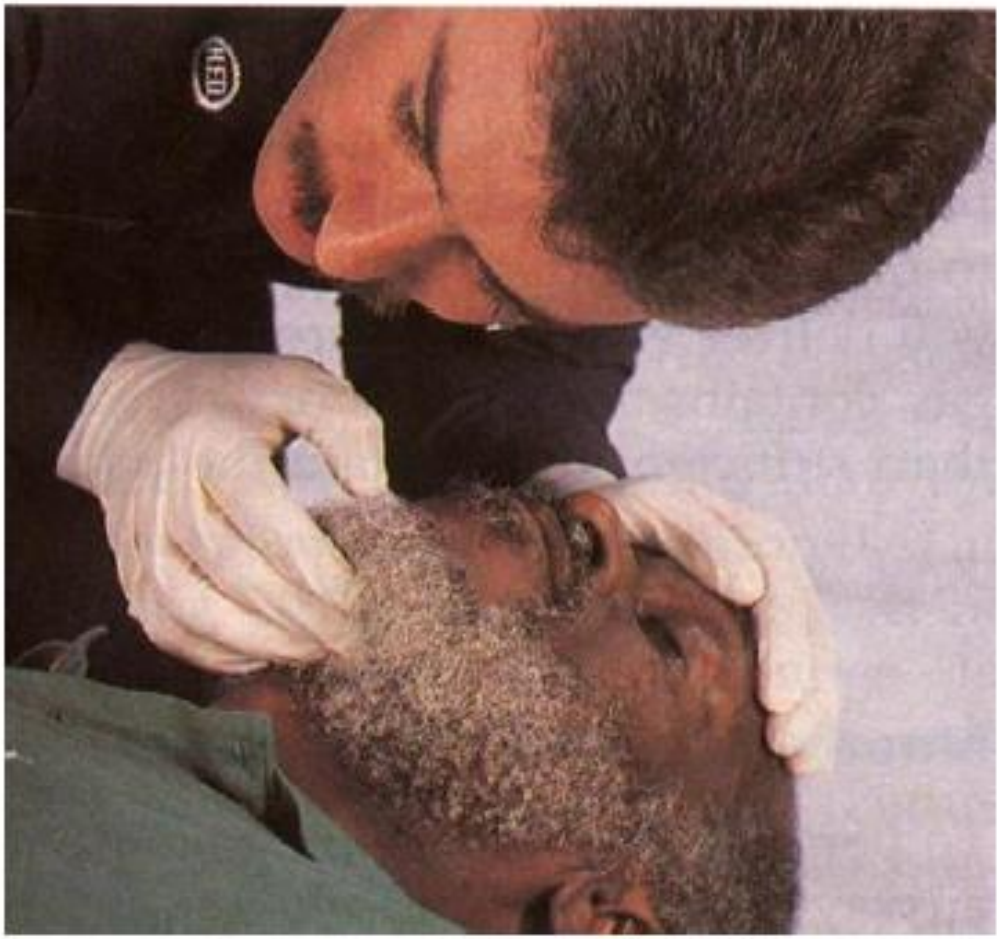
Look, Listen, Feel



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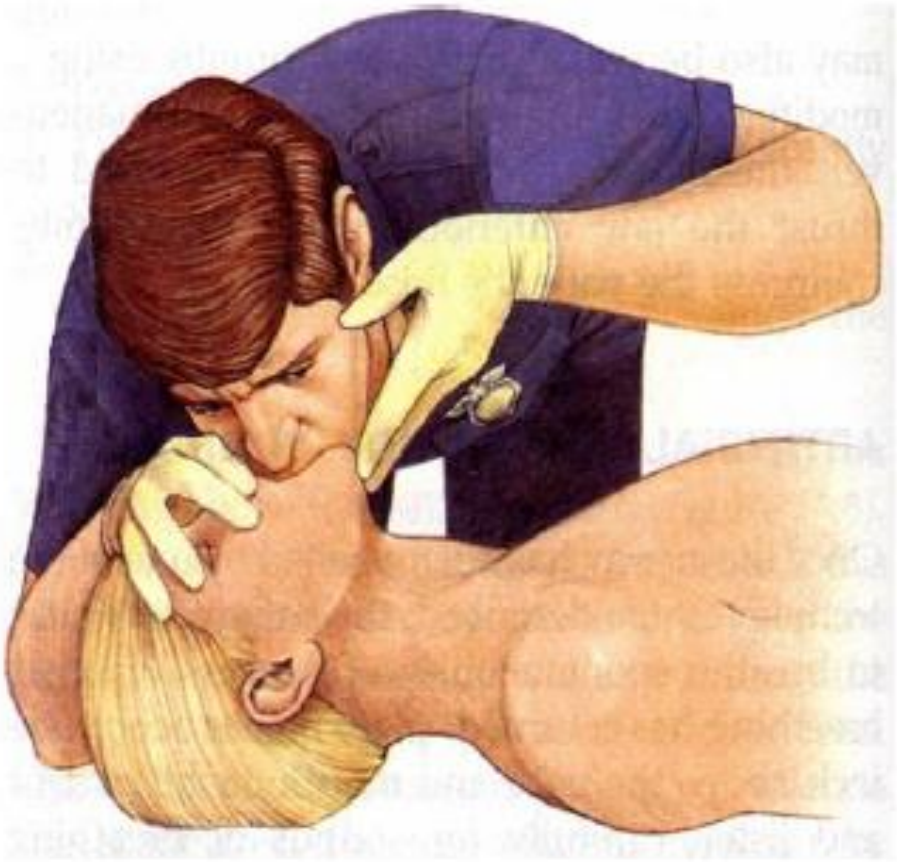
Mouth to Mouth Ventilation



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Mouth to Nose Ventilation

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Foreign Body Airway Obstruction

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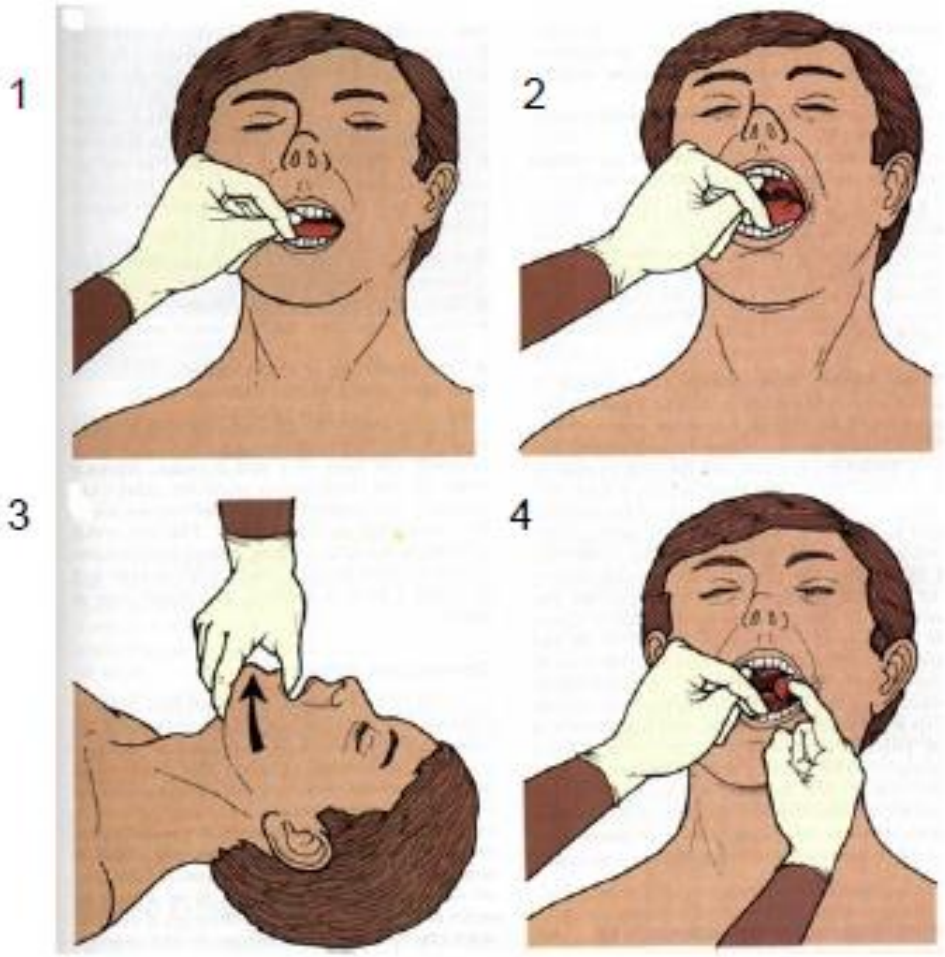
Foreign Body Airway Obstruction



