



MEDICAL AID

FIELD FIRST AID & BASIC CARE

NZWAR | Reference cards for real situations in New Zealand

Use the color-coded topic groups to quickly find symptom or topic pages.



BLEEDING & TRAUMA



WOUNDS & INFECTION



FLUIDS & DEHYDRATION



BURNS / COLD / HEAT



FRACTURES & MOVEMENT



AIRWAY / CPR / CHEST



COMMON FIELD EMERGENCIES



BASIC LONGER-TERM CARE



CASUALTY ORGANIZATION



REFERENCE MATERIAL ONLY — NOT MEDICAL ADVICE

For use in New Zealand context.

General first-aid reference only. Not a substitute for professional medical advice, training, diagnosis, or treatment.

Prepare. Stay safe. Look after New Zealand.





BEFORE YOU USE THIS SET

Know what these cards are for — and what they are not for.

REFERENCE NOTICE

FIELD FIRST AID & BASIC CARE

Reference cards for real situations in New Zealand.



WHAT THIS SET IS FOR



Civilian field first aid.



Basic care when help may be delayed.



Observation, protection, simple support, and early action.



Topic guidance for real situations in New Zealand.



WHAT THIS SET IS NOT FOR



Not medical advice.



Not surgery.



Not hospital-only procedures.



Not a substitute for professional training.



Not a promise of a safe outcome.



USE ONLY ACTIONS YOU UNDERSTAND



Stay within your skill and equipment limits.



Stop if you are making things worse.



Choose a simpler card if enough.



Get qualified help when realistically available.



NEW ZEALAND CONTEXT



Follow New Zealand law, product instructions, and current guidance from qualified local authorities where available.



Use common sense.



Local professional guidance takes priority when available.



SOME PROCEDURES CARRY SERIOUS RISK. WRONG ACTIONS CAN HARM OR KILL.



START WITH THE SIMPLEST SAFE ACTION.

REFERENCE MATERIAL ONLY — NOT MEDICAL ADVICE.
NZWAR is not a healthcare provider or emergency medical service.

Prepare. Stay safe. Look after New Zealand.





HOW TO USE THESE CARDS

*These cards are for civilian field first aid and basic care in New Zealand context.
Use the simplest safe action that matches the problem.*

USAGE GUIDE



BASIC FIRST AID

- ✓ Safe, simple first actions.
- ✓ For common problems and early care.
- ✓ Follow the steps directly.
- ✓ Recheck the person often.

LOOK FOR THIS:
BASIC FIRST AID CARDS



READ FIRST

- ✓ Read the instructions before acting.
- ✓ Requires more attention, positioning, or judgment.
- ✓ Stop if you are making things worse.
- ✓ Get help if possible.

LOOK FOR THIS:
READ FIRST CARDS



HIGH-RISK FIRST AID — EMERGENCY USE ONLY

- ✓ Only use when delay or inaction is likely to be worse.
- ✓ For urgent, life-threatening situations.
- ✓ Wrong technique can seriously harm the casualty.
- ✓ Stop if you lose control or the casualty worsens.

LOOK FOR THIS:
HIGH-RISK CARDS



START HERE

- 1 Make the scene as safe as possible.
- 2 Find the main problem.
- 3 Open the matching card.
- 4 Follow only actions you understand.
- 5 Watch for danger signs.
- 6 Get qualified help when realistically available in time.

IMPORTANT LIMITS

- ! These cards are first aid, not full treatment.
- ! We do not teach surgery.
- ! We do not teach hospital-only procedures.
- ! Do not attempt invasive treatment beyond your training and equipment.
- ! Do not use a harder card if a simpler card is enough.
- ! NZWAR is not a healthcare provider or emergency medical service.

USE THE RIGHT CARD. START SIMPLE. KNOW YOUR LIMITS.



FIELD READY
SAFER PEOPLE
STRONGER COMMUNITIES

REFERENCE MATERIAL ONLY — NOT MEDICAL ADVICE. General first-aid reference only. Not a substitute for professional medical advice, training, diagnosis, or treatment.



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Use the background colors to quickly find symptom or topic pages.

NZWAR
FIELD FIRST AID & BASIC CARE
Reference cards for real situations
in New Zealand

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CASUALTY ORGANIZATION

Temporary casualty area
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TOURNIQUET

READ FIRST

Use a tourniquet for life-threatening bleeding from an arm or leg when firm pressure is not enough.



USE WHEN

- ▶ Severe bleeding from an arm or leg
- ▶ Blood soaks through dressings quickly
- ▶ Firm direct pressure is not enough
- ▶ Life-threatening limb bleeding



A TOURNIQUET SAVES LIVES WHEN USED EARLY.



IF BLEEDING CONTINUES

- ▶ Tighten more if possible
- ▶ Use a second tourniquet above the first if needed
- ▶ Keep watching the casualty
- ▶ Keep the person warm



TIGHTEN UNTIL THE LIFE-THREATENING BLEEDING STOPS.



DO THIS

- ▶ Place it on the injured arm or leg above the wound.
- ▶ Avoid placing it over a joint.
- ▶ Tighten until severe bleeding stops.
- ▶ Record the time.
- ▶ Keep the casualty still and warm.



WRITE THE TIME ON THE TOURNIQUET OR CASUALTY.



AVOID THIS

- ▶ Do not loosen it repeatedly.
- ▶ Do not place it over a joint.
- ▶ Do not wait too long if bleeding is severe.
- ▶ Do not remove it just to check the wound.



**BE PREPARED.
STAY SAFE.**



STOP THE BLEEDING FIRST. THEN WATCH THE CASUALTY.



WOUND PACKING

For severe deep bleeding when direct pressure alone is not enough.

**HIGH-RISK FIRST AID
EMERGENCY USE ONLY**

USE WHEN

- ▶ Deep severe bleeding
- ▶ Direct pressure alone is not enough
- ▶ A tourniquet cannot be used
- ▶ You must control bleeding fast



**CLEAN GAUZE SAVES LIVES
WHEN USED EARLY.**



IF BLEEDING CONTINUES

- ▶ Pack more gauze if needed
- ▶ Press harder and longer
- ▶ Secure a pressure dressing
- ▶ Keep watching the casualty



**SECURE
A PRESSURE
DRESSING
AFTER PACKING.**



PACK FIRMLY. THEN HOLD STRONG PRESSURE.



DO THIS

- ▶ Expose the wound quickly.
- ▶ Push gauze or clean cloth firmly into the wound.
- ▶ Keep packing until the cavity feels filled.
- ▶ Hold strong direct pressure for about 5 minutes.
- ▶ Secure the packing and keep the casualty warm.



**TIME
MATTERS.
CONTROL
THE BLEEDING.**



AVOID THIS

- ▶ Do not use it for minor bleeding.
- ▶ Do not remove the packing too soon to check.
- ▶ Do not pack chest or abdomen wounds.
- ▶ Do not stop pressure just because it is hard work.



**BE PREPARED.
STAY SAFE.**



FILL THE SPACE. HOLD THE PRESSURE. STOP THE BLEEDING.



TRAUMATIC SHOCK **BASIC FIRST AID**

After major injury, the body can fail even when bleeding is not obvious.



LOOK FOR

- ▶ Pale, cool, or clammy skin
- ▶ Weakness or collapse
- ▶ Fast breathing
- ▶ Confusion, fear, or unusual drowsiness



POSITION

- ▶ Lay the casualty flat if possible
- ▶ If breathing is hard, use the most comfortable position
- ▶ If no leg, pelvis, or spine injury is suspected, gently raise the legs
- ▶ Keep movement to a minimum



ONLY RAISE THE LEGS IF NO LEG, PELVIS, OR SPINE INJURY IS SUSPECTED.



KEEP THE CASUALTY WARM, STILL, AND CALM.



DO THIS

- ▶ Control serious bleeding first.
- ▶ Lay the person down.
- ▶ Cover with blankets or spare clothing.
- ▶ Reassure the casualty and reduce movement.
- ▶ Watch breathing and alertness closely.



AVOID THIS

- ▶ Do not make the casualty walk.
- ▶ Do not give alcohol.
- ▶ Do not leave the casualty alone.
- ▶ Do not give anything by mouth to an unconscious casualty.



**BE PREPARED.
STAY SAFE.**



STOP BLEEDING. REDUCE MOVEMENT. WATCH FOR DETERIORATION.



INITIAL TRAUMA CHECK

BASIC FIRST AID

Find the biggest danger first: safety, severe bleeding, breathing, then other injuries.

1 SCENE SAFETY

Check danger and approach safely.



- ▶ Check for ongoing danger (e.g. traffic, fire, hazards).
- ▶ Make the area as safe as possible.
- ▶ Approach only when safe.

2 SEVERE BLEEDING

Look for life-threatening bleeding and control it first.



- ▶ Look for heavy, uncontrolled bleeding (arms, legs, torso).
- ▶ Apply direct pressure, dressings, or a tourniquet if needed.
- ▶ Control severe bleeding first.

