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THINK SAFE, ACT SAFE AND BE SAFE
In this chapter you will learn about factors that contribute to your safety and that of others in various settings, including your home, school, social situations and natural environments.

By the end of this chapter, you should be able to:

- identify safe and unsafe situations and environments
- use strategies to seek help for yourself and others
- practice strategies for celebrating safely
- plan for safe participation in physical activity in constructed and natural environments
- suggest strategies you could use in emergencies
- demonstrate basic first aid principles and techniques
- identify strategies enabling safe use of ICT, online services and cyber safety
- discuss and adopt some of the principles associated with relationships and dating
- think, act and be safe.

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The types of relationships that you have now may change several times as you progress through secondary school. Relationships that are unhealthy can hurt emotionally and, sometimes, physically. People who are in respectful relationships, on the other hand, promote a sense of safety and caring. People in respectful relationships show respect for other people’s needs:

- sense of feeling good about themselves
- cultural and religious beliefs
- right to be safe and to express their opinions and thoughts
- need to feel secure
- desire to be accepted for who they are
- right to be heard
- need to be trusted.
Safe relationships exist when young people not only expect to be treated in certain ways, but also carry out their responsibilities regarding the needs of others:

- be respectful
- listen to what people are saying, not just hear what they are saying
- provide support
- accept different points of view
- exercise empathy
- protect others from harm
- be considerate of other people’s feelings.

Young people have the right to express themselves and their opinions, but they should also be prepared to put themselves in the place of others when listening to what they have to say. In positive relationships, both people have an equal say in decision making and should feel free to be who they are and say what they think without fear, anxiety or risk of punishment. In this type of relationship there is a balance of power, with both people equally respecting each other’s feelings, their right to be heard and their right to feel safe.

**Power**

Power exists in relationships when someone tries to control a situation in order to bring about change. Power can be used positively when the outcome is also positive. Examples include helping a friend complete a task in which you are more skilled; helping grandparents complete tasks around their home because you find them easy and they tend to struggle; speaking up when someone is being bullied because you have the confidence to do so; and helping a mate when they have received bad news in relation to a team selection. In all of these examples, the outcome is positive in terms of physical, mental and social health.

In some relationships the balance of power is skewed in favour of one person and this can be harmful because it leads to situations where the possibility of abuse is increased. The three types of abuse resulting from abuse of power in relationships are emotional abuse, physical abuse and sexual abuse.
Emotional abuse

Emotional abuse includes put-downs, non-inclusion, racial or religious vilification. It happens when a person attempts to exert control over another person. If your friend or partner displays any of the following behaviours, then your relationship would be considered to be emotionally abusive:

- being possessive
- telling you who you can and can’t see
- being jealous
- telling you what you can and can’t wear.

Physical abuse

This includes behaviours such as punching, kicking, and hitting and occurs when someone uses their power to be physically violent towards another, less powerful, person. Typical examples of physical abuse:

- kicking, hitting, striking, etc.
- smashing personal belongings
- threatening to physically hurt someone.

In Australia, physical abuse is a criminal offence and carries serious consequences and penalties.

Sexual abuse

Sexual abuse includes unwanted sex, unwanted touching, suggestive behaviours or comments; it occurs when a person uses their power over another person for sexual reasons. Common sexual abuse involves the following actions:

- forcing others to have sex
- exposure
- suggestive behaviours or comments.

Sexual abuse involving young people always includes elements of emotional abuse and can have damaging effects that last well into the future. It is important to remember that young people who are sexually abused are not responsible for the situations they find themselves in and should not feel guilty or at fault.

All types of abuse involving young people need to be stopped by the intervention of a trusted person. Abusive relationships are not safe relationships because of the negative effects:

- distress
- anxiety
- lack of trust in others
- fear
- withdrawal
- stress
- lack of confidence
- bullying and harassment.
TABLE 6.1 Children who have been harmed in Australia in 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA*</th>
<th>TAS*</th>
<th>ACT*</th>
<th>NT</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>7264</td>
<td>4936</td>
<td>2702</td>
<td>850</td>
<td>584</td>
<td>491</td>
<td>319</td>
<td>483</td>
<td>17,629</td>
</tr>
<tr>
<td>Neglect</td>
<td>7792</td>
<td>591</td>
<td>3254</td>
<td>803</td>
<td>952</td>
<td>334</td>
<td>359</td>
<td>899</td>
<td>14,984</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>4475</td>
<td>2636</td>
<td>1375</td>
<td>508</td>
<td>409</td>
<td>151</td>
<td>103</td>
<td>270</td>
<td>9,927</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>3644</td>
<td>912</td>
<td>350</td>
<td>598</td>
<td>189</td>
<td>43</td>
<td>39</td>
<td>53</td>
<td>5,828</td>
</tr>
<tr>
<td>Total</td>
<td>23,175</td>
<td>9,075</td>
<td>7,681</td>
<td>2,759</td>
<td>2,139</td>
<td>1,025</td>
<td>861</td>
<td>1,705</td>
<td>48,420</td>
</tr>
</tbody>
</table>

*In South Australia, Tasmania and the ACT, the abuse type was ‘not stated’ and could not be described as physical, sexual, emotional or neglect. Therefore, the totals do not equal the sum of categories.

Source: Child protection Australia 2011–12, AIHW, 2013 p. 59

Study the information presented in Table 6.1. Use the information to create a column graph to summarise the incidence of the four types of abuse experienced by young people.

Keep in mind that discussing some of these points may be upsetting for some of your classmates and they may need to step outside for a few minutes if they think that might help.

1. Discuss three different types of emotional abuse you are aware of. You do not need to name people; simply outline the incident by saying ‘I know someone who …’.
2. Why do some young people engage in sexual activities they really don’t feel comfortable with?
3. Discuss stereotypical behaviours from boys and girls in heterosexual relationships.

BULLYING AND HARASSMENT

Bullying occurs when a person, or group, uses their power over another person or group to threaten or force them to do something. This type of behaviour is unsafe and needs to be stopped before people are hurt. Harassment is a type of bullying that is nasty, degrading, frightening and harmful to the victim. It can affect people emotionally, socially and physically. Sexual harassment involves any sexual behaviour that is not invited and that is threatening, embarrassing and offensive.

WHAT’S GOING ON?

In pairs, discuss what you believe might be going on in this scene. Do you think there is a power imbalance? Does the image portray any unsafe behaviours? Discuss.
Some of the most common forms of bullying:

- **Physical** – being punched, kicked, scratched or threatened with physical violence
- **Psychological** – spreading rumours, giving dirty looks, sending nasty text messages or using social media to post or spread gossip
- **Social** – excluding people from group activities, ignoring people
- **Verbal** – being made to feel uncomfortable by racist, sexist or homophobic comments.