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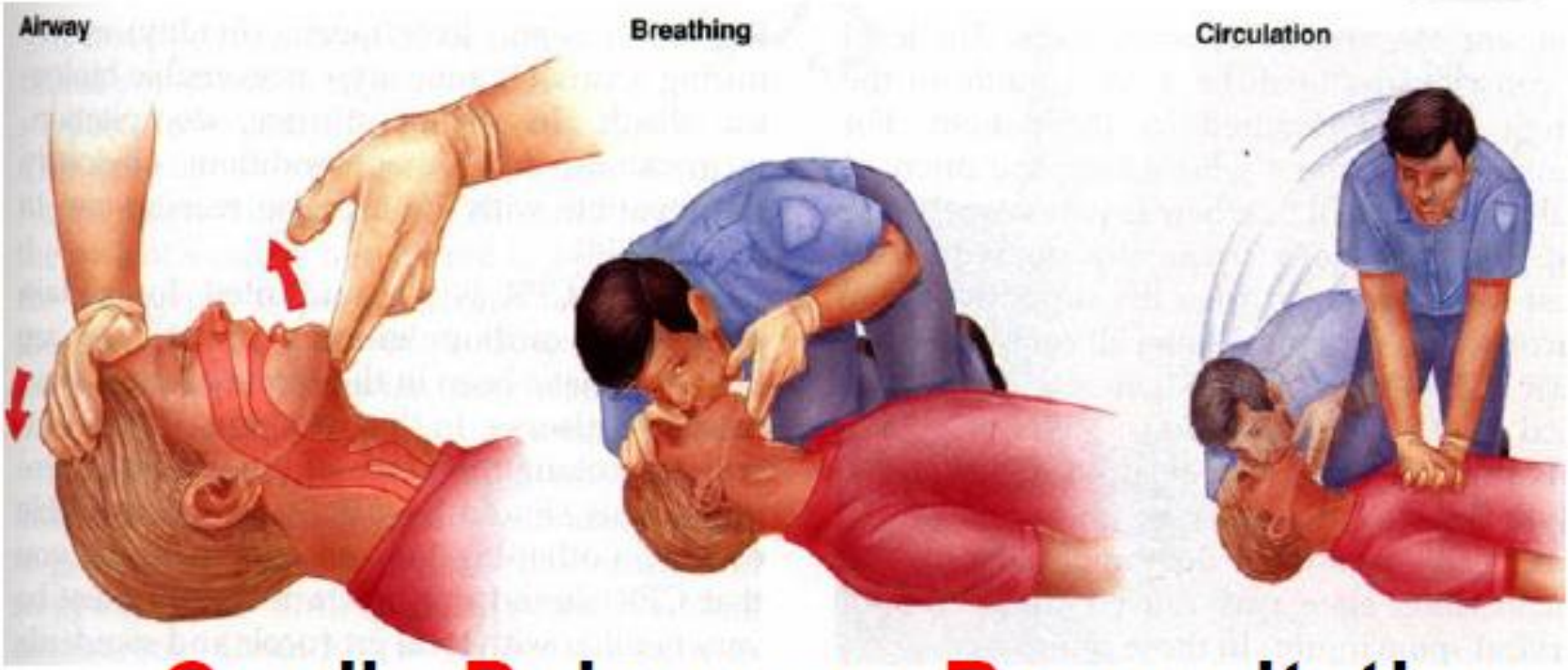
Artificial Circulation in Adults

A **B** **C**



Cardio Pulmonary Resuscitation

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Artificial Circulation in Adults

Cardio Pulmonary Resuscitation

Definition

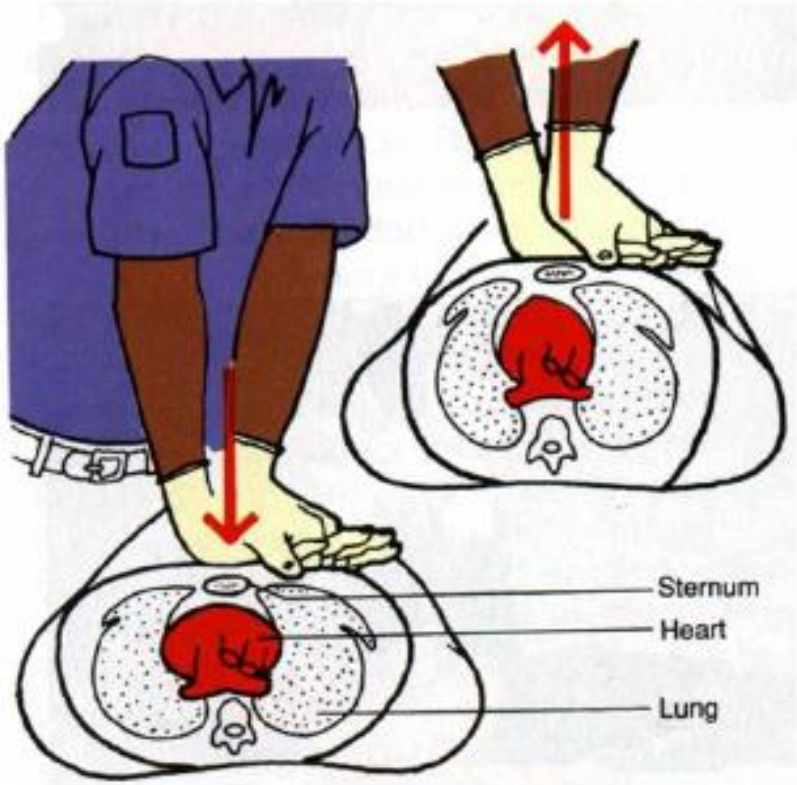
Cardiopulmonary Resuscitation (CPR) consists of mouth-to-mouth or mouth-to-nose respiration and chest compression.

CPR allows oxygenated blood to circulate to vital organs such as the brain and heart.

CPR can keep a person alive until more advanced procedures (such as defibrillation – an electric shock to the chest) can treat the cardiac arrest.

CPR started by a bystander doubles the likelihood of survival for victims of cardiac arrest.

Artificial Circulation in Adults



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Artificial Circulation in Adults

The correct hand position for chest compression

1

2

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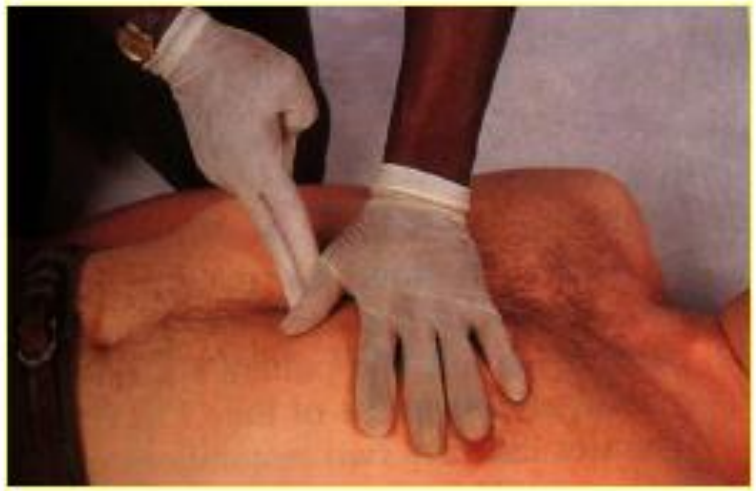
Artificial Circulation in Adults

The correct hand position for chest compression

3



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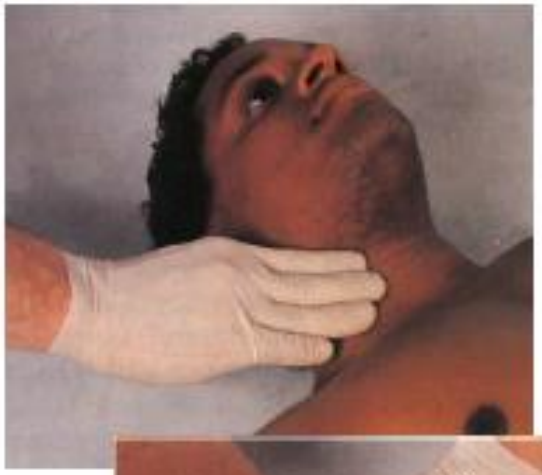
Artificial Circulation in Adults

Checking for pulse



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Artificial Circulation in Adults

Cardio Pulmonary Resuscitation

Ratio 30:2

30 Compressions
(rate: 80 to 100 per minute)
Then 2 breaths
(1 ½ seconds)

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Bleeding

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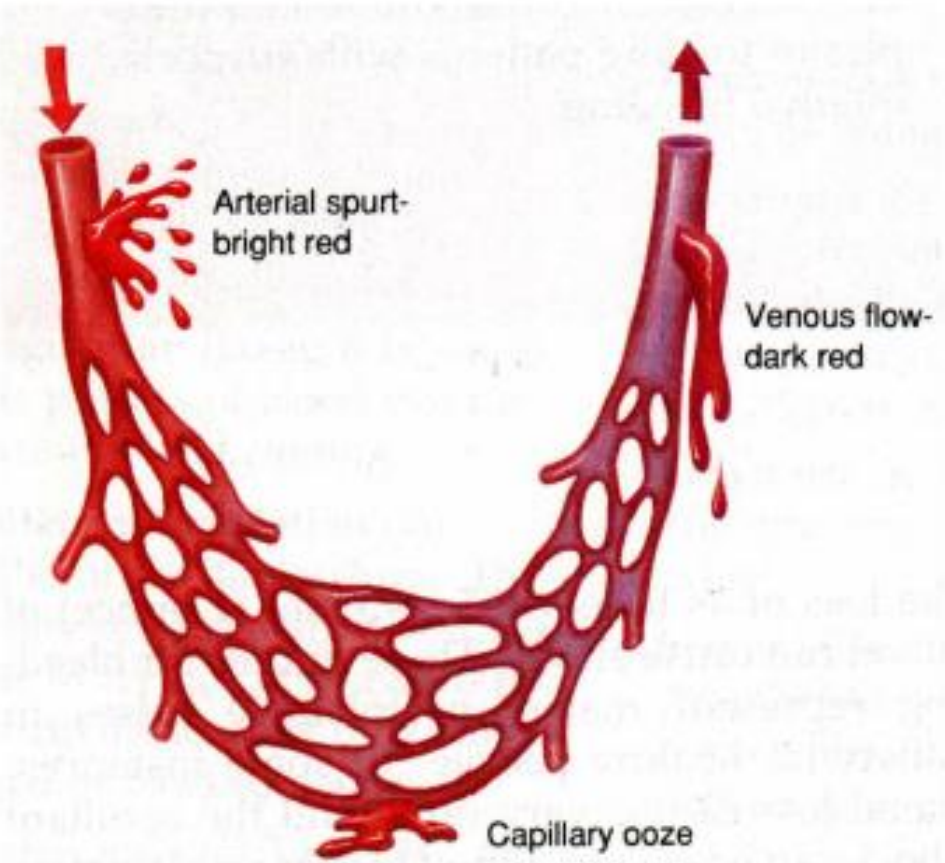
Bleeding



