



ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE **IMMEDIATELY IF** THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)





SIT THE PERSON **UPRIGHT**

GIVE 4

SEPARATE

PUFFS OF

RELIEVER

PUFFER

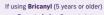
- Be calm and reassuring
- Do not leave them alone





- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 separate puffs have been taken





- Do not shake. Open, twist around and back, and take a deep breath in - Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given





WAIT 4 **MINUTES** If breathing does not return to normal, give 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

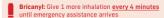
IF BREATHING DOES NOT RETURN TO NORMAL





DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives











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RESUSCITATION CHART



DANGER

Use all senses to check for dangers to yourself, others and the patient. Ensure the area is safe. Move the patient only if the danger cannot be eliminated.



RESPONSE

Check for a normal response by talking to the patient, asking them their name and squeezing their shoulders DO NOT move the patient if the injury is the result of a fall



SEND FOR HELP

Send a bystander to call for help and an Ambulance as soon as possible

DIAL 000 and ask for Ambulance attendance.





AIRWAY

Open mouth and check for foreign objects. If objects are present place in recovery position and clear airway with fingers. DO NOT move patient if the injury is the result of a fall.



BREATHING

Check breathing. Look for rise and fall of chest. Listen for breathing sounds. Feel for breaths on the cheek and for ribcage movement. If breathing is present keep the patient in the recovery position and monitor.



CPR

If no breathing is present commence CPR. Give 30 Chest Compressions to every 2 Breaths @ 100 Compressions/minute.





DEFIBRILLATION

Apply defibrillator (if available) and follow the voice prompts or instruction on the device. AED - Automated External Defibrillator



Continue CPR until responsiveness or normal breathing returns

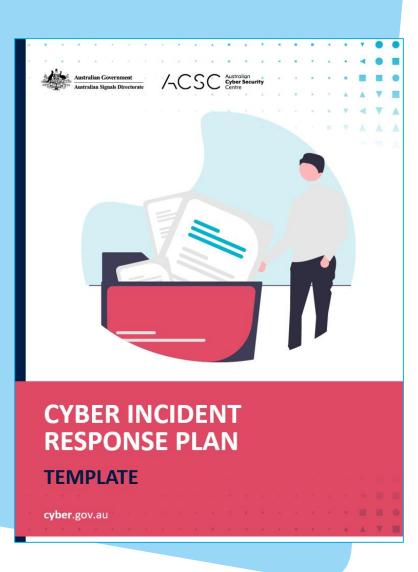
Cyber incident response

Current standard

What's the bare minimum and what are we audited against?

Business Continuity Plan, Incident Response Plan, IT Disaster Recovery Plan...all annually tested.

- Is this enough?
- Do you have underpinning playbooks and are they tested?





Cyber Inc	cident Response Plan	
Tala	la of Contonta	
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Cyber incident risks Insurance perspective

Risk insights:

- Did not have a Cyber Incident Response Plan or no linkage with BCP
- Did not have access to BCP (compromised system)
- DR Plans didn't exist or outdated for critical and legacy systems
- > Time taken to restore systems longer than expected





An example of Health Services' incident handover/escalation



Benefits/Value:

- Collaboration
- Understanding co-workers
- Concise and standard communication and information
- Agreed approach
- Ongoing practice and training for it to occur naturally.



ISBAR

Identify	Yourself and your role, patient using 3 identifiers (refrain from using patient location).
Situation	What is going on? What is your reason? Use standardised status labels.
Background	What has been happening with the patient during your shift? What is their current diagnosis and plan of care?
Assessment and actions	Provide details of observations, procedures, treatment thus far, what do you feel needs to be done or changed?
Responsibility/ recommendations	How urgent do you require a response from this person? Set deadlines for actions.

