



COMMUNITY FIRST AID RESPONSE

POCKET GUIDE



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Community First Aid Response

Trauma Emergencies

DANGER SIGNS

IMMEDIATE MANAGEMENT

Check for Major Bleeding



Severe life-threatening haemorrhage
Spurting, spraying, or rapid pooling of blood; arm or leg amputation

Apply **direct pressure**.

If severe bleeding AND uncontrolled by direct pressure:

- From an arm/leg (especially amputation), consider applying a **tourniquet**.
- From another body part, consider **deep wound packing**.

Airway



Airway blockage
Unconscious; abnormal breathing sounds or voice; foreign objects, burns, or wounds in airway

For injured patients who are unconscious, have neck pain, or are not moving or feeling their arms/legs normally, **immobilise the cervical spine**.

Use the **jaw-thrust manoeuvre** to open the airway without moving the neck.

Remove any objects that are blocking the airway, if possible.

Breathing



Difficulty in breathing
Rapid breathing; difficulty speaking; accessory muscle use; abnormal sounds or chest movement; burns or injuries to chest

Allow patient to be in **position of comfort** unless they require spinal immobilisation.

Circulation



Shock
Sweaty, pale, cool skin; rapid or weak pulse; abnormal capillary refill time

If no pulse is felt and there are no other signs of life, consider starting CPR per local protocols.

Try to improve circulation by **laying the patient down**. If pregnant, place the patient in **left lateral position**.

External or internal bleeding
Bleeding wounds; severe pain in the chest, abdomen, or hips; arm and leg deformities

Control external bleeding with **direct pressure, deep wound packing**, and dressings as needed. Remember to immobilise foreign bodies if present.

Apply a **pelvic binder** if concerned about pelvic injury (hip pain).

Splint large fractures.

Disability



Altered mental status
Excessive sleepiness, confusion, or abnormal behavior; unequal pupil size; wounds to the head

Immobilise the spine and use the **log-roll manoeuvre** to prevent worsening injury in injured patients who are unconscious, have neck or back pain, or are not moving or feeling their arm/legs normally.

Disability
Abnormal movement or sensation in arms or legs

Give nothing by mouth and monitor the airway closely.

Exposure



Additional injuries
Wounds; burns, especially large or circumferential ones; bruising; snake bites; bony injuries including fractures, dislocations, and sprains

Remove wet or restricting clothing and jewellery. Remove other clothing to identify additional injuries, but **cover** the patient as soon as possible to protect modesty and prevent low body temperature.

Apply **dressings** to wounds, snake bites, and burns. Immobilise injured extremities with **splints or slings**. However, **do not delay transport** to a health facility.

Recognize



Provide



Mobilize

Severe bleeding, airway obstruction, difficulty in breathing, shock, altered mental status, disability, and other danger signs should be recognised using the CABCDE approach.

Use the CABCDE approach to perform life-saving interventions to respond to a patient experiencing a health emergency from injury. If time allows, ask about the events that occurred, past medical history, allergies, and medications.

Arrange for or provide transport to a health facility or higher level of care.

Provide a verbal and written handover to the next emergency care provider.

Medical Emergencies

DANGER SIGNS

IMMEDIATE MANAGEMENT

Check for Major Bleeding



Severe life-threatening haemorrhage

Spurting, spraying, or rapid pooling of blood; severe bleeding from the nose, mouth, bowels, or vagina

Apply **direct pressure** to any obvious external bleeding.

Perform **uterine massage** for women with vaginal bleeding soon after childbirth.

Airway



Airway blockage

Unconscious; abnormal breathing sounds or voice; foreign objects including saliva or vomit in the mouth; face or neck swelling

Use the **head-tilt/chin-lift** or **jaw-thrust manoeuvres** to open the airway. **Remove any visible objects** blocking the airway, if possible.

If choking, encourage coughing. If unable to cough, give **back blows** and **chest/abdominal thrusts** as indicated. *If patient becomes unconscious, start CPR per local protocols.*

Place patients in the **recovery position** who have secretions, vomit, or blood blocking the airway or altered patients at risk of choking

Breathing



Difficulty in breathing

Rapid breathing; difficulty speaking; accessory muscle use; tripod position; abnormal sounds or chest movement; blue or grey lips

Allow patient to be in **position of comfort** unless they require spinal immobilisation.

Assist patients in using their own inhaled medication (salbutamol) if available.

Circulation



Shock

Sweaty, pale, cool skin; rapid or weak pulse; abnormal capillary refill time

Try to improve circulation by **laying the patient down**. If pregnant, place the patient in **left lateral position**.

If no pulse is felt and there are no other signs of life, consider starting CPR per local protocols.