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Bleeding

Bleeding = Haemorrhage
of blood escaping from blood vessels

External Bleeding

Internal Bleeding

If uncontrolled

Shock

Death

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Bleeding

Important

The average amount of blood in an adult body is 6 litres

The acute loss of over **10% (percent)**
of that circulating blood volume will cause shock

In an adult	**600ml**
In a child	**200 to 300ml**
In an infant	**25 to 30ml**

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Bleeding

Controlling External Bleeding

A. Apply direct local pressure at the bleeding site (the best and most effective way);
B. Maintain compression by wrapping a roller bandage over the entire compressive dressing;
C. Elevate the bleeding extremity – extremely efficient especially in controlling venous bleeding

Bleeding

Epistaxis (Nosebleed)

Can be caused by the following conditions:

- A fractured skull;
- Facial injuries, including those caused by a direct blow to the nose;
- Sinusitis, infections, use/abuse of nose drops, dried or cracked nasal mucous or other abnormalities inside the nose;
- High blood pressure;
- Bleeding diseases.

Bleeding

Nosebleed

Methods of controlling nosebleed are::

A. Apply pressure, pinch nostrils;

B. Place a rolled gauze bandage between the upper lip and the gum. Keep the patient quiet and in a sitting position with the head tilted forward;

C. Apply Ice over the nose.

Bleeding

Control of Internal Bleeding

An urgent operation or complex equipment is usually needed to control internal bleeding;

Immediate transportation to emergency unit is required for the injured patient whom we suspect has internal bleeding

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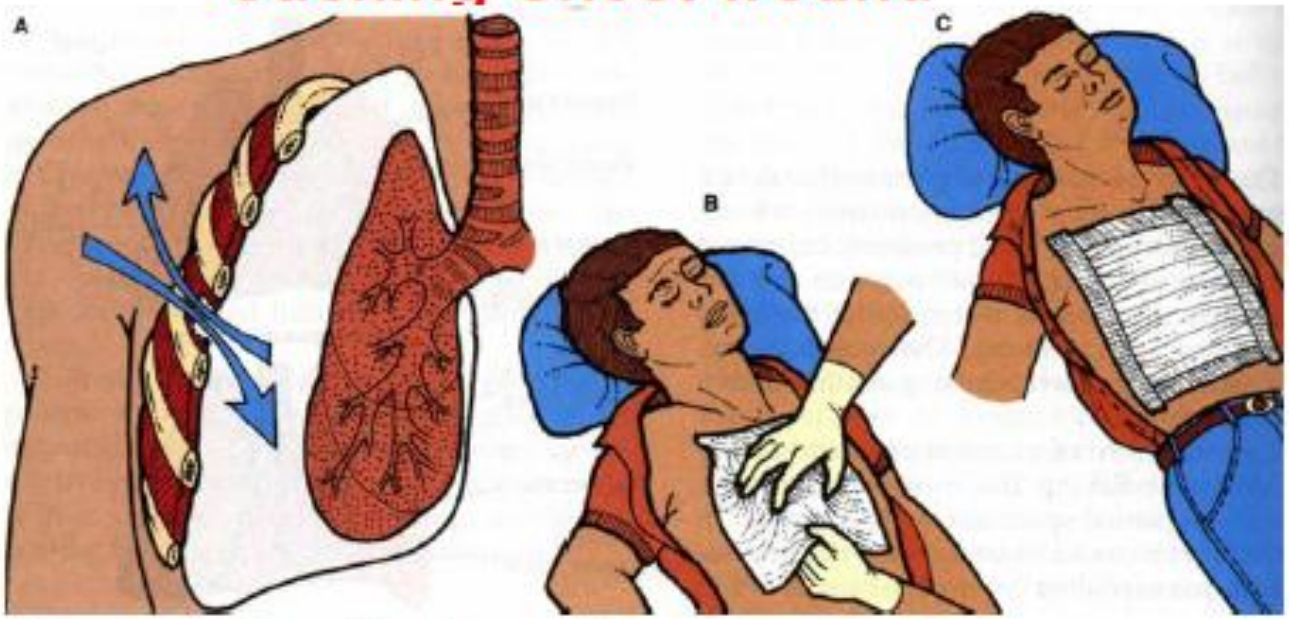
Bleeding

Sucking Chest wound



A. A sucking chest wound

B. A sucking chest wound should be sealed with a large airtight dressing of aluminium foil or Vaseline gauze

C. The dressing should be secured to the chest wall with tape

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Heart Conditions

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Heart Conditions

Each year, thousands of people in Australia die from heart disease. Early Treatment may be able to reverse or reduce the damage to the heart and decrease the number of deaths from heart disease.
With today's life styles, the chances of heart disease are increased by:

- Obesity;
- Smoking;
- Stress;
- High cholesterol;
- High blood pressure;
- Family history;
- Age and/or gender.

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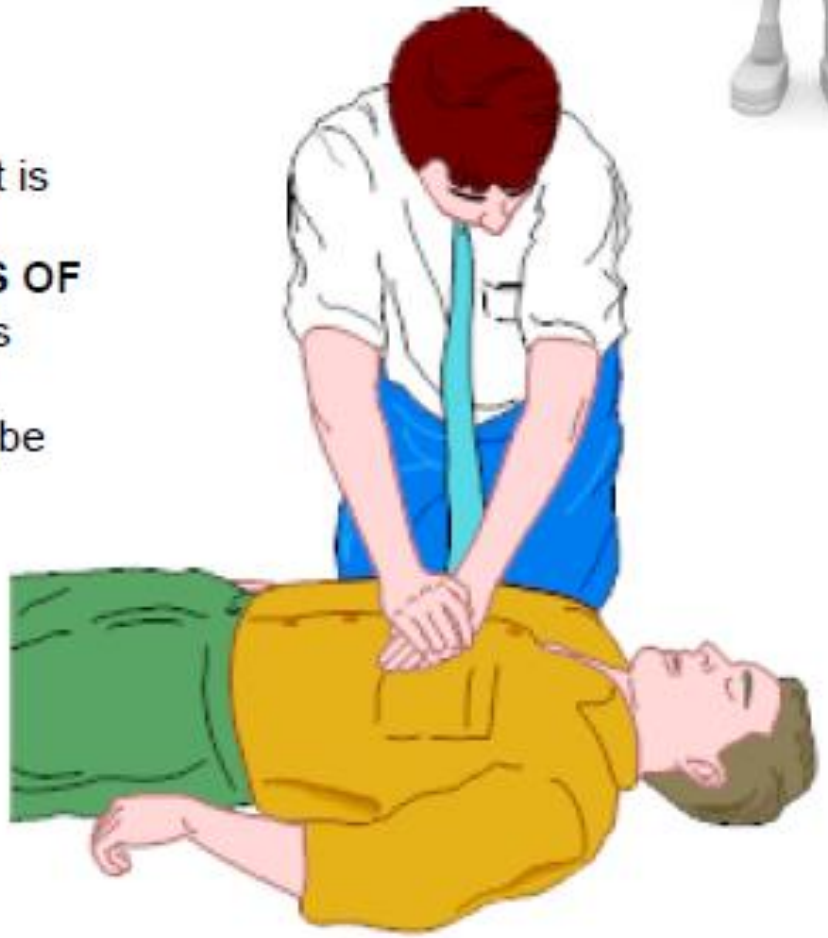
Heart Conditions

Cardiac Arrest

This is where the casualty's heart is not beating. The casualty would therefore present with **NO SIGNS OF LIFE.** Regardless of how this was caused, if the casualty **has NO SIGNS OF LIFE** then **CPR** must be commenced immediately.



