

# Provide First Aid in Remote or Isolated Site



SHARED HOPE TRAININGS

*Together We Can Make A World Of Difference*

RTO: 31124 / 2022

Post HLTAID011 Gap Training

# What is a Remote Area?

A Remote area is any area where we can become **isolated by time or distance.**

- Before entering a remote area, you should always **develop a plan.**

# Prepare

- Know where you are going and reverse plan from there and what risks could arise calling for a first aid response.
- Select first aid equipment and other resources fit for the purpose to respond.
- Review current communication equipment against what may be necessary to facilitate communications remotely.
- Look at vehicle capabilities and equipment and their service /usage status (complete a pre-departure checklist).



# Safety and risk management

Always complete a safety and risk management plan for every trip using the following options.

(remembering that these options are not exhaustive and individual groups need to assess their risk and risk lists dependant on the conditions and environment).

***These Options  
are discussed in  
further slides***



# Environment

All aspects of the environment need to be considered and compared to the goals of the group.

Aspects like:

1. time of trip,
2. distance between legs,
3. access to emergency services, and
4. evacuation logistics

These are all an important part of this process.

# Environment and Conditions



# Thunderstorms

Thunderstorms are a common occurrence during the summer months as the increasing heat of the summer sun and higher levels of moisture provide the fuel for frequent afternoon storms.



# Thunderstorms

Mountains are also a prime location for thunderstorms.

As warm moist air hits the mountains, it is lifted up and over the mountains, creating updrafts that are fed by more warm moist air, beginning the cycle of thunderstorm development.

In the mountains during the summer, be especially careful of afternoon thunderstorms.





# Coastal winds

- Sea breezes occur during the day. The land warms faster than the ocean, so the air over the land heats up and rises while cooler (often moist) air from the water flows into shore.
- Land breezes generally occur at night. The land loses heat more quickly than the water. The warmer air over the water continues to rise and is replaced by cooler air blowing from the shore.



# Location

A trip's location and area should be studied before taking the trip and should it be appropriate for the group.

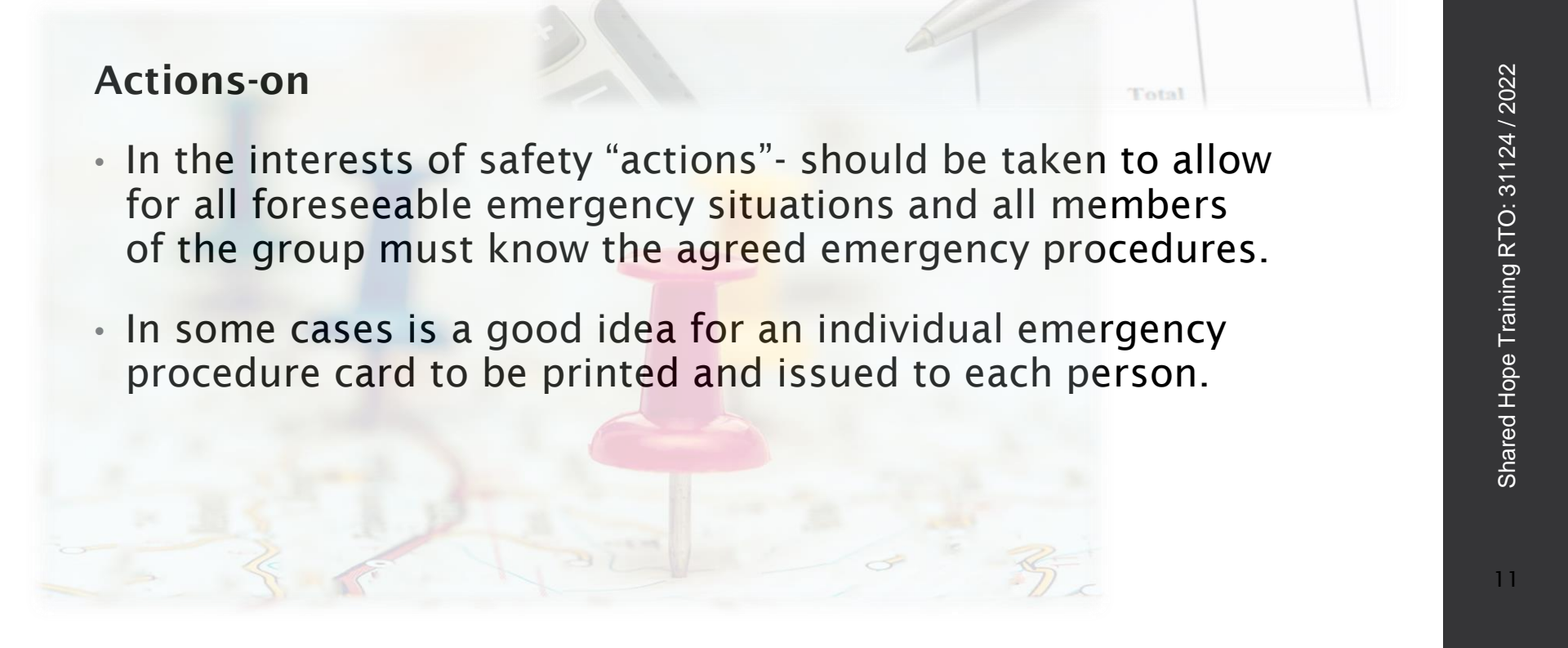
## Checking things like:

1. Information from maps,
2. Aerial and satellite photos,
3. Guidebooks,
4. Club newsletters, and
5. Other appropriate sources, always considering local knowledge.



## Medical limitations

- Prior to setting off, it is essential that the leader of any group is made aware of any medical condition/s or any limiting personal factors affecting any member of the group.



## Actions-on

- In the interests of safety “actions”- should be taken to allow for all foreseeable emergency situations and all members of the group must know the agreed emergency procedures.
- In some cases is a good idea for an individual emergency procedure card to be printed and issued to each person.

## Route plans

- All members of the group should have a copy of the route plan and should be aware of any hazardous sections and ensure all maps are current and accurate

## Leaders

- If there is a leader appointed they should be competent in all skills required and assistant leaders must be experienced enough to safely care for the party should something unforeseen happen to the leader. Both should be conversant with the area.

## **Escape Routes- may be relative in bushfire season and flood area's**

- Escape routes should be set prior to departure and must be known and written down by all members of the group.

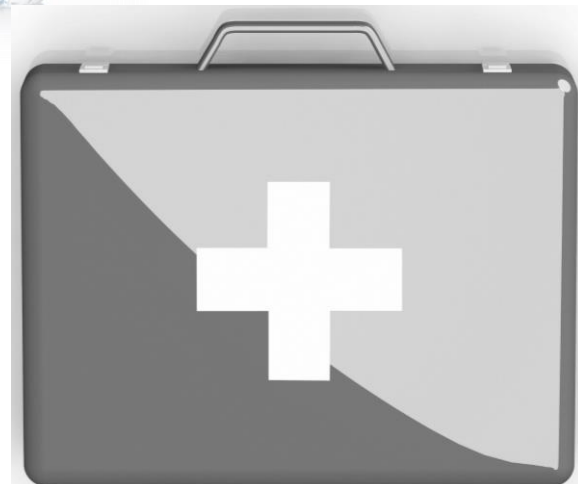
## **Notifications**

- Notifications need to be posted prior to departure and cancelled on return. Police in the area of the walk can be notified.

[it can be good practice to discuss your plans with them].

# Provisions

- Ensure you have suitable clothing, equipment, food and water to cope with all conditions. Always carry a tent on overnight walks.



# Plan First Aid Equipment



In order to plan the required equipment it is necessary to allow for any situations that could be possible.

A remote lock box kit is supplied to remote stations and instructions are given by a doctor or Royal flying doctor service in administration of related drugs.

Secure 1<sup>st</sup> Response



Lock Box



OFFICE USE ONLY

- CNS     CTL     ISA  
 NCA                       DUR

**2021 MEDICAL CHEST ORDER FORM**

<b>Chest No</b>	<b>Chest Name (Station)</b>	<b>Date</b>
_____	_____	_____
<b>Name</b>	<b>Company P/O #</b>	
_____	_____	
<b>Signature</b>	<b>Phone</b>	
_____	_____	
<b>Email</b>		
_____		

PLEASE TICK

**Registered Chest Holder**

**Nominated Person**

**Please use one of the usage codes from the list below to re-order your medications  
The Telehealth Reference Number (TRN) must be provided for all prescribed items**

- |                                  |                    |                         |  |
|----------------------------------|--------------------|-------------------------|--|
| <b>P</b> Prescribed (by RFDS Dr) | <b>E</b> Expired   | <b>B</b> Broken/Damaged | <b>S</b> Stolen  |
| <b>U</b> Used (Non-Prescription) | <b>D</b> Destroyed | <b>M</b> Not in chest   | <b>R</b> Replace First Aid items<br>(Items #200 - #242 only) |
| <b>B/O</b> On back order         |                    |                         |  |



## MONITORED MEDICATIONS

**\*\* DO NOT DESTROY \*\* RETURN EXPIRED/UNUSED QUANTITY TO RFDS BRISBANE BASE**

Please include an Australia post tracking number for use with my Australia Post Account

Usage Code & Expiry date	No.	Drug	TRN #	Date	Prescribing Doctor	Quantity issued	Patient
	173	Paracetamol/Codeine 500mg/30mg (2 boxes – 20 tablets/box) 40 tablets total					
Usage Code & Expiry date	No.	Drug	TRN #	Date	Prescribing Doctor	Quantity issued	Patient
	188	Morphine Sulphate Ampoules 10mg/1ml (1 box - 5 ampoules)					
Usage Code & Expiry date	No.	Drug	TRN #	Date	Prescribing Doctor	Quantity issued	Patient
	191	Diazepam Tablets 2mg (1 box – 20 tablets)					
Usage Code & Expiry date	No.	Drug	TRN #	Date	Prescribing Doctor	Quantity issued	Patient
	413	Midazolam Ampoules 5mg/1ml (1 box – 3 Ampoules)					
<b>If you have #98 in your chest this MUST be returned to us even if it has not expired - no longer in use by RFDS</b>							

---

**Please return expired monitored medications to the Brisbane Base (address below) and include your chest number. Your signed HPS Confirmation of Receipt form received with your new monitored medications must be returned to RFDS.**

**Please indicate if you require replacement copies of:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> RFDS Medical Chest Medication Usage Book | <input type="checkbox"/> Order Form             | <input type="checkbox"/> 2019 Medical Chest Contents List |
| <input type="checkbox"/> Intra-muscular Injections (online link)  | <input type="checkbox"/> Injection Instructions | <input type="checkbox"/> Base Medical Line Phone Stickers |

**RFDS Community Chests with an AED onsite**

- |   |  |  |  |                                   |
|---|--|--|--|-----------------------------------|
| <input type="checkbox"/> Adult pads x 1 set | <input type="checkbox"/> Adult pads x 2 sets | <input type="checkbox"/> Child pads x 2 sets | <input type="checkbox"/> Ready Kit (green) | <input type="checkbox"/> Handbook |
|---|--|--|--|-----------------------------------|

Please return **BOTH PAGES** of this order form by post, fax or email to:

RFDS Medical Chest Team  
12 Casuarina Street  
Brisbane Airport QLD 4008

PHONE 1300 MCHES (1300 624 378)  
FAX (07) 3860 1122  
EMAIL [medicalchest@rfdsqld.com.au](mailto:medicalchest@rfdsqld.com.au)

Chest No \_\_\_\_\_

---

**Royal Flying Doctor Service >**  
**(Queensland Section)**



**Please record the Telehealth Reference Number (TRN) when re-ordering prescribed medications**  
Note: Star (\*) indicates PRESCRIPTION ONLY medication, which can only be prescribed by RFDS.