See also Chapter 5, pages 183–6.

**Bullying Scenarios**

In groups of three, consider each of the following scenarios and suggest what type of bullying is taking place. Discuss some strategies that would help the person being bullied, as well as making the bully aware that their behaviour is unacceptable.

- A Year 7 student thinks she is same-sex attracted and has messages like ‘lezzy’ and ‘dyke’ written on her locker.
- A Year 8 boy tries to play footy on the oval with his classmates at lunchtime, but they tell him to ‘nick off’.
- A Year 8 girl has a crush on a student in Year 10 and texts him a suggestive photo of herself.
- A Year 7 boy always finds himself handing over money at school to a student in Year 11 who threatens to punch him if he does not.
- A Year 8 girl looks older than she is and the Year 10 boys regularly make sexual comments about her around the schoolyard.
- A Year 8 boy receives abusive text messages from other students in his year level after he ends a relationship with a Year 8 girl.

**Online and Cyber Safety**

Think how many times you have used digital technologies today – not just at school, but from the time you woke up this morning. You may even be reading this chapter on a computer or tablet, by projection on a smartboard or through the school’s own internal learning management system. Can you imagine living without a mobile phone, computer or access to the internet? When was the last time you sent a text, downloaded music, had a chat with a friend or simply used a computer to create and share your ideas?

The Australian Communications and Media Authority (ACMA) is the organisation responsible for the regulation of broadcasting, the internet, radio communications and telecommunications in Australia. It conducts a survey each year on the way that Australian families with children use electronic media and communications in everyday life. Go to [http://fit78vic.nelsonnet.com.au](http://fit78vic.nelsonnet.com.au) to link to the ACMA website.
LIKE, POST, SHARE

The Australian Communications and Media Authority (ACMA) commissioned research into young Australians’ social media experiences. These are some of the main findings of the report published in 2013:

- In the four weeks prior to the survey, 95 per cent of the 8–11 year olds and 100 per cent of the 16–17 year olds surveyed had accessed the internet.
- Around a quarter of 14–17 year olds and 20 per cent of 8–13 year olds had seen something on the internet in the last year that bothered them.
- In the four weeks prior to the survey, 67 per cent of 12–13 year olds, 85 per cent of 14–15 year olds and 92 per cent of 16–17 year olds had used a social networking site on a computer.
- More than 60 per cent of 12–13 year olds had shared their computer or mobile device password with someone else, compared with 48 per cent of 16–17 year olds.
- Parental awareness of cyber bullying was generally high, with the exception of parents of 16–17 year olds.
- Almost 20 per cent of 16–17 year olds reported that they or a friend had received sexually suggestive nude or nearly nude photos or videos of someone else.
- The vast majority of parents (93 per cent) and 12–17 year olds (91 per cent) wanted some online safety information and/or education.
- Of 16–17 year olds surveyed, 92 per cent had gone on a social networking site on a computer, 71 per cent were on these sites daily and 41 per cent had accessed them more than once a day.
- More than 30 per cent of 8–12 year olds reported using Facebook, which is not intended for users under 13.
- The majority of 14–17 year old social network users reported posting personal information online, especially photos of themselves (68 per cent), followed by the name of their school (43 per cent) and their full name (34 per cent).
- Nearly 10 per cent of 12–13 year old internet users had met someone face-to-face they first met online, mainly someone their age who their friends already knew.

Sources: ‘Like, post, share: Young Australians’ experience of social media’, Australian Communications and Media Authority, 2013.

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SURVEY

Conduct a quick investigation in your own class on any, or all, of these online student practices. Try to convert your class results into percentages and then compare these to the 2013 ACMA report.

Use a tally sheet like this as a starting point for your investigation:

<table>
<thead>
<tr>
<th>Internet for homework</th>
<th>Internet for socialising/chatting</th>
<th>Mobile for text messages</th>
<th>Social networking: Facebook, etc.</th>
<th>Internet for gaming/games</th>
<th>Mobile for talking</th>
<th>Internet for media such as sports, movies, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Social media

Social media sites such as Facebook, where users can post information, share photos, tell everyone what’s happening in their lives and even share videos and/or play games, are very popular with Year 7 and 8 students. You probably have classmates who seem keen to obtain large numbers of ‘friends’, both people they know in ‘real life’ and people they don’t know, because they think this will make them seem popular. Online multiplayer games, like World of Warcraft or RuneScape, are another way that you can directly interact with a great many people, including people you don’t know and who you are unlikely to ever meet.

Some young people belong to several websites on which they post their profiles, mostly real, but sometimes as another person. Why do you think some young teens would want to pose as someone else? What are some of the potential dangers of this practice?

Social networking is a great way to stay in contact with friends and family. This can be very important for people who are socially or physically isolated, such as those with a physical disability or students living in rural or remote areas. But social networking needs to be used appropriately because it’s easy to forget who you are communicating with online, as well as who might be able to access or see the information you post. Sometimes, you might do and say things online that you would never consider actually doing in real life. If this difference between ‘real’ and ‘virtual’ worlds becomes blurred the following problems may occur:

- cyber bullying
- identity theft
- unwanted contact
- exposure to offensive or illegal content
- excessive or compulsive behaviour.

Think about how your online behaviour will affect not only you, but also others. How can your actions ensure that you are cyber safe today, tomorrow and well into the future?

Ten cyber smart ways to protect your privacy

- Limit your friend list to people you do know – don’t ‘friend’ random people.
- Sharing passwords is not a good idea, unless it’s with a trusted adult like your mum or dad.
- Double-check your privacy settings – make sure that the information you share is only seen by the people you want to see it.
- Protect your digital reputation – think before you post, chat, upload or download.
- Don’t use a webcam with strangers.
→ Check which location services are enabled on your mobile phone and switch off all of the unnecessary ones.

→ Be very careful about checking in from your mobile phone – this lets people know where you are, what you’re doing and where you have or haven’t been.

→ Check that you’re not also displaying your location details to those nearby who you might not know.

→ If you feel unsafe while you’re at a particular location, contact the police, and if you have problems while using a service, report it to the service provider.

→ Apply the same rules to the stuff you post about your friends – make sure you check with them before you tag them in photos or check them into a location.

Source: www.cybersmart.gov.au

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**Cyber bullying**

Cyber bullying is use of the internet, email or mobile phone to harass, embarrass or threaten another person. Research shows that cyber bullying is more likely to happen to children who are also bullied offline.