3 AIRWAY & BREATHING

Check if the casualty is breathing and open the airway if needed.



- ▶ Check for normal breathing (look, listen, feel).
- ▶ Open the airway if needed (head tilt, chin lift).
- ▶ If not breathing normally, be prepared to give rescue breaths if trained and safe to do so.

4 OTHER INJURIES

Then look for burns, fractures, and head injuries.



- ▶ Look for other serious injuries (burns, fractures, head injuries).
- ▶ Check from head to toe.
- ▶ Treat what you find.
- ▶ Keep checking — the casualty's condition can change.



KEY IDEA

In trauma, fix what will kill first.

Massive bleeding can matter before everything else.



SAFETY. BLEEDING. BREATHING. THEN EVERYTHING ELSE.



DO THIS

- ▶ Make sure the scene is safe enough to approach.
- ▶ Control catastrophic bleeding first.
- ▶ Check airway and breathing.
- ▶ Then look for other major injuries.
- ▶ Recheck often if the casualty changes.



AVOID THIS

- ▶ Do not rush in if the danger is still active.
- ▶ Do not ignore severe bleeding.
- ▶ Do not shake or move the casualty unnecessarily.
- ▶ Do not stop after only one quick look.



**BE PREPARED.
STAY SAFE.**



LOOK FOR WHAT KILLS FIRST. THEN KEEP CHECKING.



MINOR WOUND CLEANING

BASIC FIRST AID

Clean small cuts and scrapes early to reduce dirt and infection risk.

✓ USE FOR

- ▶ Small cuts
- ▶ Abrasions and scrapes
- ▶ Minor skin wounds
- ▶ Shallow dirty wounds



✗ GET HELP IF

- ▶ Bleeding does not stop
- ▶ The wound is deep or wide
- ▶ Dirt is deeply stuck
- ▶ You cannot clean it properly



RINSE EARLY. REMOVE DIRT. COVER CLEANLY.



✓ DO THIS

- ▶ Wash your hands if possible.
- ▶ Rinse the wound with clean water.
- ▶ Gently remove loose dirt.
- ▶ Pat the skin around it dry.
- ▶ Cover with a clean dressing if needed.



AVOID THIS

- ▶ Do not scrub hard into the wound.
- ▶ Do not use dirty water if clean water is available.
- ▶ Do not ignore spreading redness or pus.
- ▶ Do not keep using a filthy dressing.



**BE PREPARED.
STAY SAFE.**



CLEAN SMALL WOUNDS EARLY BEFORE THEY BECOME BIG PROBLEMS.



DEEP OR CONTAMINATED WOUNDS

READ FIRST

Open, deeper, or heavily dirty wounds need more caution than simple cuts.

WATCH FOR

- ▶ Deep open wounds
- ▶ Heavy dirt or contamination
- ▶ Visible fat, muscle, or deeper tissue
- ▶ High infection risk



**DIRTY WOUNDS
CAN LEAD TO SERIOUS
INFECTION.**



STOP AND GET HELP IF

- ▶ Bleeding is severe
- ▶ The wound is very deep
- ▶ Bone or tendon may be exposed
- ▶ The wound may need closure or surgery



**SOME WOUNDS NEED
PROFESSIONAL CARE.
GET HELP EARLY.**

! CLEAN THE SURFACE. DO NOT TURN FIRST AID INTO SURGERY. !

DO THIS

- ▶ Rinse loose dirt from the surface with clean water.
- ▶ Do not forcefully probe deep inside the wound.
- ▶ Control bleeding first if needed.
- ▶ Cover with a clean dressing after cleaning what you safely can.
- ▶ Watch for infection or worsening pain.



**CLEAN IT.
COVER IT.
KEEP AN EYE
ON IT.**



AVOID THIS

- ▶ Do not aggressively scrub deep tissue.
- ▶ Do not dig for deeply embedded debris.
- ▶ Do not deeply irrigate open fractures or body cavities.
- ▶ Do not delay qualified care for a serious wound.



**BE PREPARED.
STAY SAFE.**



SHALLOW WOUNDS CAN BE CLEANED. SERIOUS WOUNDS NEED CAUTION.



ANTISEPTIC BOUNDARIES **BASIC FIRST AID**

Clean water is usually the first choice. Some products help. Some can harm if misused.



USE WHEN

- ▶ Clean water for most wounds
- ▶ Mild antiseptic on skin around a wound
- ▶ Product directions allow wound use
- ▶ You need simple low-resource first aid



AVOID OR CHECK FIRST

- ▶ Do not pour alcohol into deep wounds
- ▶ Do not rely on hydrogen peroxide for serious wounds
- ▶ Do not use strong chemicals unless directions allow it
- ▶ If in doubt, choose clean water.



THESE CAN DAMAGE TISSUE AND SLOW HEALING.

WHEN IN DOUBT, CLEAN WITH WATER FIRST.



DO THIS

- ▶ Rinse loose dirt away with clean water.
- ▶ Use products only as directed.
- ▶ Cover the wound after cleaning.
- ▶ Watch for redness, pus, or worsening pain.



**CLEAN.
COVER.
LET IT HEAL.**



AVOID THIS

- ▶ Do not scrub harshly into tissue.
- ▶ Do not mix random chemicals.
- ▶ Do not keep using a product that causes burning or irritation.



**BE PREPARED.
STAY SAFE.**



WATER FIRST. SIMPLE IS SAFER.



CLEANING, DISINFECTION, AND STERILIZATION **READ FIRST**

These are not the same thing. Clean first, then reduce germs if needed.

✓ 3 LEVELS

- ▶ **CLEANING** = remove dirt
- ▶ **DISINFECTION** = reduce germs
- ▶ **STERILIZATION** = medical-level process
- ▶ Home methods do not make surgery-safe tools.



**CLEAN IS SAFER.
GERM REDUCTION
HELPS. STERILIZATION
REQUIRES SPECIAL
EQUIPMENT.**



✗ IMPORTANT

- ▶ Boiling can help disinfect
- ▶ Boiling is not the same as sterilization
- ▶ Do not use home-cleaned tools for invasive procedures
- ▶ First aid is not surgery.



**YOU CANNOT MAKE
TOOLS SURGERY-SAFE
WITH SIMPLE
HOME METHODS.**



CLEAN FIRST. DISINFECT IF NEEDED. DO NOT PRETEND IT IS STERILE.



✓ DO THIS

- ▶ Wash visible dirt off first.
- ▶ Use soap and water for reusable items when possible.
- ▶ Dry items well and keep them clean after.
- ▶ Use sealed dressings and clean gloves if available.



**CLEAN HANDS
HELP STOP
INFECTION.**



AVOID THIS

- ▶ Do not assume boiling makes tools surgery-safe.
- ▶ Do not use dirty tools on wounds.
- ▶ Do not do invasive procedures with improvised equipment.



**BE PREPARED.
STAY SAFE.**



CLEANING HELPS. FALSE CONFIDENCE HARMS.



DOG BITES & TETANUS **READ FIRST**

Bites can look small but infect deeply. Wash early and watch closely.

✓ **WATCH FOR**

- ▶ Broken skin from a dog bite
- ▶ Puncture wounds
- ▶ Hand, face, or joint injuries
- ▶ Redness, swelling, pus, or fever



**DOG BITES CAN
LEAD TO SERIOUS
INFECTION.**



✗ **GET HELP IF**

- ▶ The bite is deep or keeps bleeding
- ▶ It is on the hand, face, or near a joint
- ▶ There are infection signs
- ▶ Tetanus protection may be overdue.



**DOG BITES CAN CAUSE
SERIOUS INFECTIONS.
GET MEDICAL ADVICE
IF UNSURE.**

⚠ WASH THE BITE EARLY. DO NOT IGNORE INFECTION RISK. ⚠

✓ **DO THIS**

- ▶ Wash with lots of clean water.
- ▶ Control bleeding and cover with a clean dressing.
- ▶ Ask about tetanus protection if needed.
- ▶ Watch the wound closely for infection.



**CLEAN IT.
COVER IT.
WATCH IT.**



AVOID THIS

- ▶ Do not close or tape a dirty bite tightly at home.
- ▶ Do not ignore small puncture bites.
- ▶ Do not keep handling the wound with dirty hands.



**BE PREPARED.
STAY SAFE.**



SMALL BITE. REAL RISK. CLEAN IT EARLY.



HOMEMADE ORS

READ FIRST

When proper oral rehydration salts are not available, mix carefully and keep it simple.



MIX IT LIKE THIS

- ▶ 1 L CLEAN WATER
- ▶ 6 LEVEL TEASPOONS SUGAR
- ▶ 1/2 LEVEL TEASPOON SALT



DO NOT

- ▶ Do not guess wildly
- ▶ Do not make it too salty
- ▶ Do not use dirty water if clean water is available
- ▶ Do not replace serious care with drinks alone.



TOO MUCH SALT CAN BE DANGEROUS.



MEASURE CAREFULLY. TOO MUCH SALT CAN HARM.