\_\_\_\_\_

MEDICATION ORDER LIST			
USAGE CODE/ TRN		No.	MEDICATIONS
	D	*46	Oxymetazoline Hydrochloride Nasal Spray
	A	62	Aspirin Soluble Tablets
	A	76	Electrolyte Replacement Effervescent Tabs
	A	*81	Chloramphenicol Eye Ointment (2 Tubes)
	A	*85	Frusemide Tablets
	R	*99	Adrenalin Acid Tartrate Ampoules
	A	107	Salbutamol Aerosol Spray (2 packets)
	R	*113	Trimethoprim / Sulphamethoxazole Susp.
	A	*116	Nystatin Suspension
	D	*119	Promethazine Hydrochloride Mixture
	A	123	Sodium Citrotartrate Sachets
	A	*130	Amoxicillin Trihydrate Powder for Sup. (2 btles)
	A	*139	Hydrocortisone Acetate Cream
	D	150	Eye Stream
	B	*151	Prednisolone Tablets
	B	*157	Loratadine Tablets
	D	158	Povidone Iodine Antiseptic Solution
	B	*160	Trimethoprim Tablets (2 packets)
	B	*161	Clotrimazole Vaginal Cream
	B	*163	Antazoline Sulphate Eye Drops
	R	*164	Amethocaine Eye Drops (5 minims)
	B	*168	Water for Injection (5 amps)
	B	*170	Phenoxymethylpenicillin Potassium Tablets
	D	171	Paracetamol Mixture Double Strength
	B	*172	Amoxicillin Capsules
	B	*174	Cephalexin Powder for Suspension (2 bottles)
	B	*175	Cephalexin Capsules (2 packets)

MEDICATION ORDER LIST			
USAGE CODE/ TRN		No.	MEDICATIONS
	B	*177	Loperamide Hydrochloride Capsules
	B	178	Paracetamol Tablets
	B	*179	Metronidazole Tablets
	C	*186	Hyoscine Butyl bromide Tablets
	B	*187	Flucloxacillin Oral Suspension
	A	*189	Ibuprofen Tablets
	A	*190	Glyceryl Trinitrate Pump Spray
	C	*193	Levonorgestrel Tablets 750mcg
	D	195	Wound Care Gel

	B	*400	Doxycycline Hydrochloride Tablets (2 packets)
	B	*401	Phenoxymethylpenicillin-AFT Powder
	A	*402	Ceftriaxone Sodium Powder
	A	*404	Flucloxacillin Capsules
	B	*406	Azithromycin Tablets
	B	*407	Azithromycin Powder (2 bottles)
	A	*408	Ondansetron Wafers
	A	*409	Amoxicillin Clavulanic Acid tablets
	R	*410	Triamcinolone Neomycin Gramicidin Nystatin
	A	*411	Metoprolol tartrate tablets
	B	*412	Glyceryl Trinitrate patches
	B	*414	Omeprazole tablets
	A	*415	Famciclovir tablets
	Bot	*416	Docusate Sodium Senna
	A	*417	Methoxyflurane inhaler
	A	*418	Prednisolone Sodium Phosphate syrup
	B	*419	60mL catheter tip graduated syringe

FIRST AID ITEMS			
USAGE CODE/ TRN		No.	DRESSINGS, BANDAGES (FIRST AID ITEMS)
	C	200	Thermometer – Digital (1)
	C	201	Medicine Measures (2)
	C	204	Eye Pads, Sterile (6 singles)
	C	207	Isopropyl Alcohol Swabs (1 packet)
	C	208	Triangular Bandages (2)
	C	209	Conforming Bandages, 5cm (6)
	C	210	Conforming Bandages, 7.5cm (6)
	C	211	Crepe Bandages, 7.5cm (2)
	C	212	Crepe Bandage, 15cm
	Bot	217	Leukoplast Strapping, 5cm (1 roll)
	Bot	220	Skin Closures (10 sachets)
	Bot	221	Gauze Sponges (5 packets)
	Bot	222	Safety Pins, Assorted (1 pack)
	Bot	223	Disposal Scalpel with Blade
	Bot	224	Dressing Scissors Pointed

FIRST AID ITEMS			
USAGE CODE/ TRN		No.	DRESSINGS, BANDAGES (FIRST AID ITEMS)
	Bot	225	Dressing Forceps Blunt
	Bot	226	Kidney Dish 200mm
	Bot	229	Breath-A-Tech Spacer Chamber 150ml
	Bot	230	Paediatric Soft Face Mask Breath-A-Tech
	Bot	234	Melolin Dressings 10cm x 10cm (4)
	Bot	235	Combine Dressing Pad 9cm x 20cm (5)
	Bot	236	Disposable Gloves, Medium (10 pairs)
	Bot	237	Plastic Face Shield
	Bot	238	Fixomull Dressing Stretch 15cm x 2m (1)
	Bot	239	Paraffin Gauze Dressing 10cm (3 only)
	A	*240	Syringe 3ml (5 only)
	A	*241	Detachable Needle 22g x 1-1/2" (5 only)
	D	242	Sharps Container 0.5 litre (1 only)
	D	302	First Aid Manual (St Johns Ambulance)

**Extra Quantities:** If extra medications are required, please complete the following section. Your request will be considered by an RFDS.

Item #	Qty	Reason extra quantity is required

Title	Medical Chest Order Form	Document ID	MYRFDS-1800068415-1983
Parent Group	Medical Chest Program	Document Version and Status	51.14, Draft
Approved By	Andrew Barron	Date Approved	20/08/2020

Printed and downloaded versions of this document are not controlled and are categorised as a copy only  
Please refer to the Policy and Procedure Site on myRFDS to ensure version currency

# Plan First Aid Equipment

## Remote First Aid Kit - Bag is Dust Proof & Contains the following:

- Hospital Crepe Bandage – 5cm x 1.5m x4
- Hospital Crepe Bandage – 7.5cm x 1.5m x2
- Heavy Crepe Bandage – 10cm x 1.5m x4
- Calico Triangular Bandage – 155cm x 110cm x3
- Combined Dressing – 10cm x 10cm x1
- Combined Dressing – 10cm x 20cm x1
- Combined Dressing – 20cm x 20cm x1
- Burn Dressing – 75cm x 75cm x1
- No. 13 Wound Dressing x1
- No. 14 Wound Dressing x1
- Lite Dressing – 7.5cm x 10cm x2
- Lite Dressing – 7.5cm x 20cm x1
- Basic Dressing Pack x2
- BURNAID Dressing – 10cm x 10cm x1
- BURNAID – 3.5g Sachets x8
- Gauze Swab – 7.5cm x 7.5cm – 3 Pack x2
- Cotton Applicators – 5 Pack x2
- Butterfly Closures – 10 Pack x1
- Plastic Dressing Strips – 25 Pack x2
- Paper Taped Wrapped – 1.25cm x 9.1m x1
- Paper Taped Wrapped – 2.5cm x 9.1m x1
- Eye Pad Sterile Single Use x4
- Sodium Chloride Steri-tube – 15ml x5
- Eye Wipe Rubber Ends x1
- Antiseptic Spray – 50ml x1
- Alcohol Wipes – 10 Pack x1
- Nitrile Blue Latex Free Gloves – 2 Pack x5
- CPR Pocket Mask in Heart Shaped plastic case x1
- Scissors – Surgical – 125mm – Sharp Blunt x1
- Tweezers – 125mm – Fine Point x1
- Safety Pins – 12 Pack x1
- Splinter Probes x10
- Survival Thermal Blanket x1
- Fabric Dressing Roll – 7.5cm x 1m x1
- Instant Ice Pack – Large x1
- Re-sealable plastic bags for Disposable Use – 3 Pack x1
- Biro x1
- Notebook x1
- First Aid Notes and Instructions x1
- Torch LED x1
- Whistle x1

# Plan First Aid Equipment

## Secondary Survey

- The secondary survey is a systematic check of the victim from the head to the toes to rule out any injuries or abnormalities that are not immediately obvious.
- The First Aider should begin at the head & work downwards.
- When conscious this can be done by asking questions.
- Examine all unconscious casualties on their side in a recovery position in order to protect their airway.



# Plan First Aid Equipment

Knowing how to check vital signs and conscious state, helps in planning the required first aid equipment you may need.

## VITAL SIGNS

### Pulse

Normal pulse ranges are:

Adult 60 to 100 Beats per minute

Child 90 to 130 Beats per minute

Infant 120 to 160 Beats per minute

### Conscious State

The conscious state may change to

- Conscious and Alert
- Uncooperative and Aggressive
- Drowsy or Unconscious

It is important to monitor any changes.

The best example of a person most to suffer changes to conscious state is a person with a head injury

### Agonal Gasps

Agonal gasps are common during cardiac arrest, they are not normal breathing. Agonal gasps should be recognised as a sign of cardiac arrest

### Skin State

- Pale skin and pale lining of the inside of the lips could indicate low blood pressure
- Blue Appearances, could indicate a lack of oxygen
- Red skin could indicate infection

### Temperature

Cool and moist to touch may be an indicator of loss of circulating fluid. i.e. fainting or blood loss

Warm to touch may be an indicator of a temperature. i.e. fever

Normal temperature is approx. 36.5 °C - 37°C

37.5 °C and 38 °C mildly elevated

38.5 °C – 39 °C significantly raised

39 °C or higher is regarded as Very high temperature

### Blood Pressure

A BP machine is most commonly not available to a first Aider in order to check a casualties Blood Pressure. The best indicator in this instance is the casualties skin colour (perfusion)

i.e. Pale skin and pale lining of the inside of the lips could indicate low blood pressure

### Breathing

Watch for the rise & fall off the chest, feel for the breath on the back of your hand. For infants, watch for the rise & fall of the stomach. Normal Breathing Rates. Adult 16-20 Breaths per min; (1-5yrs) 25-40 breaths per min; Child (6-12yrs) 16-25 Breaths per min; Infants (1mth-12mths) 25-40 Breaths per min

Note- if the breathing is regular & the depth of the breath; if there are any noises such as crackling or wheezing.

# Plan First Aid Equipment

It may be required that you undertake triage.

## **Triage:**

- Is the sorting of casualties by the severity of injury or illness.
- Identifying casualties with: obstructed airway; excessive bleeding; or shock.
- Applies to large numbers of casualties
- A tagging system
- Begins at the incident site.

Following your initial First Aid treatment, there may be a time period before the ambulance arrives, especially in remote locations.

You may be required to assist with the administration of the casualty's medications such as asthma medications, as well as ensuring that you provide vital reassurance to the casualty at all times.

