



Trainees - Apprentices
Labour Hire - Training

T/A



Corporate First Aid Australia

HLTAID009 Provide cardiopulmonary resuscitation

Participant Guide



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Unit of Competency

Application

This unit describes the skills and knowledge required to perform cardiopulmonary resuscitation (CPR) in line with the Australian Resuscitation Council (ARC) guidelines.

This unit applies to all persons who may be required to provide CPR, in a range of situations, including community and workplace settings.

Specific licensing/regulatory requirements relating to this competency, including requirements for refresher training should be obtained from the relevant national/state/territory Work Health and Safety Regulatory Authorities.

ELEMENTS

PERFORMANCE CRITERIA

Elements describe the essential outcomes

Performance criteria describe the performance needed to demonstrate achievement of the element.

- | | |
|---|---|
| 1. Respond to an emergency situation. | 1.1. Recognise and assess an emergency situation.
1.2. Ensure safety for self, bystanders and casualty.
1.3. Assess the casualty and recognise the need for cardiopulmonary resuscitation (CPR).
1.4. Seek assistance from emergency services. |
| 2. Perform CPR procedures. | 2.1. Perform CPR in accordance with the ARC guidelines.
2.2. Display respectful behaviour towards casualty.
2.3. Operate an automated external defibrillator (AED) according to manufacturers' instructions. |
| 3. Communicate details of the incident. | 3.1. Accurately convey incident details to emergency services.
3.2. Report details of incident in line with appropriate workplace or site procedures.
3.3. Maintain privacy and confidentiality of information in line with statutory or organisational policies. |
| 4. Review the incident. | 4.1. Recognise the possible psychological impacts on self and other rescuers and seek help when required.
4.2. Contribute to a review of the first aid response as required. |

Performance Evidence

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the workplace or community setting.

There must be evidence that the candidate has completed the following tasks in line with State/Territory regulations, first aid codes of practice, first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies and workplace or site procedures:

- managed, in line with ARC guidelines, the unconscious, breathing casualty including appropriate positioning to reduce the risk of airway compromise
- managed, in line with ARC guidelines, the unconscious, non-breathing adult, including:
 - performing at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on an adult resuscitation manikin placed on the floor
 - following the prompts of an automated external defibrillator (AED) to deliver at least one shock
 - demonstrating a rotation of single rescuer operators with minimal interruptions to compressions
 - responding appropriately in the event of regurgitation or vomiting
 - handing over to emergency services
 - providing an accurate verbal report of the incident
 - reviewing the incident
- managed, in line with ARC guidelines, the unconscious, non-breathing infant, including:
 - performing at least 2 minutes of uninterrupted single rescuer CPR (5 cycles both compressions and ventilations) on an infant resuscitation manikin placed on a firm surface.

Knowledge Evidence

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- guidelines and procedures including:
 - relevant ARC guidelines to managing the unconscious breathing and non-breathing casualty and provision of CPR
 - potential incident hazards and risk minimisation processes when providing first aid
 - infection control procedures, including use of standard precautions and resuscitation barrier devices
 - requirements for currency of skill and knowledge
 - first aid codes of practice
 - appropriate workplace or site procedures relevant to the provision of first aid
- legal, workplace and community considerations, including:
 - duty of care requirements
 - own skills and limitations
 - consent and how it relates to the conscious and unconscious casualty
 - privacy and confidentiality requirements
 - awareness of potential need for stress management techniques and available support for rescuers
- considerations when providing CPR, including:
 - upper airway and effect of positional change
 - appropriate duration and cessation of CPR
 - appropriate use of an AED
 - safety and maintenance procedures for an AED
 - chain of survival
 - how to access emergency services
- techniques for providing CPR to adults, children and infants including:
 - how to recognise that a casualty is unconscious and not breathing normally
 - rate, ratio and depth of compressions and ventilations

- correct hand positioning for compressions
- basic anatomy, physiology and the differences between adults, children and infants relating to CPR.

Assessment Conditions

Each candidate to demonstrate skills in an environment that provides realistic in-depth, scenarios and simulations to assess candidates' skills and knowledge.

Due to the nature of this type of training, it is acceptable for the performance evidence to be collected in a simulated environment.

Compression and ventilation skills must be demonstrated on resuscitation manikins following ARC guidelines for the purpose of assessment of CPR procedures.

Assessment must ensure access to:

- adult and infant resuscitation manikins following ARC guidelines for the purpose of assessment of CPR procedures
- AED training devices
- personal protective equipment (PPE).

Simulated assessment environments must simulate real-life situations where these skills and knowledge would be performed, with all the relevant equipment and resources of that workplace or community environment.

Assessors must satisfy the Standards for Registered Training Organisations' requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit.

Assessment Overview

This unit requires you to complete three assessment tasks. You must satisfactorily complete all tasks to achieve competency for this unit.

Assessment Task	Task Summary
Assessment Task 1: First Aid Scenarios and Demonstrations	Participants will need to undertake two first aid scenarios in front of the assessor: <ul style="list-style-type: none"> ▪ Unconscious, Non-Breathing Adult CPR ▪ Infant CPR
Assessment Task 2: Knowledge Questions	Participants must correctly answer all questions to show that they understand the knowledge required for this unit.
Additional Documents Required	Assessment Workbook for Task 2

Important Information for the Participant

The outcome of each assessment question or task is either Satisfactory (S) indicated by a tick or Not Yet Satisfactory (NYS) indicated by a cross.

You will be given two (2) attempts to complete each assessment. This means if you are deemed NYS on your first attempt, you will be given the opportunity to resubmit a written answer or demonstrate a skill once more only.

For Assessment task 2 and 3, the Assessor will provide you feedback on your performance by completing the comments section before returning the assessment to you. For assessment task 1 the assessor will give you verbal feedback on your performance.

If you are required to resubmit your assessment or re perform a skill the feedback will include guidance on what you are required to resubmit or perform.

Reasonable adjustments can be made to the assessment process for particular learning needs please discuss this option with the trainer/assessor.

Assessment Task 1: First Aid Scenarios

First Aid Scenarios

You will be observed by your assessor completing each first aid response (scenarios and demonstrations). You are required to complete each one satisfactorily.