DO THIS

- ▶ Mix carefully.
- ▶ Give small drinks often if the person can swallow.
- ▶ Use proper ORS packets first if available.
- ▶ Watch for worsening dehydration.



**SIMPLE
INGREDIENTS
CAN SAVE LIVES.**



GET HELP IF

- ▶ The person cannot drink.
- ▶ Vomiting is constant.
- ▶ Confusion, collapse, or severe weakness develops.



**BE PREPARED.
STAY SAFE.**



RIGHT MIX. SMALL DRINKS. WATCH THE PERSON.



REHYDRATION OPTIONS **READ FIRST**

ORS is best. If it is not available, choose safer options and avoid bad ones.

BETTER CHOICES

- ▶ ORS packets
- ▶ Homemade ORS
- ▶ Clean water plus normal food
- ▶ Broth or soup



**REPLACES FLUID
AND IMPORTANT SALTS.**

GOOD CHOICES HELP
YOU RECOVER SOONER.



AVOID

- ▶ Alcohol
- ▶ Energy drinks
- ▶ Very sugary drinks as the main plan
- ▶ Only plain water after heavy sweating for a long time

 **THESE CAN MAKE
DEHYDRATION WORSE
OR DO NOT REPLACE
SALT PROPERLY.**

 **THE GOAL IS FLUID PLUS SALTS — NOT JUST SWEET DRINKS.** 

DO THIS

- ▶ Use proper ORS first if available.
- ▶ Use safer alternatives when needed.
- ▶ Keep drinking slowly if the person can swallow.
- ▶ Eat normal salty food when appropriate.


**SMALL
SIPS OFTEN
ARE EASIER
TO KEEP DOWN.**

WATCH FOR

- ▶ Vomiting everything back up
- ▶ Confusion or collapse
- ▶ Very dark urine or very little urine.



**BE PREPARED.
STAY SAFE.**



REPLACE FLUID. REPLACE SALTS. AVOID FALSE FIXES.



AFTER VOMITING: TRY FLUIDS SLOWLY **BASIC FIRST AID**

If the person is awake and can swallow, restart fluids slowly instead of giving a large drink at once.

✓ **USE FOR**

- ▶ Vomiting from illness
- ▶ Mild dehydration risk
- ▶ The person is awake
- ▶ The person can swallow safely



✗ **STOP AND GET HELP IF**

- ▶ The person cannot keep fluids down
- ▶ Confusion or severe weakness develops
- ▶ There is blood in vomit
- ▶ The person cannot swallow safely

! SMALL SIPS OFTEN ARE BETTER THAN ONE BIG DRINK. !

✓ **DO THIS**

- ▶ Pause briefly after vomiting.
- ▶ Restart with small sips.
- ▶ Keep trying slowly if it stays down.
- ▶ Use ORS or safer rehydration fluids if available.



✗ **AVOID THIS**

- ▶ Do not force a large drink quickly.
- ▶ Do not give food or drink to someone who cannot swallow safely.
- ▶ Do not ignore worsening dehydration.



GO SLOW. KEEP TRYING. WATCH FOR DECLINE.



Avoid overdrinking plain water / low-sodium risk **BASIC FIRST AID**

During long periods of heavy sweating or hard work, drinking huge amounts of plain water alone can be unsafe.

✓ WHAT TO DO NOW

- ▶ Drink to thirst. Sip regularly rather than forcing large amounts.
- ▶ Slow down or rest, especially in hot conditions.
- ▶ Use oral rehydration solution (ORS) or electrolyte drinks when sweating heavily for a long time.
- ▶ Eat normal salty food if available (e.g. sandwiches, trail mix, soup).
- ▶ Watch for worsening symptoms and get help if concerned.

 **REST, REPLACE FLUIDS AND SALTS, LOOK AFTER YOURSELF AND OTHERS.**

SWEAT LOSES WATER AND SALT.



REPLACE FLUIDS AND SALTS NOT JUST WATER.

Hydrate smart for a safer day outdoors.



PLAIN WATER (LOW SODIUM)

✗ Replaces water but not enough salt. Drinking large amounts alone can lead to low sodium (hyponatraemia).

ELECTROLYTE DRINK OR ORS

✓ Replaces water and important salts (e.g. sodium). Helpful when sweating heavily for a long time.

✗ DO NOT

- ▶ Do not force huge amounts of plain water quickly.
- ▶ Do not drink until you feel uncomfortably full.
- ▶ Do not ignore confusion, vomiting, headache or worsening weakness.
- ▶ Do not turn this into a complicated chemistry lesson on site – keep it simple: water, electrolytes, food, rest.

! DANGER SIGNS

- ▶ Confusion or unusual behaviour.
- ▶ Seizure (fit).
- ▶ Repeated vomiting.
- ▶ Severe weakness or unable to walk.
- ▶ Worsening headache.
- ▶ Loss of consciousness.

📞 GET HELP NOW

Serious low sodium (hyponatraemia) can be life-threatening.

WHAT GOOD HYDRATION LOOKS LIKE

-  Drink to thirst throughout the day.
-  Take breaks and cool down if needed.
-  Use electrolyte drinks or ORS when sweating heavily.
-  Eat normal salty food if available.
-  Feel better, more energy, stay safe.

DO NOT FLOOD WITH PLAIN WATER. REPLACE FLUIDS AND SALTS TOGETHER.



**BE PREPARED.
STAY SAFE.
LOOK AFTER
EACH OTHER.**

Burns — Cool Running Water for 20 Minutes

BASIC FIRST AID

Cool the burn early and protect the rest of the body from chilling.

COOL THE BURN FOR 20 MINUTES

Use clean, cool running water (not ice).



Keep the water running for the full 20 minutes.

KEEP THE REST OF THE BODY WARM

Use a dry blanket or warm clothing to prevent chilling.



Treat the burn, not the whole body with cold water.

PREPARE CARE HELP EACH OTHER

FIRST AID SAVES LIVES



DO THIS NOW

- ▶ Move away from the heat source.
- ▶ Remove jewellery and loose clothing that is not stuck.
- ▶ Cool the burn with clean cool running water for 20 minutes.
- ▶ Keep the rest of the body warm.
- ▶ Cover loosely afterward with a clean non-stick dressing.



DO NOT

- ▶ Do not use ice.
- ▶ Do not pull off clothing stuck to the burn.
- ▶ Do not apply toothpaste, oil, butter, or flour.
- ▶ Do not let the casualty become chilled.



DANGER SIGNS

- ▶ Large or deep burn.
- ▶ Face or airway burn.
- ▶ Breathing difficulty.
- ▶ Eyes, hands, feet, genitals, or major joints involved.
- ▶ Severe chilling.



GET HELP NOW

Serious burns need professional medical care.



WHAT GOOD COOLING LOOKS LIKE

- ▶ 20 minutes completed.
- ▶ Burn is cooled.
- ▶ Rest of body stays warm.

*Cool the burn.
Keep them warm.
Better outcomes.*



Simple steps make a big difference.



**BE PREPARED.
STAY SAFE.
LOOK AFTER EACH OTHER.**



COOL RUNNING WATER — 20 MINUTES. KEEP THE REST OF THE BODY WARM.

Chemical Burns – Remove the Chemical First

READ FIRST

Stop ongoing exposure without dangerous home chemical experiments.

1

PROTECT YOURSELF FIRST

Avoid becoming a second casualty.



Use gloves and eye protection if available.



Avoid direct contact with the chemical.



Move to a safer area with fresh air.



Keep others away from the affected area.

2

REMOVE THE CHEMICAL

Get it off your body and out of clothing.



DRY CHEMICALS

- ▶ Brush off dry powder gently before water where appropriate.
- ▶ Avoid spreading it to other areas.



CONTAMINATED CLOTHING

- ▶ Remove contaminated clothing carefully.
- ▶ Avoid pulling clothing over the face or eyes.
- ▶ Place in a plastic bag if possible.

3

RINSE (FOR MOST LIQUID CHEMICALS)

Use large amounts of running water.



- ▶ Rinse with plenty of clean, running water for at least 15–20 minutes (or longer).
- ▶ Use gentle water flow.
- ▶ Remove watches, jewellery and contaminated items.
- ▶ Keep rinsing while seeking further medical help.



CHECK LABEL / SDS

Some chemicals are water-reactive. Follow the product label or Safety Data Sheet (SDS) instructions.

WHEN IN DOUBT – GET PROFESSIONAL MEDICAL HELP.



DO THIS NOW

- ▶ Protect yourself first.
- ▶ Remove contaminated clothing.
- ▶ Brush off dry powder before water where appropriate.
- ▶ Rinse most liquid chemical exposures with plenty of running water.
- ▶ Follow product label or SDS instructions when available.



DO NOT

- ▶ Do not mix acid and alkali to neutralise each other.
- ▶ Do not add random household chemicals.
- ▶ Do not ignore chemicals labelled water-reactive.



DO NOT MIX CHEMICALS



DANGER SIGNS

- ▶ Eye exposure.
- ▶ Breathing difficulty.
- ▶ Severe pain.
- ▶ Deep tissue damage.
- ▶ Known high-risk industrial chemicals.