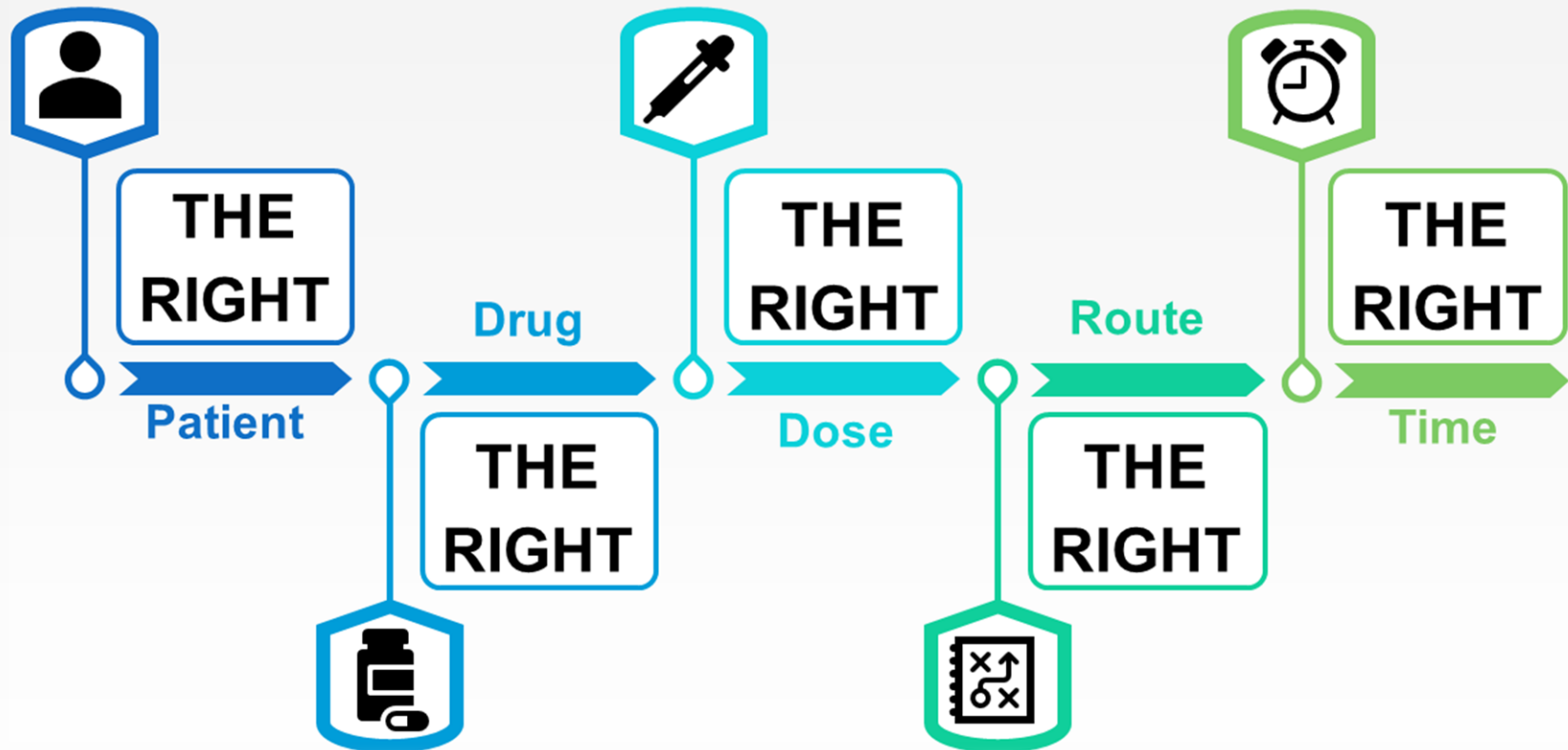




# Plan First Aid Equipment

Medication legality -5R's

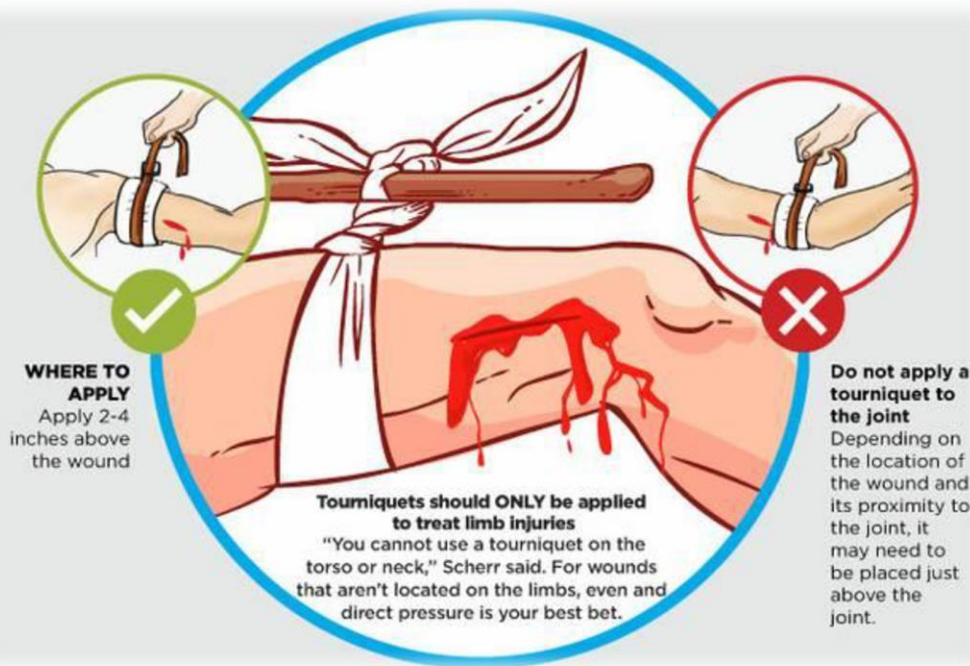
## The 5 - R's of Medication Administration



# Plan First Aid Equipment

A **tourniquet** is a device that is placed around a bleeding arm or leg. **Tourniquets** work by squeezing large blood vessels. The squeezing helps stop blood loss

Applying a tourniquet too tightly or loosely can pose danger to nearby tissue and increase the odds of irreversible nerve and muscle damage. The tourniquet should provide only as much pressure as needed to halt arterial **blood loss**.



# Plan First Aid Equipment

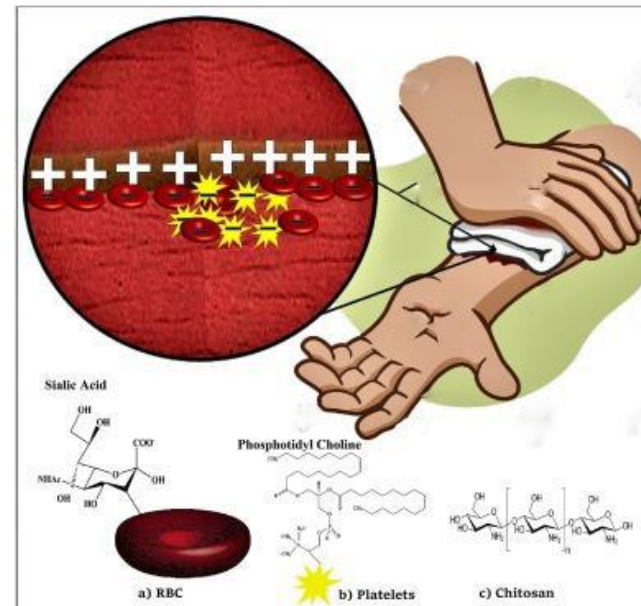
**Haemostatic dressings** are a valuable adjunct in external hemorrhage control when the source of bleeding is a location not amenable to tourniquet placement, such as in junctional regions (i.e: neck, axilla, and groin)

## Wound Dressing Selection: Types and Usage

Gauze Dressings. Gauze dressings are made of woven or non-woven materials and come in a wide variety of shapes and sizes for example:

- Transparent Films.
- **Foams.**
- Hydrocolloids.
- **Alginates.**
- Composites.

If a gauze packing was put in your wound, it should be removed in **1 to 2 days**.



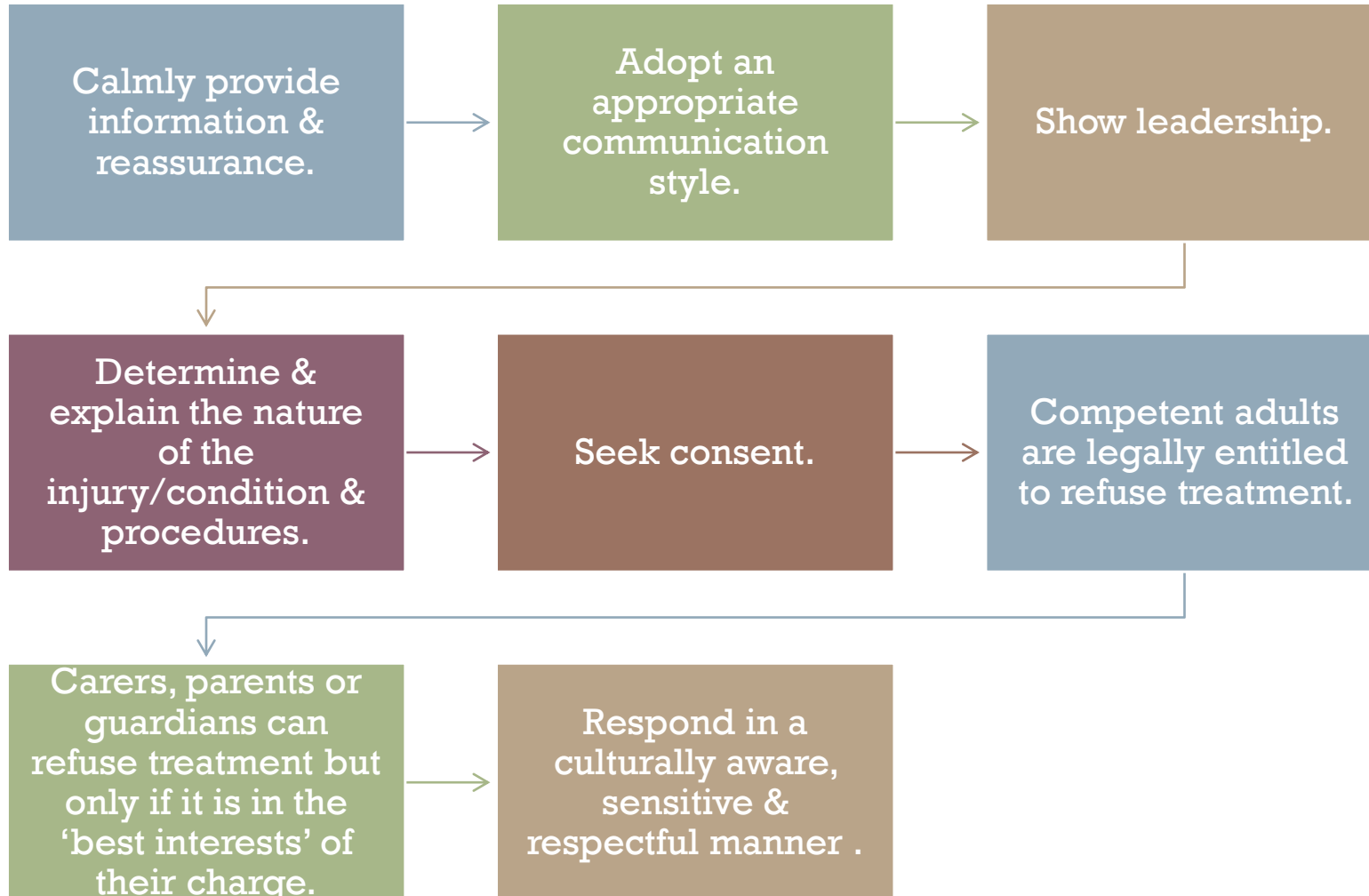
# Ongoing care

Following your initial First Aid treatment, there may be a time period before the ambulance arrives, especially in remote locations.

You may be required to assist with the administration of the casualty's medications such as asthma medications, as well as ensuring that you provide vital reassurance to the casualty at all times. (***Remember the 5- R's stated in earlier slides***).

# Plan First Aid Equipment

## Ongoing care

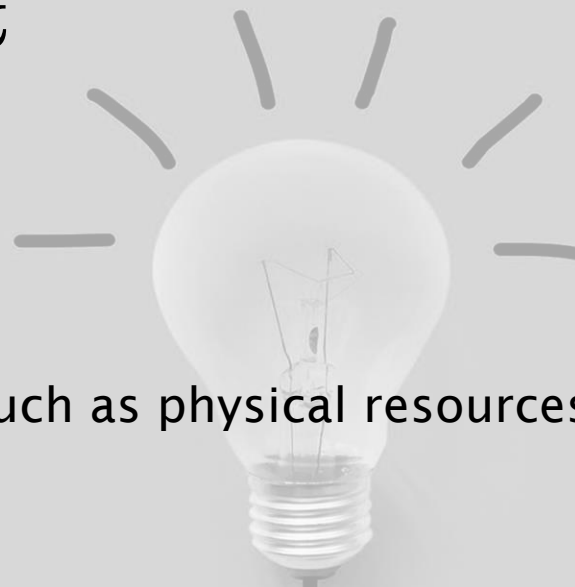


# Plan First Aid Equipment

## Ongoing care

- Evaluate options for transporting casualty or waiting for medical assistance in relation to environmental issues, transport availability & casualty's condition.
- Decide on how to implement your management plan based on the assessment.
- Analyse this information to determine the course of treatment to be given.
- Make the casualty comfortable in relevance to their condition.
- Only move the casualty if their condition requires &/or allows you to do so.