Instructions for each scenario and demonstration are provided below.

Scenario 1 Unconscious, Non-Breathing Adult CPR

A staff member calls out to you from another room at your workplace. When you go to the room you find one of your colleagues lying unconscious on the ground.

Show your assessor that you can respond to this first aid situation.

Your assessor will have grouped you with a classmate who will play the part of the passer-by.

Your assessor will give you verbal instructions as to the specific details of the scenario (for example, the status of the casualty).

You should ensure you have an understanding of the following processes prior to commencing this scenario

- DRSABCD
- How to conduct a visual assessment
- How to place someone in the recovery position
- The secondary survey
- How to deal with vomiting/regurgitation
- Safe manual handling when dealing with a casualty
- How to treat a casualty with respect
- Monitoring a casualty until emergency services arrives
- How to rotate operators with minimal disruption to CPR
- The recovery position
- How to provide an accurate verbal report to emergency services
- How to review and debrief after a first aid situation.

Resources required for this scenario

- An AED training device
- A first aid kit
- Disposable gloves
- Face shield
- An adult manikin (placed on the floor)
- A classmate to play the part of the passer-by

Scenario 2 Infant CPR

One of your colleagues comes to visit your workplace during her maternity leave. She has 9-month-old baby. The baby is sitting on the floor playing when they stop breathing. The mother panics.

Show your assessor that you can respond to this first aid situation.

For this scenario, you will work alone with the infant manikin to demonstrate your ability to perform single rescuer uninterrupted CPR for two minutes (five cycles of both compressions and ventilations).

Your assessor will give you verbal instructions as to the specific details of the scenario (for example, the status of the casualty).

You should ensure you have an understanding of the following processes prior to commencing this scenario.

- DRSABCD
- Consent to perform first aid
- How to conduct a visual assessment
- Safe manual handling when dealing with a casualty
- Monitoring a casualty until emergency services arrive
- The recovery position
- How to provide an accurate verbal report to emergency services
- How to review and debrief after a first aid situation

Resources required for this scenario

- An infant manikin
- A first aid kit

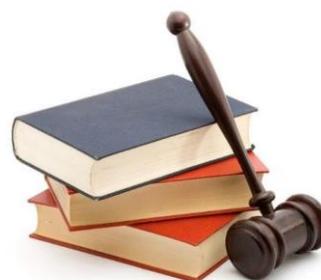
Overview

As someone who is trained in first aid there are a number of legal, workplace and community factors you need to think about. The information here is meant as a guide – always make sure that you are familiar with the particular requirements of your state/territory and organisation.

Being trained in first aid doesn't mean you can be forced to attempt a first aid rescue in an emergency situation. You can observe or walk away from the scene, though this is not encouraged. You should always do what you can to help someone in need. You should also remember to keep yourself safe and well.

Legal, workplace and community factors you need to consider include:

- Duty of care requirements.
- Consent.
- Respectful behaviour towards a casualty.
- Privacy and confidentiality requirements.
- Your own skills and limitations.
- The need for stress-management techniques and available support following an emergency situation.
- The importance of debriefing.



The Code of Practice for first aid requires all employers to ensure that their nominated first aiders attend training on a regular basis to remain current in their skills.

Good Samaritan Protection

States and territories have laws that protect people who come “to the aid of a person who is apparently in need of emergency assistance”. If you provide first aid within your training and without being reckless you are protected from civil liability. If you provide first aid while under the influence of drugs or alcohol you are not protected. In WA the protection is in the Civil Liability Act 2002. It is there to encourage people to respond and provide first aid. People may hesitate if they are worried about being personally responsible for what happens in a first aid situation.

Duty of Care

Once you start providing first aid the law says you must continue until:



- Vital signs return.
- Emergency services assistance arrives.
- Exhaustion makes it impossible to continue.
- Authorised personnel declare the casualty as officially deceased.

This legal obligation to care is known as 'duty of care'.

Duty of care means that you must take reasonable steps to ensure your actions don't knowingly cause harm to another individual.

In a first aid situation you don't legally have to provide treatment unless you have a previous duty of care to the injured person.

Some examples of where a duty of care to provide first aid exists include cases where:

- You are a worker who is trained, qualified and designated as a first aid officer in a company, and you have a duty of care to provide first aid to workers in the workplace.
- You are responsible for the person injured.
- You are an official first aid volunteer at an event.
- You have started giving first aid in an emergency.

In a situation where you have started first aid, under duty of care you can't then stop unless a medical practitioner or a person with better qualifications takes over. Your duty of care is to do everything reasonable given the situation.

If you are unable to hand the casualty over to a medical practitioner, you should always advise the individual to seek professional medical assistance/advice.

In the workplace duty of care is also affected by Health & Safety legislation.

WHS Legislation and Codes of Practice

OHS/WHS legislation are the laws and codes of practice designed to help keep your workplace safe. It is important that you are familiar with the OHS/WHS laws that exist in your state or territory.

OHS/WHS legislation and regulations outline the responsibilities of an employer to provide first aid facilities and workers trained in first aid. The regulations may also detail the requirements of first aid kits and facilities based on the size of the organisation and the type of work environment.



OHS/WHS guidelines for preventing accidents in the workplace should be found in your workplace policies and standard operating procedures. It should have procedures on how to deal with a workplace accident. It will also provide guidance about how to manage risks and hazards in the workplace and during first aid events.

It may include instructions on how to use Personal Protective Equipment (PPE), which can prevent infection spreading.

Risk Management - Identify the Hazards

Following an incident, there may be a range of hazards at the scene. A HAZARD is the thing or situation that causes injury, harm or damage. Use all of your senses to check for hazards. Can you see, smell or hear anything that could be hazardous?

You should also talk to other people at the scene about any hazards they might have found.



Consent



If you decide to go ahead with first aid, you must try to get consent from the casualty, and stop if they ask you to. If the person doesn't give consent and you touch them or they think you will touch them, you could be charged with assault or battery. You may not always be able to get consent from an injured person, as they may be unable to communicate due to injuries or being unconscious. In these cases, the law assumes that the person would have consented if they had been able to, but only if their life or future health was in danger. This is implied consent.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent, caregiver, a registered medical practitioner or emergency services if the child's parent/caregiver cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without

authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible. Often childcare centres include authorisation for first aid and medication in enrolment documentation.