SBAR report to clinician about a clinical obstetric situation

I am calli		
	ng about (woman's name):	Ward: Hosp No:
	lem I am calling about is:	
I have jus	t made an assessment:	
The vital	signs are: Blood pressure/ Pulse	Respirations SPO ₂ % Temperature_
I am conce	rned about:	
	Blood pressure because it is:	Maternal serum lactate because it is:
	systolic over 160	Urine output because it is:
	diastolic over 100	
	systolic less than 90	less than 100mls over the last 4 hou
	Pulse because it is:	significantly proteinuric (+++)
	over 120	Haemorrhage:
	less than 40	Antepartum
	Respirations because they are:	Postpartum
	less than 10	Fetal wellbeing:
	over 30	Pathological CTG
	The woman is having oxygen at	FBS Result: pH
	I/min	Time sample taken: hrs
	Maternal temperature because it is:°C	
		Obstetric Early Warning Chart Score:
Backgro	und (tick relevant sections)	
The woma	n is:	
	Primparous Multiparous Grand multparous	s
	Gestation: wks Singleton Mul-	tiple
	Previous Caesarean section or uterine surgery	
Fetal we		
	Abdominal palpation:	
	Fundal height:cms Presentation:	Fifths palpable: FH rate:bpm
	CTG: Normal Suspicious Pathological	
Antenat		
	A/N problem (details):	
Labour		
	Spontaneous onset Induced	
	IUGR Pre eclampsia Reduced Fetal movem	ents Diabetes APH
	Syntocinon	
	Most recent vaginal examination: Time	rs
	Cervical dilatation:cms Station of press	enting part: Position:
	Membranes intact Meconium stained liquo	r Fresh red loss PV
	Third stage complete Retained placenta	
Postnata	<u>\[</u>	
Postnata		e:hrs
Postnata	Delivery date: Delivery time	e:hrs Perineal trauma:
Postnata	Delivery date: Delivery time Type of delivery:	Perineal trauma:
Postnata	Delivery date: Delivery time	Perineal trauma:n
	Delivery date: Delivery time Type of delivery: Blood loss:mls Syntocinon infusio Fundus: High Atonic Uterus tender Al	Perineal trauma:n
Treatme	Delivery date: Delivery time Type of delivery: Blood loss:mis Syntocinon infusio Fundus: High Atonic Uterus tender Al nt given / in progress:	Perineal trauma:n
	Delivery date: Delivery time Type of delivery: Blood loss:mis Syntocinon infusio Fundus: High Atonic Uterus tender Al ant given / in progress:	Perineal trauma:n
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Treatme	Delivery date:	Perineal trauma: n bdominal/perineal wound oozing
Assessm Recom	Delivery date:	Perineal trauma: n bdominal/perineal wound oozing
Assessm Recom	Delivery date:	Perineal trauma: n bdominal/perineal wound oozing man is deteriorating and we need to do something
Assessm Recom	Delivery date:	Perineal trauma: n bdominal/perineal wound oozing man is deteriorating and we need to do something
Assessm Recom	Delivery date:	Perineal trauma:
Assessm Recom	Delivery date:	Perineal trauma:

Person completing form (name):_



ISBAR escalation template

Example of Health Services' training

PROMPT

PRactical Obstetrics Multi-Professional Training

Training model:

- Local unit train where it happens
- Regularly scheduled recommended annually
- Train 100% of staff all at the same level
- Evidence based ensuring focus on risk priority
- Practical Lectures, hands-on skill stations, simulation scenarios in the clinical area
- Multi-professional improves comms, roles & leadership and situational awareness







Together we can make childbirth safer

50%

Reduced HIE (hypoxic brain injury)

Introduction of PROMPT training in North Bristol NHS Trust led to less birth hypoxia.