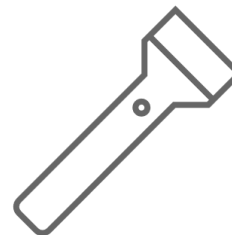
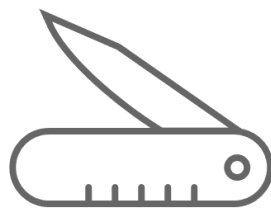
# Plan Equipment & Communication



Evaluate what need what you have:

- That means individual skills as much as physical resources such as a pocket knife

<u>Skill</u>	<u>Description</u>
Athletics	Physical coordination and reflexes
Awareness	Sense of sight and hearing
Crafting	To create, repair, and modify items
Driving	Controlling a vehicle
Fighting	Your skill in hand to hand combat
Influence	To convince, deceive, or befriend
Investigation	To research or interview
Knowledge	Your knowledge in different fields
Shooting	Your skill with ranged weapons
Stealth	Your ability to move around quietly
Strength	Your physical strength and endurance
Survival	Your ability to survive in the wild
Willpower	Your mental fortitude and discipline



# Getting Help

- The necessary communication equipment to enable contact with these services should have been discussed in the pre-trip planning stage. If radio transmitters or mobile phones are not available, or have failed, it may be necessary to physically go and find help.
- If it is necessary to send people back to alert emergency services for help there are a few guidelines you should always follow.





# Getting help

The process of contacting Emergency Services can be a complicated procedure if you are in a remote area.



# Who to send

Decide who is the most appropriate person to go for help.

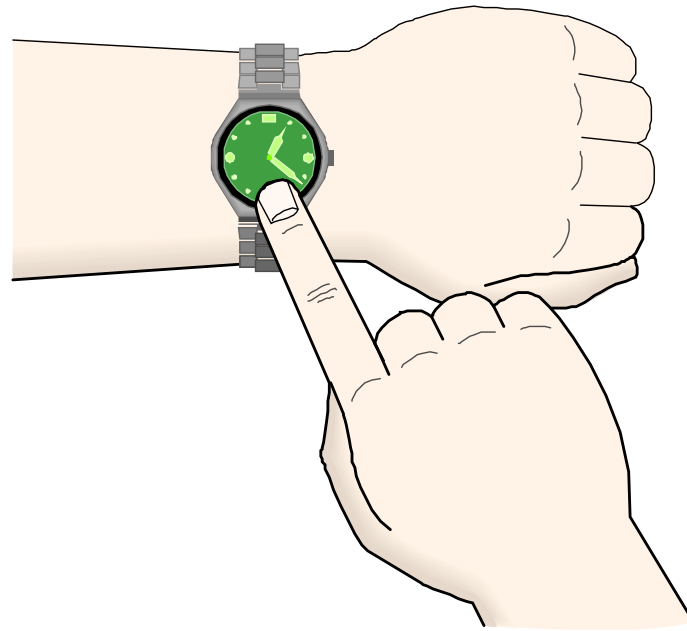
The person/people, who have the most experience in dealing with the terrain that you are in, will be able to travel quicker, and with less danger of incurring an injury themselves.

**Always send two people back to alert emergency services.**



# Navigation

How to find north using an analogue watch (in the southern hemisphere)



1. Hold the watch face up so the numeral 12 points towards the sun.
2. Next divide the angle between the hour hand and 12 o'clock with an imaginary line. The line will point north between the two readings. This method is less accurate early mornings and late evenings. (If your watch is adjusted for daylight savings, "remove" the daylight savings for greater accuracy).

# Communication

Can be your path to safety.

- Think about options before travelling
- And if it all goes wrong



CB Radio - emergency call on channel 5 or 35 .

Proper conduct

There are specific conditions regarding personal conduct during operation of a CB radio station, and penalties apply for improper conduct.

## CB ANTENNA RANGE APPROXIMATIONS

The most common question asked about CB antennas is, "What kind of range can I expect?" This can be a tricky one to answer accurately, as antenna range is affected by a number of different variables.

We will get to approximate ranges shortly, but it's important to first discuss the different factors that determine how far you'll be able to transmit and receive.

# Communication

Can be your path to safety.

- Think about options before travelling
- And if it all goes wrong



## FACTORS THAT INFLUENCE RANGE

**Antenna Length & Type:** Everything else equal, longer antennas will always have a longer range than shorter antennas. Also, certain types of antennas have a longer range than others. For example, centre-load antennas tend to have a longer effective transmit and receive range compared to fiberglass antennas of the same length.

**Mount Location:** Mounting location plays a large role as well. The higher an antenna is mounted, the better the range. If a poor mounting location is selected, this can dramatically cut the range to a fraction of its potential. For more information on selecting a good mounting location, please see our article on [Selecting a CB Antenna & Mounting Location](#).

**Installation Quality:** Installation mistakes, such as not properly grounding an antenna, will lead to high SWR and limited range. To achieve the transmit and receive performance we indicate below, it's crucial your equipment is properly installed. For a great primer on ensuring your installation goes smoothly, see [Elements of a Successful Installation](#).

**Terrain:** The surrounding terrain plays a huge role in determining range. Perched up on an overlook, you'll likely achieve significantly longer transmit and receive ranges than those we list. Conversely, if you're in a deep, heavily wooded canyon, your range will plummet.

# Communication

Can be your path to safety.

- Think about options before travelling
- And if it all goes wrong



## Antenna Quality:

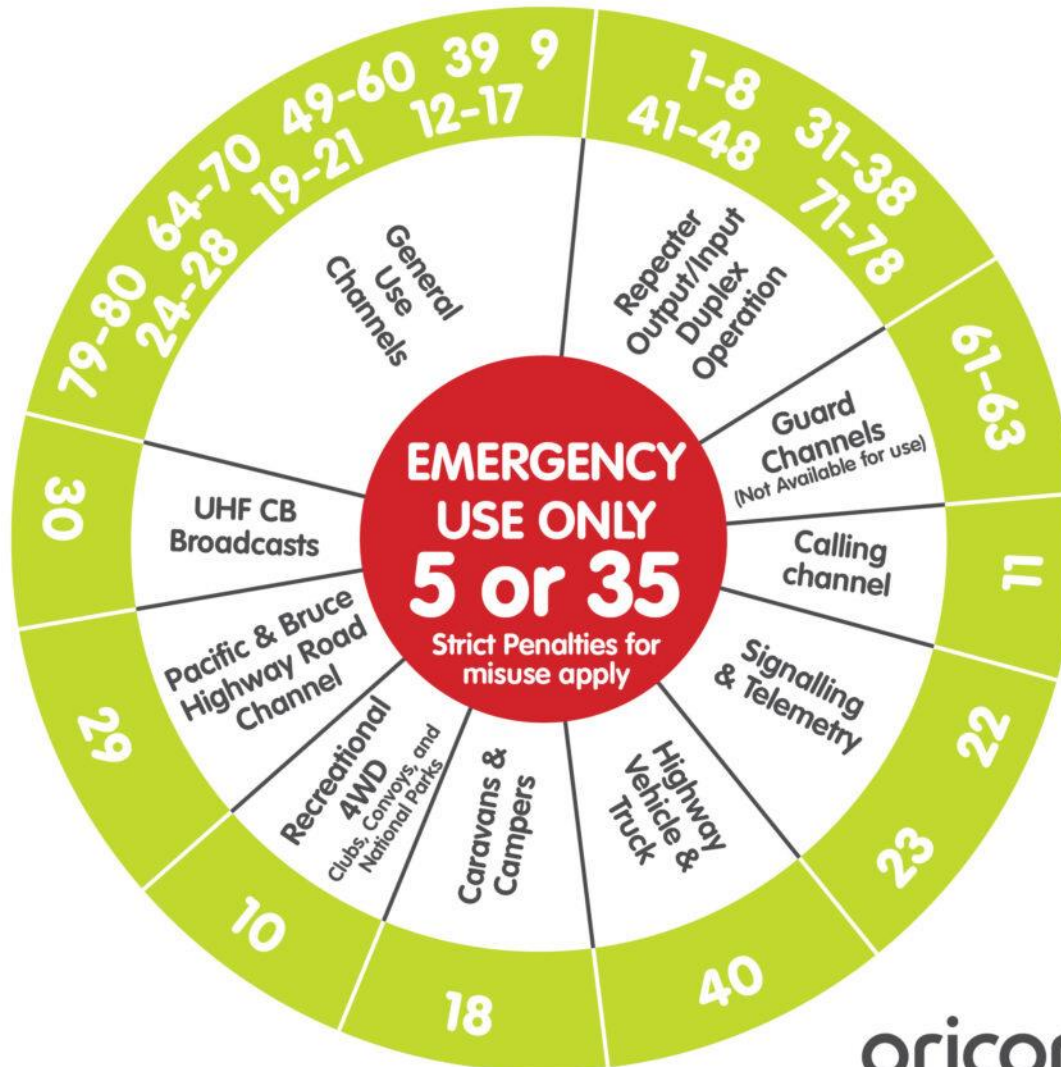
Name-brand antennas are most commonly associated with build quality and durability, but are also linked (albeit to a lesser degree) with range. If range is important to you, we recommend spending a bit more for a name-brand product, as you'll likely see an increase in performance over a generic, cheaper product.

## Radio Power/SSB:

Most CB radios transmit at a standard 4 watts of power with one exception: single side band (SSB) models. SSB radios have upper and lower sideband channels (just above and below the standard 40 CB channels) which transmit only the CB audio wave as opposed to both the audio and carrier waves. Broadcasting only on the audio wave enables SSB radios to transmit at 3x the power, 12 watts, and significantly increase your range. If you're using an SSB radio, you can effectively triple the ranges listed below. If maximum range is important, you'll definitely want an SSB radio. Please note that, in order to take advantage of SSB's increased range, the person you're communicating with must also be using an SSB radio. (All SSB CB radios)

# Communication

## Australian UHF CB Radio Channels

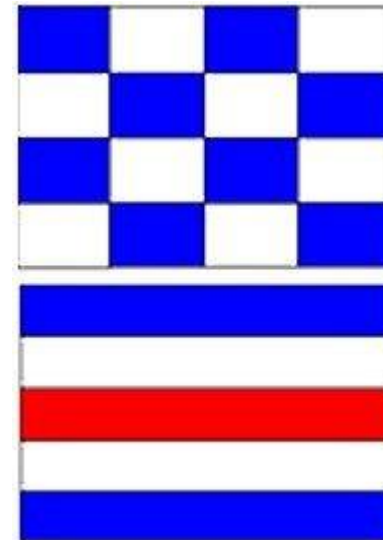


oricom®

# Communication

In the event of an emergency, you can use any of the following Code Flags or distress signal types to signal distress, and your need for assistance: The International Signal for Distress:

Code Flag 'N' (November) flown above Code Flag 'C' (Charlie)

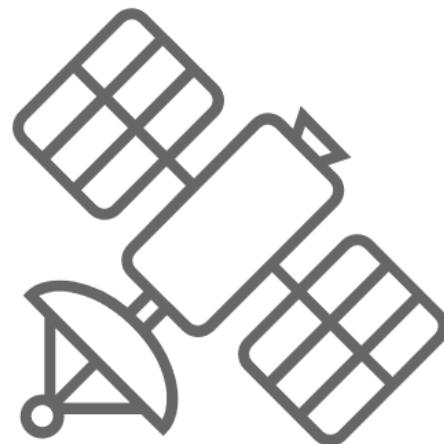




# Communication

Can be your path to safety.