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Heart Conditions

Heart Attack

When blood flow to the heart muscle is interrupted, a person is said to be *"having a heart attack"*. A casualty who has a heart attack is also known as a *"myocardial infarction"*, this may or may not result in death

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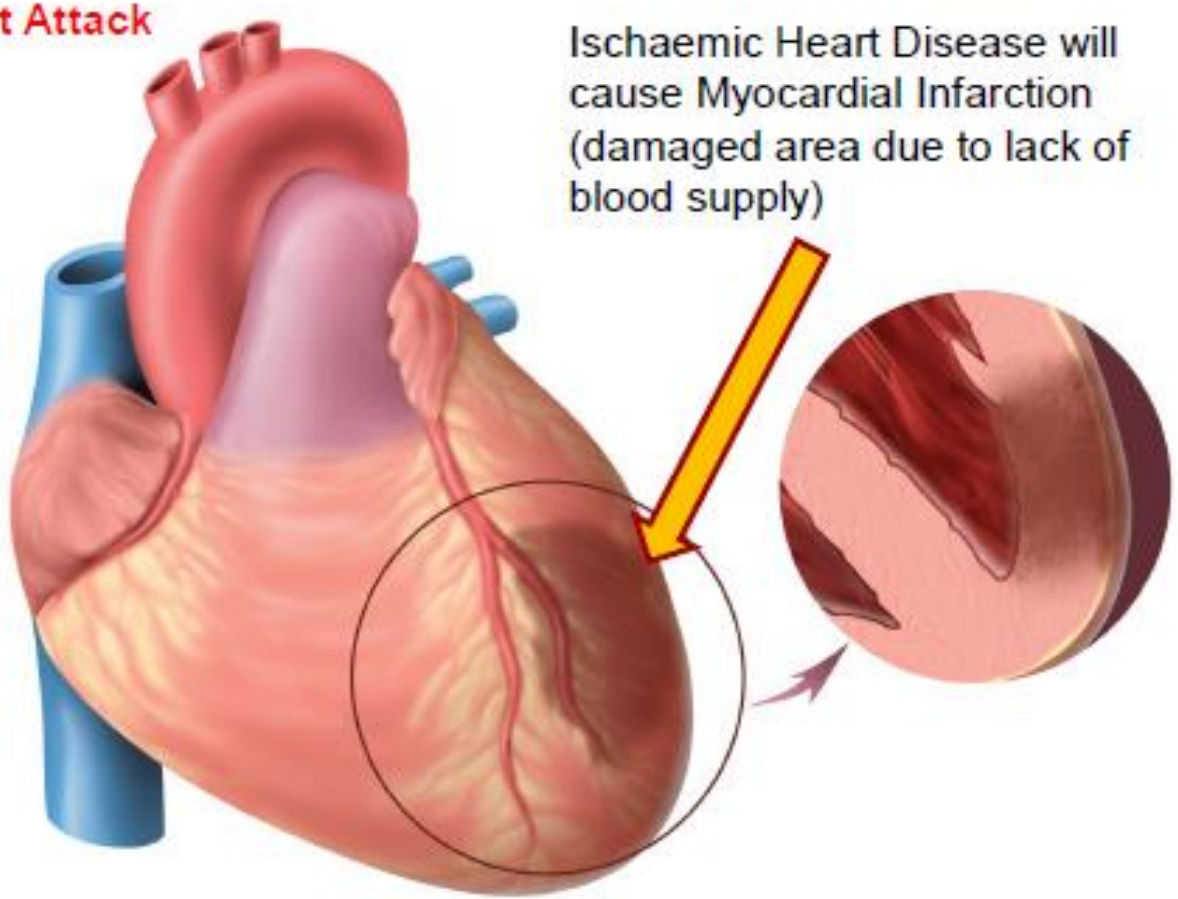
Heart Conditions

Heart Attack

Ischaemic Heart Disease will cause Myocardial Infarction (damaged area due to lack of blood supply)



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Heart Conditions

Heart Attack

Signs and Symptoms

- Medications and rest **DO NOT** relieve the pain.
- Pain does not change on inhalation or movement.
- Pain or heaviness to the chest radiating to the neck, shoulder and/or arm lasting for more than 10 minutes.
- Pulse can be irregular, weak, fast or slow.
- Sudden onset of pain, with or without exertion.
- The casualty can be pale, cold and sweaty.
- The casualty can be short of breath.
- The casualty may have nausea or vomiting.
- Fear of impending doom

Heart Conditions

Heart Attack

Signs and Symptoms

Special consideration must be looked at in regards to the following two points:

1. Not all heart attacks are accompanied by chest pain some casualties just look and feel unwell.
2. People who experience a heart attack may pass off their symptoms as 'just indigestion'.

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Shock

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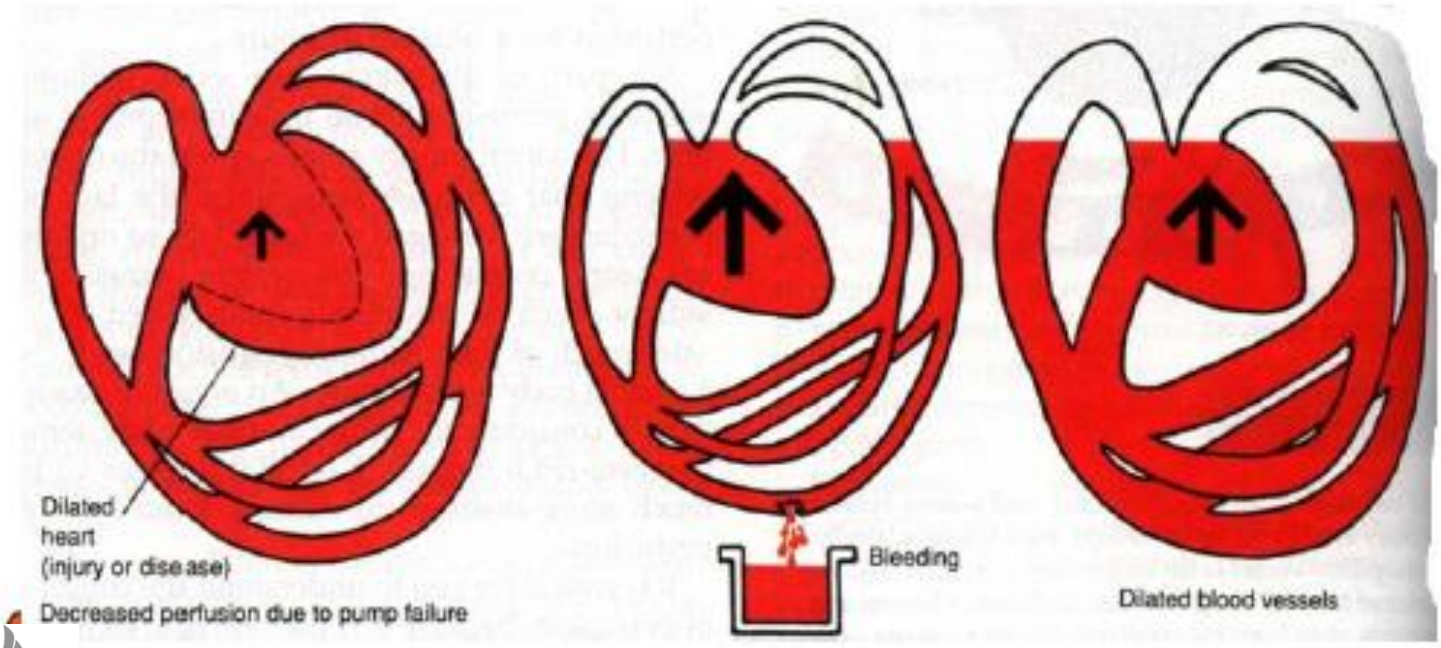
Shock

Causes of Shock

IMPORTANT!

Shock is not a specific disease or injury; it is a physiological state with specific manifestations



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Shock

Signs and Symptoms of Shock

- A quickening pulse rate;
- Agitation, anxiety, and feeling of impending doom;
- Skin is pale, ashen, cool, and moist;
- Shortness of breath;
- Poor urinary output;
- Falling blood pressure.

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Shock

Treatment of Shock

- Secure and maintain an open airway. Be certain the patient can breathe well;
- Control all obvious external bleeding by direct compression;
- Elevate the lower extremities about 30 degrees;
- Prevent loss of body heat by placing blankets under and over the patient

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Shock

Treatment of Shock

- Splint any fractures;
- Avoid rough and excessive handling;
- In general keep an injured patient supine;
- Do NOT give patient anything to eat or drink;
- Observe patient's A-B-C at 10 minute intervals until the patient is delivered to acility

Fractures, Dislocations and Sprains

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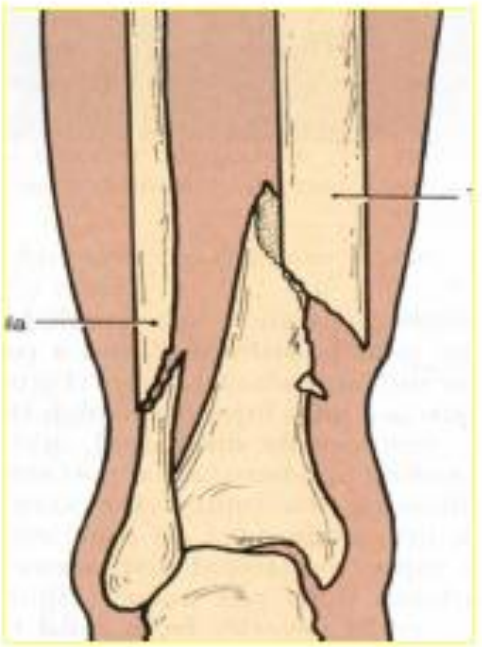
Fractures, Dislocations and Sprains

Fracture:
Any break in the continuity of a bone

Signs and Symptoms;

- Deformity;
- Tenderness
- Swelling and ecchymosis;
- Exposed fragments;
- Crepitus;
- False motions.