Dehydration

Dry mouth, sunken eyes, infrequent or dark urination, headache, weakness, vomiting

Give **oral rehydration** solution. For small children, frequent breastfeeding should be continued.

Disability



Altered mental status

Unconscious; excessive sleepiness, confusion, or abnormal behaviour; unequal pupil size; convulsions

Consider giving **glucose** (sugar) by mouth, but avoid choking hazards.

Prevent injury in patients with convulsions by removing dangerous objects, placing padding under the head, avoiding putting things in the mouth.

Place patients with altered mental status in the **recovery position**.

Disability

Abnormal movement or sensation in arms or legs

Cool patients with extremely high body temperature and **warm** patients with extremely low body temperature.

Exposure



Additional signs of illness

Rashes; wounds; burns; bruising; snake bites

Remove wet or restricting clothing and jewellery, but **cover** the patient as soon as possible to protect modesty and prevent low body temperature.

Apply **dressings** to wounds, snake bites, and burns. Immobilise injured extremities with **splints or slings**. However, **do not delay transport** to a health facility.

Recognize



Provide



Mobilize

Severe bleeding, airway obstruction, difficulty in breathing, shock, altered mental status, disability, and other danger signs should be recognised using the CABCDE approach.

Use the CABCDE approach to perform life-saving interventions to respond to a patient experiencing a health emergency from medical illness. If time allows, ask about the events that occurred, past medical history, allergies, and medications.

Arrange for or provide transport to a health facility or higher level of care.

Provide a verbal and written handover to the next emergency care provider.

Major bleeding from a wound

SAFETY: STOP. Protect from **HAZARDS.** Get **HELP.**



LOOK for **MAJOR BLEEDING** (blood flowing, spraying or pooling). **FIND** the wound. **LIE** patient down.



Wear GLOVES.

Use DIRECT PRESSURE.

PRESS FIRMLY onto the wound using clean material.

PRESS on the part which is bleeding the most.

Use the patient's hand or your hand to press.

PACK deep, bleeding wounds with clean material.



REMEMBER: If uncontrolled MAJOR BLEEDING from a limb with **threat to life** → Apply a **TOURNIQUET** (see Quick Card)



REMEMBER: DO NOT REMOVE OBJECTS from the wound. **STABILISE** and **PRESS** on bleeding **AROUND** the object.

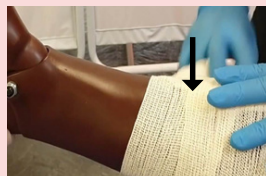


WRAP a bandage around the wound to make a **PRESSURE DRESSING.**

If bleeding comes through the dressing, put more material **OVER** the top and **PRESS.**

ELEVATE any bleeding limbs above chest level.

If bleeding is still uncontrolled and there is a **threat to life** → Apply a **TOURNIQUET** (see Quick Card).



MOVE the patient quickly to a hospital.

If wound is still bleeding, keep pressing during transport.



* If you don't have gloves, cover your hands with plastic bags as a barrier.

* Use any clean material for a dressing, such as gauze or clothes.



Lie the patient flat.

Keep the patient warm.

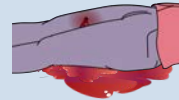
Talk to the patient and keep calm.

Tourniquet use

SAFETY: STOP. Protect from **HAZARDS.** Get **HELP.**



If there is **uncontrolled major bleeding** from a limb **with threat to life**, not responding to **direct pressure**
→ Apply a **TOURNIQUET**.



Use a band or thick piece of cloth, with a stick. OR use a commercial tourniquet, if available.
Place the band **above** the wound, **pull** or tie tightly and **twist** the stick.
Apply enough pressure to make the bleeding stop.
Secure in place.



! **Write** the exact **time** the tourniquet was applied.
Write on the tourniquet and the patient.



Move the patient quickly to a hospital.
Show and **tell** the health care providers **where** the tourniquet is and **when** it was put on.



! After applying a tourniquet, consult a health care professional as soon as possible. Never loosen a tourniquet without consulting a health care professional.

Tourniquets cut off blood supply to the limb and the limb may need amputation; therefore a tourniquet should only be used for life-threatening bleeding.



* If you don't have gloves, cover your hands with plastic bags as a barrier.
* Use any clean material for a bandage, such as gauze or clothes.



Lie the patient flat.
Keep the patient warm.
Talk to the patient and keep calm.

Wounds

SAFETY: STOP. Protect from **HAZARDS.** Get **HELP.**



Check and manage CABCDE.

C A B C D E Approach

Look for wounds.



If **bleeding**: **press directly and firmly** onto the wound with clean material.
If bleeding does not stop, refer to major bleeding quickcard!