Satellite phones need clear line of sight to the satellite in order to connect to the network and make a call. This means that satellite phones will not work indoors (without additional equipment), or in urban areas around tall buildings, or in forests where the canopy may be too dense for the signal to get through. It may be more practical to hire one than buy for limited usage.



# Getting Help

## Distress signals, flares and emergency beacons

If you are in an emergency on the water and need help, you can use [distress signals](#), [flares](#), Personal Locator Beacons and [Emergency Position Indicating Radio Beacons](#) to show you are in distress.

### Distress signals

Distress signals are used to show that you need help and require immediate assistance. The signals are internationally recognised and must only be used if you are in distress.

Use your marine radio/signalling

- a. 'mayday, mayday, mayday' **in emergencies only**
- b. 'pan pan, pan pan, pan pan' for urgent messages that aren't emergencies
- c. SOS in Morse code (using marine radio or another signalling method).

If other boats or aircraft are in the area, let off an orange smoke flare (daylight) or a red hand-held flare (night).

# Getting Help

2. If other boats or aircraft are in the area, let off an orange smoke flare (daylight) or a red hand-held flare (night).



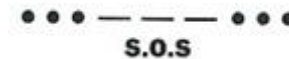
3. A v-sheet should be displayed to attract the attention of other boats or overpassing aircraft.



4. Slowly and repeatedly raise and lower your arms outstretched to each side.



5. Continuously use sound signalling equipment for SOS.



6. Display international code flags N over C.



7. An EPIRB or PLB should be used as a last resort. Keep it turned on until help arrives.



# Getting Help

## Flares

Use flares to get the attention of other boats or aircraft in the area if you need assistance. Flares must be carried on all Queensland-registered ships, visiting interstate ships, ships under a restricted use authority and personal watercraft (PWC) that operate beyond smooth water limits, except for tenders that don't need registration.

Two orange smoke and 2 red hand flares are needed as part of the [safety equipment](#) for these boats.

Your flares must be in date. Flares have a life span of 3 years and must be replaced before they expire. The expiry date is printed on the flare.

Always read the instructions and make sure you understand the manufacturer's directions before storing your flares on board your boat.

# Getting Help

## Flares

Flares should be stored in a dry place where they will be easily accessible in an emergency.

The red and orange flares allow a distress signal to be seen during the day and at night-time. Effective ranges of these flares in conditions of good visibility are:

Flare type	At night	During the day
Red hand flare	5 to 10 nautical miles	Are red in colour and can be used during the day
Orange smoke flare	Not suitable	Very limited visibility up to 1.4 nautical miles (nm) but better from the air

# Getting Help

## Flares



There are severe penalties for misuse of flares including—the cost of labour, risk incurred or loss sustained as a result of misusing flares.

Make sure you [dispose of expired flares correctly](#).

# Getting Help

## Emergency beacons—EPIRBs and PLBs



An Emergency Position Indicating Radio Beacon (EPIRB) is a small electronic device that, when activated in an emergency, can help search and rescue authorities pinpoint your position.

Once activated, EPIRBs continuously send out a signal for at least 48 hours. Search and rescue authorities respond to all EPIRB activations—you must only activate the EPIRB in an emergency and you must tell them immediately if you no longer need help.

All boats operating beyond smooth and partially smooth waters or more than 2nm from land in open waters must carry a 406MHz digital EPIRB.

# Getting Help

## Emergency beacons—EPIRBs and PLBs



Operators of lightweight craft have a choice if they want to carry an EPIRB or a Personal Locator Beacon (PLB). If you choose to carry a PLB in place of an EPIRB, it must:

- be GPS enabled
- float
- be worn by the operator
- comply with AS/NZS 4280.2:2017
- be registered with the [Australian Maritime Safety Authority \(AMSA\)](#)—registration is free and must be renewed every 2 years
- Be in service

Lightweight craft means off the beach type craft, human powered canoe and kayak, small sailing vessels (less than 6m in length) and personal watercraft.



# Getting Help

## Emergency beacons—EPIRBs and PLBs



EPIRBs must:

- comply with AS/NZS 4280.1:2017
- be [registered with AMSA](#). Registration is free and must be renewed every 2 years. You will also need to tell AMSA when the beacon ownership or boat details change.

Do not dispose of old EPIRBs and PLBs in general waste as it will end up in landfill and could be accidentally activated. Contact your local battery store to check whether they disconnect and dispose of beacons. A small fee may apply.

# Getting Help

## Flares & Beacons

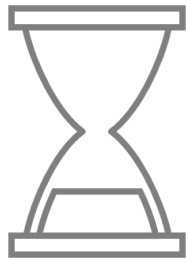


### Quick safety tips

- Keep flares and beacons in good condition and accessible at all times on your boat. You should clearly sign where safety equipment is kept on your boat.
- Make sure you know how to use flares and beacons before you go out on your boat so you're ready in an emergency.
- Check the expiry dates on safety equipment regularly and replace them before they expire.
- Wear your PLB on your person.

# Whilst waiting for help

- Do not over exert your self unnecessarily, only do things that will benefit your survival. You could become the next victim.
- Find adequate shelter. Remember to take weather conditions, equipment, clothing and visibility of the shelter for searchers and the casualty's condition into consideration.
- After people have left to alert emergency services, build or prepare a signal fire putting green leaves on top to produce smoke.
- Be careful not to start a fire that may endanger not only you but others.



# Control resources

- Ration food and water; remember that these provisions will have to last until help arrives.



# Food and water

What is most important ?

**WATER**

But not if you cant make it safe, Dehydration will occurs faster if you have the runs



# TIME FRAME FOR SURVIVAL

Estimates

No Water	1 Litre	2 Litres	4 litres	10 Litres
2-5½ days	6 Days	6½ days	7½ days	11½ days

- Fluid is lost from the body by perspiring, breathing, urinating, vomiting, crying and talking.
- You should always drink to replace fluids lost from your body, however if you are unable to locate or procure water and are limited to the water in your survival kit
- It should be consumed in small sips to replace some of the fluid lost to your system.
- This one litre of water will increase your time frame for survival by up to half a day.

# Shelter

If you are forced to remain in the wild for any length of time, it is essential that you provide yourself and the casualty with shelter to protect the casualty's condition from deteriorating and of course your own survival.

Look around to see if shelter is obvious such as a cave, overhanging rocks, trees fallen to provide shelter. A hut can be made from a collection of rocks or earth or mud or leaves or branches and what ever else you can find that can be made into shelter



# Care of injured

If stranded in a remote area it might take time for help to arrive, or help to be contacted. In some cases, it may be some time before anyone knows that you are missing.

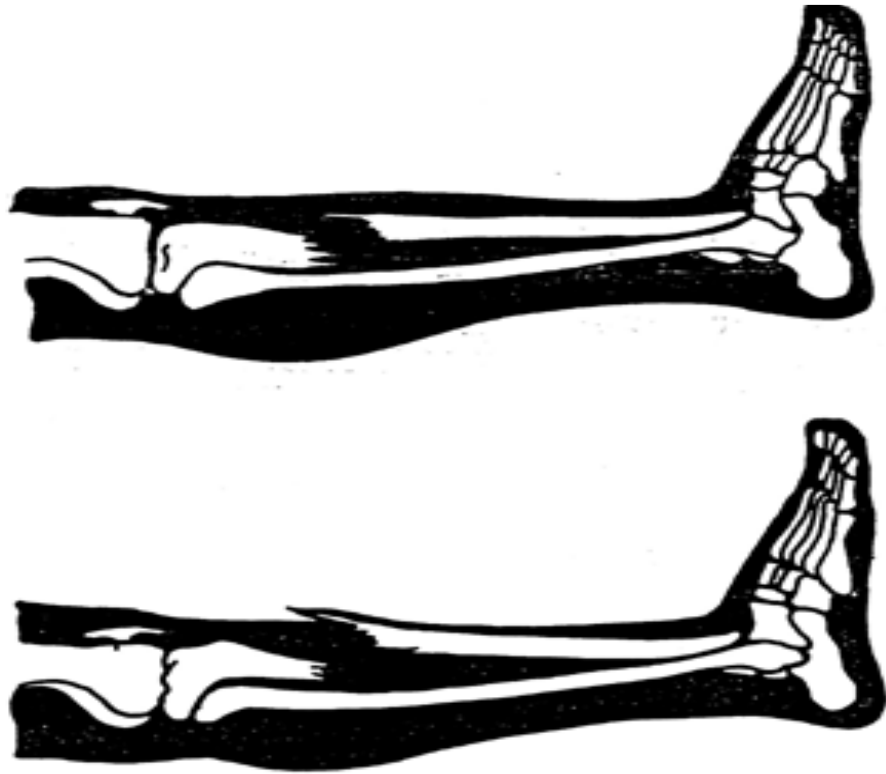
In cases like these there are long term care procedures for casualties' and members of the party who are stranded in a remote area.