CALL 111 FOR SERIOUS EXPOSURE OR IF BREATHING IS AFFECTED.



WHAT SUCCESS LOOKS LIKE

- ▶ Chemical removed.
- ▶ Exposure is no longer continuing.
- ▶ Rinsing is underway or complete.

REMOVE THE CHEMICAL. RINSE MOST EXPOSURES. DO NOT EXPERIMENT WITH NEUTRALISERS.



**PREPARE.
PROTECT.
STAY SAFE.**

Electrical Injury – Make the Scene Safe First

READ FIRST

Prevent a second casualty and check for hidden electrical injury warning signs.

MAKE THE SCENE SAFE



DANGER SIGNS

-  High-voltage exposure.
-  Lightning.
-  Loss of consciousness.
-  Chest pain or palpitations.
-  Breathing difficulty.
-  Persistent neurological symptoms (numbness, weakness).
-  Dark urine (sign of muscle injury).

DO THIS NOW

-  Disconnect the power before touching the casualty.
-  If there is no normal breathing, start CPR and use an AED.
-  Check for burns and fall injuries.
-  Check for chest symptoms, fainting, numbness, weakness, or dark urine.

DO NOT

-  Do not touch a casualty who is still connected to live electricity.
-  Do not enter a high-voltage ground hazard zone.
-  Do not turn the card into ECG teaching.

WHAT SUCCESS LOOKS LIKE

-  Power is isolated.
-  Breathing status is known.
-  Major warning signs have been checked.

Check. Care. Keep them safe.



POWER OFF FIRST. THEN BREATHING, CPR/AED, BURNS AND WARNING SIGNS.



**BE PREPARED.
STAY SAFE.**

Frostbite – Rewarm Only When Refreezing Is Unlikely

READ FIRST

Avoid refreezing and avoid direct heat injury to numb tissue.

1

IF REFREEZING IS POSSIBLE KEEP IT FROZEN, PROTECTED, AND DRY.



Keep it frozen if it may freeze again.



Keep it dry and protected.



Keep it still and avoid pressure.

**GET TO A WARM, SAFE PLACE
AS SOON AS POSSIBLE.**

2

IF REFREEZING IS UNLIKELY REWARM IN VERY WARM (NOT HOT) WATER.



Use very warm water (37–39°C). Not hot.



Soak until tissue softens and colour returns (usually 20–40 minutes).



Gently dry and protect with dry, loose dressings.

**WARM, NOT HOT
(ABOUT BODY TEMPERATURE)**



AVOID THESE DANGEROUS ACTIONS



**DO NOT RUB
WITH SNOW**



**DO NOT USE
OPEN FLAME,
HEATERS, OR
VERY HOT WATER**



DO THIS NOW

- ▶ Move to shelter and remove wet items.
- ▶ If it may freeze again, keep it dry and protected rather than thawing it.
- ▶ If refreezing is unlikely, rewarm in very warm but not hot water.
- ▶ Protect afterward with dry loose dressings.



DO NOT

- ▶ Do not rub with snow or massage.
- ▶ Do not use open flame, heaters, or very hot water.
- ▶ Do not thaw if refreezing is likely.

**THAWING AND THEN REFREEZING
CAUSES FAR MORE DAMAGE.**



DANGER SIGNS GET MEDICAL HELP

- ▶ Large blood-filled blisters.
- ▶ Blackening tissue.
- ▶ Persistent numbness after rewarming.
- ▶ Absent circulation.
- ▶ Severe swelling.

**WHEN IN
DOUBT,
GET HELP.**



WHAT SUCCESS LOOKS LIKE

- ▶ Tissue softens.
- ▶ Colour returns.
- ▶ Skin is not burned by heat.



**WARM
SAFELY.
KEEP GOING.**



**BE PREPARED.
STAY SAFE.**



NO RUBBING. NO DIRECT HEAT. DO NOT THAW IF IT MAY FREEZE AGAIN.

Emergency Blanket and Hypothermia Protection

BASIC FIRST AID

Use simple layers to reduce heat loss.

DO THIS NOW

- ▶ Insulate from the ground first.
- ▶ Replace wet clothing with dry clothing when possible.
- ▶ Add dry bulky insulation.
- ▶ Use the emergency blanket as the outer wind and vapour barrier.
- ▶ Cover head and neck while keeping the face clear.
- ▶ Handle a severely cold casualty gently.



**BE CALM, BE GENTLE,
KEEP THEM WARM.**

LAYER THEM UP



DO NOT

- ▶ Do not waste time arguing about gold or silver side orientation.
- ▶ Do not use a single thin foil sheet against wet bare skin as the only insulation.
- ▶ Do not leave the casualty exposed to wind or cold ground.



DANGER SIGNS

- ▶ Stopping shivering despite continued cold.
- ▶ Increasing drowsiness or confusion.
- ▶ Very slow breathing.
- ▶ Extreme weakness.

**GET FURTHER HELP.
HYPOTHERMIA CAN BE LIFE-THREATENING.**

WHAT GOOD INSULATION LOOKS LIKE



Ground is insulated.



Dry or drier layers are added.



Wind barrier is in place.



GROUND INSULATION + DRY LAYERS + BULKY INSULATION + WIND BARRIER.



**BE PREPARED.
STAY SAFE.
LOOK AFTER
EACH OTHER.**



Heat Stroke – Cool Immediately

READ FIRST

Heat plus major mental-status change means start cooling now.



DO THIS NOW

- ▶ Move to shade.
- ▶ Remove excess clothing.
- ▶ Begin aggressive cooling immediately.
- ▶ Use cool water and strong airflow.
- ▶ For a young exertional casualty, cold-water immersion may be used if safe and continuously supervised.
- ▶ Reassess mental state continuously.



**COOLING SAVES LIVES.
START EARLY, KEEP GOING.**



*Cool them.
Check them.
Stay with them.*

**CONTINUOUS HEAD / AIRWAY SUPPORT
— NEVER LEAVE ALONE**



Cold-water immersion can be effective for young exertional casualties — but only if safe and continuously supervised.



DO NOT

- ▶ Do not wait passively for transport before starting cooling.
- ▶ Do not use fever-reducing medicines as the treatment for heat stroke.
- ▶ Do not leave an impaired casualty unattended in water.



DANGER SIGNS

- ▶ Unconsciousness.
- ▶ Seizure.
- ▶ Worsening breathing.
- ▶ Severe confusion.
- ▶ Inability to protect the airway.



WHAT COOLING LOOKS LIKE



- ▶ Cooling is clearly underway.
- ▶ Mental status is being reassessed.
- ▶ Strong shivering or excessive chilling is watched for.



*Same Steps.
Real Lives.*



HEAT + CONFUSION = COOL NOW. DO NOT WAIT TO START COOLING.



**PREPARE. PROTECT.
GET HOME.**

Fracture immobilization **READ FIRST**

Movement can make fractures worse. Use a splint to reduce movement and protect the injury.

DO THIS NOW

- ▶ Control any obvious bleeding if present.
- ▶ Support the injured limb and keep it still.
- ▶ Pad the splint (clothing, blanket, or foam).
- ▶ Immobilize the joints above and below the injury (e.g. wrist and elbow, or ankle and knee).
- ▶ Secure with bandages, straps or tape – firm but not too tight.
- ▶ Recheck fingers or toes for warmth, colour and sensation.



SPLINT EXTENDS PAST THE INJURY

EXTENDS PAST JOINT ABOVE

PADDED SPLINT

EXTENDS PAST JOINT BELOW

DO NOT

- ▶ Do not force the limb straight.
- ▶ Do not push bone ends back in.
- ▶ Do not over-tighten the splint (it can reduce blood flow).
- ▶ Do not let the casualty walk on a badly injured leg.

DANGER SIGNS

- ▶ Severe deformity.
- ▶ Numbness or loss of feeling.
- ▶ Pale or cold fingers or toes.
- ▶ Worsening pain.
- ▶ Suspected open fracture (bone visible or wound over fracture).

GOOD RESULT

- ▶ Less movement and less pain.
- ▶ Splint is secure and comfortable.
- ▶ Fingers or toes are still pink and warm.
- ▶ Casualty can rest while you get help.



REMEMBER

- ▶ This is first aid, not hospital treatment.
- ▶ Use what you have (sticks, boards, blankets, clothing).
- ▶ Keep the casualty still and warm.
- ▶ Get professional medical help as soon as possible.



**BE PREPARED.
STAY SAFE.**



IMMOBILIZE. PAD. SECURE. CHECK CIRCULATION.

Femur fracture support

Moving a suspected femur fracture can worsen bleeding and pain.

READ FIRST



DO THIS NOW

- ▶ Keep the casualty still and calm.
- ▶ Control any visible bleeding.
- ▶ Pad between the legs if using the uninjured leg as support.
- ▶ Secure with broad ties (e.g. clothing, bandages).
- ▶ Keep them warm.
- ▶ Watch for signs of shock.