If the casualty is well enough to speak, ask them if it is all right if you touch them or move them. Think about how you would like to be treated if you were hurt and scared and treat the casualty the same way.

Showing Respect

It is important to be aware that individuals may have differing views and beliefs regarding receiving medical or first aid treatment. These may relate to cultural, religious or personal beliefs and customs. Your first aid skills should be applied to the casualty in a way that doesn't force first aid procedures and respects the individual's beliefs. You should follow the guidelines for consent with every individual. Also check the casualty for medical identification tags such as a bracelet or necklace. These will give you information like the name of the casualty, emergency contact, medical illnesses, allergies, and even what medical treatment they would refuse.

Ways to treat a casualty respectfully include:

- Ask for consent and respect their wishes
- Being aware of cultural needs
- Communicating effectively and explaining what you are doing
- Being sensitive to modesty and privacy and aware of impairments

Report Details of the incident

It is important to keep records of emergencies and injuries, including what happened and how it was addressed. Record keeping and reporting requirements can vary between states and territories, industries and organisations.

If you are acting as a first aid officer in your workplace, make sure you follow the specific recording guidelines and procedures. Records should be made and kept for every workplace first aid incident, with copies provided to the organisation. If providing first aid outside of the workplace you should make a record of the event, or at least keep notes about the first aid you gave.

Records should be clear and concise as they may be used as a legal document in court. Make sure that any first aid records are accurate, factual and only include your observations and actions, not your opinions.

Privacy and Confidentiality

You should be aware of privacy and confidentiality legislation. This protects medical data from being circulated to the general public and ensures it is only handled by authorised workers and on a 'need to know' basis.

It is also part of treating casualties respectfully. When giving a verbal report or handover in the workplace or to emergency services, ensure it is done in a way that protects the privacy of the casualty.

Each organisation will have policies and procedures for safeguarding sensitive medical information, including first aid details. Don't leave first aid reports lying around where they can be seen by unauthorised people. Store and distribute them according to workplace policies and privacy requirements.

People you can share information with are:

- Ambulance officers or paramedics
- Nurse or doctor at a hospital
- Another first aid responder involved in the incident
- Family of the casualty



Your First Aid Skills and Limits

Paramedics have advanced skills in first aid and when they arrive to treat the casualty, they can apply advanced life support procedures that they are qualified to administer.

As a first aider you are not expected to be an expert.

Your **role** as a first aider is:

- respond promptly
- be able to prioritise
- be proactive in applying the principles of first aid management

It is also a good idea to keep trying to improve your first aid skills. Your employer might provide training so you can keep your skills up to date. You could also do your own reading and research. There will always be something that you can learn and therefore be a more effective first aider.

You must stay within your training and do what is reasonable in the situation. That way you are protected by good Samaritan laws.

Industry standard recommendation to maintain current competency in First Aid is complete a refresher course 3 years, with ARC guidelines recommending the CPR component to be refreshed annually.

Be aware of your own personal limitations including:



Psychological Impacts

Not everyone who is involved in critical incidents will be badly affected but some people can suffer from mental health issues such as Post-Traumatic Stress Disorder (PTSD).

The signs of trauma or stress may include:

- Emotional outbursts.
- Irritability.
- Disturbed sleep.
- Flashbacks.
- Feeling numb.
- Anxiety.



Talking with children about their emotions and responses to first aid events can help them understand what happened and cope with it. When talking to children keep it simple and truthful, answer their questions honestly. Give them the basics. Listen closely and take time to correct misunderstandings. Encourage the expression of emotions, that it is OK to be angry, afraid and to cry. A child may repeat the same questions and will need reassurance. Drawings may help to communicate with children.

Dealing with Stress

To help you deal with stress you could try talking to a friend, co-worker or trained counsellor for support. You might visit your GP who can refer you to a qualified counsellor if necessary.

Lifeline is a 24-hour confidential telephone crisis counselling service available Australia wide. Free call on 13 11 14. Information about accessing support for stress-related disorders can be found on the Beyond Blue website (www.beyondblue.org.au) or telephone information line 1300 22 4636.

You could do pleasant activities or hobbies that have helped in the past like walking or listening to relaxing music. Eating well and getting enough sleep can also make things easier.

Debriefing and Self-Evaluation

After the emergency incident it is important to take part in debriefing. Debriefing is important because by talking to your supervisor, work colleagues or a counsellor you will be able to bring up any issues or concerns you might have had with the emergency response process, including first aid procedures. Debriefing is also a chance to learn more about your own abilities and reactions in a crisis.

Your organisation can also learn from your experience and develop methods to improve emergency response techniques. Your supervisor might decide to send you to relevant training courses for professional development and to update the skills needed to become a better first aider. Debriefing may also give you closure on the incident.

Debriefing and evaluation are important because it helps you and other first aid responders to deal with the stress from a traumatic incident. It also helps you and your workplace improve the way you provide first aid in the future. Debriefing is also important to give emergency services details about what happened and what first aid was provided for the handover.

Principles of First Aid

When you are providing first aid it is important to understand the established first aid principles.

The 4 principles are:

- Preserve life.
- Prevent illness, injury and condition(s) becoming worse.
- Promote recovery.
- Protect the unconscious casualty.

The principles of First Aid are built into the Australian Resuscitation Council (ARC) guidelines, which tell you how to provide first aid.

These guidelines are about:

- First aid management of injuries.
- The basic life support system "DRS ABCD".
- First aid training requirements.



Following the ARC guidelines will also help you to meet legal obligations relating to providing first aid.

Safe Work Practices

Standard precautions

As a first aider you could come into contact with human blood and bodily fluids like saliva. These can carry viruses or bacteria, which cause diseases. You therefore need to pay attention to proper hygiene and standard infection control procedures.



Standard infection precautions include:

- Wearing protective gloves to maintain personal hygiene and to act as a physical barrier
- Covering any cuts, abrasions or skin conditions you may have.
- Cleaning away blood and other bodily fluids. If the person is bleeding and you haven't got any gloves or other protection
- you could ask them to help by applying direct pressure to the wound or placing a dressing or other clean cloth between your hand and the wound.
- Not touching your face, especially your mouth, ears and eyes.