Examples of cyber bullying include the following:

→ posting unkind comments or images on social media

→ sending abusive texts and emails

→ imitating and teasing others online

→ excluding others or spreading rumours online.

Cyber bullying and face-to-face bullying are very similar, but there are some differences:

→ the cyber bully may feel protected by a sense of **anonymity**, so they may behave in ways they wouldn’t offline

→ the cyber bully cannot see the immediate effect on the victim, and therefore they may not realise the effect the bullying is having

→ other people (such as teachers or parents) may not see the cyber bullying and therefore not be in a position to stop it

→ it can be hard to escape the potential 24/7 harassment

→ cyber bullying can have large audiences when readily shared with groups or posted on a public forum

→ bullying comments and images posted on the internet are in most cases permanent because of their difficulty to erase.
Cyber bullying safety tips

Some safety tips to consider when dealing with cyber bullying:

➜ tell a trusted adult (parent, teacher, relative) if someone is posting inappropriate comments or sending messages that are making you or a friend feel uncomfortable or upset

➜ check your privacy settings on Facebook and other social media

➜ block the sender of inappropriate messages and report them to your ISP (internet service provider)

➜ treat others as you would expect to be treated and don’t share comments, photos or content that may upset or hurt someone

➜ stand up and speak about incidents of bullying. If you know bullying or cyber bullying is going on, support others and report it to a trusted adult.

Sexting and ‘selfies’

Taking ‘selfies’ and sharing them with your friends is something that you probably do without thinking much about it. But taking selfies of a sexual nature or taking similar photos of others is known as sexting, which has serious legal and social outcomes. When an image has been sent or shared, you lose control over who sees it and shares it. Images and messages can spread rapidly when they are shared more than you expected them to be. This can have a serious impact on your reputation, now and well into the future. Images can also potentially be used for cyber bullying, cyber stalking, harassment and, in extreme cases, assault.

WHAT IF …?

With a partner, discuss the following scenario. A Year 8 boy asks his girlfriend to take a photo of herself topless. Although the boy says he will be the only person to see the photo and swears he won’t show anyone, the girl says no. He pesters her and says that if she really loved him, she would do it. After a few days of worrying and being made to feel bad about not doing it, she takes the photo and sends it to her boyfriend. After a couple of months, they split up and he decides to post the photo on Facebook with some negative comments about her. The girl tells her mother about what has happened.

➜ Is it a good or bad thing that the girl told her mother about what has happened?

➜ Should the girl’s younger siblings be told what is going on? If so, what would be the best way to do this?

➜ Should the family inform the school, police or other authorities?

➜ What long-term impacts could this type of behaviour have?

➜ What does it mean when you read or hear that ‘images last forever and can’t be erased’?
PERSONAL SAFETY PLANS

While it’s important to be safe online, there are many other situations that may arise in your daily life, whether you are on your own or out with friends, where some practical skills and strategies for looking after yourself are important to know.

Strategies for personal safety

These strategies, known as your personal safety plan, include developing your confidence so that you are less likely to become a victim and knowing what to do if you are in an unsafe situation. The following section presents some tips for keeping yourself safe in various situations.

Travel with friends

Where possible and practical, travel with at least two or three friends. The saying of ‘safety in numbers’ applies. If you, or your group, are threatened, there are more opportunities for seeking assistance.

SEXTING AND THE LAW

Students may be committing a criminal offence when taking and/or sharing sexual images of themselves or their friends who are under 18. Creating and/or distributing sexual images with minors may be regarded as production and/or distribution of child pornography. This is true even if the people in the image agree to it being taken. Punishments vary by state and territory and on a case-by-case basis.

Safety in numbers
SAFETY IN NUMBERS
Discuss situations when walking together might actually decrease safety.
When might a group of teenagers attract negative attention for their behaviour? How might walking through a shopping centre or down the street be considered dangerous?

Stay alert
➜ If you appear distracted, you are more likely to be targeted. Attackers will target people who look less able to defend themselves.
➜ Stay awake on public transport – sometimes it is tempting to close your eyes or have a quick sleep but this will leave you very vulnerable. If you feel yourself dozing off, open a window to get some fresh air.
➜ Don’t listen to music or talk on your mobile as you walk home as this will reduce your awareness of what is going on around you. Being aware of your surroundings will also help you identify places or people who might be able to help you if necessary.

Look confident
➜ The more confident you look, the less likely you are to be attacked.
➜ Walk with your hands by your sides and stride out confidently and with purpose. Look ahead rather than down at the ground so that you are aware of what is going on around you.
➜ Find comfortable and secure ways to carry your bags, such as wearing the strap over your shoulder and across your body.

Act on your feelings
➜ If someone is making you feel uncomfortable, or you suspect that you are being followed, don’t ignore it.
➜ Cross the road if you think you are being followed. If the person continues to follow you, go into a shop, petrol station or somewhere where there are lots of people and tell someone what is happening. You should then either phone home and ask to be picked up or call the police.

Stay in touch
➜ Make sure that people know where you are, where you are going and when you are due home so that they can raise the alarm if you are not home by the time you specified.
➜ Ensure that you carry your mobile phone, if you have one, at all times, but keep it hidden from sight in a pocket or bag.
➜ If you and your friends are travelling home late at night, text each other when you get home. If someone doesn’t check in when expected, tell an adult.
Stay in the light

- Choose well-lit areas with other people around, wherever possible.
- Use main roads with good street lighting as much as possible when walking home after dark. You are not such an obvious target if other people can see you.
- Meet friends in a familiar and safe environment that you all know. If one of you is waiting alone, it is much better to do so in a busy, well-lit place than in a dark park or on a street corner.
- Stick to major routes and roads and don’t take short cuts.
- Walk facing oncoming traffic and do not walk near the kerb.

Stay close

- When using public transport, stay close to people who can help you.
- Travel in carriages or sit where there are groups of people who could help you if needed.
- Arrive at the station, depot or bus stop as close as possible to the departure time of the train or bus and stand in well-lit areas close to other people.
- When using a taxi, give clear directions to where you want to go. If you are not on the agreed route, stop the taxi. If feeling unsure, insist on being taken to a safe place and end the trip.

Friends ‘sticking together’ and looking out for each other

PUBLIC TRANSPORT

1. Go to your local public transport website and create a list of the top 10 strategies suggested to increase safety while using public transport.
2. Of the top 10 strategies, choose five that you think are the most important. Discuss with your classmates why you have chosen these five.
Carry some essentials

There are a few things you should carry with you at all times, just in case things go wrong:

- at least a couple of $1 coins and a $10 note so that you can always make a phone call or catch public transport or a taxi if you are feeling anxious
- emergency contact numbers – these should be stored on your mobile phone, but make sure you also have them written down.