**GENTLE SUPPORT
REDUCES PAIN AND
FURTHER INJURY.**



DO NOT

- ▶ Do not pull or force-straighten the leg.
- ▶ Do not try complex traction or realignment.
- ▶ Do not make them walk or stand.
- ▶ Do not over-tighten ties (restricts circulation).



DANGER SIGNS

- ▶ Severe pain.
- ▶ Leg shortening or deformity.
- ▶ Pale, cool or numb foot.
- ▶ Severe bleeding.
- ▶ Increasing drowsiness, confusion or clammy skin (signs of shock).



GOOD RESULT

- ▶ Leg movement is reduced.
- ▶ Foot remains warm with colour.
- ▶ Casualty is more comfortable and stable.



REMEMBER

- ▶ This is first aid, not definitive treatment.
- ▶ Keep checking breathing, circulation and level of response.
- ▶ Treat for shock if needed.
- ▶ Get medical help as soon as possible.



**BE PREPARED.
STAY SAFE.**



KEEP STILL. SUPPORT THE LEG. PAD AND SECURE. WATCH FOR SHOCK.



Open fracture first aid **READ FIRST**

Protect the wound and reduce movement while getting medical help.



DO THIS NOW

- ▶ Control serious bleeding with firm, direct pressure (using a clean dressing).
- ▶ Cover the wound with a clean, non-fluffy dressing.
- ▶ Support and immobilize the injured limb (splint above and below the injury).
- ▶ Keep the casualty warm and still.
- ▶ Seek medical help as soon as possible.



USE CLEAN DRESSINGS (IF AVAILABLE)



Stabilize the injury to reduce movement.

COVER, THEN SPLINT ABOVE AND BELOW THE INJURY.



DO NOT

- ▶ Do not push bone back in.
- ▶ Do not scrub or deeply flush the wound.
- ▶ Do not remove dressings that are controlling bleeding.
- ▶ Do not make the casualty walk or put weight on the injury.



DO NOT PUSH BONE BACK IN.



DANGER SIGNS

- ▶ Ongoing or heavy bleeding.
- ▶ Pale, cold or blue-looking limb.
- ▶ Numbness or loss of feeling.
- ▶ Severe swelling.
- ▶ Worsening pain.

GET MEDICAL HELP IF ANY OF THESE ARE PRESENT.



SUCCESS LOOKS LIKE

- ▶ Bleeding is controlled.
- ▶ Wound is covered with a clean dressing.
- ▶ Splint is in place, securing the limb.
- ▶ Movement is reduced.
- ▶ Casualty is warm, still and getting help.



COVERED AND IMMOBILIZED



AVOID THESE MISTAKES

- ▶ Delaying help.
- ▶ Using dirty or fluffy dressings.
- ▶ Leaving the limb unsupported.
- ▶ Letting the casualty move the injured limb.
- ▶ Ignoring changes like numbness or colour.

IT MAY LOOK BETTER COVERED THAN UNCOVERED.

DO NOT CHECK REPEATEDLY.



BE PREPARED. STAY SAFE.



COVER. CONTROL BLEEDING. IMMOBILIZE. GET HELP.



Spinal injury precautions

Unnecessary movement can worsen spinal injury.

**HIGH-RISK FIRST AID
EMERGENCY USE ONLY**



DO THIS NOW

- ▶ Tell the casualty to keep still.
- ▶ Manually steady the head and neck if needed.
- ▶ Keep the head, neck and torso aligned.
- ▶ Move only if there is immediate danger or essential care is needed.
- ▶ Seek professional help (111) as soon as possible.



**CALL 111
FOR SERIOUS INJURY.**



IF MOVEMENT IS UNAVOIDABLE

**USE A LOG-ROLL
KEEP HEAD, NECK
AND TORSO ALIGNED**



DO NOT

- ▶ Do not twist or bend the spine.
- ▶ Do not sit them up unless necessary (for breathing).
- ▶ Do not drag or pull by one arm or leg.
- ▶ Do not lift under the arms.
- ▶ Do not apply pelvic binders or sheets unless trained and required.



DANGER SIGNS

- ▶ Neck or back pain or tenderness
- ▶ Numbness, tingling or loss of feeling
- ▶ Weakness or inability to move arms or legs
- ▶ Breathing trouble after trauma
- ▶ Altered consciousness (confusion, drowsiness, not fully awake)

**ANY OF THESE SIGNS MEANS A
SERIOUS SPINAL INJURY MAY BE PRESENT.
GET PROFESSIONAL HELP (111).**



GOOD OUTCOME

- ▶ Casualty kept still.
- ▶ Head, neck and torso kept aligned.
- ▶ Unnecessary movement avoided.
- ▶ Professional help called.
- ▶ Further injury less likely.



KEEP STILL. ALIGN HEAD, NECK, AND TORSO. MOVE ONLY IF NECESSARY.



**BE PREPARED.
STAY SAFE.**

Single-person drag

Move only when the scene is more dangerous than the drag itself.



**HIGH-RISK FIRST AID
EMERGENCY USE ONLY**



DO THIS NOW

- ▶ Move only if the scene is unsafe (e.g. further risk of harm).
- ▶ Use a blanket or clothing drag if available.
- ▶ Pull in a straight line. Keep the head supported as much as possible.
- ▶ Move only as far as needed to a safer area.
- ▶ Stop and reassess once in safety.



**USE A BLANKET
IF AVAILABLE.**



**CLOTHING DRAG
ALSO WORKS.**



DO NOT

- ▶ Do not drag the casualty if the scene is safe.
- ▶ Do not twist or pull at an angle.
- ▶ Do not lift with poor control (e.g. under the arms).
- ▶ Do not drag farther than necessary.
- ▶ Do not delay urgent care once in safety.



DANGER SIGNS (TAKE EXTRA CARE)

- ▶ Severe pain (neck, back, hips or limbs).
- ▶ Breathing trouble.
- ▶ Possible spinal injury (e.g. from a fall).
- ▶ Heavy bleeding (control bleeding first if possible).



SUCCESS LOOKS LIKE

- ▶ Casualty moved to a safer area.
- ▶ Head and neck supported as much as possible.
- ▶ Movement kept straight and minimal.
- ▶ You can now provide further first aid.



**SAFER
AREA
REACHED.**



REMEMBER

- ▶ Dragging can cause further injury.
- ▶ Use only when staying in place is more dangerous.
- ▶ Be calm, move with control.
- ▶ Stop as soon as you reach safety.



**BE PREPARED.
STAY SAFE.**



MOVE ONLY FOR DANGER. DRAG STRAIGHT. PROTECT THE HEAD. STOP IN SAFETY.



Improvised stretcher

READ FIRST

Use a simple stretcher only when a carry is necessary and safer than dragging.



DO THIS NOW

- ▶ Use strong poles or similar supports (e.g. branches, tent poles, tools).
- ▶ Use a blanket, jackets or sturdy clothing between the poles.
- ▶ Test the stretcher before lifting.
- ▶ Lift together (at least 3–4 helpers).
- ▶ Keep the casualty level and supported.



TEST IT BEFORE LIFTING.
LIFT TOGETHER. KEEP THEM LEVEL.



DO NOT

- ▶ Do not use weak sticks or rotten materials.
- ▶ Do not lift before testing it.
- ▶ Do not tilt suddenly.
- ▶ Do not carry farther than necessary without rest.



WEAK MATERIALS
CAN BREAK.



DANGER SIGNS

- ▶ Stretcher sagging or bending.
- ▶ Casualty slipping or not secure.
- ▶ Casualty has increased pain.
- ▶ Helpers losing control or struggling.

USE STRONG POLES
AND A BLANKET OR JACKETS.



SIMPLE.
STRONG. EFFECTIVE.



SUCCESS LOOKS LIKE

- ▶ Stretcher holds weight without sagging.
- ▶ Casualty stays level and secure.
- ▶ Helpers move together and in control.
- ▶ Casualty is more comfortable.
- ▶ You can take the casualty to safer care.



BUILD STRONG. TEST IT. LIFT TOGETHER. KEEP THEM LEVEL.



BE PREPARED.
STAY SAFE.

Stairs, narrow spaces, and vehicle removal

Move only when staying put is more dangerous than moving the casualty.

**HIGH-RISK FIRST AID
EMERGENCY USE ONLY**



DO THIS NOW

- ▶ Move only if there is immediate danger (e.g. fire, vehicle risk, collapse, or other serious threat).
- ▶ Plan the move and clear the route first.
- ▶ Protect the head and neck as much as possible.
- ▶ Keep movement slow, controlled and minimal.
- ▶ Use more helpers if available.
- ▶ Move to a safer area and stop once clear of danger.
- ▶ Reassess the casualty after the move.

**MOVE WITH A PLAN.
KEEP THEM STABLE.**

STAIRS



NARROW SPACES



VEHICLE REMOVAL



DO NOT

▶ Do not move the casualty if there is no immediate danger.