- Washing your hands thoroughly. Use soap and water or an antibacterial hand gel, both before and after providing first aid, even if gloves were used.
- Disposing of contaminated waste in biohazard containers.
- If these are not available put waste in a leak-proof/sealable bag or container and dispose of it carefully.
- Correctly disposing of contaminated sharp objects (such as needles). If possible, use tongs to pick them up and put them into the 'sharps' container.
- Using a protective mask and following infection control best practice (ARC guidelines 9.6.2) before you perform resuscitation.

It is your responsibility to maintain the highest standards of personal hygiene while you are providing first aid. This will help to protect you and the casualty.

Manual Handling Techniques

You may need to move a casualty away from hazards in the area or to make it easier to get to them for treatment.

First check with the casualty to make sure they are comfortable about being moved and explain what you are going to do.

To make sure you don't hurt yourself or the patient you should use techniques for safe manual handling. You should always bend your knees and not your back when lifting. This will help to avoid straining your back.



Understand your own limitations and strength. If you can, get somebody to help you to move the casualty. Don't hurt yourself in the process – you could cause further harm if you drop the person.

Be careful not to twist or bend the casualty's neck and back as this could make their injuries worse.

If it looks like any movement is hurting them, stop.

There are different ways to move the casualty and you need to plan how you are going to do it.

In planning the move, you should think about:

- The size of the casualty.
- The condition of the casualty.
- The conditions at the scene.
- Your physical strength and ability.
- Getting other people to help you.



It's always best to get help in moving the casualty so that you don't hurt them or yourself. Make sure that the other people helping you aren't injured though. You can use Emergency Moves or Planned Moves.

Use good lifting techniques:

- Maintain a straight back, bend your legs and use equipment when available
 - Maintain a large base of support by stabilising your feet
 - Don't move a casualty on your own.
 - Lift only as a last resort – it is best not to lift, unless life threatening
 - Keep the objects and the casualty close to your body if lifting or moving
- Equipment**

There is a large range of first aid equipment you can use to treat a casualty.

Always follow workplace procedures and the manufacturer's instructions for using first aid equipment.

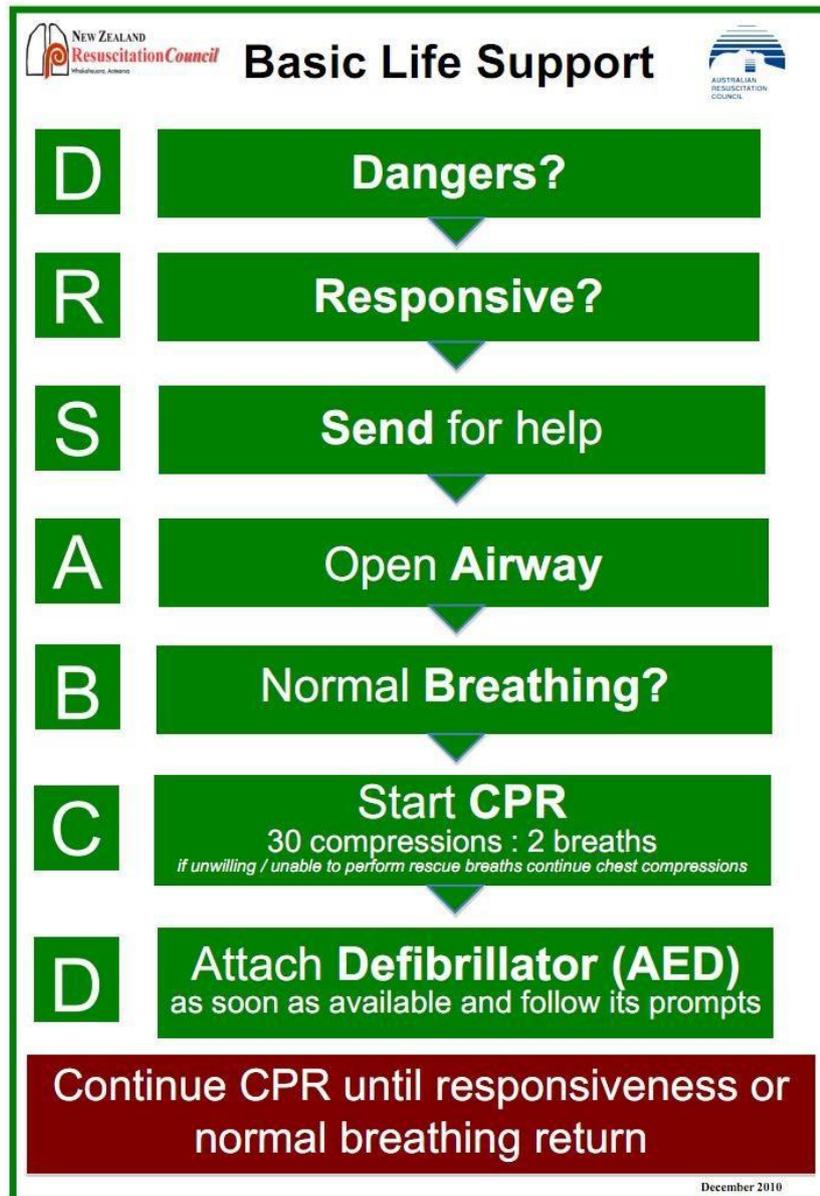
If you aren't sure about something, check the instructions or talk to your supervisor.

You might also be able to get some training.

DSRSABCD

Overview

A very important part of emergency first aid treatment is the ARC's 'Basic Life Support' chart. It shows the "DRS ABCD" process for performing resuscitation or CPR.



You should follow these ARC guidelines for each stage of the "DRSABCD" process.

D-Dangers

Check the surrounding area and make sure it's safe for you, the injured person and others in the area. Do this by looking, listening and smelling. If the casualty is in immediate danger you should move them, but only if it is safe to do so. Try to lift or move the person in a way that won't hurt them more and remember to protect yourself from back strain or other injuries.



Assess the Scene and Casualty

Before you start any first aid treatment you must assess the scene for any hazards or risks to yourself, the casualty and others. You also need to assess the casualty. This is so you can be sure about how to treat them.