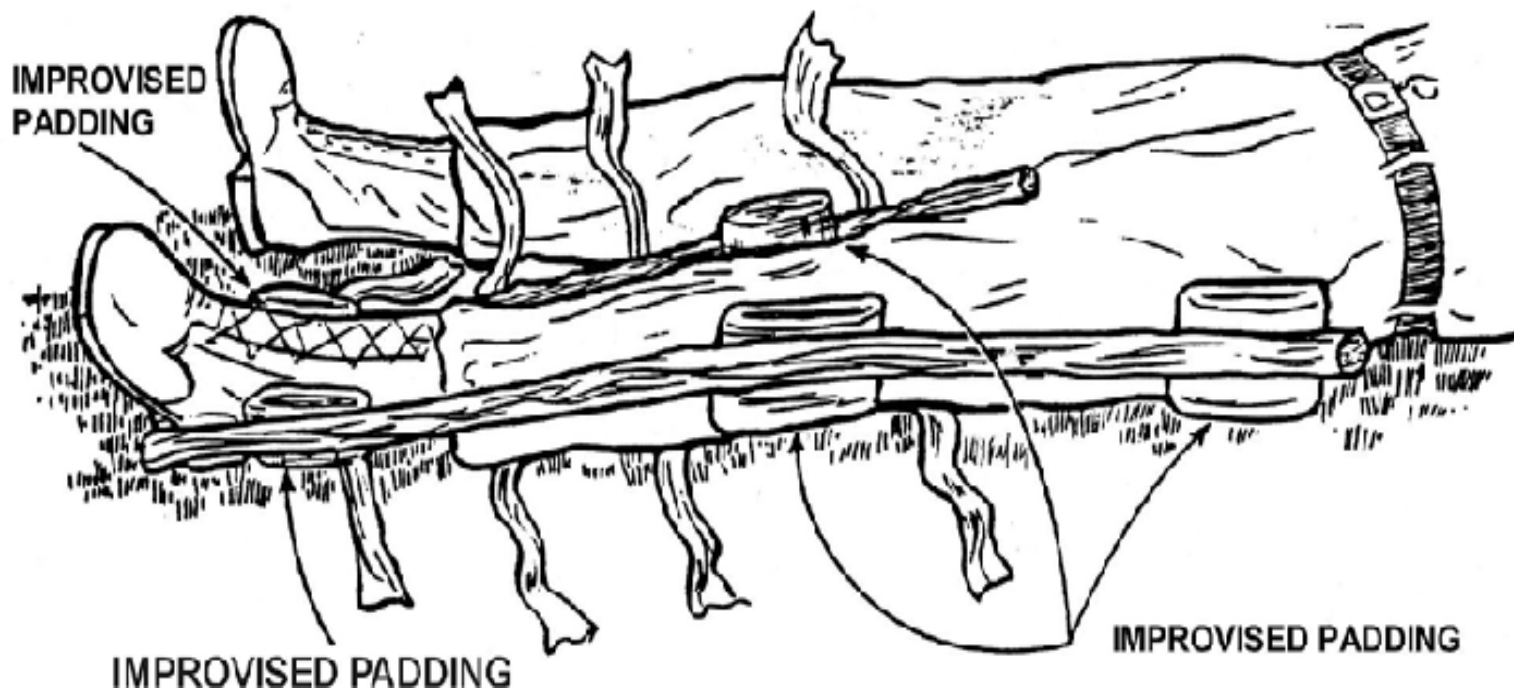


# Treatment of injured

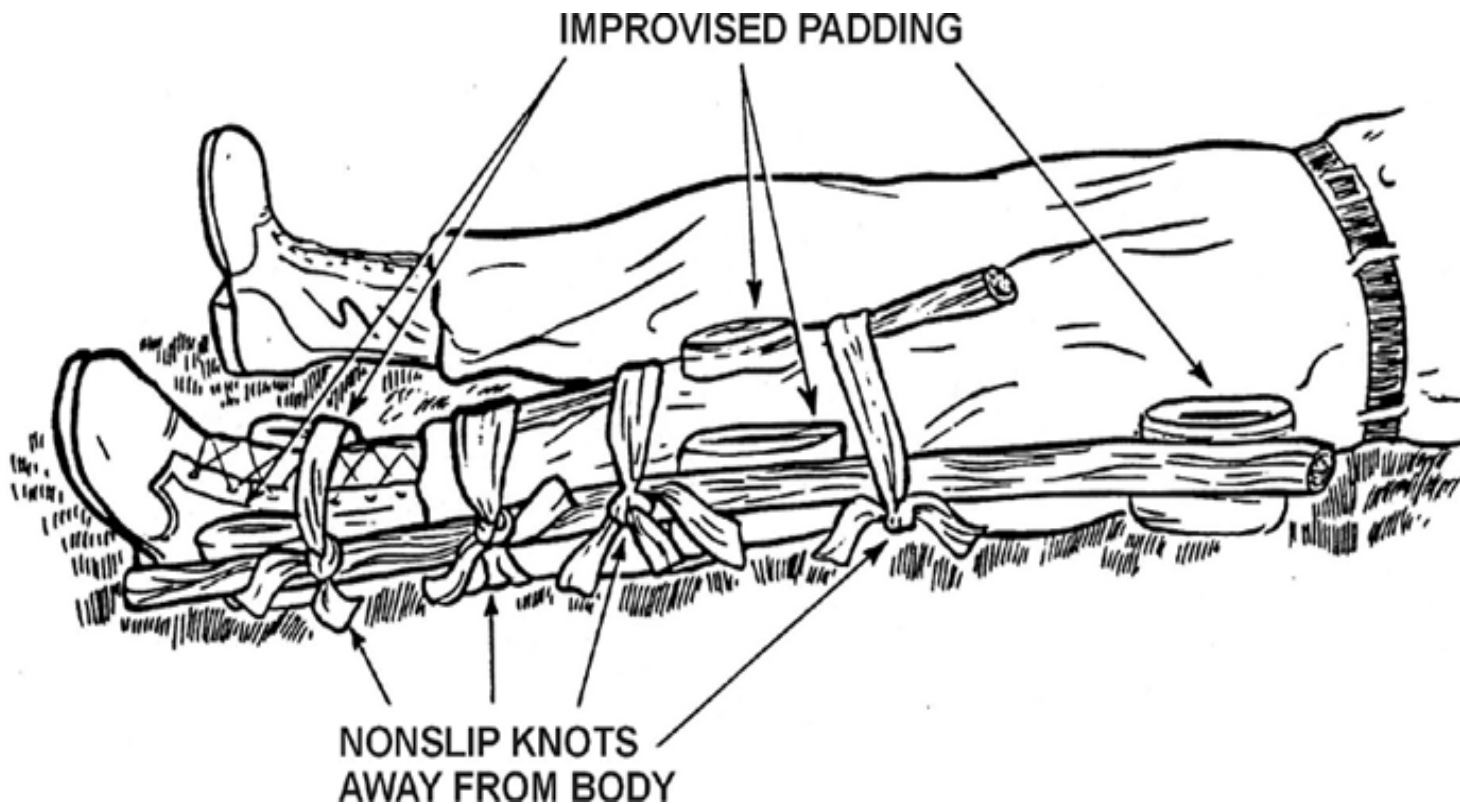
- Apply Standard First Aid Procedures
- FRACTURES- open and closed
- Check for circulation