34%

Reduced maternal deaths

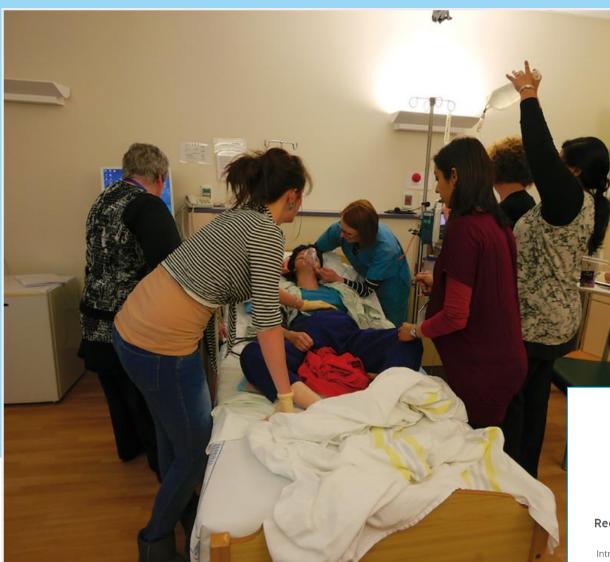
The introduction of PROMPT to Mpilo Hospital in Zimbabwe has improved maternal survival. \$38m

Savings in litigation

After introducing PROMPT, Kansas University Hospital improved outcomes for individuals and families, resulting in reduced litigation costs.

PROMPT simulation







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- Practical simulations
- **Diversify** training methods
- Regularly schedule
- Automate and optimise
- Establish a pulse checker (helicopter view)
- Tailored toolkits for scenarios
- Simple classification (Visuals > Text)
- Continually adopt from other industries

Ransomware - Example Playbook



Identification

- Identify the following:
 - Impacted hosts
 - Impacted user accounts
 - · Suspicious files and processes
 - Obtain file hashes
 - Command-and-control (C2) connections
- Determine the point of origin
- Run IoCs against Threat Intelligence
- If High or Critical risk, assemble Incident Management Team (IMT)

Containment & Eradicate

- Isolate impacted hosts in EDR
- Disable impacted user accounts in IdP and active sessions
- Disconnect backups for impacted hosts
- Reset passwords for impacted user accounts
- Block C2 connectivity on the Firewall
- Root cause analysis
- Conduct threat hunt to verify the threat is contained
- Invoke Data Breach playbook if required
- Notify cyber insurer (<72hrs of identification)
- Notify OVIC & CIRS

Recovery

- Confirm via threat hunt:
 - Verify the file is not present within the network
 - Ensure no other hosts have visited the URI
 - No suspicious activity or additional users/accounts impacted
- Rebuild host if required
- Re-enable user account if required

IF REQUIRED

Incident Response

- VMIA engages Cyber Security Incident Response and Forensics partner
- Insurance Contact X
- Policy # 99999999

VMIA Incident Response Contacts

Primary Contact:

VMIA Cyber Emergency Hotline | +61 X XXX XXXX Secondary Contact(s):

Ian Pham | email address | +61 XXX XXX XXX

Tertiary Contact(s):

X person

Ransomware – Example Checklist



Identification			
Identify the following:	Details		
Impacted hosts			
Impacted user accounts			
Suspicious files and processes			
Obtain file hashes			
Command-and-control (C2) connections			
Determine the point of origin			
	Y	N	
Run IoCs against MS Threat Intelligence			
If High or Critical risk, assemble Incident Management Team (IMT)			

Containment & Eradicate		
	Y	N
Isolate impacted hosts in MS Defender		
Disable impacted user accounts in Azure		
AD and active sessions		
Disconnect backups for impacted hosts		
Reset passwords for impacted user accounts		
Block C2 connectivity on the Palo Alto NGFW		
Root cause analysis		
Conduct threat hunt to verify the threat is contained		
Invoke Data Breach playbook if required		
Notify cyber insurer (<72hrs of identification)		
Notify OVIC & CIRS		

Recovery			
	Υ	N	
Rebuild impacted hosts			
Confirm root cause of the incident has been resolved			
Monitor closely to ensure incident is resolved			
De-escalation process - Notify IMT			



Hopefully, a Cyber version...