Look out for your friends

At major events such as concerts, parties and outings, look out for each other by following these guidelines:

- never leaving valuables unattended at the beach, in parks or at major events. Offenders watch the movements of people in public spaces to pick their targets. Make it obvious that you are alert and not alone.
- staying with your group, especially in large crowds during parties, concerts, festivals, etc. When you decide to leave, do so in groups of two to three.
- not taking too many belongings and bags with you, as they can be difficult to care for. Some venues may not allow you in with bags. Keep belongings in the middle of your group and always have one person stay with them.
- avoiding getting into arguments – logic and common sense are affected by alcohol or illicit drugs
- calling an ambulance immediately if a friend is seriously affected by alcohol or drugs. Police are not necessarily called when an ambulance is requested so don’t be scared about this happening.
- giving yourself enough time to get to and from where you want to be, especially when relying on public transport.

Three steps to keep you safe

The following three steps can minimise your chance of harm in risky situations.

1. Think about any potential for a situation to become unsafe or risky. Listen to what your body is telling you: faster heart rate, increased sweating, ‘uneasy feelings’. In most cases, if a situation doesn’t feel right, then it probably isn’t and needs a quick evaluation.

2. Evaluate the level of risk associated with a situation. Quickly try to think ahead about what might happen. Quickly decide whether the situation is risky, but under control, or if it is too risky and potentially harmful for you and your friends.

3. Act quickly to remove yourself from situations where you think your safety could be placed at risk and that things could go wrong for you or your friends. By planning ahead, you probably will respond in a safe and positive way.
EXERCISING SAFELY

Regular physical activity is vital for good health. While there is a risk of injury with any type of physical activity, the benefits of being regularly active far outweigh the risks. Rules, regulations and guidelines relating to physical activity usually exist for a good reason, that is, to keep you and your friends safe and to avoid injuries so that everyone can enjoy the experience.

Sometimes rules may not be directly related to a sport or activity but need to be followed anyway. For instance, if you’re inline skating, skateboarding or riding a bike, you need to pay strict attention to all traffic laws and accept recommendations regarding protective gear and warm-ups. Proper techniques and equipment also promote safety.

Listen to your body

Injuries are more likely if you ignore your body’s signals of fatigue, discomfort and pain. You can avoid injury by following some simple suggestions:

➜ see your doctor for a full medical check-up before embarking on any new fitness program. You should also consult your doctor or physiotherapist if you have a pre-existing injury but want to start a new fitness program.
➜ cross-train with other sports and exercises to reduce the risk of overtraining
➜ make sure you have at least one recovery day, preferably two, every week
➜ exercise at an appropriate intensity for your fitness level. It takes time to increase your overall level of fitness. Training too hard or too fast is a common cause of injury.
➜ allow time for injuries to rest – trying to ‘work through’ the pain will cause more damage to soft muscle tissue and may delay healing.

Warning signs

If you experience any of the following symptoms, stop the activity and seek help:

➜ feelings of discomfort or pain
➜ chest pain or other pain that could indicate a heart-related issue, including pain in the neck and jaw, pain travelling down the arm or pain between the shoulder blades
➜ extreme breathlessness
➜ a rapid or irregular heartbeat during exercise.
TOO MUCH EXERCISE?
Sometimes teenagers engage in obsessive or compulsive exercise, which can be both unhealthy and unsafe. Use the internet to find at least two articles that examine excessive or compulsive exercise by teens. Also find an article about this behaviour presented by a medical organisation. Combine the article information and that provided by the medical organisation into a one-page fact sheet on excessive teen exercise.

Prepare for activity – warm-up
Before any exercise session, it’s a good idea to gradually warm up your muscles for about 5 to 10 minutes to get you ready for your workout and prevent injury. The type of activity done in the warm-up should use the major muscle groups that will be used in your forthcoming activity.

Your warm-up could begin with a low-intensity activity such as a brisk walk or light run, followed by stretching that mimics the movements that are likely to occur during the activity. Stretching should start after your muscles have been warmed, as stretching cold muscles is less effective and could lead to low-level injuries.

Cool down
It is also important to stretch after activity, to assist recovery. A thorough cool down can really reduce muscle soreness and stiffness. In the last five minutes of your workout, slow down gradually to a light run or brisk walk. Finish off with 5 to 10 minutes of stretching (emphasise the major muscle groups you have used during your activity).
**Drink lots of water**

You can lose around 1–2 litres of fluid for every hour of exercise and physical activity. Dehydration happens well before you feel thirsty and may have some serious symptoms, including increased errors, poor judgement and general tiredness, cramps, headaches, heat stress and heatstroke.

Here are some tips to avoid dehydration:

- regularly drinking fluids for several hours prior to exercise and ensuring that you drink at least 500 mL an hour before exercise
- drinking at least 150 mL every 15 minutes during exercise
- during exercise or activities, take advantage of all breaks in play to hydrate
- after exercise, have plenty to drink to ensure you are fully rehydrated.

**BEING SAFE OUTDOORS**

Being outdoors is a great way to combine physical activity and being with friends. Even though most of the things that you do outdoors might seem harmless, there are some safety issues to think about. These include sun safety, water safety and having the right equipment.

**Sun safety**

Exercising in hot weather puts additional strain on your body. When your body can’t keep itself cool, you may be affected by a heat-related illness, such as heatstroke or sunstroke. Sweating is the body’s natural reaction to heat and is designed to cool your body down. When you get too hot, your core temperature rises, sweating is no longer effective and you may develop a heat illness.

**Heat illnesses**

Symptoms of heat illness can include irritability, weakness, headache, feeling sick and cramps. You can avoid heat illness by following these tips:

- drinking plenty of water before, during and after exercise
- wearing lightweight, light-coloured, loose-fitting clothes
→ protecting yourself from the sun with clothing such as long-sleeved tops, full-length pants, a hat and sunglasses
→ exercising in the cooler parts of the day – not between 10.00 a.m. and 4.00 p.m., which is usually the hottest part of the day
→ not exercising as hard on hot days. Take frequent breaks and drink water or other fluids every 15 to 20 minutes, even if you don’t feel thirsty.

**U.V.R is B.A.D.**

Ultraviolet radiation (UVR) is bad news for your skin. It’s the part of sunlight that causes sunburn, skin damage and ultimately skin cancer. Every bit of UVR exposure that you receive adds up over time; this is known as cumulative exposure. There are three types of UVR:

1. **UVA**: causes sunburn and skin damage such as wrinkles and discolouration
2. **UVB**: causes sunburn and skin cancer
3. **UVC**: does not reach the Earth’s surface but can be produced artificially, for example, by arc welding equipment.