Initial Assessment

Once you arrive at the scene of an emergency, it's vital to do an initial assessment of the scene. The first stage in the initial assessment is to survey the scene of the emergency. This will help you to see the type of accident and any immediate risks/hazards to the casualty, bystanders and treating workers. Make sure you are not placing yourself at risk by trying to provide first aid. While you are surveying the scene, you might come across some barriers to action.

Possible Barriers:	Description:
Presence of Bystanders	You might feel embarrassed performing first aid in front of others or you may assume someone else will be doing it.
Uncertainty about the Person	The injured person may be a stranger, older, younger, different gender or race. You should provide assistance anyway even it is only by calling '000'.
Nature of the Illness/Injury	The emergency may be unpleasant or confronting (blood, vomit etc.). Still try to do as much as possible. If needed take a moment to collect yourself but remember – it is still an emergency.
Fear of Disease Transmission	The risk of disease transmission is actually quite small. If you take appropriate precautions you can greatly reduce the risks.
Fear of Doing Something Wrong	As long as you do everything reasonably possible and follow your duty of care you shouldn't worry about making an error. Some first aid is better than no first aid.

Primary Survey

A primary survey covers the following 4 points:

1. State of consciousness/responsiveness
2. Airways.
3. Signs of life.
4. Severe bleeding

Common questions that should be in a primary survey include:

- Are emergency personnel required?
- Are there signs of bleeding or burns?
- Are they conscious or slipping in and out of consciousness?
- Are there signs of life? i.e., movement, normal breathing, skin/face normal colour
- Is the casualty breathing? Is the airway open?
- Does the casualty have any broken bones?
- Are there signs of life? i.e., movement, normal breathing, skin/face normal colour
- Is the casualty breathing? Is the airway open?
- Does the casualty have any broken bones?

Vital signs are used to measure the condition of the casualty.

- Conscious state.
- Pulse (or heart rate).
- Breathing.
- Skin colour and appearance.



These vital signs must be constantly checked as they can change very quickly. Keeping up with any changes can often mean the difference between **life and death**.

R – Responsive

Check the patient's responses by talking and touching them (ask for consent, squeezing their shoulders). This is referred to as the "Talk and Touch Method". You may also say:

- What is your name?
- Open your eyes.
- Squeeze my hand, let it go.
- Can you hear me?

If the patient responds they are conscious, breathing and have a pulse. Make them comfortable and check them for any injuries using the **Secondary Survey Technique**.

Call for help if required and keep monitoring them for at least 10-15 minutes before letting them move.

If you don't get a response call 000 immediately.

A person who doesn't respond is unconscious. This is potentially life threatening as they could choke, their breathing might stop or they could bleed to death.

S – Send for Help

Dial for an ambulance or medical assistance as soon as possible.

When speaking on the phone, try your best to stay calm, speak clearly to the telephone operator and try to answer all the questions as best you can.

You might need to borrow a bystander's mobile phone to **call 000**. If possible, ask them to make the call while you stay with the casualty and treat them. If you are alone, you should shout for help. If no one comes, start CPR straight away.

In an emergency at work, you could ask your colleagues, supervisors or anybody close by to help. Someone might be able to take over the treatment if you get tired doing CPR.

Accurately convey incident details to emergency services

When calling emergency services, let the operator know the following details:

- **Where and when the emergency happened** – the exact address/location, including city/town, nearby crossroads/main roads, landmarks, building name, floor, room number as applicable. The more details the caller can provide the easier it will be for emergency response services personnel to find you.
- **What happened** – car accident, fall, drowning etc., how many people are involved and the condition of the casualty/s (bleeding, unconscious, chest pain etc.).
- **What is being done** – details of the first aid that is being/has been provided so far.
- **Who you are and the number you are calling from** – in case the call is dropped.
- **Who the casualty is**, if known.

DO NOT hang up the phone until you have been given instructions on how to proceed.

A – Open Airway

The next step is to check that the casualty's airway is clear so that their breathing is not obstructed (blocked).

(ANZCOR Guideline 4 – Airway)

Airway management is required to provide an open airway when the person:

- is unconscious
- has an obstructed airway
- needs rescue breathing.

If there is any foreign material present you should move the casualty into the recovery position and allow the material to drain from the mouth. If the casualty vomits or regurgitates their airway may be blocked.

If foreign matter is present in the casualty's mouth, place the casualty into the recovery position and use two fingers to scoop it out



For unresponsive adults and children, it is reasonable to open the airway using the head tilt chin lift manoeuvre.

(For lay rescuers performing compression-only CPR, there is insufficient evidence to recommend the use of any specific passive airway manoeuvre. [LOE: Expert Consensus Opinion])

Head Tilt/Chin Lift

One hand is placed on the forehead or the top of the head. The other hand is used to provide Chin Lift. The head (NOT the neck) is tilted backwards. It is important to avoid excessive force, especially where neck injury is suspected. When the person is on their side, the head will usually remain in this position when the rescuer's hands are withdrawn.



Chin lift is commonly used in conjunction with Backward Head Tilt. The chin is held up by the rescuer's thumb and fingers in order to open the mouth and pull the tongue and soft tissues away from the back of the throat.

A suggested technique is to place the thumb over the chin below the lip and supporting the tip of the jaw with the middle finger and the index finger lying along the jaw line. Be careful that the ring finger does not squash the soft tissues of the neck. The jaw is held open slightly and pulled away from the chest.

Drowning

A drowning person can have a cardiac arrest and die. You could put your life in danger by trying to rescue the casualty from the water. If possible, use an item that floats to help get the person out of the water.

Check first that it is safe to do so and then:

- Have someone call for an ambulance.
- Get the person out of the water using a flotation device if available.
- When the casualty is out of the water immediately turn them on to one side, open the airway and let any water/vomit drain out.
- Follow the Emergency Action Plan DRSABCD. If no signs of life are present immediately start CPR.
- Continue with CPR until emergency services personnel arrive.

Ensure the casualty goes to hospital even if they recover, as airway and breathing difficulties can develop or redevelop up to twenty-four (24) post drowning.

