EMERGENCY? POLICE / FIRE / AMBULANCE

000

CPR KiDS

CPR: BASIC LIFE SUPPORT

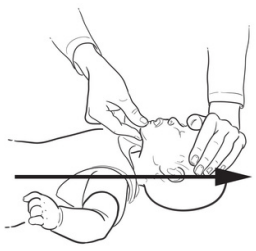
D Danger
Check for danger. Make sure you and your child are safe

R Response
Check for response - are they unconscious (not responding)?

S Send for help
Call 000 Ambulance and send someone for an AED (defibrillator) if available.

A Airway
Clear mouth if needed, then open airway
Baby: neutral position, lift the chin.
Child: tilt the head back, lift the chin.

BABY (under 1)



CHILD



B Breathing
Check for breathing. Look, listen and feel for up to 10 secs.

Unconscious with abnormal breathing? Start CPR

C Start CPR: 30 compressions: 2 breaths

- Place your hands* on the lower half of the breastbone (centre of the chest).
  *Baby: use 2 thumbs. Child: use 1 or 2 hands.
- Push hard: ⅓ of the chest depth, at a rate of 100–120 compressions per minute.
- Repeat 30 compressions, then 2 breaths.

D Defibrillator (AED)
Attach as soon as one is available and follow its prompts.

Keep going 30:2 until they respond, start breathing normally or help takes over

Unconscious and breathing normally? Roll onto their side (recovery position) and keep monitoring breathing until help arrives.

Flip over for allergy and anaphylaxis first aid

CHOKING

Effective cough

- Encourage coughing and stay with them.
- Call 000 if they get worse.

Conscious + ineffective cough or silent

- **Call 000.**
- Give up to 5 back blows (between the shoulder blades). If obstruction has not cleared, give up to 5 chest thrusts (centre of the chest). Keep alternating until the obstruction clears.

Unconscious

- DRSABCD

ANZCOR Guideline 4

HEAD INJURY

- **Any loss of consciousness, even brief: call 000.**
- Unconscious and breathing normally: recovery position. Support the head and neck.
- Not breathing normally: DRSABCD.

Seek urgent medical help after a fall from a height or a high-speed injury, or for any of these:

H Headache getting worse, seizure
E Eye problems (blurred or double vision)
A Abnormal behaviour change
D Dizziness, vomiting that won't stop
B Balance problems, weak or numb arms or legs
U Unsteady on feet, slurred speech
M Memory problems, confused
P Poor concentration, drowsy
S Something's not right

ANZCOR Guideline 9.1.4; Sydney Children's Hospitals Network

BITES AND STINGS

Snake, funnel-web, blue-ringed octopus, cone snail

- **Call 000. Keep them still and calm.**
- Firm pressure bandage from fingers or toes up the whole limb, then immobilise the limb.
- Don't wash, suck or cut the bite.

Redback and other spiders

- Cold pack on the bite (up to 20 minutes). Seek medical help.

Ticks: freeze it, don't squeeze it

- Kill the tick where it is. Adult tick: freeze it with an ether-containing spray. Tiny ticks (larvae, nymphs): apply permethrin cream. Both from pharmacies.
- When dead, let it drop off. Don't pull it out or use household tweezers.
- Tick allergy or signs of anaphylaxis: follow their ASCIA action plan and call 000.

ANZCOR Guidelines 9.4.1, 9.4.2; Australian Venom Research Unit; TIARA

BURNS

- Remove clothing, nappy and jewellery, unless stuck to the skin.
- **Cool running water on the burn for 20 minutes.**
- Cool water still helps up to 3 hours later.
- Keep your child warm: cool the burn, not the child.
- Cover loosely with cling wrap or a non-stick dressing.
- No ice, creams or ointments.
- Seek medical help if the burn is bigger than a 20 cent coin, blisters, or is on the face, hands, feet or genitals.
- Severe, electrical or chemical burns: call 000.

ANZCOR Guideline 9.1.3, Sydney Children's Hospitals Network

BLEEDING

- **Press firmly, directly over the wound with a clean pad, for at least 10 minutes.** Don't lift it to check.
- Don't remove anything stuck in the wound.
- Severe bleeding: call 000.

Nosebleed

- Sit up and lean forward.
- Pinch the soft part of the nose for 10 minutes.
- Still bleeding after 20 minutes: seek medical help.

ANZCOR Guideline 9.1.1

SEIZURE

- Stay with them. Protect from injury, especially the head.
- Time the seizure.
- Roll onto their side. Watch their breathing.
- Don't put anything in their mouth, hold them down, or move them unless in danger.

Call 000 if:

- **It is their first seizure**
- It lasts longer than 5 minutes, or another one quickly follows.
- They have trouble breathing, or food, vomit or fluid in their mouth.
- They are injured, or it happens in water.
- They don't respond for over 5 minutes after it stops.
- You are unsure what to do.

Paediatric Epilepsy Network NSW

POISONING

- **Call Poisons Information 13 11 26. Have the container with you.**
- Unconscious or trouble breathing: call 000.
- Don't make them vomit.
- On skin: remove clothing, rinse with cool running water.
- In the eye: rinse with cool running water for 15 minutes.

BUTTON BATTERY swallowed, or might have been?

- **Call 13 11 26 immediately, or 000 if unconscious or having breathing difficulties.**
- Give 2 teaspoons (10 mL) every 10 minutes until you reach medical care: **honey (or jam)** if over 12 months, **jam** if under 12 months.
- Nothing else by mouth. Give nothing if breathing is difficult or they are bleeding.