The UV Index was developed by the World Health Organization to provide an international scale of the sun’s UV strength. It measures ultraviolet radiation (UVR) from the sun on a scale of 1 to 11+. The higher the number, the stronger the radiation and the faster your skin will be damaged and burn.

<table>
<thead>
<tr>
<th>UV Index</th>
<th>UVR Damages Your Skin</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW 1</td>
<td>You can safely stay outside!</td>
<td>Seek shade during midday hours! Slip on a shirt, slap on sunscreen and slap on a hat!</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Very high</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Extreme</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The World Health Organization’s recommendations on sun protection according to the UV Index**

The best way to protect your skin from UVR is to make sure you use the following five methods of sun protection every day, whenever you are outside:

1. **shade**: get in it when you can
2. **clothing**: cover up as much as possible
3. **hat**: make it broad brimmed
Think safe, act safe and be safe

Protect yourself in five ways from skin cancer

4 sunglasses: wraparound are best. Find a pair that meets the Australian standard AS/NZS 1067:2003.
5 sunscreen: SPF30+. Apply it generously 20 minutes before you go outside and remember to reapply every two hours.

SUN FACTS
→ All your time in the sun adds up.
→ UVR has nothing to do with light or temperature, so it can’t be seen or felt.
→ UVR is there even when it’s cloudy.
→ UVR can be reflected by light onto your skin, bouncing off shiny surfaces such as water, sand, snow and concrete.

Water safety

Australians are known for their love of the water but unfortunately, every year people drown or are injured in the ocean, swimming pools, lakes and rivers. State governments and safety authorities spend millions of dollars on campaigns to teach people how to be safe in and around the water to reduce these, mostly preventable, drowning deaths.

Pool safety

Toddlers and young children under four years of age are especially likely to drown around the home and in home swimming pools. Constant supervision of children around water is essential:

→ supervision means constant visual contact, not occasional glances
→ even in a supervised public pool, never take your eyes off young children swimming and if they are under five, you must be in the water with them
→ if you leave the pool or water area, even for a moment, take young children with you
make sure there is a resuscitation chart where you can read it quickly

don’t leave paddling pools, baths, basins, sinks, buckets or troughs full of water after you have finished using them.

**Beach safety**

**Swim between the flags**

Any beach can be dangerous. You must always swim between the red and yellow flags, which indicate the area where the beach is patrolled by lifeguards. When swimming between the red and yellow flags, always look back to the beach to check that you are still between the flags.

As beaches are not patrolled every day of the year, and some are never patrolled, it is important to remember these guidelines:

- check with an adult where it’s safe to swim
- never swim alone
- read and obey the water safety signs that warn people of likely risks and dangers.
Rip currents

A rip is a strong water current running out to sea from a beach. Rips can easily and suddenly sweep swimmers out to sea from shallow water, sometimes several hundred metres offshore. Rips are not easy to spot, but may show some of the following signs:

- murky brown water caused by sand and seaweed being stirred up off the sea bed
- foam and debris on the surface of the water, moving out to sea
- waves breaking on both sides of the rip but not inside the rip (the rip may seem calm and inviting)
- water that is darker than the surrounding water, indicating it is deeper.

**What to do if you find yourself in a rip current:**

- try to stay calm and don’t fight against it. Try to float with the current and attract attention for assistance.
- if you have a surfboard or bodyboard, stay on it and try to attract the attention of a lifeguard or another surfer
- if you are a strong swimmer, you could try to escape the rip current by swimming parallel to the beach.

![How a rip current works](image)

Safety when surfing and bodyboarding

At a patrolled beach all surfers must surf outside the black and white quartered flags. These flags are sometimes used to create a buffer zone between the swimming area (between the red and yellow flags) and the board riding areas. No surfboards are
allowed between the black and white quartered flags. Surfers can contribute to their own and others’ safety by following some simple rules:

➤ always let someone know where you are going
➤ never surf alone
➤ assess the conditions thoroughly – check with local authorities and the weather forecast
➤ stay aware of the conditions, as they can suddenly change
➤ use the correct equipment – leg rope and nose guard for surfing, wrist strap and fins for bodyboarding
➤ if you get into trouble, stay on your surfboard or bodyboard – it will keep you afloat
➤ if you are caught in a rip, stay calm and stay with your board. Try to attract attention and if possible, paddle parallel to the beach, then catch a broken wave back to shore.
➤ be aware of other people in the water and don’t surf or bodyboard too close to swimmers.

**Inland water safety**

Many people drown in Australia’s rivers, lakes and dams or are paralysed after diving into shallow water. The best way to check whether it’s safe to swim is to ask someone who knows the area, such as a resident, previous holiday maker, caravan park owner or park ranger.

**Diving Accident**

Using the internet, search for a media article about a person injured while diving into shallow water. Then discuss the following as a class:

➤ how their life has changed since the accident
➤ how the accident could have been avoided
➤ why most accidents of this type involve young men.

**Lake safety**

Lakes may look calm but are often very dangerous because of strong winds, which can create choppy conditions, and strong currents, which are likely wherever a river enters a lake. Another potential danger of lakes is that the water can be much colder than you expect.Suddenly being immersed in cold water can cause distress and shock. If you feel cold, get out of the water immediately. Always wear a personal flotation device (PFD) such as a lifejacket when boating or doing water sports on a lake.
River safety

Rivers can be just as dangerous as lakes and the ocean. Conditions can change rapidly after heavy rain or the release of water from storage areas. What is safe one minute can be dangerous a few minutes later.

There are a few simple strategies for keeping yourself safe while having fun in rivers:

➜ always wear a personal flotation device (PFD) such as a lifejacket when boating or doing water sports on a river

➜ never swim in fast-flowing water. Check the speed first by throwing in a twig to see how fast it travels.

➜ if you are caught in a strong current, float on your back and travel downstream, feet first, to protect your head from hitting any objects

➜ be aware that there are likely to be objects under the water that you cannot see, such as trees, branches, rocks and discarded rubbish

➜ don’t stand near the edge of overhanging river banks – they can be unstable and could crumble away.

The right gear

Most sports and activities need some type of equipment to be played; you need boards to surf, balls for football, bats for cricket and so on. But you also need protective equipment, such as mouthguards, shin pads, helmets and lifejackets, to reduce the risk of injury and allow you to play safely. Protective gear absorbs the impact of falls or collisions or helps you to stay afloat.
Safety tips for equipment

Sports equipment and safety equipment can only do their job if they are used correctly and are kept in top condition. Here are some tips for making sure your equipment does the best job for you:

➜ use the correct grip on bats and racquets, etc. Holding a tennis racquet the wrong way can increase your risk of an injury to your elbow.