The Recovery Position

This is the best position for a casualty who is unconscious and breathing. It keeps their airway open and allows any vomit to drain onto the floor so they don't choke on it. It is important that the casualty is put into the recovery position, as it will prevent asphyxiation due to body position.

Adult or child over 1 year

1. With the patient on their back, kneel beside the patient and position their arms.
 - Place the patient's furthest arm directly out from their body.
 - Place the patient's nearest arm across their chest.
2. Position the patient's legs.
 - Lift the patient's nearest leg at the knee and place their foot on the floor so the leg is bent.
3. Roll the patient into position.
 - Roll the patient away from you onto their side, carefully supporting their head and neck the whole time.
 - Keep the patient's leg bent with their knee touching the ground to prevent the patient rolling onto their face.
4. Place the patient's hand under their chin to stop their head from tilting and to keep their airway open.

Infant under 1 year

1. Lie the infant face down on your forearm.
2. Support the infant's head with your hand.

B – Breathing



While keeping the airways open,
LOOK for movement of the upper abdomen or lower chest
LISTEN for the escape of air from nose and mouth
FEEL for movement of air at the mouth and nose.

This is often easier to do when the injured person is on their back but can also be done while they are in the recovery position
 For a full 10 seconds you should position yourself so that you can hear and feel if air is escaping from the nose and mouth. Also watch the chest and abdomen to see if they rise and fall with air movement.

If the casualty is breathing normally, position them in the recovery position and again check their airway and head position.

Check their airway after one minute and then every two minutes.

If you or someone else has not called for emergency services do so now, while continuing to check the airway and vital signs until they arrive.

If the casualty is NOT breathing normally and there are no signs of life, then you will need to begin CPR.

C – Start CPR

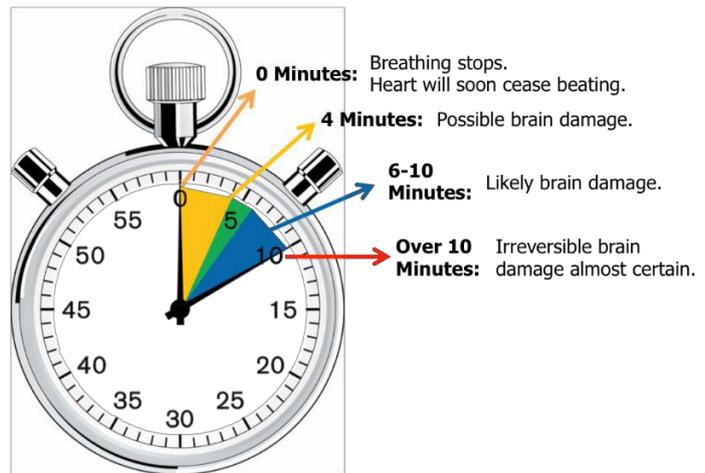
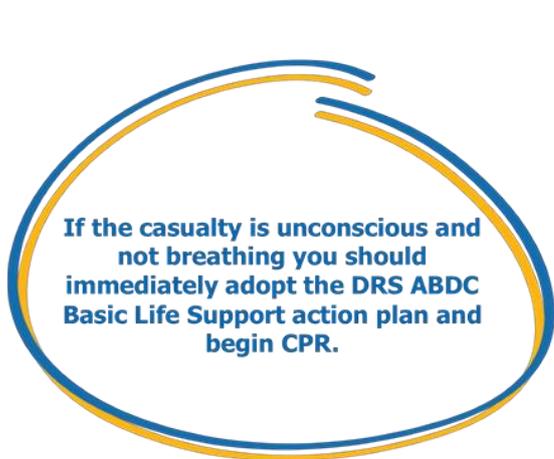
Cardiopulmonary Resuscitation (CPR) is the name given to the technique of combining rescue breaths with external cardiac compressions. When CPR is applied to the casualty, body systems such as the brain and the heart are affected as oxygen is being pumped into the blood through the circulatory system.

CPR can save lives or increase the chance of survival for the casualty until qualified medical help takes over. You can check if CPR is needed by looking for signs of collapse or a life-threatening situation such as stopped breathing, no pulse and unconsciousness. If there is no response or vital signs are missing then you should start CPR immediately.

The initial assessment is very important. If the casualty has been assessed to be in a life and death situation appropriate life saving strategies are urgently needed. For example, if the initial assessment revealed a sudden cardiac arrest, the chain of survival should be used. If the casualty was found unconscious and not breathing properly, then CPR could be performed.

If CPR is not done quickly the casualty won't have enough oxygen.

This could cause brain damage and death.



CPR consists of 30 chest compressions and 2 rescue breaths.

Follow these directions when administering CPR:

1. Ensure the person is lying on their back on a flat surface
2. Kneel beside the person between the head and chest
3. Find the correct position around the centre of the chest
4. Interlock fingers and apply pressure to the sternum with the heel of your hand
5. Use 2 hands for adults, 1 hand for a child and 2 fingers for an infant
Children (the size of the child will determine if you do CPR with 1 hand or 2 hands)
6. Keep your shoulders directly over your hands to push straight down
7. Keep your elbows locked to use your upper body strength not just your arms
8. Compress to one third of chest height
9. Maintain a steady rhythm of 100 – 120 compressions a minute
10. After 30 compressions perform rescue breaths

(ANZCOR Guideline 8 – Cardiopulmonary Resuscitation (CPR))

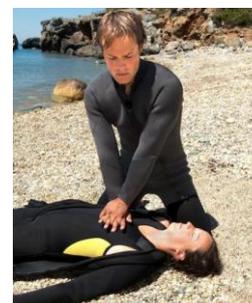
Minimise Interruptions to Chest Compressions

CPR should not be interrupted to check for response or breathing. ANZCOR places a high priority on minimising interruptions for chest compressions. We seek to achieve this overall objective by balancing it with the practicalities of delivering 2 effective breaths between cycles of chest compressions.

Duration/Cessation of CPR

- the person responds or begins breathing normally
- it is impossible to continue (e.g. exhaustion)
- a health care professional arrives and takes over CPR
- a health care professional directs that CPR be ceased.
- It is unsafe to continue

If you are unwilling to give mouth-to-mouth, you should at least continue to administer chest compressions.