# Splints



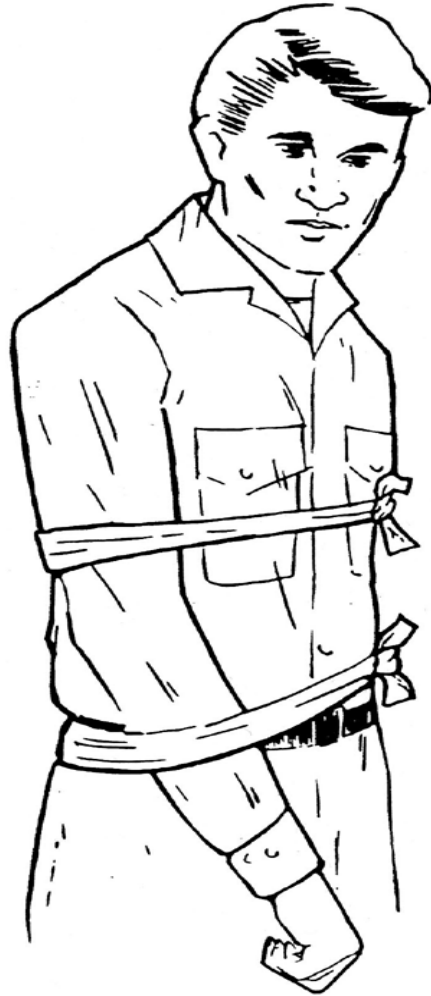
# Make sure knots wont slip



# Immobilise elbow or arm



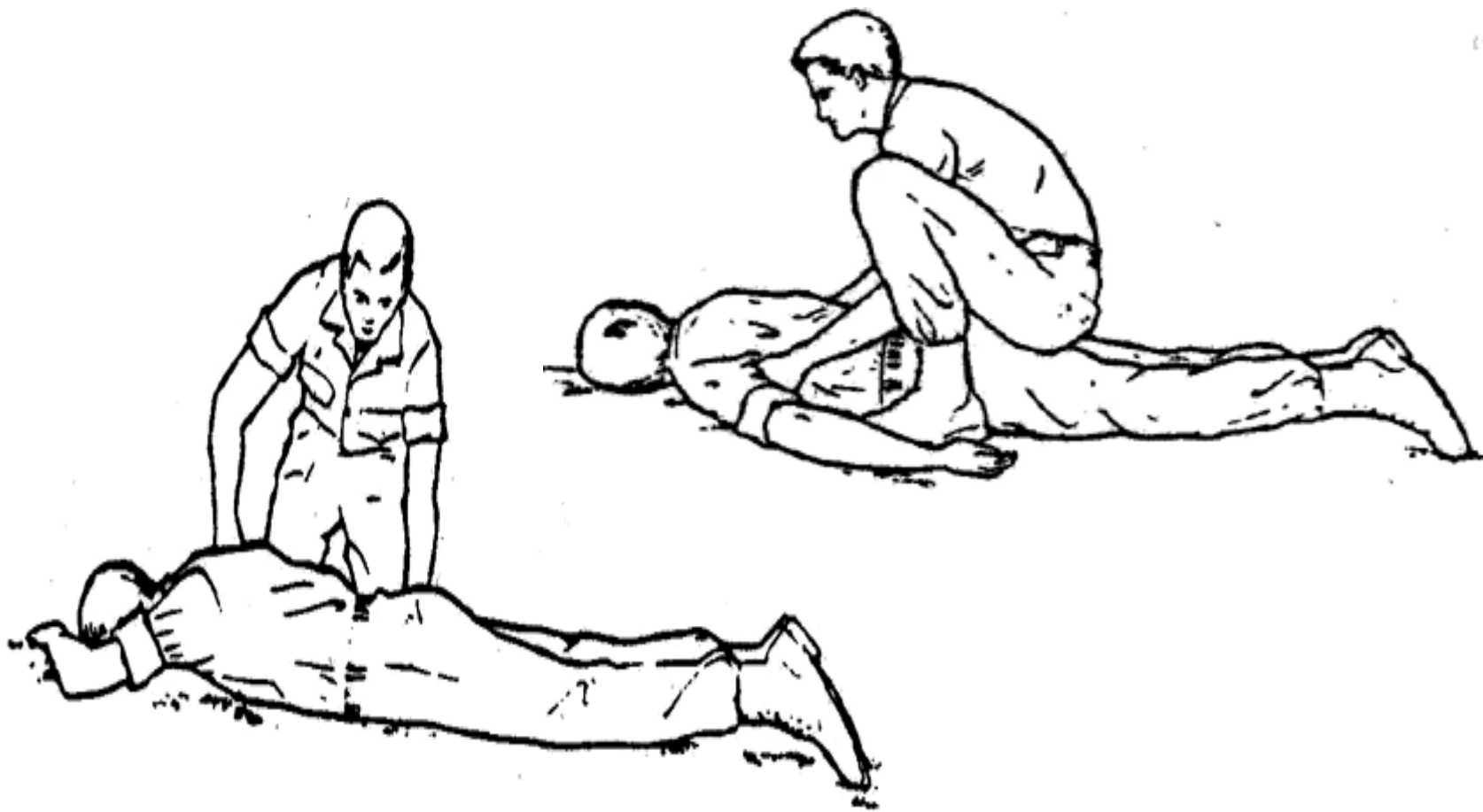
# Immobilise extremity



# Assistance



# Fireman's carry

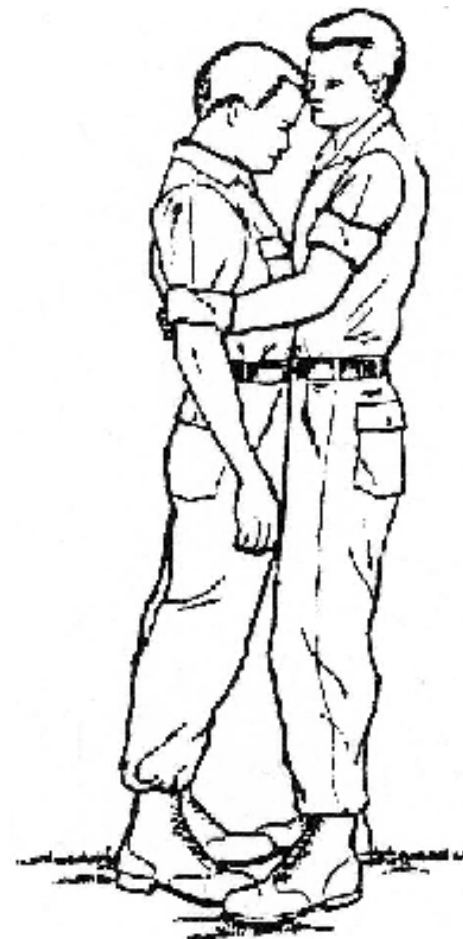


# Fireman's carry





# Fireman's carry



# Fireman's carry



# Fireman's carry



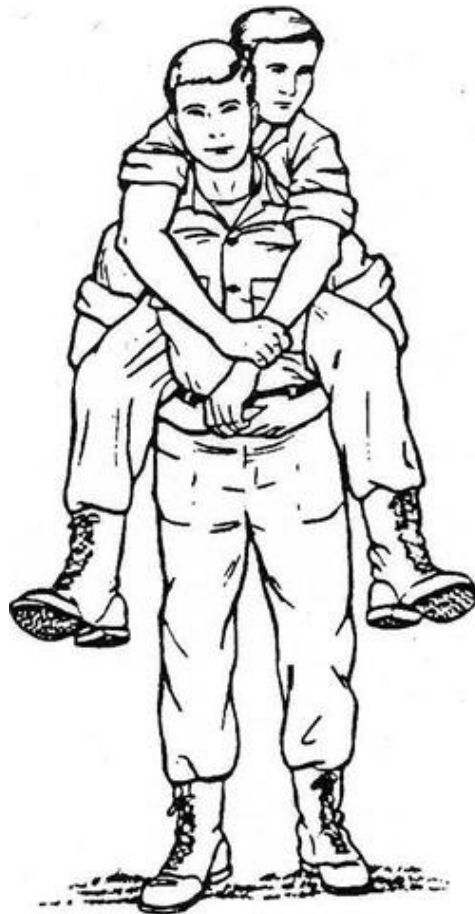
# Arms carry



# Pack strap carry



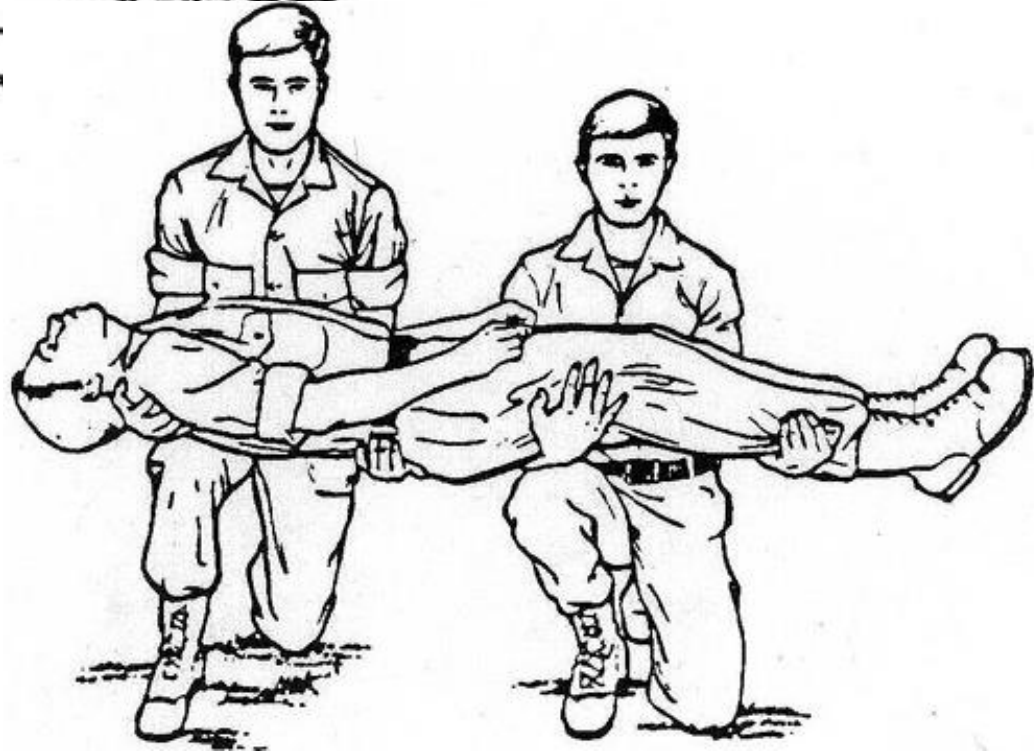
# Saddle back carry



# 2 person support carry

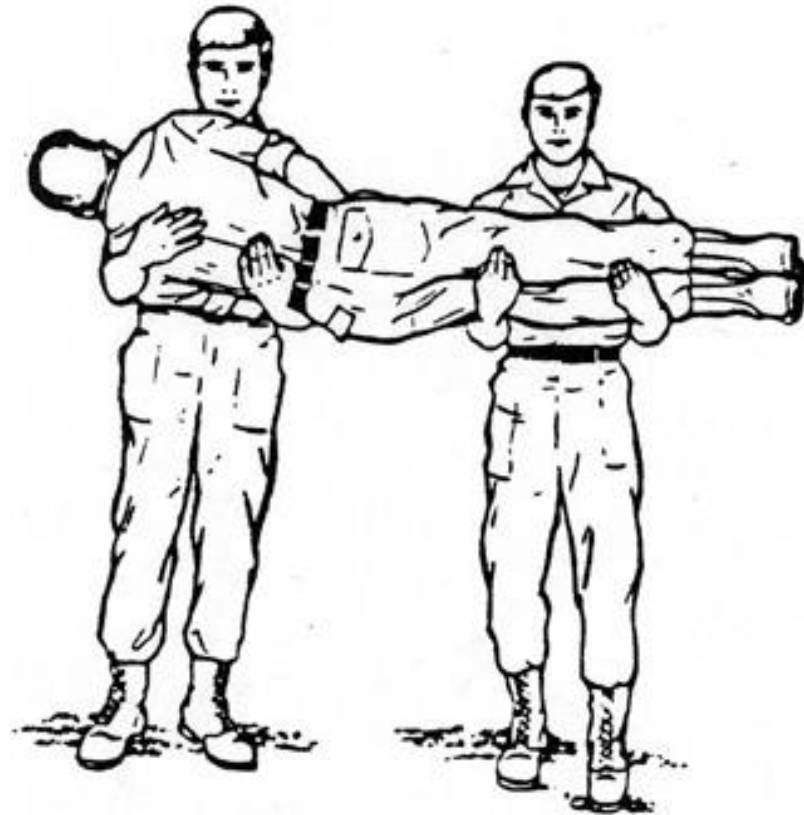
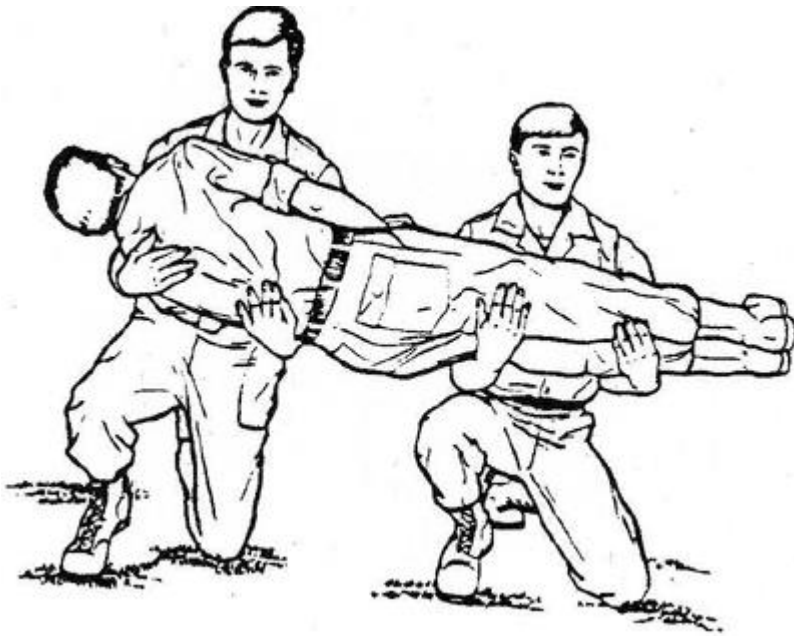