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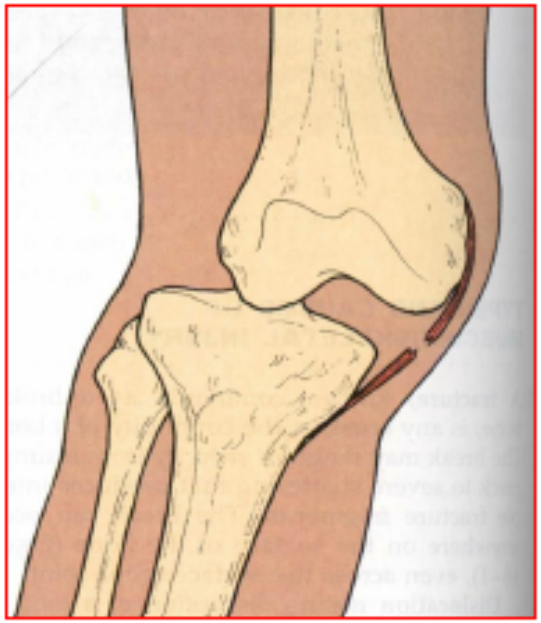
Fractures, Dislocations and Sprains

Dislocation:
The disruption of a joint:

Signs and Symptoms

- Marked deformity of the joint;
- Swelling in the region of the joint;
- Pain at the joint aggravated by any attempt to move;
- Virtually complete loss of normal joint motion (a 'locked' joint);
- Tenderness to palpitation about the joint



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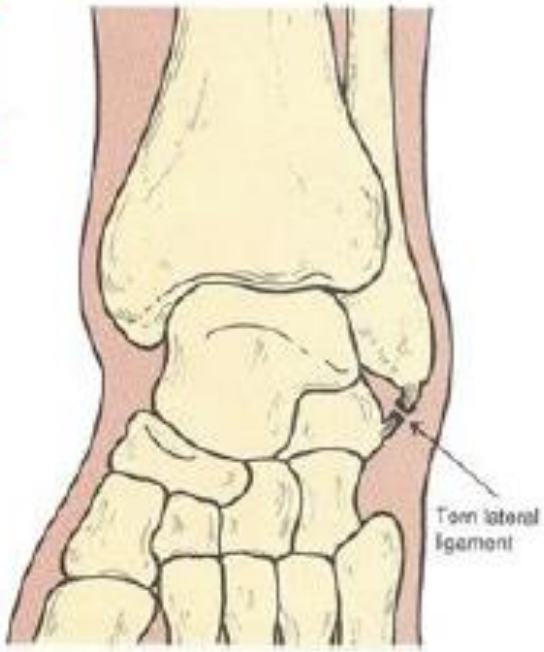
Fractures, Dislocations and Sprains

Sprain:
A joint injury in which some supporting ligaments are damaged

A joint sprain occurs when a joint is twisted or stretched beyond its normal range of motion

Signs and Symptoms

- Tenderness;
- Swelling and ecchymosis;
- Inability to use the extremity



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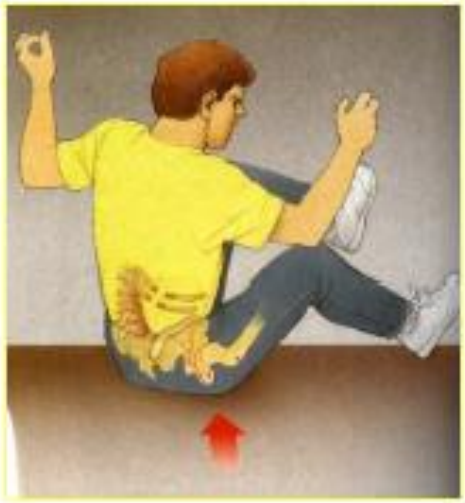
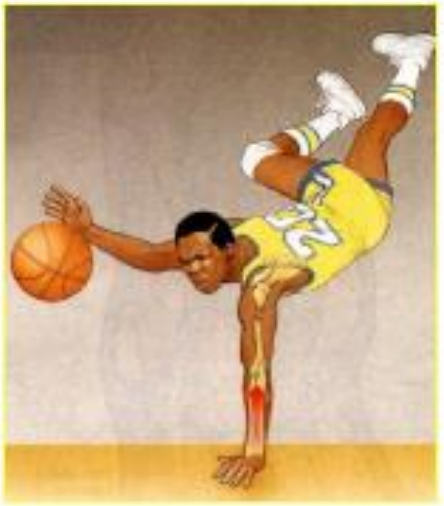
Fractures, Dislocations and Sprains

Various mechanisms of injury may produce fractures and dislocations





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Fractures, Dislocations and Sprains

Emergency Management of Fractures, Dislocation and Sprains

- All open wounds are managed initially by covering with dressings and applying local pressure to control bleeding;
- In most situations, remove clothing form the area of any suspected fracture, dislocation or sprain to allow inspection of the wounds, deformity, swelling and ecchymosis;
- Do not move the patient before splinting extremity injuries;
- When in doubt – Splint!

Fractures, Dislocations and Sprains

The Splint Principle

- In a suspected fracture of the shaft of any bone, make sure the splint immobilises the joint above and the joint below the fracture;
- With injuries in and around the joint; make sure the splint immobilises the bone above and the bone below the injured joint.

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Spinal Injuries

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Spinal Injuries

‘Think Spinal Injury’

- Violent impact to the head, neck, torso or pelvis;
- Sudden acceleration or deceleration accidents;
- Falls from significant heights with the patient landing in the head or feet;
- Gunshot wounds to the neck or trunk;
- All shallow water diving accidents;
- All victims of a vehicular crash.

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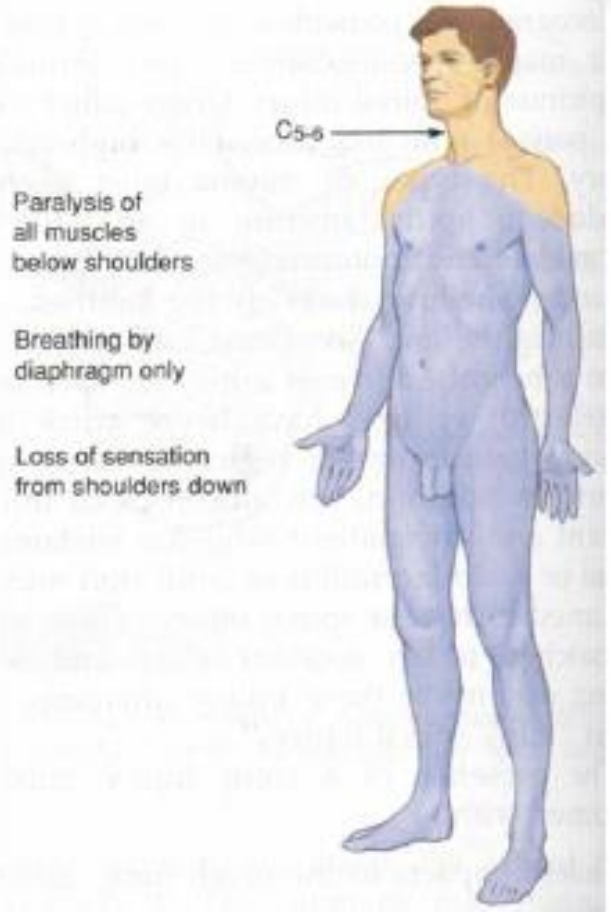
Spinal Injuries

Signs and Symptoms of Spinal Injury

- Pain?
- Numbness, tingling, or weakness;
- Pain with movement (the injured area of the spine);
- Deformity;
- Lacerations or contusions (over the shoulders, the back, or the abdomen);
- Paralysis or anaesthesia.



Spinal Injuries

Emergency Management of Spinal Injuries.

- Restore the patient's airway and ensure adequate ventilation;
- Control serious bleeding using local pressure dressings;
- Most importantly – splint the patient before removal.