➜ use equipment appropriate to your sport or activity and your size and age. As you grow, the equipment you use may also need to change.

➜ wear the right type of shoes for your sport and replace them before they wear out. Rock climbing requires special footwear, as do a whole range of other sports such as netball, basketball, cricket, hockey and athletics.

➜ wear the same protective equipment during training that you wear during competition.

➜ check your equipment regularly and replace if worn out or damaged. If you are unsure how to maintain or check your equipment, ask your coach or sporting association.

Choose the right sports shoes for the activity and the playing surface

➜ wear the right type of shoes for your sport and replace them before they wear out. Rock climbing requires special footwear, as do a whole range of other sports such as netball, basketball, cricket, hockey and athletics.

➜ wear the same protective equipment during training that you wear during competition.

➜ check your equipment regularly and replace if worn out or damaged. If you are unsure how to maintain or check your equipment, ask your coach or sporting association.

WORKBOOK>>
Worksheet 6.11

THE RIGHT SHOE

In pairs, discuss the following questions.
1 In what ways are shoes made specifically for netballers different from those worn by footballers?
2 How are shoes worn by soccer players on synthetic surfaces different from those worn when playing soccer on grass?
3 How do basketball shoes increase safety for players?
4 Many students wear ‘runners’ to school on free dress days but shouldn’t participate in sport or physical education classes wearing these shoes. Can you give reasons for this?

PARTS OF A SHOE

Choose a specific type of sports shoe (e.g. racing shoe, football boot, tennis shoe). Identify as many basic parts of your chosen shoe as possible. You should try to outline at least four features. How does each part provide safety for the wearer?
BASIC FIRST AID

You may have heard the saying, ‘failing to plan is a plan to fail’. Everyone, including young people, should plan ahead. This includes thinking about how to reduce any risks involved in what you are doing and how to respond if things go wrong.

Young people account for a high percentage of patients in hospital emergency departments because they sometimes overestimate their ability, make poor decisions or are pressured by friends into doing things they otherwise wouldn’t.

Having some basic first aid knowledge and knowing how to respond automatically and appropriately in an emergency can prevent things from getting worse and can even save someone’s life.

The DRSABCD action plan

‘DRSABCD’ is an easy-to-remember action plan that will guide you through an emergency situation. It helps the first aider to assess levels of consciousness and breathing in an injured person first and then to decide on what type of basic life-support measures are needed.

D = danger

Always ensure that the area is safe for you, the injured person and any bystanders before approaching an accident or emergency. If you can, remove the source of the risk or danger, or remove people from it. Only do this if there is no risk to you. For example, if you sense that an argument might be getting out of control, you might try to calm the people down. If that is not possible, move away from the dangerous situation.

R = response

If it is safe to approach, first assess whether the person is conscious or unconscious. Consciousness refers to the person’s awareness of and response to their surroundings.

To assess an injured person, use verbal and touch techniques. To do this, give a simple command such as ‘open your eyes, squeeze my hand’ (verbal), and squeeze both shoulders firmly (touch). If you are dealing with a child or infant, firmly rub their breastbone instead of grasping their shoulders.
Never shake a small child. A person who fails to respond to these techniques is unconscious. Your action plan depends on the level of consciousness:

➔ **if the person is conscious**, assess for and manage other injuries or illnesses and continue with the DRSABCD action plan

➔ **if the person is unconscious**, roll them onto their back and call 000 or 112 (on a mobile phone) and assess the airway.

### S = send for help

Call 000 or 112 for an ambulance or ask another person to make the call while you proceed with checking the airway, breathing and possible needing to start CPR.

### A = airway

**Recovery position**

If the injured person’s air passages are not clear (they may contain food, vomit, blood or other fluids), they must be turned into the recovery position so that you can clear the airway. These instructions show you how to put the injured person into the recovery position.

#### EMERGENCY NUMBER FOR MOBILES

Dial 112 on any digital mobile phone to contact an emergency service. Dialling 112 connects you to the same call service as 000. You do not need to use a SIM card, PIN or phone credit to activate the mobile, but it must be in an area that has phone service coverage. Dialling 112 from a fixed-line telephone in Australia will not connect you to emergency services.

### TABLE 6.2 Recovery positions

<table>
<thead>
<tr>
<th>Recovery position 1</th>
<th>1</th>
<th>Kneel beside the injured person (the patient).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Place the patient’s arm, the one furthest away from you, straight out at 90 degrees.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Place the patient’s other arm across their chest.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Bend the patient’s knee that is closest to you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recovery position 2</th>
<th>5</th>
<th>Place one hand on the patient’s bent knee and the other hand on their shoulder.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>Gently roll the patient away from you.</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Ensure that the patient’s bent knee touches the ground.</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Place the patient’s upper arm across the lower arm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recovery position 3</th>
<th>9</th>
<th>Ensure the patient’s head is tilted back and their face is turned slightly downward. This will allow fluids to drain from the mouth.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>If possible, put a rubber glove on your hand, then put two fingers in their mouth and sweep the mouth clear of any foreign material, if required. Once the airway is clear and open, assess for signs of breathing.</td>
</tr>
</tbody>
</table>
Clearing the airway

If an unconscious person is lying on their back, they may not be able to breathe properly because their tongue blocks the airway. This is potentially life threatening. Gently tilting a person’s head back and lifting their chin up at the same time allows their tongue to move out of the airway and allow them to breathe. Very gently move the head backwards, especially when there is the possibility that the person has a neck, back or spinal injury. If the person has fallen, or their head has been injured, this is extremely important.

B = breathing

Oxygen is vital for life. Lack of oxygen over an extended period will cause the heart and brain to stop working. To find out whether the injured person is breathing, you should look, listen and feel for signs of breathing:

- **look** for movement of the lower chest for 10 seconds
- **listen** for the sound of regular breathing
- **feel** air escaping from the mouth or nose with your cheek.

If the person is not breathing or not breathing normally, begin cardiopulmonary resuscitation (CPR).