# 2 person arms carry

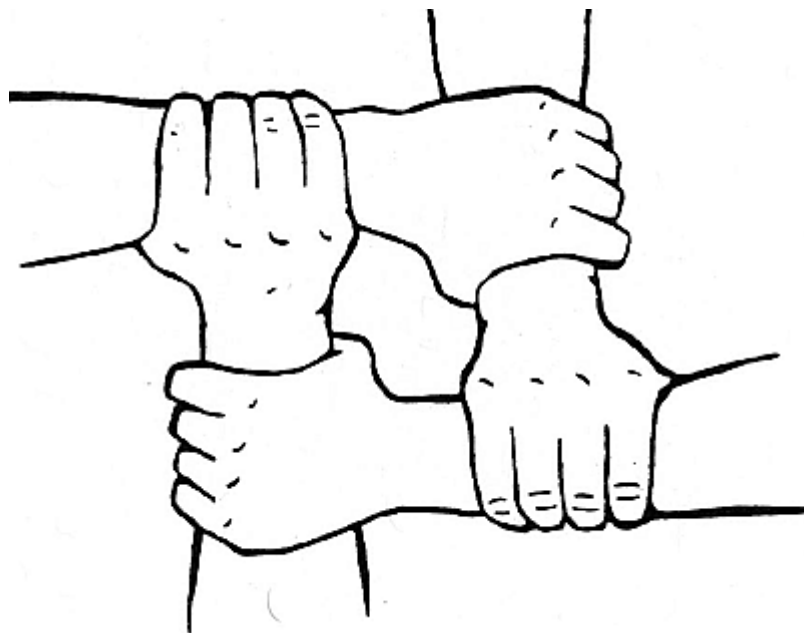




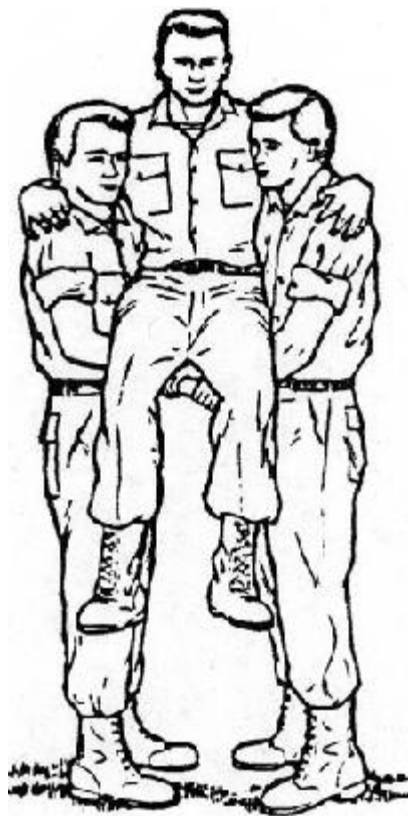
# 2 man arms carry



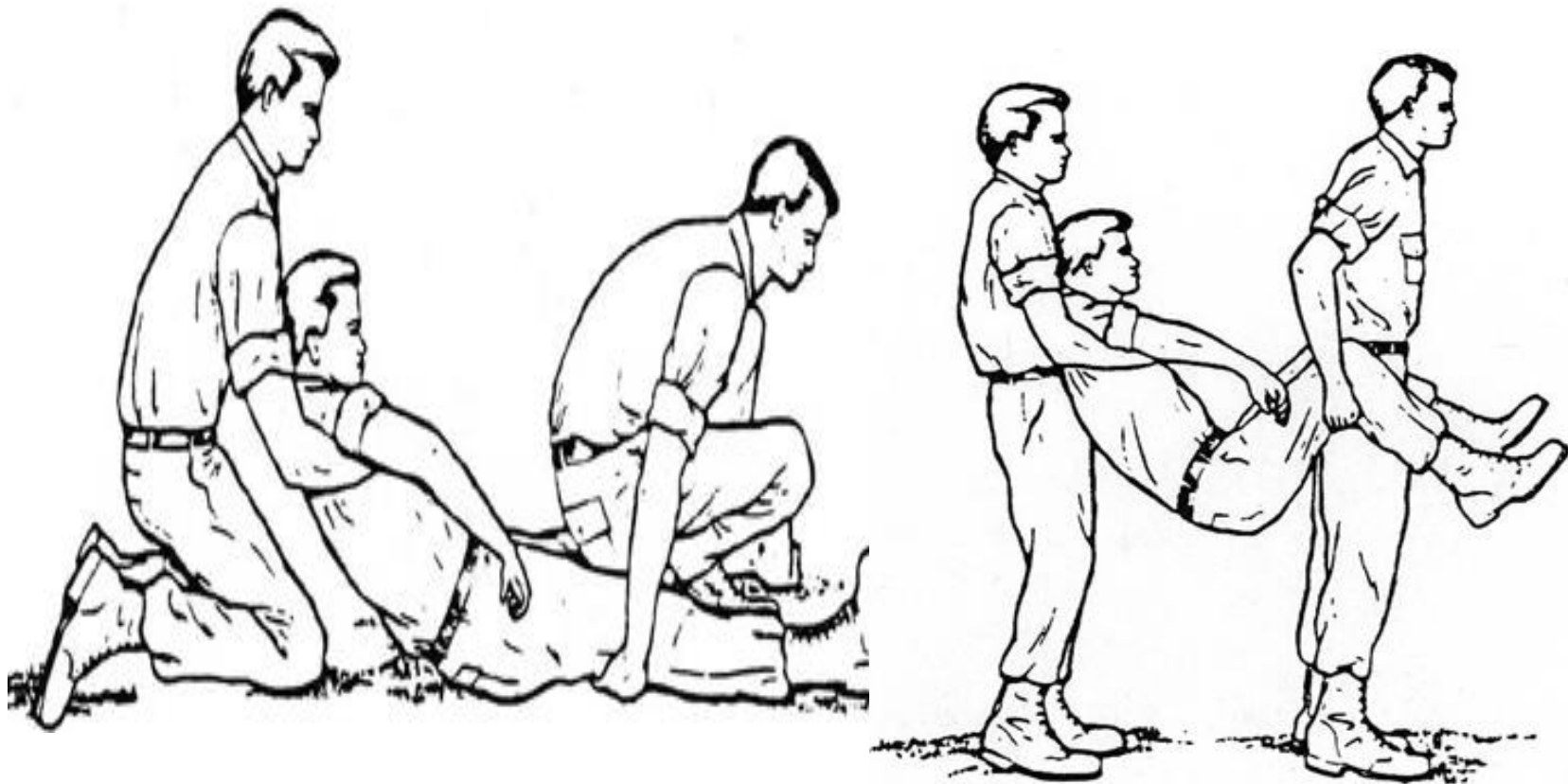
# 4 hand seat



# 4 hand seat carry



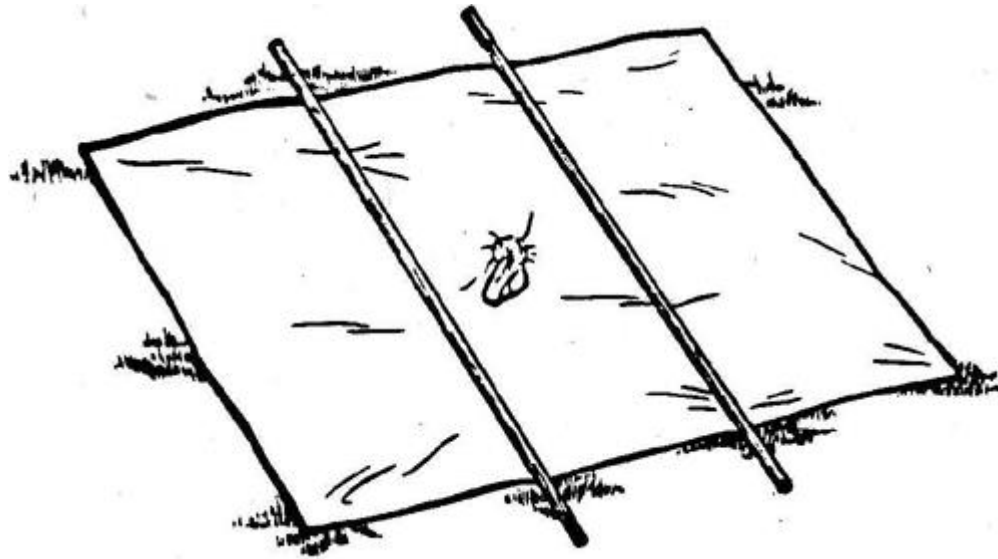
# Fore and aft carry



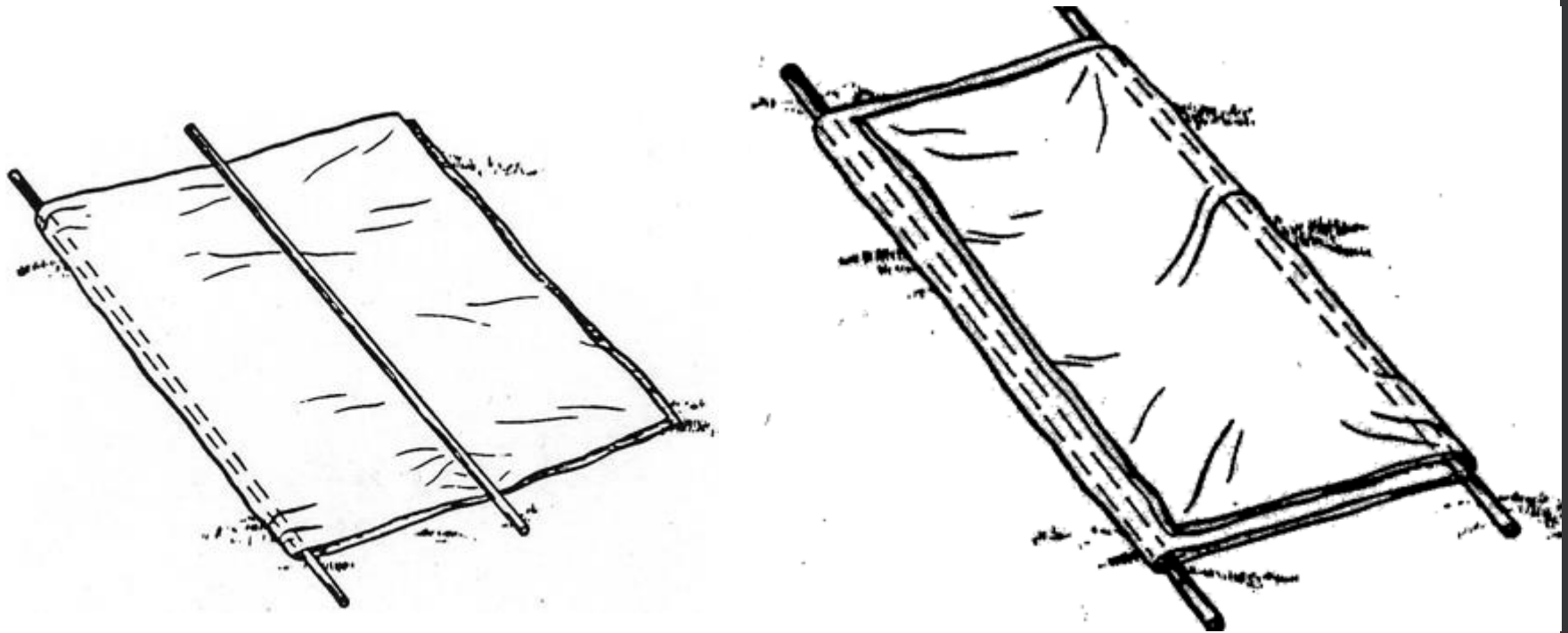
# Fore and aft carry



# Improved Litter With Poncho and Poles



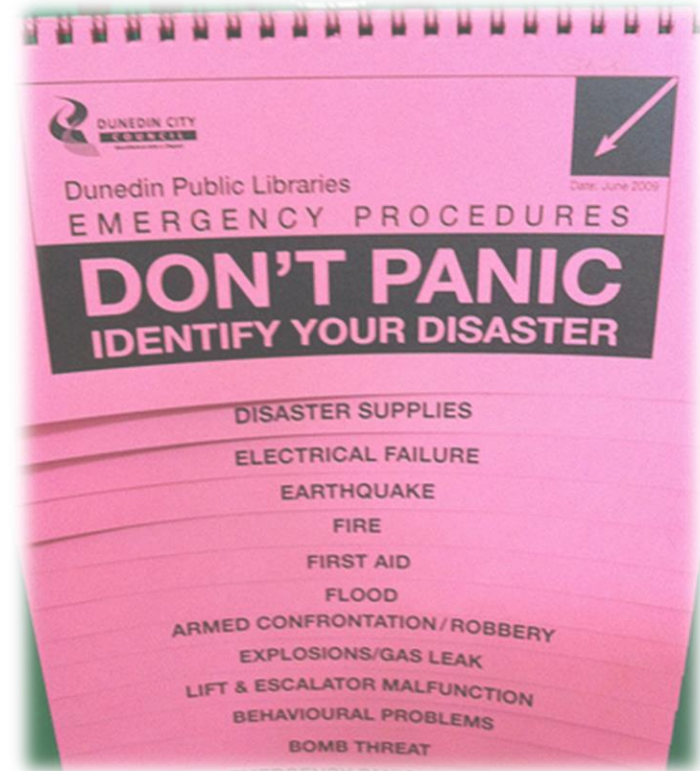
# Improvised Litter With Poncho and Poles



**Free edges of poncho are folded over the second pole.**

# The First Rule Of Survival

- The first rule of survival is ‘Don’t Panic’.
- The Survival Mnemonic
- The word ‘survival’ is an aid to what you should do. You must memorize what each letter signifies and remember that some day you may have to make it work for you.
- It is a good tool for helping you focus and avoid immediate panic.





# Survival Situation Appreciations

The six elements to a survival situation appreciation are –

- 1- Review the situation
- 2- Determine your aim
- 3- List the factors affecting your survival
- 4- Identify all courses open to you
- 5- Select the best course of action
- 6- Make a plan



# Initial Critical Reactions In Unexpected Survival Situations

# STOP

- **S Calm down, keep your emotions in check**, recognise that you are in a survival situation, **adopt a positive attitude** and remember that your life and the lives of others who are relying on you to do your share are at stake.
- **T Take stock of your situation**: Stay physically as relaxed as possible and ask yourself; **how much water** do you have and how will you procure more, **what shelter** from the elements is needed, will you need a fire, **how much food** do you have and what is available?
- **O Organise your thinking**: Get your thoughts on track and **take constructive action** by employing the survival mnemonic, recognise any survival stressors that are present and overcome any attitude assumptions [She'll be right. It will never happen to me. If anything does happen, my instinct, faith and/or inner strength will get me through, etc.].
- **P Plan for your survival**: Make an honest appraisal of the situation, use common sense and **remember that your** physical strength and emotional resources are **strongest in the first three days of survival**.

# Evacuation



# Distress Communication

- Ground to air visual code for use by survivors
- The ground to air code that should be used by survivors is as follows; if in doubt use
- international symbol - 'SOS'
- V - Require assistance
- X - Require medical assistance
- ↑ - Proceeding in this direction
- Y - Yes or affirmative
- N - No or negative

# Response communications

- Ground to Air Code
- This is a universal code used to communicate with rescue aircraft.
- The figures should be approximately eight to nine metres in length and contrasting material such as rocks; logs or brush should be used.
- Trenches in sand can also be used to throw a shadow.

# Response communications

- Actions by Aircraft
- If your signals have been seen and understood the aircraft will rock from side
- To side in daylight hours and flash landing or navigation lights twice at night
- Lack of the above signals indicates that the message has not been understood

# Approach for Helicopters

- Try to find or make clear a clear landing area
- A landing area of 20m diameter will assist to give landing clearance
- Selection of a site does not guarantee they will land
- If the pilot feels safe he will land otherwise abort