ANZCOR Guideline 9.5.1

LIMB INJURY (possible broken bone)

- Keep them still. Support the limb with a cushion etc.
- Don't straighten it or push a bone back in.
- Control any bleeding and cover the wound.
- Pain relief such as a cold pack, paracetamol or ibuprofen, dose for their age and weight.

Call 000 if:

- The limb looks bent, or bone is showing.
- Fingers or toes are pale, blue or cold.
- Bleeding won't stop.

*Toddlers may just cry and refuse to use the arm or leg, with no obvious swelling.

RCH Melbourne; Healthdirect

13 11 26 Poisons Information Centre, 24/7
1800 882 436 Pregnancy Birth and Baby maternal & child health nurse line

My address:

106 TTY Deaf or speech impaired? NRS chat: type Triple Zero (000)
132 500 SES (State Emergency Service)
131 444 Police Assistance Line (non-urgent)

GP:

NOT SURE WHAT TO DO?
1800MEDICARE
Talk to a registered nurse, free, 24/7.
Call 1800 633 422 or scan.

IS MY CHILD SERIOUSLY UNWELL?
Signs of serious illness checklist
Scan for the Sydney Children's Hospitals Network checklist.

This poster is a guide only. It does not replace first aid training or advice from a doctor or other health professional, and any reliance on it is at your own risk. We recommend a CPR refresher every year.Content checked November 2026. © CPR Kids

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

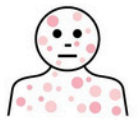
FIRST AID PLAN FOR Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine). If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS


Swelling of lips, face, eyes


Hives or welts


Tingling mouth


Abdominal pain, vomiting
(these are signs of anaphylaxis for insect allergy)

ACTIONS

- Stay with person, call for help
- Locate adrenaline device
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS


Difficult or noisy breathing


Swelling of tongue


Swelling or tightness in throat


Wheeze or persistent cough


Difficulty talking or hoarse voice


Persistent dizziness or collapse


Pale and floppy
(young children)


Abdominal pain, vomiting
(these are signs of anaphylaxis for insect allergy)

ACTIONS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE DEVICE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation


5:00 minutes



IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms.**

See page 2 for adrenaline device instructions or scan this code

Scan for translations of this plan

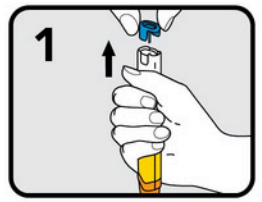
If device is accidentally injected or activated, use another adrenaline device if available.
If adrenaline is accidentally injected, contact the local poisons information centre.

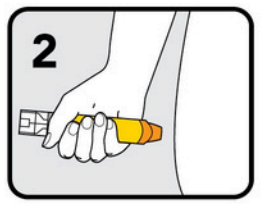
© ASCIA 2026 This document has been developed for use as a poster, or to be stored with general use adrenaline devices.

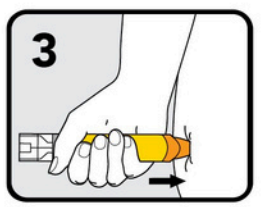
ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

How to use adrenaline (epinephrine) devices

EpiPen®

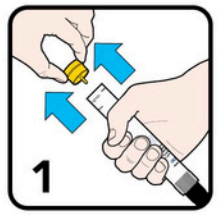

Form fist around Epipen® and pull off blue safety release


Hold leg still and place orange end against outer mid-thigh (with or without clothing)


Push down hard until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen®

EpiPen® Jr (150 mcg) is prescribed for children 7.5 - 20kg
EpiPen® (300 mcg) is prescribed for children over 20kg and adults

Jext®

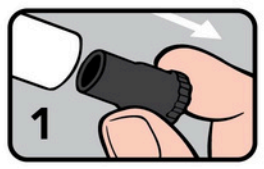

Form fist around Jext® and pull off yellow cap

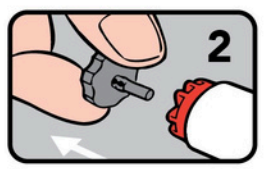

Place black injector tip against outer mid-thigh (with or without clothing)

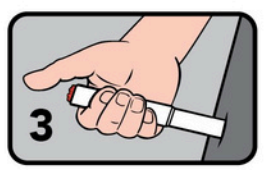

Push black tip firmly until a click is heard and hold in place for 3 seconds. Remove Jext®

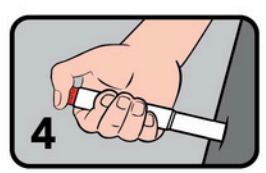
Jext® Jr (150 mcg) is prescribed for children 7.5 - 20kg
Jext® (300 mcg) is prescribed for children over 20kg and adults

Anapen®


Pull off black needle shield


Pull off grey safety cap from red button

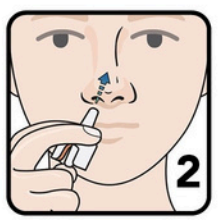

Place needle end firmly against outer mid-thigh at 90° angle (with or without clothing)

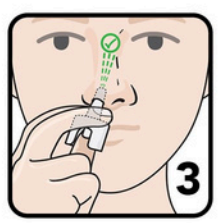

Press red button so it clicks and hold for 3 seconds. Remove Anapen®

Anapen® 500 is prescribed for children over 50kg and adults

neffy®


Hold as shown.
Do not test spray


Place nozzle into nostril until fingers touch nose.


Press plunger firmly

***neffy*® 1mg is prescribed for children 15 - 30kg (4 years and over)**
***neffy*® 2mg is prescribed for children and adults 30kg and over**

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis

Each device is for single-use only.
Give the used device to the ambulance with the time it was given.

Scan this QR code for instructions on the ASCIA website.

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