C = cardiopulmonary resuscitation (CPR)

CPR is recommended for a person who is unconscious and not breathing or not breathing normally. The purpose of CPR is to keep oxygen and blood circulating around the body until emergency medical help arrives. CPR is a combination of mouth-to-mouth breathing, which forces air into the lungs, and chest compressions, which keep blood circulating around the body.
**TABLE 6.3** What life support you should give, and when

<table>
<thead>
<tr>
<th>Condition</th>
<th>Breathing?</th>
<th>Basic life support (BLS) requirements for an adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscious</td>
<td>Yes</td>
<td>Place the injured person in a comfortable position, assess and manage their other injuries, and closely watch that they stay breathing.</td>
</tr>
<tr>
<td>Unconscious</td>
<td>Yes</td>
<td>Turn the injured person into the recovery position (see Table 6.2), call for help, keep their airway open and closely watch that they stay breathing. Assess and manage their other injuries.</td>
</tr>
<tr>
<td>Unconscious</td>
<td>No</td>
<td>With the injured person on their back, give two breaths. Check for signs of life.</td>
</tr>
<tr>
<td>No signs of life</td>
<td>No</td>
<td>Cardiopulmonary resuscitation (CPR) is needed. Start CPR with 30 compressions and two breaths. Work towards giving 100 compressions in one minute.</td>
</tr>
</tbody>
</table>

**TABLE 6.4** Recommended CPR for adults, children and infants

<table>
<thead>
<tr>
<th>Age</th>
<th>CPR</th>
<th>Method of compressions</th>
<th>Depth of compressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children 9–17</td>
<td>30 compressions and two breaths</td>
<td>Two-handed pressure over middle of chest</td>
<td>One-third of the depth of the chest</td>
</tr>
<tr>
<td>Child (1–8 years)</td>
<td>30 compressions and two breaths</td>
<td>Two-handed pressure over middle of chest</td>
<td>One-third of the depth of the chest</td>
</tr>
<tr>
<td>Infants (0–1 year)</td>
<td>30 compressions and two breaths</td>
<td>Two-finger pressure over middle of chest</td>
<td>One-third of the depth of the chest</td>
</tr>
</tbody>
</table>

*Note: This is a guide only. Aim to give 100 compressions each minute.*

**D = defibrillation**

An automated external defibrillator (AED) is a device used to restore normal heart rhythm to patients whose heart has stopped (cardiac arrest). An automated external defibrillator is applied outside the body. It automatically analyses the patient’s heart rhythm and advises the first aider whether or not a shock is needed to restore a normal heartbeat.

Using an AED is simple – follow the voice prompts and you could save someone’s life!
The AED is very simple to use. The first aider follows a set of voice prompts with visual guides. Don’t be afraid and always remember it’s better to do something than nothing in these situations. Once you have used DRSABCD and assessed that a person is conscious (they have a heartbeat and are breathing), their other injuries or conditions (e.g. bleeding) may need your attention.

**Sport injuries**

If you play sport, you may have had a common sports injury such as a sprain, strain or knock. A sprain happens when you overstretch or tear a **ligament**. The joint (e.g. an ankle) is affected, but there is no dislocation or break in the bone. Symptoms include rapid pain, swelling, bruising and a warm feeling at the injured site. A strain is an injury to the muscles or **tendons** and has similar symptoms to a sprain. Strains tend to happen through overtraining or overuse, often when muscles ‘overstretch’.

The treatment for sprains, strains and other sports injuries depends on the injury and on the amount of damage. Mild injuries may only need first aid. Some sporting injuries and sprains may need assessment and treatment from a doctor or paramedic. Some sprains need a cast or rigid protection to assist with recovery. Serious sprains and strains may require surgery if the body is damaged so much it is unlikely to repair itself.

If the injury is not serious, stop what you are doing, move to a safe place (or ensure where you are is safe). Follow the **RICER** steps for a quick recovery from minor sprains, strains and other sporting injuries:

<table>
<thead>
<tr>
<th>R (Rest)</th>
<th>I (Ice)</th>
<th>C (Compression)</th>
<th>E (Elevation)</th>
<th>R (Referral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest reduces further damage. Move as little as possible to avoid more injury. Don’t put any weight on the injured part of the body.</td>
<td>Apply a cold pack or ice to the injury for 20 minutes every two hours. Continue this treatment for the first 48 to 72 hours. Ice cools the tissue and reduces pain, swelling and bleeding. Place a cold pack wrapped in a towel onto the injured area. Do not apply cold packs directly to the skin. Extra care must be taken with people sensitive to cold (such as children) or with blood circulation problems.</td>
<td>Wrap with a flexible crepe or elastic bandage, covering the injured area and the areas above and below. Compression reduces bleeding and swelling. Ensure the bandage is not too tight.</td>
<td>Elevate the injured area to stop bleeding and swelling. Place the injured area on a pillow for comfort and support.</td>
<td>Refer the injured person to a qualified professional such as a doctor or physiotherapist for precise diagnosis, ongoing care and treatment. A full recovery is then more likely.</td>
</tr>
</tbody>
</table>
Asthma

People with asthma have **hypersensitive** airways in their **respiratory system**. When exposed to certain **triggers** such as dust, pollen or exercise, the airways become narrow so it is harder to breathe out. An asthma attack can develop over a few minutes or a few days. The symptoms of a mild asthma attack include chest tightness, coughing, wheezing and shortness of breath. These symptoms can quickly worsen to include gasping for breath, inability to speak, little or no improvement after using inhaler medication and blue colouring around the lips. If a person is having an asthma attack, you should commence asthma first aid.

**Getting better**

If you’ve been injured and you try to come back to sport and physical activity too soon, you run a greater risk of reinjuring yourself, maybe more seriously than before. Don’t let anyone, including your parents, friends, teachers or even coaches, pressure you into returning to training or competition before you have fully recovered. Your doctor, physiotherapist or sports trainer will give you specific advice on when you should return to your sport or activity.

Taking time to heal is particularly important if you’ve had a **concussion**. Lots of athletes try to return to sport or activities too quickly after getting a concussion; some footballers even try to return to the field after a short time out because they can’t see any evidence of an injury and they think they’re fit to keep playing. But jumping back into the game too soon puts a player at greater risk of suffering another concussion, as the brain can still be healing. Repeat concussions can lead to dangerous and sometimes delayed brain injury. Always get clearance from a medical expert to resume sport or physical activity if you’ve had a concussion.
Asthma first aid

The following four steps are known as the 4 x 4 first aid plan and are an easy way to remember what to do if you need to help someone who is having an asthma attack.

**STEP 1**  Sit the person upright, be calm and reassuring. Do not leave the person alone.

**STEP 2**  Without delay shake a blue reliever puffer, using a spacer if available. The spacer increases the amount of medication inhaled into the lungs. Give four separate puffs, one puff at a time. Ask the person to take four breaths from the spacer after each puff.

**STEP 3**  Wait four minutes. If the person still cannot breathe normally, give four more puffs.

**STEP 4**  If there is still no improvement, or you are concerned at any time – call 000 or 112 immediately. Tell the operator the person is having an asthma attack. Keep giving four puffs every four minutes while you wait for emergency assistance.