If signs of life return (consciousness, normal breathing, moving), place the person in the recovery position.

Always keep monitoring the person and be prepared to start CPR again if needed.

Rotating CPR Operators

Administering CPR can be very tiring, especially chest compressions, and as a result the quality of the compressions can get worse and be less effective over time as the first aider becomes tired.

If there is another first aider available then, to help maintain the quality and effectiveness of CPR compressions, it is suggested that the person doing the compressions is rotated every 2 minutes. If rotations are made more frequently the effectiveness of the CPR can be reduced due to the interruptions.

You should try to make the changeover as quickly as possible. This can be achieved in a number of ways:

- Have the people rotating compressions on opposite sides of the casualty – One can be ready and waiting to swap as soon and the one doing the compressions stops.
- Make the swap during other interruptions – for example, when the AED is being administered.
- Have someone counting out loud or counting down to when the changeover should occur.

Infant and Child CPR

When giving CPR to infants (under 1-year-old) and children the same process as for adult CPR should be followed.

You can use the same techniques on children, however administering CPR on infant requires some adaptations:

- **Opening the airway.** Be careful when using this on infants. Their airway can be easily obstructed due to the smaller diameter and their soft windpipe. If the head is tilted back too far the airway can become compressed and narrowed. The ARC suggest the head position should be kept neutral, using the chin lift first, with only a slight backwards head tilt if needed. DO NOT use maximum head tilt.
- **Compressions.** For infant compressions the ARC guidelines suggest only using 2 fingers, while still aiming to have the depth of compressions reach about 1/3 of the chest depth.
- **Rescue breaths.** Smaller breaths or puffs should be used. You may need to cover the infant's mouth AND nose with your mouth when administering the breaths to ensure a tight seal.

The same compression to breaths ratio should be followed for all casualties (30 compressions to 2 rescue breaths).

When carrying out compressions on children you can choose whether to use one or two hands (as with adults). Compressions on smaller children may require less force to reach the appropriate depth.

Always keep monitoring the person and be prepared to start CPR again if needed.

Anatomical differences

There are anatomical differences between adults and children that require different approaches and first aid techniques for example:

- **Smaller and less developed respiratory system** – puffs instead of breaths for CPR, short, narrow and soft trachea must be in neutral position
- **Less developed skeletal system** – 2 fingers for compressions, large tongue may block airway, more care is needed when moving casualty
- **Smaller and less developed circulatory system** – lower voltage AED
- **Small total blood volume** – even a small amount of blood loss can be very serious

Monitor an ill or injured infant or child carefully as a very small change in heart rate, temperature or respirations may have serious effects.

Normal Clinical Values

The Heart Rate, Temperature, and Respirations in infants, children and adults.

Vitals	Infant 0 - 1	Child 1 - 12	Adult
Respiratory Rate (breaths per minute)	30-40	15-35	12-20
Heart Rate (beats per minute)	100 - 160	70-100	60-80
Temperature (degrees Celsius)	36 -37.5	36 -37.5	36 -37.5

D – Attach Defibrillator

An AED is an electronic device that is portable, easy to operate, and used when the casualty is having a Sudden Cardiac Arrest (SCA). When the machine detects an abnormal heart rhythm, a small electrical charge is sent to the heart, which can restore normal heart rhythm. People who need CPR have abnormal heart rhythms.

The voltage of an adult AED is 150 joules. The voltage of a paediatric AED is 50 joules. Paediatric pads and cables can reduce the voltage of an adult AED.



Paediatric pads (1 – 8 years) are placed in the middle of the chest and on the back at chest height. With Infants (up to 12 months of age) an AED should not be used.

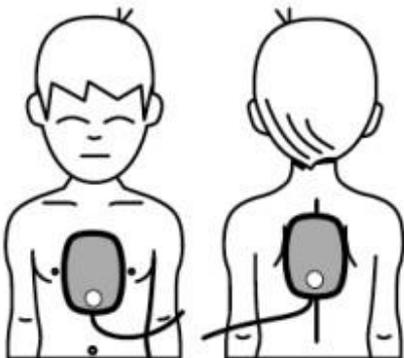
Attach an AED if available and follow the instructions.

You will find the instructions either in the booklet that comes with the AED or on the screen of the unit.

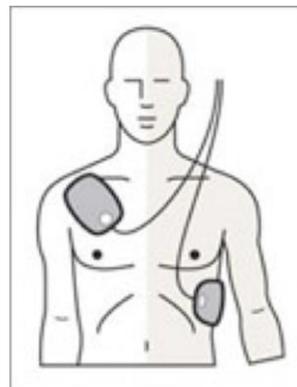
AEDs are easy to use so you don't need formal training. Most have visual and/or verbal instructions that you should follow as different machines may vary slightly.

Once the pads of the AED have been attached to the casualty – this must be directly to the skin, which may need to be dried off – the device will detect the person's heart rhythm and then deliver an electric shock if required.

Once the shock has been delivered, immediately continue CPR for a further 2 minutes, leaving the AED attached and following any prompts until ambulance personnel arrive.



AED pad placement 1 – 8 years



AED pad placement Adult

AED Maintenance

AED Maintenance Checklist

This checklist is general guidance for defibrillator maintenance. Each organisation should take reasonable steps to inform itself of its legal responsibilities for maintaining a defibrillator and check with the manufacturer for additional instructions. Defibrillator maintenance should be regular to ensure it's ready to be used in an emergency. While most Defibrillators perform routine self-testing, it is critical to visually inspect your unit regularly. Most AED pads have a 2-year expiration time.

		DATE OF INSPECTION	
CONDITION	Status ready indicator shows the unit is ready	<input type="checkbox"/>	<input type="checkbox"/>
	Battery is working and not expired	<input type="checkbox"/>	<input type="checkbox"/>
COMPONENTS	Unit is free of cracks, foreign substances, or other signs of damage	<input type="checkbox"/>	<input type="checkbox"/>
	Pads are sealed, unused and not expired	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting materials are sealed and unused within expiration – face shield, scissors, gloves, razor, alcohol wipes.	<input type="checkbox"/>	<input type="checkbox"/>

Each time after using your Defibrillator, you need to replace the pads with a new set and check the battery.