Remove any tight clothing or jewellery around or close to the wound.
Gently **clean** the wound with clean water.



Dress the wound with a clean dressing that won't stick. Do not apply creams or ointments.
Wrap a bandage around but not too tight.



If a limb wound is large, deep, or there is deformity, **apply a splint.**



Move the patient quickly to a hospital.



* If you don't have gloves, cover your hands with plastic bags as a barrier.

* Use any clean material for a dressing, such as gauze or clothes.



Lie the patient flat.

Keep the patient warm.

Talk to the patient and keep calm.

Postpartum Haemorrhage

SAFETY: STOP. Protect from **HAZARDS.** Get **HELP.**



After a vaginal delivery, **LIE** patient down.

MASSAGE THE UTERUS to prevent haemorrhage.

LOOK for **NON STOP BLEEDING** from the vagina.



REMEMBER: If uncontrolled MAJOR VAGINAL BLEEDING

CALL FOR HELP and arrange for **IMMEDIATE TRANSFER** to an obstetric unit

Wear GLOVES.

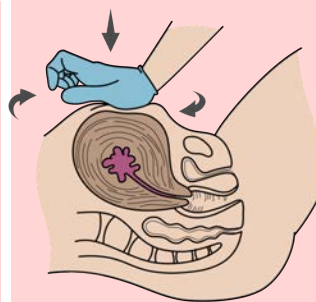
Place your hand on the woman's lower abdomen.

PRESS FIRMLY towards the patient's back

Do a **CIRCULAR MOVEMENT** while maintaining pressure.

Massage until you feel a hard mass (like a rock), this is the uterus contracted.

CONTINUE MASSAGE to ensure the uterus does not become relaxed (soft).



REMEMBER: DO NOT STOP UTERINE MASSAGE until the woman is with a qualified obstetric provider since the uterus may relaxed and bleeding may resume.

FREQUENTLY MONITOR for **VAGINAL BLEEDING.**

MOVE the patient quickly to a hospital.

Continue massage during transport.



* If you don't have gloves, cover your hands with plastic bags as a barrier.

* Use any clean material for a dressing, such as gauze or clothes.



Lie the patient flat.

Keep the patient warm.

Talk to the patient and keep calm.

SBAR Handover Tool

Out of hospital

Use this tool to help facilitate efficient and safe communication during handover of an emergency patient from community, clinic or prehospital ambulance transfer.



S

Situation

Identify yourself, your role & location

☐

Identify patient (name, age, sex)

☐

State major problem (medical or trauma)

☐

State reason for transfer or handover

☐

(e.g. needs ongoing emergency care for bleeding)

B

Background

Describe:

What the patient is complaining of

☐

When the patient became ill or injured

☐

Where the patient became ill or injured

☐

How the patient became ill or injured

☐

Any past medical or surgical history, medications or allergies

☐

A

Assessment

Describe any findings and care provided for:

Check for major bleeding

☐

Airway problem

☐

Breathing problem

☐

Circulation problem

☐

Disability problem

☐

Exposure

☐

Describe any medication taken or given

☐

R

Recommendation

State your recommendation (what you feel should happen next - e.g. transfer for ongoing emergency care)

☐

Describe any concerns

☐

(e.g. social, security, infectious risk)

Confirmation: Ask the receiver to repeat back key information and clarify any questions.



Kit List

	Item	
	Core	Extended (context dependent)
PPE	Gloves	Rubber boots
	Masks	Gowns
	Eye protection	Reflective or brightly coloured vest
	Alcohol hand gel or bar soap	
Medical Supplies	Tourniquet or equivalent (e.g., cravats, rigid windlass such as stick)	Cervical spine immobilization materials
	Gauze (e.g., large, absorbent pads and large pack of gauze squares)	Pelvic binder materials (e.g., sheet)
	Bandages (e.g., crepe, triangular)	Splinting materials
	Medical tape	Burns dressing (e.g., sterile dressing and plastic wrap)
	Glucose (e.g., jam, candy, sugar) Oral rehydration sachets or supplies Water bottle	
Transport items	Phone or equivalent Pen, paper/notebook Permanent marker Emergency First Aid Form	Stretcher or backboard
Other	CFAR Pocket Guide Backpack / bag Scissors (e.g., trauma shears) Plastic bags for waste	Survival blanket Plastic rain poncho Whistle Torch / headlamp and batteries

Key Information

Universal access number(s):

Phone number(s) for ambulance (if different from above):

Contact numbers for other transport (if ambulance unavailable):

Other emergency services contact numbers (if different from above):

- Traffic
- Police
- Fire
- Poison Control

Closest facilities to my location:

Facility	Type of facility	Location	Contact information

Other CFARs in my area:

Name	Location	Contact information

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