Bleeding

Bleeding is usually associated with cuts and abrasions but injuries to the body can also result in bleeding inside the body (internal bleeding). These can be minor (bruising) to massive (life-threatening bleeds). The purpose of first aid for severe external or internal bleeding is to slow the loss of blood until emergency medical help arrives. Always use gloves if available when treating someone who is bleeding.

**Minor bleeding**

Small cuts and abrasions that are not bleeding much can be managed fairly easily. Press down with your hand for about 30 seconds to stop the bleeding, then clean the wound with water or saline solution if available. If you cannot clean the wound properly, seek further medical help. Cover the wound with a clean dressing such as a bandaid or a gauze pad and bandage. Be aware that deep, narrow cuts (e.g. from stepping on a nail, or a cat bite) may cause tetanus. If you are not sure if your tetanus immunisation is current, see your doctor.

**Nosebleeds**

Bleeding from the nose is not usually severe, unless it is associated with a head injury such as being hit with a hockey stick, punched during a fight or falling heavily on your head. First aid suggestions include the following:

- sit the person upright and ask them to tilt their head forward (resist the temptation to tilt the head back to slow or stop the flow of blood as this sends

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ASTHMA FACTS

- More than 2 million Australians (about 1 in 10 adults and 1 in 9 children) have asthma.
- More boys than girls have asthma but after age 15, it is more common in women than men.
- Asthma is more common in Aboriginal and Torres Strait Islander people than other Australians.


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tetanus a serious disease caused by bacteria that enter the body through a cut or wound
it down the nasal passages and into the roof of the mouth and may cause breathing difficulty)

→ use the thumb and forefinger to pinch the nostrils shut and hold for at least 10 minutes

→ release the hold gently and check for bleeding. If bleeding continues, pinch the nostrils shut for another 10 minutes.

→ get medical help if bleeding continues beyond 20 minutes.

**Severe external bleeding**

Even a small cut can result in severe external bleeding, depending on where it is on the body. This can lead to shock, a serious, life-threatening condition where the injured person no longer has enough blood circulating around their body. To manage severe external bleeding:

→ check for danger before approaching the injured person and if possible, send someone else to call for an ambulance

→ lay the person down with the injured area above the level of their heart (if possible)

→ ask the person to apply direct pressure to the wound with their hand or hands to stem the blood flow. If they can’t do it, apply direct pressure yourself.

Always tilt the head forward to reduce backflow of blood from a nosebleed

Major blood loss is often associated with shock
if possible, pull the edges of the wound together before applying a dressing or pad. Secure it firmly with a bandage.

do not remove any object embedded in the wound. Apply pressure around the object.

do not remove initial dressings, even if they become saturated. Add fresh padding over the top and secure with a bandage.

Internal bleeding

The most common type of visible internal bleeding is a bruise, when blood from damaged blood vessels leaks into the surrounding skin. Some types of injury can cause visible bleeding from an opening such as the mouth and ears but some internal injuries can cause bleeding that remains inside the body; for example, within the skull or abdominal cavity.

Listen carefully to what the person tells you about their injury – where they felt the impact, for example. The signs and symptoms that suggest concealed internal bleeding depend on where the bleeding is inside the body, but may include the following:

- pain at the injured site
- swollen, tight abdomen
- nausea and vomiting
- pale, clammy, sweaty skin
- breathlessness
- unconsciousness.

First aid cannot manage or treat any kind of internal bleeding but you can help by treating or preventing shock and calling for medical assistance:

- check for danger before approaching the person
- if possible, send someone else to call for an ambulance
- check levels of consciousness
- lay the person down on their back if conscious
- cover them with a blanket or something to keep them warm
- if possible, raise the person’s legs above the level of their heart
- don’t give the person anything to eat or drink
- offer reassurance. Manage any other injuries, if possible.
- if the person becomes unconscious, place them on their side. Check breathing frequently and be ready to begin cardiopulmonary resuscitation (CPR) if necessary.
Protect yourself and others

Protect others and protect yourself as well. Any break in the skin will not only allow blood and other fluids to be lost and possibly contaminate first aiders helping out, but will also allow germs to enter the body. If the wound is minor, the aim of the first aider is to prevent infection. Severe wounds may be very daunting to deal with but the aim is to prevent further blood loss and minimise the shock that could result from the bleeding.

Any open wound presents a risk of infection. It is important to maintain good hygiene procedures to stop cross-infection between you and the injured person:

➤ if possible, wash your hands with soap and water before and especially after administering first aid. Dry your hands thoroughly before putting on gloves.

➤ first aid kits contain gloves. Always put on gloves beforehand if available. If not, improvise and try to provide a barrier between yourself and the casualty’s blood (if practical and possible).

➤ do not cough or sneeze over the wound.
CHAPTER REVIEW

- Young people must identify their own personal network of trusted adults who they can turn to if they are not feeling safe.

- Sometimes situations can become unsafe or risky. Listen to what your body is telling you with symptoms such as elevated heart rate, increased sweating and uneasy feelings – in most cases if you don’t feel right in a setting or situation, it probably isn’t safe and requires a quick evaluation.

- Act quickly to remove yourself from situations where you feel your safety could be at risk and things could go wrong for you or your friends.

- In positive relationships, both people have an equal say in decision making. They feel free to be who they are and say what they think without fear, anxiety or risk of punishment.

- Emotional, physical and sexual abuse involving young people needs to be stopped by the intervention of a trusted person that you have identified in your support network. It’s not your fault!

- Bullying occurs when a person, or group, use their power over another person or group to threaten or force them to do something. This behaviour is unsafe and needs to be stopped before people are hurt.

- Social networking needs to be used appropriately because it’s easy to forget who you are communicating with online. Before posting anything online, think about who will be able to access or see it.

- In most cases content that is posted online stays there forever and is very difficult to remove.

- Cyber bullying is more likely to happen to children who are also bullied offline. All forms of bullying need to be stopped.

- It is important to avoid injury and maintain good health while exercising and playing sport. Learning how to avoid injuries by using the right equipment, protecting yourself outdoors, warming up and stretching, and staying hydrated when you exercise are some of the basics you should know about.

- Around water, check it’s OK to swim, never swim alone and obey the water safety signs.

- Protective equipment – such as mouthguards, shin pads and helmets – can greatly reduce the risk of injury by absorbing the impact of falls or collisions and should even be worn during training.

- Young people account for a high percentage of patients in hospital emergency departments because they sometimes overestimate their ability, make poor decisions or are pressured by peers into doing things they otherwise wouldn’t.