- ▶ Do not twist the spine or neck.
- ▶ Do not rush the move.
- ▶ Do not force the casualty to sit, stand, or walk.
- ▶ Do not drag the casualty farther than needed.
- ▶ Do not move in a way that increases pain or injury.



DANGER SIGNS

- ▶ Neck or back pain.
- ▶ Numbness, tingling or weakness in arms or legs.
- ▶ Severe pain when moving.
- ▶ Loss of feeling or movement.
- ▶ Difficulty breathing.
- ▶ Becoming unconscious.
- ▶ Worsening condition during the move.

STOP AND GET HELP IF ANY OCCUR.



AFTER THE MOVE



- ▶ Keep the casualty still and comfortable.
- ▶ Reassess breathing, circulation and responsiveness.
- ▶ Monitor for any changes.
- ▶ Get professional medical help as soon as possible.
- ▶ Keep them warm and reassure them.



REMEMBER

- ▶ Moving can make injuries worse.
- ▶ Use the safest method for the situation.
- ▶ Get help – more people make it safer.
- ▶ Stop once you reach a safe area.
- ▶ This is emergency care, not a replacement for medical treatment.
- ▶ When in doubt, keep them where they are.

*Safety
first.
People
first.*



**BE PREPARED.
STAY SAFE.
LOOK AFTER
EACH OTHER.**



MOVE ONLY FOR DANGER. KEEP CONTROL. STOP IN SAFETY.

Single rescuer with a non-walking adult casualty

Move only if absolutely necessary and keep the casualty as supported as possible.



**HIGH-RISK FIRST AID
EMERGENCY USE ONLY**



DO THIS NOW

- ▶ Check if dragging is safer than lifting.
- ▶ Use a strong clothing drag (e.g. jacket, coat or blanket) if possible.
- ▶ Keep the casualty close to the ground.
- ▶ Stop if you are losing control or the casualty's condition worsens.
- ▶ Call for help if possible.



**USE CLOTHING OR A BLANKET
IF AVAILABLE.**



DO NOT

- ▶ Do not attempt to lift if you cannot do so safely.
- ▶ Do not carry the casualty farther than necessary.
- ▶ Do not let the casualty stand or walk if they cannot support themselves.
- ▶ Do not put yourself or others at risk.



DANGER SIGNS (STOP AND REASSESS)

- ▶ You are losing control.
- ▶ The casualty is slipping or at risk of falling.
- ▶ The casualty shows increased pain, breathing difficulty, or a change in consciousness.
- ▶ The route is unsafe (steep, wet, obstacles, poor footing).



SUCCESS LOOKS LIKE



**SAFER AREA
REACHED.**

- ▶ Casualty moved a shorter, safer distance.
- ▶ Casualty kept low to the ground and supported.
- ▶ You stayed in control.
- ▶ Help called if needed.
- ▶ You and the casualty are in a safer area for further care.

DRAG METHODS (EXAMPLES)



**JACKET DRAG
(KEEP HEAD SUPPORTED)**



**BLANKET DRAG
(STRONG AND SIMPLE)**



MOVE ONLY IF NEEDED. KEEP CONTROL. STOP IN SAFETY.



**BE PREPARED.
STAY SAFE.**

Choking

Act quickly when breathing is blocked, but keep the steps simple.

READ FIRST



DO THIS NOW

- ▶ Stay calm and act quickly.
- ▶ Encourage them to cough if they can still breathe, speak or make a strong cough.
- ▶ Give up to 5 firm back blows between the shoulder blades while they lean forward.
- ▶ If still blocked, give up to 5 chest thrusts (in the centre of the chest) while standing behind them.
- ▶ Repeat back blows and chest thrusts if needed.
- ▶ If they become unresponsive, start CPR immediately and call for help.

ENCOURAGE
COUGHING

Lean them
forward and
give firm blows
between the
shoulder blades.

BACK BLOWS
(UP TO 5)

CHEST THRUSTS
(UP TO 5)

Stand behind them and
give firm chest thrusts in
the centre of the chest.



DO NOT

- ▶ Do not leave them alone.
- ▶ Do not give food or drink.
- ▶ Do not use blind finger sweeps in the mouth (it can push the blockage further).
- ▶ Do not keep trying chest thrusts if they can cough and breathe.
- ▶ Do not delay calling for help if they become unresponsive.



DANGER SIGNS

- ▶ Cannot breathe or speak.
- ▶ Weak or silent cough.
- ▶ Holding throat.
- ▶ Turning red, then pale or blue.
- ▶ Becoming unresponsive.



SUCCESS LOOKS LIKE



- ▶ They cough out the blockage and start breathing normally.
- ▶ They can speak.
- ▶ Colour returns to normal.
- ▶ They feel better and can rest.

*A strong
cough can
save a life.*



IF UNRESPONSIVE



- ▶ Call for help (111 if in NZ).
- ▶ Start CPR (30 compressions : 2 breaths).
- ▶ Continue until help arrives or they show signs of life.



BE PREPARED.
STAY SAFE.



COUGH IF YOU CAN. ACT FAST IF YOU CANNOT.



CPR / AED

Push hard, push fast, and use an AED if one is available.

! READ FIRST

✓ DO THIS NOW

- ▶ **Check for responsiveness.**
Tap shoulders and speak loudly.
- ▶ **Check breathing.**
Look, listen, and feel for normal breathing (no more than 10 seconds).
- ▶ **Call for help and get an AED.**
Send someone or call 111.
- ▶ **Give chest compressions.**
Push hard and fast in the centre of the chest (100–120 per minute, about 5–6 cm deep).
- ▶ **Use an AED as soon as available.**
Turn it on and follow the voice prompts.
- ▶ **Continue CPR and follow prompts** until help arrives or the person recovers.



⚡ USE AN AED



! KEY POINTS



Compressions keep blood flowing to the brain and vital organs.



An AED can help restart the heart.

**EARLY CPR AND
EARLY AED USE
SAVE LIVES.**

✗ DO NOT

- ▶ Do not pause compressions for too long (except when the AED tells you to).
- ▶ Do not place AED pads over wet skin, metal patches, or thick clothing.
- ▶ Do not touch the person during an AED shock.



**DO NOT TOUCH
DURING SHOCK**

✓ REMEMBER

- ▶ Keep going with compressions and follow the AED prompts.
- ▶ If the person starts breathing normally, place them on their side and keep them warm.
- ▶ Stay with the person until emergency help arrives.
- ▶ Every minute counts.



**BE PREPARED.
STAY SAFE.**



START CPR. USE THE AED. KEEP GOING.



Drowning resuscitation

Once the casualty is out of the water and in a safer place, breathing support matters.

READ FIRST



DO THIS NOW



Move to a safer place.

Ensure the casualty is out of the water, on firm, dry ground.



Check responsiveness and breathing.

Tap and talk. Look, listen and feel for normal breathing (no more than 10 seconds).



Give rescue breaths if trained and able.

If not breathing normally, give 5 initial rescue breaths.



Start CPR if not breathing normally.

Then continue 30 chest compressions to 2 rescue breaths.



Use an AED if available.

Turn it on and follow the instructions.



Keep the casualty warm after rescue.

Remove wet clothing, dry them and use warm blankets or clothing.

ON DRY GROUND

Keep the casualty on firm, dry ground in a safer place, away from further danger.

OPEN AIRWAY

Tilt the head back and lift the chin.

BREATHS + CPR

Give rescue breaths if trained. Continue with CPR if not breathing normally.



GOOD OUTCOME



- ▶ Breathing returns and is steady.
- ▶ They stay warm and monitored.
- ▶ Get medical help, even if they seem to recover.
- ▶ Watch for worsening breathing, confusion or tiredness.



DO NOT



Do not delay breathing support once out of the water.

Start straight away if not breathing normally.



Do not shake them violently.

Handle gently and support head and neck.



Do not assume they are fine because water is coughed up.

They may stop breathing again later, even if they seem alert.



KEY POINT

BREATHING PROBLEMS MAY RETURN.

Even if they start breathing or cough up water, keep monitoring them closely for at least several hours.



NZWAR
BE PREPARED. STAY SAFE.



OUT OF THE WATER. START BREATHING SUPPORT EARLY.

Open chest wound

Let the casualty breathe. Use a vented chest seal if available, or a clean non-occlusive covering.



DO THIS NOW

- ▶ Expose the area carefully by removing or cutting clothing as needed.
- ▶ Use a vented chest seal if available.
- ▶ If no chest seal, cover with a clean, non-fluffy dressing (e.g. gauze or clean cloth). Do not seal tightly. Allow air to escape.
- ▶ Keep the casualty in a position of comfort (e.g. sitting up or semi-upright).
- ▶ Seek urgent medical help as soon as possible.



**USE A VENTED
CHEST SEAL
IF AVAILABLE**



KEEP THEM CALM

Calm, steady breathing helps. Reassure them and stay with them.

WATCH THE BREATHING

Check regularly.
Look, listen, feel.

IF BREATHING WORSE, RECHECK THE COVER

Make sure it is not sealed too tightly and air can escape.