The Chain of Survival

The chain of survival is the rapid administration of CPR in sudden cardiac arrest situations to maximize its life saving potential. Understanding the links in the chain of survival can improve the chances of survival from a cardiac arrest.



Early Access	Recognise the signs that a cardiac arrest is about to happen and send for help by dialing triple zero (000 or mobile 112).
Early CPR	As soon as you see the victim collapse to the ground, start CPR immediately.
Early Defibrillation	Request an AED (Automatic External Defibrillator) from a bystander – they are easy to use – and apply it the moment the heart is in abnormal rhythm. For every minute defibrillation is delayed, there is approximately 10% reduction in survival.
Early Advanced Care Procedures	The sooner emergency response services personnel can attend the casualty, the better the chance of survival. Seek assistance from paramedics as soon as possible.

Secondary Survey

A secondary survey is done if the initial assessment found no life-threatening conditions.

It assesses the casualty more closely for signs such as cuts, burns, bruising, swelling, puncture wounds and anything out of place (misuse of drugs).

It involves carefully checking the casualty from head to toe.

To do the secondary survey follow these 3 steps:

1. Question the injured person and bystanders
 - This can give a better picture of what has happened.
 - Ask the person to describe how they are feeling, if they are in pain and where the pain is. Also watch them for any other signs of injury/illness.
2. Check the person vital signs
 - Conscious state, breathing, pulse, skin colour/ appearance
 - Check them every 5 minutes until emergency personnel arrive.
3. Check the person from head to toe
 - Start by telling them what you are about to do and ask them to remain still.
 - Try not to touch or move any painful areas.
 - Look for visual signs of injury, such as bruising, swelling, blood or other body fluids, etc.
 - Then, if a head or spinal injury is not suspected, ask the person to move parts of their body, beginning with the head, then moving down the body.
 - Continue to look for visual signs of injury and listen for indications such as abnormal sounds, pain responses etc.

Throughout the survey keep monitoring the person's signs of life.

Stop the survey if any problems begin to develop and immediately start first aid.

All information from the survey must be carefully collected, ready to be passed on to emergency response services personnel and your supervisor.



Reassure the Casualty

The casualty could be anxious, agitated and in a lot of pain so you need to be calm, respectful and comforting.

To reassure the casualty you should:

- Make a personal introduction.
- Show empathy.
- Maintain constant communication with the casualty.
- Adopt a caring voice tone and volume.
- Offer reassurance and gentle treatment in a culturally appropriate manner.

If the casualty is conscious talk to them gently, without raising your voice or shaking them. If they are badly hurt, be honest but try not to scare them. To make the casualty feel at ease it's important to give them information about what has happened, when it happened and what you are going to do to help them.

Make the Casualty Comfortable



You need to make the casualty as comfortable as you can until emergency services arrive.

This could mean moving them to a sheltered place out of the sun, rain, wind or cold. You could use coats, blankets or other things to keep them warm or shaded.

Pain management is important in keeping a casualty comfortable during first aid. You need to find out where the pain is coming from and how bad it is. This is part of the primary and secondary survey of the casualty. Remember that some people may not express their pain clearly. It could be worse than it seems.

Some general techniques you could use to manage the pain include:

- Offering reassurance.
- Putting the person in a more comfortable position and/or supporting or immobilising the injured body part.
- Helping to maintain the casualty's dignity and privacy – help clean them up and cover exposed body parts if possible.
- Managing the environment – controlling onlookers, lighting and noise levels and adjust heating or cooling if possible.
- Distracting and relaxing the person – talking to them and encouraging them to stay calm and breathe slowly may help. Stop talking if they seem upset or annoyed.
- Helping the person take their prescribed medications (e.g. heart tablets) but you shouldn't give them analgesics (pain relief drugs).

Remember: Assess the pain regularly while waiting for medical help. A person in pain may go into shock – look out for signs of this and give the appropriate treatment.

Triage

If it is a major incident and there are a lot of casualties to treat, you need to prioritise treatment. Start with the casualties with the worst injuries and based on their level of consciousness. This process is called 'triage'. Triage means deciding who to help first. It comes from a French term for separate or select.

This will give the most people the best chance of surviving the incident.

Triage priorities

RED – casualties who need immediate first aid for survival

YELLOW – casualties that can be stabilised and monitored

GREEN – casualties with less critical injuries that can move

WHITE – casualties that don't need first aid

BLACK – deceased casualties

Highest priority



Lowest priority

Workplace First Aid Kits

All workers must be able to access a first aid kit. This will require at least one first aid kit to be provided at their workplace.

The following is an excerpt from Safe Work Australia First Aid Code of Practice.

Contents

The first aid kit should provide basic equipment for administering first aid for injuries including:

- cuts, scratches, punctures, grazes and splinters
- muscular sprains and strains
- minor burns
- amputations and/or major bleeding wounds
- broken bones
- eye injuries, and
- shock.

The contents of first aid kits should be based on a risk assessment. For example, there may be higher risk of eye injuries and a need for more eye pads in a workplace in which work involves machinery or chemicals. For example, where:

- chemical liquids or powders are handled in open containers
- spraying, hosing or abrasive blasting operations are carried out
- there is a possibility of flying particles causing eye injuries
- there is a risk of splashing or spraying of infectious materials, or
- welding, cutting or machining operations are carried out.

Extra equipment may be needed in remote workplaces

Outdoor module

If work is performed outside and there is a risk of insect or plant stings or snake bites, assess whether a first aid kit should include:

- a heavy duty 10 cm crepe bandage for snake bites
- sting relief cream, gel or spray.

Remote module

Where people work in remote locations, a first aid kit should include:

- a heavy duty 10 cm crepe bandage for snake bites
- large clean sheeting, for covering burns
- thermal blanket, for treating shock
- whistle, for attracting attention, and
- torch/flashlight.

The appropriate contents will vary according to the nature of the work and its associated risks.

Burn module

If workers are at risk of receiving burns, a first aid kit should include:

- burn treatment instructions on two waterproof instruction cards: one for the first aid kit
- and the other to be located on the wall next to the emergency shower or water supply
- hydrogel sachets
- hydrogel dressings
- clean polythene sheets, small, medium and large, and
- cm cotton conforming bandage.