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Burns

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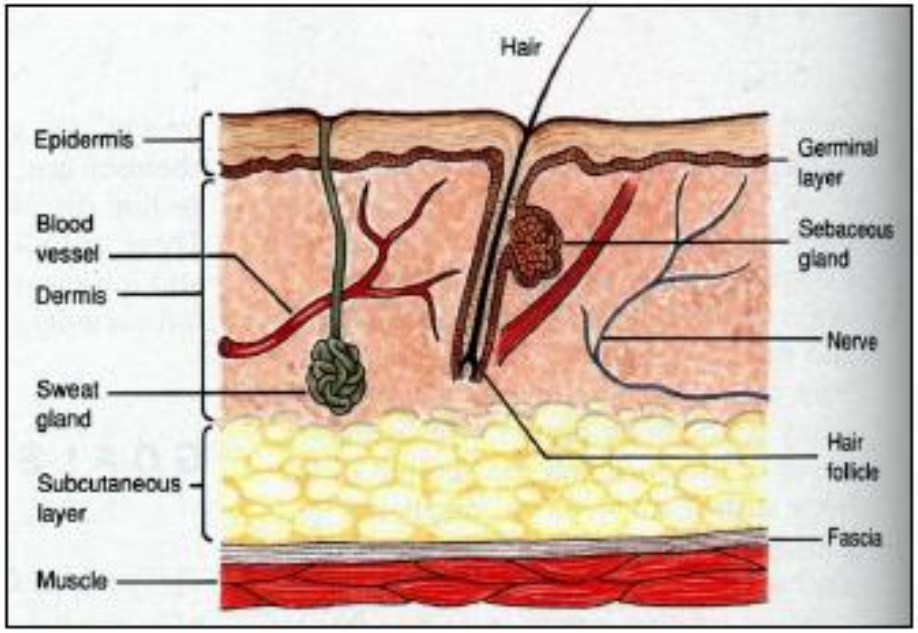
Burns

Thermal Burns.

Layers of the Skin



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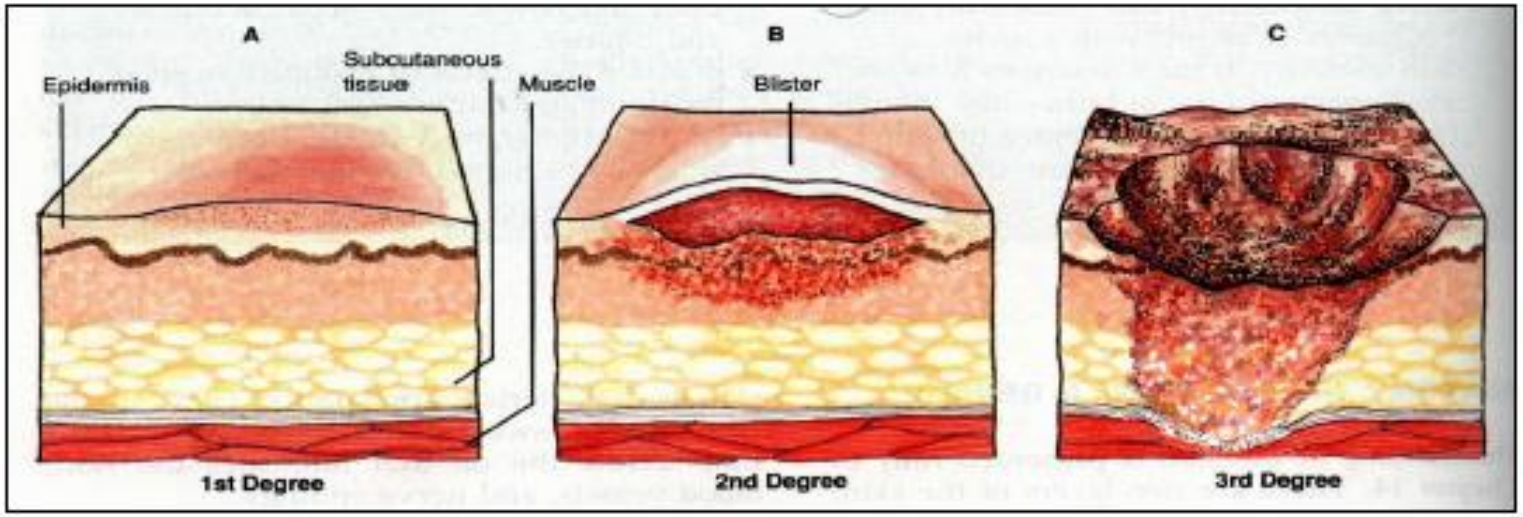
Burns

Thermal Burns.

Three common degrees of thermal burn injury



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Burns

First Degree Burns.

- Only the superficial part of the epidermis has been injured;
- The skin will be red and very painful.

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Burns

Second Degree Burns.

- The epidermis and part of the dermis are injured;
- Characterised by blister formation;
- The subcutaneous tissue is not injured.

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Burns

Third Degree Burns.

- The epidermis, the dermis and the subcutaneous tissue are injured;
- The burned area is dry, leathery, and discoloured (charred or chalk white);
- The severely burned area may not have feeling, because the nerve endings are destroyed

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Burns

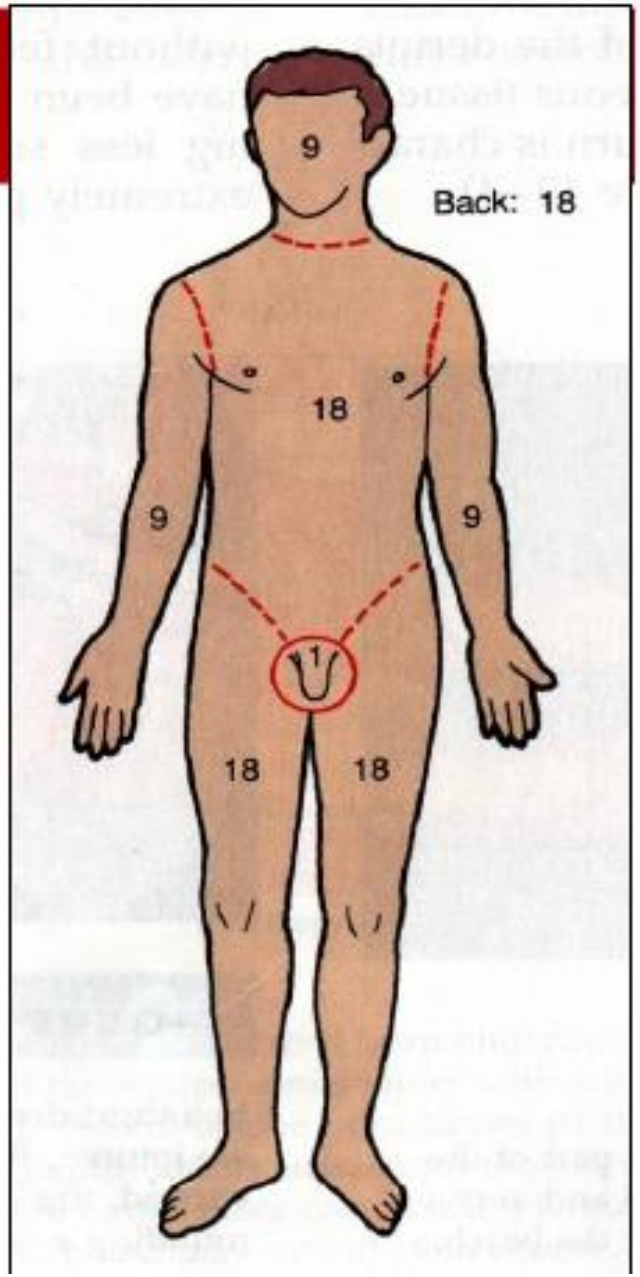
Seriousness of Thermal Burns.

Five factors determining the seriousness of a thermal burn

1. The depth (degree):
2. The amount of surface area ("Rule of Nines");
3. Involvement of critical areas (hands, feet, face or genitalia);
4. The patient's age (very young or very old);
5. The patient's general health.

Burns

Rule of Nines.



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Burns

Critical Burns.

- All burns are complicated by fractures;
- Any degree of respiratory injuries;
- Third-degree burns that involve the hands, feet, genitalia, or face;
- Third-degree burns that involve more than 10 percent of the entire body;
- Second-degree burns that involve more than 25 percent of the entire body;

Moderate burns in an elderly critically ill patient

Burns

The principles of Emergency Care for Thermal Burns.

1. Stop the burning process and prevent further injury;
2. Cover the burned area with a dry, sterile dressing to decrease heat loss and decrease the risk of infections;
3. Support the patient's vital functions
4. Transport the patient promptly to a medical facility that has the necessary facilities for burns

Burns

First response for Thermal Burn Patients.

- Move the patient away from the burning area;
- If the patients clothing is still on fire, wrap him or her in a blanket, or use a dry chemical fire extinguisher;
- Remove any smouldering clothing;
- Immerse in cool water or cover with a wet, cool dressing. Do not immerse the burned area for more than 10 minutes;
- If the burning has stopped before getting the patient; immersion is not necessary;
- Most importantly, do not put anything on the burned area!
- 'Jse a dry, sterile dressing only. Never use ointments, lotions, or antiseptics of any kind.