HIGH-RISK FIRST AID EMERGENCY USE ONLY



DO NOT

- ▶ Do not tightly seal the wound with plastic, tape or non-vented dressings if breathing becomes worse.
- ▶ Do not force the casualty to lie flat if it makes breathing harder.
- ▶ Do not ignore signs of worsening distress.
- ▶ Do not remove an existing chest seal unless instructed by medical professionals.



**DO NOT SEAL
TIGHTLY**



DANGER SIGNS

- ▶ Increasing difficulty breathing.
- ▶ Rapid or shallow breathing.
- ▶ Feeling very anxious or distressed.
- ▶ Bluish lips or skin.
- ▶ Dizziness, confusion or becoming unresponsive.
- ▶ Coughing up blood.

**GET URGENT
MEDICAL HELP
IF ANY OF THESE
ARE PRESENT.**



IMPROVEMENT LOOKS LIKE

- ▶ Breathing remains steady or improves.
- ▶ The dressing stays in place with air escaping.
- ▶ The casualty is calm, alert and in a position of comfort.
- ▶ No new or worsening symptoms.



REASSESS OFTEN

- ▶ Keep watching the casualty's breathing.
- ▶ If breathing gets worse, recheck the cover and make sure it is not sealed too tightly.
- ▶ Be ready to update the dressing if needed.



**BE PREPARED.
STAY SAFE.**



HELP THEM BREATHE. WATCH CLOSELY. GET URGENT HELP.



Smoke / carbon monoxide / head injury / blast exposure **+** BASIC FIRST AID

Recognize danger early, move to safer air, and keep watching for delayed problems.



DO THIS NOW



Move to safer air.

Get the person out of smoke, fumes or an enclosed area to fresh air immediately.



Check breathing.

If not breathing normally, start CPR if trained and call 111.



Keep them still.

For suspected head injury or blast exposure, support the head and neck and avoid unnecessary movement.



Control minor bleeding.

Use clean cloths and firm, direct pressure if needed.



Observe and reassure.

Keep the person warm, calm and comfortable. Monitor their breathing, alertness and behaviour.



Seek urgent medical help if red flags appear.

Call 111 or get to medical help early.

FRESH AIR SAVES LIVES



RED FLAGS — GET HELP



SMOKE / CARBON MONOXIDE

- ▶ Breathing trouble, persistent cough or throat irritation.
- ▶ Headache, dizziness, nausea or vomiting.
- ▶ Confusion, unusual behaviour or extreme drowsiness.
- ▶ Skin may be red (smoke) or normal/pale (carbon monoxide).
- ▶ Get to fresh air and seek medical help urgently (call 111).



HEAD INJURY

- ▶ Loss of consciousness (even if brief).
- ▶ Confusion, worsening drowsiness or not responding.
- ▶ Severe or worsening headache.
- ▶ Repeated vomiting.
- ▶ Weakness, numbness or vision problems.
- ▶ Seek medical help urgently (call 111).



BLAST EXPOSURE

- ▶ Ringing in the ears or hearing loss.
- ▶ Feeling dazed or confused.
- ▶ Headache, dizziness or balance problems.
- ▶ Breathing trouble or chest pain.
- ▶ Seek medical help urgently (call 111) even if they seem well at first (delayed problems can occur).



GOOD TO DO



Keep them warm and dry.



Offer small sips of water if fully alert and not nauseous.



Keep watching for changes. Symptoms can get worse over time.



Get additional help if available.



Note what happened, time and symptoms to tell medical staff.



Provide calm reassurance. Stay with them.



AVOID THIS



▶ Do not go back into smoke or a dangerous area.



▶ Do not leave them alone.



▶ Do not move them unnecessarily (especially with suspected head injury or blast exposure).



▶ Do not give food, drink or alcohol.



▶ Do not ignore worsening confusion or breathing trouble.



**PREPARE.
STAY SAFE.
LOOK AFTER
EACH OTHER.**



GET THEM TO SAFER AIR. KEEP THEM STILL. WATCH FOR CHANGE.

Kidney stone support BASIC FIRST AID

Help the person rest, hydrate carefully, and watch for signs that need medical help.



DO THIS NOW



Help them rest.

Find a comfortable position (e.g. lying on their side).



Offer small amounts of water if tolerated.

Sip slowly. Stop if it makes them feel sick.



Try warmth if helpful.

A heat pack or warm water bottle to the back or side may ease pain.



Help them get comfortable.

Support them and stay with them.



Keep an eye on their urine.

Note if they pass urine and any changes (e.g. blood in the urine).



DANGER SIGNS — GET MEDICAL HELP



Fever or very unwell.



Repeated vomiting or unable to keep fluids down.



Unable to pass urine.



Severe or worsening pain not settling.



Confusion or drowsiness.



Severe abdominal pain or hard, swollen abdomen.



DO NOT



Do not give alcohol.



Do not force large amounts of fluid quickly.



Do not ignore fever, vomiting, or inability to pass urine.



Do not assume all severe flank pain is a simple kidney stone.



USEFUL INFORMATION

- ▶ Kidney stones can cause sudden, severe pain in the back or side (below the ribs), which may come in waves.
- ▶ The person may feel sick, may vomit, and may have blood in their urine (pink, red or brown).
- ▶ Symptoms can be similar to other serious conditions and may need medical assessment.
- ▶ If you are unsure, or if symptoms are severe or getting worse, seek medical help.



**PREPARE.
STAY SAFE.**



REST. SIP CAREFULLY. WATCH FOR **RED FLAGS**.

Low blood sugar

If the person is awake and can swallow, give sugar quickly and recheck them.

BASIC FIRST AID

RECOGNIZE IT

Low blood sugar can cause:

- ▶ Shakiness or trembling
- ▶ Sweating
- ▶ Confusion or unusual behaviour
- ▶ Weakness or dizziness
- ▶ Hunger
- ▶ Pale, clammy skin

ACT EARLY.
It can get worse quickly.



IF VERY UNWELL

If the person is unconscious, seizing, or unable to swallow:

- ▶ Do not give anything by mouth.
- ▶ **Get urgent help** (call 111).
- ▶ Stay with them and monitor their breathing.



**CALL 111
FOR HELP**

This can be life-threatening.

DO THIS NOW

- 1** If awake and able to swallow, give fast sugar (such as glucose tablets, fruit juice, sugary drink, honey, or sweets).
- 2** Wait 10–15 minutes, then recheck. If still low or still confused, give more fast sugar.
- 3** Once improved, give longer-lasting food if available (e.g. sandwich, muesli bar, crackers).



DO NOT

- ▶ Do not force food or drink into a semi-conscious person.
- ▶ Do not leave them alone.
- ▶ Do not assume alcohol or drugs are the only cause — low blood sugar can happen for other reasons (e.g. diabetes, missed meals, hard physical activity).



**DO NOT FORCE
FOOD OR DRINK.**



**BE PREPARED.
STAY SAFE.**

SUGAR IF SAFE. RECHECK. GET HELP IF NOT IMPROVING.

Seizure first aid

Protect from injury, time the seizure, and do not restrain the person.

BASIC FIRST AID



DO THIS NOW



Protect their head

Place a folded jacket or soft item under their head. Clear nearby hazards (sharp, hard or hot objects).



Give them space

Move other people back and keep the area safe.



Loosen tight clothing

Loosen collars, ties or anything tight around the neck.



Time the seizure

Check the time and note how long it lasts.



After the shaking stops

If they are breathing, gently roll them onto their side (recovery position) to keep the airway clear.



Stay with them

Stay until they are fully awake and alert. Be calm and reassuring.



DO NOT



Do not hold them down

Restraining can cause injury.



Do not put anything in the mouth

Nothing. It can cause choking or injury.



Do not give food or drink

Wait until they are fully awake and alert.



GET URGENT HELP IF

- ▶ The seizure lasts longer than 5 minutes.
- ▶ Another seizure follows soon after.
- ▶ They are injured during the seizure.
- ▶ They are pregnant.
- ▶ It happens in water (e.g. swimming).
- ▶ They have trouble breathing afterwards or do not fully wake up.



PROTECT. TIME IT. RECOVER ON THE SIDE. STAY WITH THEM.



NZWAR
BE PREPARED.
STAY SAFE.

Fever, sepsis warning, and heat-stroke triage BASIC FIRST AID

Not all fever is the same. Spot danger early and cool heat stroke fast.

ORDINARY FEVER

Usually caused by an infection (e.g. flu, cold, COVID-19).



- ▶ Temperature usually 38–39°C
- ▶ May feel cold, shivery or have sweats
- ▶ Headache, tired, sore muscles
- ▶ Usually alert and responsive
- ▶ Rest, drink fluids and keep comfortable
- ▶ Observe for any red flags

SEPSIS WARNING

A life-threatening reaction to infection.



- ▶ Confusion or unusual behaviour
- ▶ Extreme weakness or cannot stay awake
- ▶ Fast breathing
- ▶ Pale, mottled or blotchy skin
- ▶ Looks very unwell
- ▶ This can get worse very quickly
- ▶ Seek urgent medical help (call 111).