Drowning and Near Drowning

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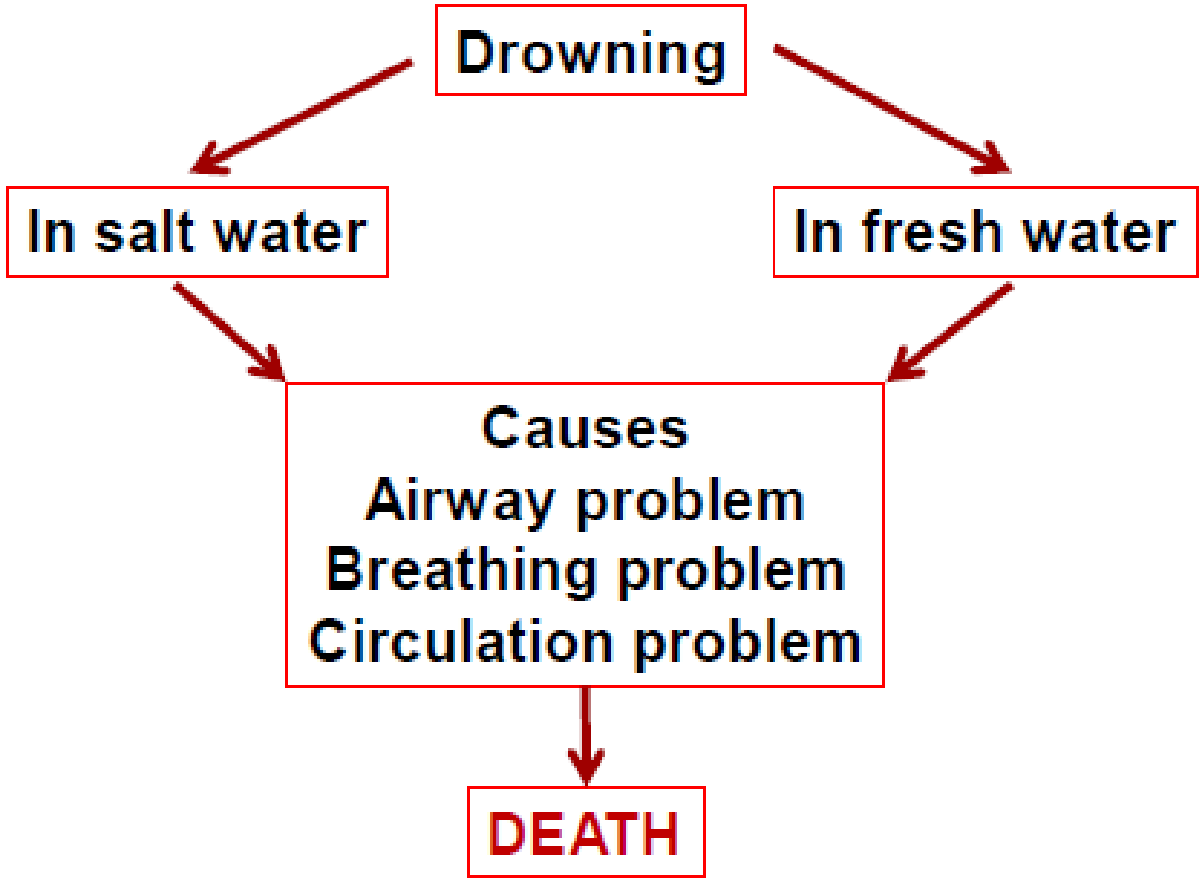
Drowning and Near Drowning



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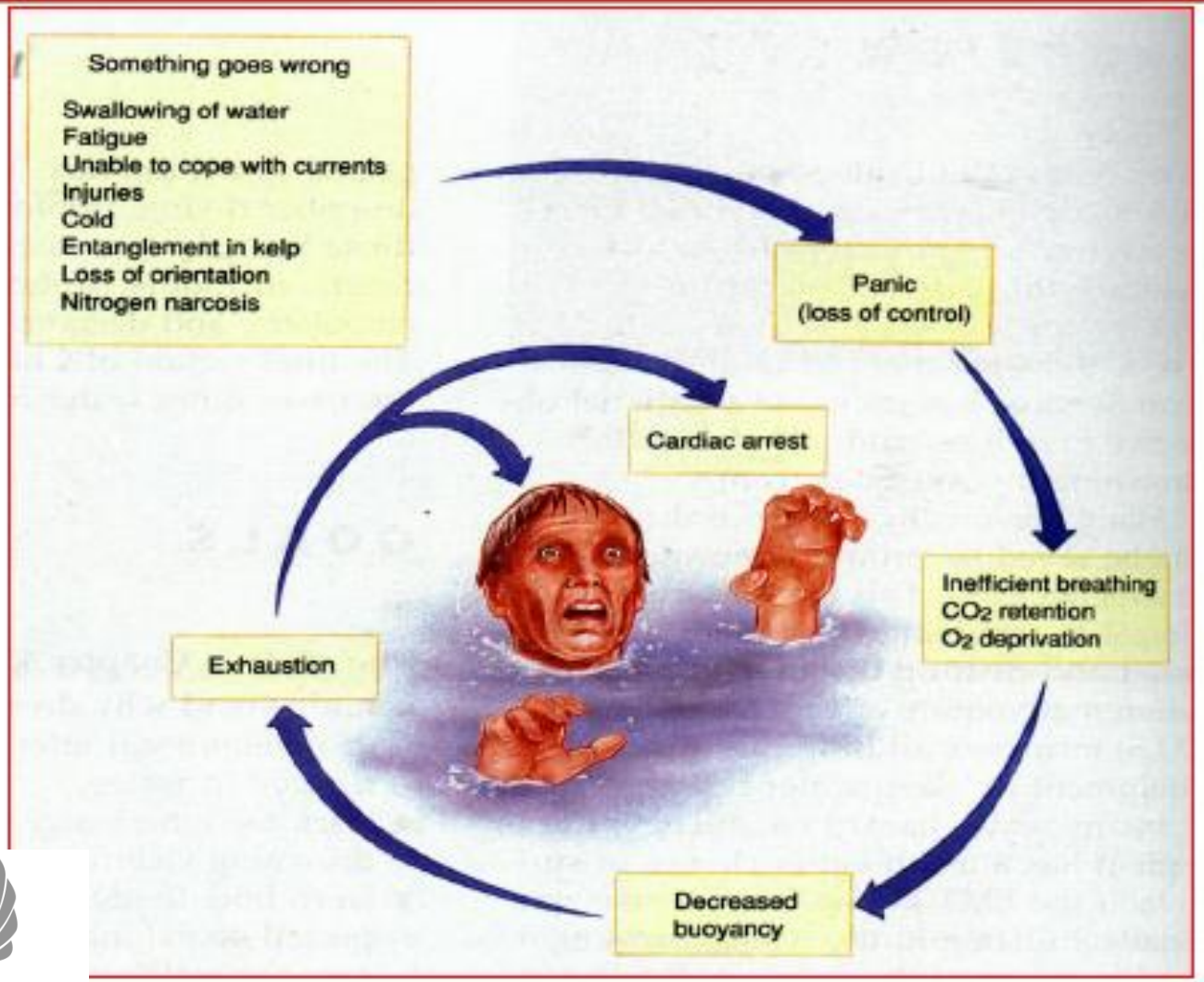
Drowning and Near Drowning



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Drowning and Near Drowning

Emergency Care in Drowning Accidents

- Airway control and artificial ventilation should begin as soon as possible – before the victim is removed from the water;
- Ensure that the victim's spine is stabilised and protected by a buoyant spine board if any spine injuries are suspected;
- Remove the victim from the water and begin CPR;
- Remember; Always prevent further heat loss by keeping the victim warm with blankets

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Snake Bites

- Snake Bites
  - Venomous
    - Local Signs – Venomous
      - •Swelling,
      - •Discolouration;
      - •Severe local pain
    - Localised tissues destruction
      - Systemic effects;
        - •Weakness,
        - •Sweating;
        - •Fainting;
        - •Shock
          - **Death**
  - Non-Venomous
    - Non-venomous snake bites. If in doubt, wait for an hour from the time the patient was bitten
      - No local signs venomous
        - No signs of venomous

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Snake Bites

The Emergency Care of Snake Bites

Calm and reassure the patient;
Place the patient in supine position;
Locate the bite area; **DO NOT** wash the area
If there are no signs of envenomation, provide basic life support as needed, place a sterile dressing over the suspected bite area;
Immobilise the extremity with a splint;
Do not give anything by mouth;
If the bite is on the trunk or head, keep the patient supine and as quiet as possible, transport as quickly as possible;
If there are any signs of shock, place the patient in the shock position;
Transport promptly to hospital.

Poisoning

Poisoning can be either accidental or intentional.
Poisonous substances can enter the body via:

- Absorption - through the skin;
- Ingestion – swallowing;
- Inhalation – breathing;
- Injection – drug abuse, bites via snake/spider

Signs and Symptoms

- Burns to the mouth and airway;
- Cardiac arrest;
- Headaches and blurred vision;
- Nausea and/or vomiting;
- Respiratory arrest;

Seizures.

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Poisoning

Treatment for Poisoning

- **DRSABCD**
- Call 131126 for Poisons Information Centre. They will call an ambulance for you. (Call First and call Fast)
- Be careful not to become contaminated yourself.
- If a substance is swallowed give small sips of milk.
- **DO NOT** induce vomiting.
- If a substance is absorbed, protect yourself using gloves etc.
- Wash the substance off.
- Remove the affected clothing. **DO NOT** remove the clothing over the casualty's head.
- If possible, ascertain the type of poison and follow Treatment as directed on the label.
- Rest and reassure the casualty.
- Monitor the vital signs, pulse, respirations and levels of consciousness.
- Be prepared to carry out CPR using a CPR mask.

Asthma

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Asthma

Signs and Symptoms

The onset of an attack can be recognised by one or more of the following symptoms and signs:

- Shortness of breath;
- Wheezing when exhaling, remember, not all asthma casualties' wheeze;
- Dry or moist cough;
- Thirst due to loss of water vapour from the lungs;
- Increasing pulse rate;
- Drawing in of the spaces between the ribs and above the collarbones with the effort of breathing;
- Cyanosis;
- Collapse.