HEAT STROKE

A life-threatening condition caused by overheating.



- ▶ Very hot to the touch (temperature often 40°C or higher)
- ▶ Confusion, dizziness or may collapse
- ▶ Hot, red, dry skin (little or no sweating)
- ▶ Move to a cool place or shade immediately
- ▶ Cool with water, wet cloths or a fan
- ▶ Seek urgent medical help (call 111).



DO THIS NOW



- ▶ Rest and avoid strenuous activity.
- ▶ Drink plenty of fluids.
- ▶ Keep comfortable (light clothing, normal room temperature).
- ▶ Treat symptoms (e.g. paracetamol if needed).
- ▶ Look for any red flags (see below).
- ▶ If heat stroke is suspected, cool quickly (see heat stroke panel).



DO NOT



- ▶ Do not ignore confusion or collapse.
- ▶ Do not bundle up or cover a dangerously hot person.
- ▶ Do not delay cooling in heat stroke.
- ▶ Do not assume it is just a fever if red flags are present.



WHEN TO SEEK HELP



- ▶ Call 111 for sepsis warning signs or heat stroke.
- ▶ Confusion, collapse or cannot be woken.
- ▶ Trouble breathing or fast breathing.
- ▶ Very high temperature (40°C or higher).
- ▶ Pale, mottled or blotchy skin.
- ▶ Symptoms getting much worse or not improving.
- ▶ If unsure, get medical help.



KNOW THE DIFFERENCE. COOL HEAT STROKE FAST.
GET HELP FOR RED FLAGS.



**PREPARE.
PROTECT.
STAY SAFE.**

Pressure-area care and repositioning

BASIC FIRST AID

Small regular changes can prevent skin breakdown in people who cannot move well.



DO THIS NOW



Change position regularly.

Help the person change position at least every 2 hours, or more often if needed.



Protect heels and bony points.

Use pillows or rolled blankets to keep heels, ankles, hips, knees and other bony areas off the bed.



Keep skin clean and dry.

Gently clean, dry well, and change wet or soiled linen/clothing promptly.



Check skin regularly.

Look for redness, warmth, soft spots, or broken skin on bony areas (heels, hips, shoulders, elbows, tailbone).



Use pillows and blankets for support.

Position the person with pillows, rolled towels or blankets to keep them comfortable and offload pressure.



Encourage gentle movement if possible.

Help the person move their arms and legs within their comfort level to improve circulation.

*Move.
Support.
Prevent.*



Use pillows to support the body and keep bony areas off the bed.



DO NOT



Do not leave the person in one position too long.

Prolonged pressure can damage the skin.



Do not drag the person across the bed.

This can damage skin. Use a draw sheet or get help to reposition.



Do not place pressure directly on sore areas.

Keep weight off any red or tender skin.



Do not ignore redness that stays.

If redness does not fade after 30 minutes, it may be a sign of skin breakdown. Seek medical advice.



SKIN BREAKDOWN CAN LEAD TO SERIOUS INFECTIONS.

CHECK, PREVENT, AND GET ADVICE EARLY.

OFFLOAD PRESSURE. KEEP SKIN DRY. REPOSITION OFTEN.



NZWAR
BE PREPARED.
STAY SAFE.

Ordinary fever vs heat stroke BASIC FIRST AID

They are different. Recognize heat stroke early and cool fast.

ORDINARY FEVER

Usually caused by an infection (e.g. flu, cold, COVID-19).



- ▶ Gradual onset
- ▶ Temperature usually 38–39°C
- ▶ May feel cold, shivery or have sweats
- ▶ Headache, tired, sore muscles
- ▶ Usually still alert and responsive

HEAT STROKE

A life-threatening condition caused by overheating.



- ▶ Rapid onset
- ▶ Temperature often 40°C or higher
- ▶ Hot, red, dry skin (little or no sweating)
- ▶ Confusion, dizziness or strange behaviour
- ▶ Nausea or vomiting
- ▶ May collapse or lose consciousness



DO THIS NOW – FEVER



- ▶ Rest and avoid strenuous activity.
- ▶ Drink plenty of fluids.
- ▶ Keep comfortable (light clothing, normal room temperature).
- ▶ Treat symptoms (e.g. paracetamol if needed).
- ▶ Observe and seek help if getting worse or red flags develop.



DO THIS NOW – HEAT STROKE



- ▶ Move to a cool place or shade immediately.
- ▶ Cool the person with water, wet cloths or a fan (focus on head, neck, armpits, groin).
- ▶ Remove extra clothing.
- ▶ Give small sips of water if they are fully alert and can swallow.
- ▶ Seek urgent medical help (call 111).



DO NOT



- ▶ Do not ignore confusion, collapse or if they are getting much worse.
- ▶ Do not bundle up a person who is very hot.
- ▶ Do not delay cooling someone with suspected heat stroke.
- ▶ Do not give alcohol.
- ▶ Do not leave them alone.



WHEN TO SEEK HELP (RED FLAGS)



- ▶ Confusion, unusual behaviour or not making sense.
- ▶ Collapse or cannot be woken.
- ▶ Trouble breathing.
- ▶ Very high temperature (40°C or higher).
- ▶ Repeated vomiting.
- ▶ Symptoms getting much worse or not improving.
- ▶ If unsure, get medical help.



KNOW THE DIFFERENCE. COOL HEAT STROKE FAST. GET HELP FOR RED FLAGS.



**PREPARE.
STAY SAFE.**

Temporary casualty area BASIC FIRST AID

Set up a safer waiting-and-care area when several injured people need help at the same time.



DO THIS NOW



Choose safer ground.
Away from ongoing hazards.



Use shade or shelter if possible.
Protect from sun, wind and rain.



Separate people by need.
Immediate care, watch/wait, walking wounded.



Keep an access path clear.
For more help and emergency vehicles.



Assign water, blankets and observation.
Keep people warm, calm and comfortable.



Note names, injuries and time if possible.
Helps with ongoing care.



DO NOT



Do not block exits or vehicle access.
Keep lanes and entrances clear.



Do not mix lightly injured and severely ill people if avoidable.
Keep higher-need casualties separate.



Do not leave confused or breathing-problem casualties unobserved.
Monitor them at all times.



Do not overcrowd the area.
Give people space.



DANGER SIGNS

Get urgent help for anyone with:



Heavy bleeding.



Breathing trouble.



Worsening consciousness or not responding.



Seizures.



Signs of shock (pale, cold, fast pulse, weak, very unwell).



Chest pain.



MAKE IT SAFER. SEPARATE BY NEED. KEEP PATHS CLEAR.



**PREPARE.
PROTECT.
GET HOME.**

Agitated / delirious casualty safety

! READ FIRST

Confusion, panic, or delirium can create danger. Protect the person and others.



DO THIS NOW



Stay calm and keep your own safety in mind.



Use short, simple words and a calm tone.



Reduce noise and crowding. Keep the area quiet and low-stimulation.



Keep one person talking to the casualty (reassure, listen, don't challenge).



Remove sharp or dangerous objects from the area.



Keep a safe exit route for everyone.



Get medical help if the person is violent, a risk to themselves or others, or not making sense.



DO NOT



Do not shout or use aggressive language.



Do not argue, challenge, or crowd them.



Do not grab or restrain suddenly (unless there is immediate danger).



Do not give alcohol or other drugs.



Do not leave them near fire, traffic, water, or other hazards.



DANGER SIGNS

- ▶ New confusion or unusual behaviour
- ▶ Head injury (recent knock)
- ▶ Fever (high temperature)
- ▶ Low blood sugar (e.g. diabetic)
- ▶ Seizure or after-effects
- ▶ Trouble breathing
- ▶ Collapse or severe weakness
- ▶ Severe aggression or threat of harm

STAY CALM. CREATE SPACE. REDUCE DANGER. GET HELP.



**BE PREPARED.
STAY SAFE.**



FINAL REMINDERS

Good first aid is calm, early, and realistic.

END OF SET



STAY SAFE FIRST

- Make the scene as safe as possible.
- Do not create another casualty.



ACT EARLY, ACT SIMPLY

- Use the simplest effective action first.
- Recheck often.



WATCH FOR RED FLAGS

- Worsening bleeding.
- Severe breathing problems.
- Confusion or collapse.
- Worsening pain or weakness.



GET HELP WHEN POSSIBLE

- Use qualified help if it can realistically arrive in time.
- Keep the casualty warm, observed, and supported.



REFERENCE MATERIAL ONLY — NOT MEDICAL ADVICE

For use in New Zealand context. Follow New Zealand law and local professional guidance when available. NZWAR is not a healthcare provider or emergency medical service.



NO SURGERY. NO HOSPITAL-ONLY PROCEDURES. STAY WITHIN YOUR LIMITS.



PREPARE. STAY CALM. HELP EARLY. KNOW YOUR LIMITS.



General first-aid reference only. Not a substitute for professional medical advice, training, diagnosis, or treatment.