Asthma

Signs of deterioration include:

An inability to talk;

- Exhaustion;
- Cyanosis seen in the lips and tongue;
- Collapse.

Assist the casualty to take up to four additional puffs of their "reliever" medication while waiting for trained help. If breathing stops, begin CPR promptly. Effort may be required to overcome the resistance to inflation

Asthma

Treatment for Asthma:

If you know the casualty's management plan, follow its guidelines. Assist the casualty to:

- Position of comfort - Normally sitting up. If severe attack, place casualty on side
- Take any prescribed medication immediately.
- Rest from any physical activity, even if this appears at first to make the attack worse.
- Sit with arms supported on a table or bench to make breathing easier.
- Constantly observe the casualty in case any deterioration occurs.
- If there is definite improvement, normal activity can resume under close observation. Strenuous physical activity should be avoided unless a medical clearance has been given.

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Asthma

1

Sit the person comfortably upright.
Be calm and reassuring.
Don't leave the person alone.

2

Give 4 puffs of a blue/grey reliever
(e.g. Ventolin, Asmol or Airomir)
Use a spacer, if available.
Give 1 puff at a time with 4 breaths after each puff
Use the person's own inhaler if possible.
If not, use first aid kit inhaler or borrow one.

3

Wait 4 minutes.
If the person still cannot breathe normally, **give 4 more puffs.**

OR

Give 2 separate doses of a Bricanyl or Symbicort inhaler
If a puffer is not available, you can use Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.

Wait 4 minutes.
If the person still cannot breathe normally, **give 1 more dose.**

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Asthma

4

If the person still cannot breathe normally,

CALL AN AMBULANCE IMMEDIATELY (DIAL 000)

Say that someone is having an asthma attack.

Keep giving reliever.

Give 4 puffs every 4 minutes until the ambulance arrives.

Children: 4 puffs each time is a safe dose.
Adults: For a severe attack you can give up to 6–8 puffs every 4 minutes

OR

If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)** Say that someone is having an asthma attack.

Keep giving reliever while waiting for the ambulance:

For Bricanyl, give 1 dose every 4 minutes

For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)

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Asthma

HOW TO USE INHALER

WITH SPACER

- **Assemble spacer**
- **Remove puffer cap** and **shake well**
- Insert puffer upright into spacer
- Place mouthpiece **between teeth** and seal lips around it
- **Press once firmly** on puffer to fire one puff into spacer
- **Take 4 breaths** in and out of spacer
- Slip spacer out of mouth
- **Repeat** 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- **Replace cap**

WITHOUT SPACER

- **Remove cap** and **shake well**
- **Breathe out** away from puffer
- Place mouthpiece between teeth and seal lips around it
- **Press once firmly** on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- **Hold breath** for 4 seconds or as long as comfortable
- Breathe out slowly away from puffer
- **Repeat** 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- **Replace cap**

BRICANYL OR SYMBICORT

- **Unscrew cover** and remove
- **Hold inhaler upright and twist grip** around and then back
- **Breathe out** away from inhaler
- Place mouthpiece between teeth and seal lips around it
- **Breathe in forcefully and deeply**
- Slip inhaler out of mouth
- Breathe out slowly away from inhaler
- **Repeat** to take a second dose – remember to twist the grip both ways to reload before each dose
- **Replace cover**

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Allergic Reaction (Anaphylaxis)

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Allergic Reaction (Anaphylaxis)

Anaphylaxis is a severe Allergic Reaction that can be triggered by a variety of substances and can be life threatening. The signs and symptoms of an allergic reaction usually occur rapidly and within seconds to minutes.

A person who is diagnosed with allergies that may lead to anaphylaxis, often have prescribed medication (injectable adrenaline). This injection of adrenaline is often the life saving factor in anaphylaxis

Allergic Reaction (Anaphylaxis)

Signs and Symptoms

- Abdominal cramps;
- Bright red skin;
- Difficulty breathing;
- Fast pulse.

Itching/hives:

- May collapse, leading to unconsciousness;
- Nausea and/or vomiting;
- Sudden onset of weakness;
- Swelling of the throat and tongue;
- The airway may become blocked leading to respiratory arrest;
- Wheezing.

Allergic Reaction (Anaphylaxis)

Treatment for Allergic Reactions

- DRSABCD
- Call 000 for an ambulance. (Call First and call Fast)
- If the casualty has his or her own medications, (injectable adrenaline), assist the casualty to administer the medication as per the doctor's instructions.
- Rest and reassure the casualty.
- Monitor the casualty's vital signs, Airway, Breathing and Circulation.
- Be prepared to carry out CPR.

Allergic Reaction (Anaphylaxis)

EpiPen

- Using the EpiPen Auto-injector device (adrenaline, epinephrine) to treat severe allergies.

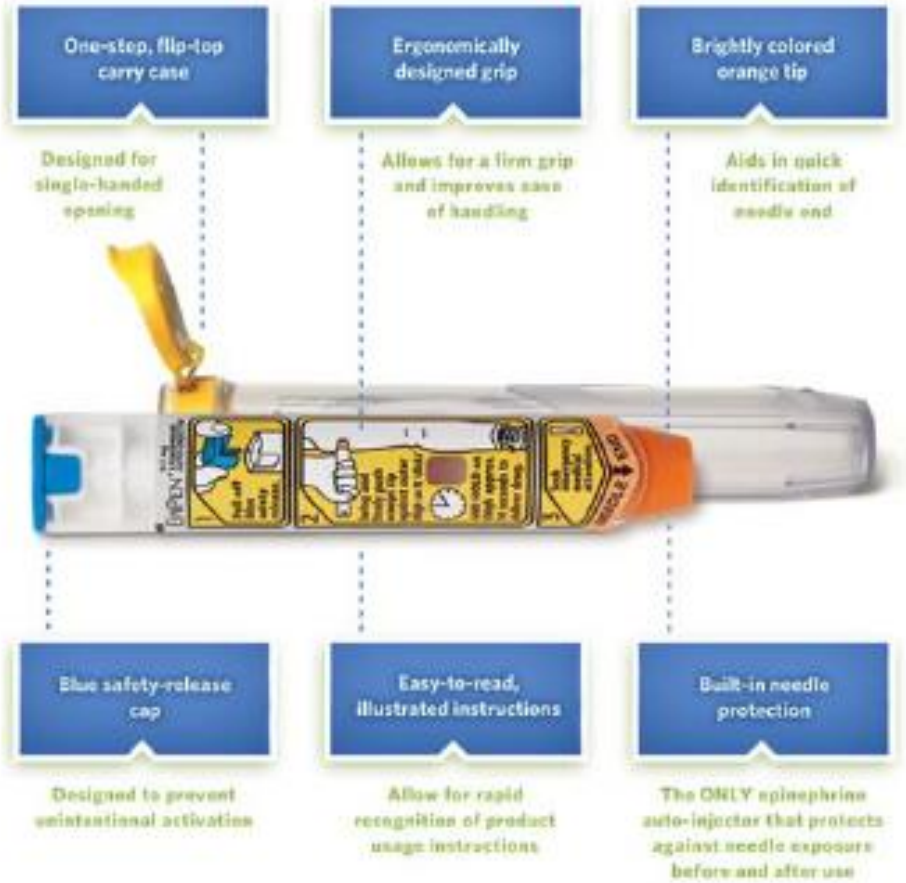
- Adrenaline (epinephrine) is a natural hormone released in response to stress. It is a natural "antidote" to the chemicals released during severe allergic reactions triggered by drug allergy, food allergy or insect allergy. It is destroyed by enzymes in the stomach, and so needs to be injected. When injected, it rapidly reverses the effects of a severe allergic reaction by reducing throat swelling, opening the airways, and maintaining blood pressure.

- Use of adrenaline for treating anaphylaxis is First Aid.

Note: Please make sure that you know how to use the Epi-Pen ahead of time. Read the instructions and aware of how to operate it and where to make the injection on the casualty.

Allergic Reaction (Anaphylaxis)

Design and features of Epi-Pen ®Auto-injector



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Allergic Reaction (Anaphylaxis)

Epi-Pen ® User Guide

1 **Pull off the blue safety release cap.**

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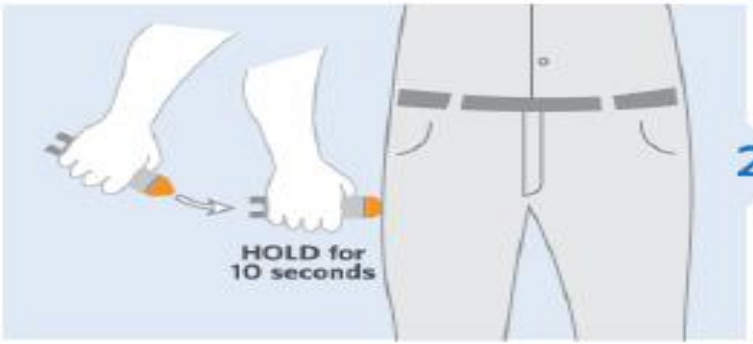
Allergic Reaction (Anaphylaxis)

Epi-Pen ® User Guide



2

Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.

Please note: As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK, as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

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Call000 3

Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.