

Unit Code and Title	Assessed Skills Required Colour Code		
HLTAID009 Provide cardiopulmonary resuscitation			
HLTAID011 Provide first aid			
HLTAID012 Provide first aid in an education and care setting			

**To be deemed competent you will need to demonstrate the knowledge and ability to undertake all the skills listed in the bullet point, bold/italic writing (for units as colour coded in above key) and assessed satisfactory for all relevant sections by an assessor.**

Manage in line with ARC guidelines, the unconscious, breathing casualty including appropriate positioning to reduce the risk of airway compromise.

♦ ***Patient positioned on their left side if possible ♦ Top leg 90 degrees to body ♦ Slight head tilt back mouth should be opened and the head turned slightly downwards to allow drainage ♦ Continue to monitor the patient***

Perform at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on an adult manikin placed on the floor.

♦ ***Demonstrating DRSABCD ♦ Recognising abnormal respiration ♦ Opening and clearing the airway ♦ Correct hand location, depth, ratios and rate of compressions per the ARC recommendations ♦ Padding under head, may need head tilt ♦ Block nose with cheek or pinch between fingers ♦ Open mouth with pistol grip Form a seal over patients' mouth with your mouth ♦ Deliver breath until small rise of chest ♦ At the end of 2 minutes rotate operators***

Follow the prompts of an automated external defibrillator (AED) to deliver at least one shock.

♦ ***CPR continues until voice prompt not to touch patient ♦ Shaving the patient as required ♦ Applying the defibrillator pads to the correct position ♦ Ensuring that no one is touching the patient at time of shock ♦ Ensuring that all voice prompts are followed***

Demonstrate a rotation of operators with minimal interruptions to compressions.

♦ ***Performed at the end of the 2-minute uninterrupted single operator CPR ensure minimal interruption to compressions ♦ Person doing compressions to move 20-30cm towards patients' feet to make room for person taking over ♦ Count the new person in to decrease time off chest***

Responded appropriately in the event of regurgitation or vomiting.

♦ ***Patient positioned on their side ♦ Opening the mouth and using finger scoop for solids and gravity for liquids ♦ Slight head tilt back (mouth should be opened and the head turned slightly downwards to allow drainage)***

Manage 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.

♦ ***DRSABCD ♦ Recognising abnormal respiration ♦ Opening and clearing the airway ♦ Correct fingers or thumbs location, depth, ratios and rate of compressions per the ARC recommendations ♦ Head neutral midline / may need padding under shoulders ♦ Mouth over baby's nose and mouth ♦ Deliver a small puff of air until small rise of chest ♦ At the end of 2 minutes rotate operators***

Responded to at least one simulated first aid scenarios contextualised to the candidate's workplace/community setting where the candidate has no knowledge of the casualty's condition prior to starting treatment.

**Managed casualties with the following:**

Anaphylaxis.

♦ ***Lay the patient flat, do not stand or walk ♦ If breathing is difficult, allow to sit ♦ Prevent further exposure to the triggering agent ♦ If possible, administer the adrenaline auto injector into lateral thigh ♦ Give asthma medication for respiratory symptoms ♦ A second dose of adrenaline if there is no response 5 minutes after the initial dose ♦ If allergic reaction or anaphylaxis has occurred from an insect bite or sting follow Envenomation treatment, apply ice and monitor the casualty's vital signs***

Asthma.

♦ ***Follow the person's Asthma Management Plan ♦ If no Asthma Management Plan in place, start treatment with medications ♦ Select correct inhaler ♦ Follow the 4x4x4 plan ♦ Sit the person comfortably upright ♦ Stay calm and reassuring, do not leave the person alone ♦ Seek medical aid if no improvement.***

<p>Non-life-threatening bleeding.</p> <ul style="list-style-type: none"> <li>♦ <b>Apply pressure and elevate if still bleeding</b> ♦ <b>Recognise non-life-threatening bleeding is bleeding that can be controlled by direct pressure.</b></li> </ul>
<p>Choking – adult, child and infant.</p> <ul style="list-style-type: none"> <li>♦ <b>Ineffective cough and patient is unresponsive:</b> ♦ <b>Clear the airway if possible</b> ♦ <b>Send for help</b> ♦ <b>Start CPR</b></li> <li>♦ <b>Ineffective cough and patient is responsive:</b> ♦ <b>Send for help</b> ♦ <b>If child or infant, invert</b> ♦ <b>Give up to 5 back blows</b> ♦ <b>If not effective give up to 5 chest thrusts</b></li> <li>♦ <b>Effective cough:</b> ♦ <b>Encourage coughing until recovery or deterioration</b> ♦ <b>Send for help.</b></li> </ul>
<p>Envenomation, using pressure immobilisation.</p> <ul style="list-style-type: none"> <li>♦ <b>Call ambulance, keep the patient still, reassured and under constant observation</b> ♦ <b>If on torso direct pressure</b></li> <li>♦ <b>If on a limb, apply a broad pressure Elasticised or crepe bandage over the bite site ASAP</b> ♦ <b>If neither are available, clothing or other material could be used</b> ♦ <b>Bandage should be firm and tight, you should be unable to easily slide a finger between the bandage and the skin</b> ♦ <b>Apply a further pressure bandage, commencing at the fingers or toes of the bitten limb and extending upward covering as much of the limb as possible</b> ♦ <b>Splint limb including joints on either side of the bite</b> ♦ <b>Keep the patient and the limb completely at rest</b> ♦ <b>Bring transport to the patient if possible</b></li> </ul>
<p>Fractures, sprains and strains, using arm slings, using appropriate immobilisation techniques.</p> <ul style="list-style-type: none"> <li>♦ <b>Ensure circulation</b> ♦ <b>Control bleeding</b> ♦ <b>Immobilise / splint / bandage if required</b> ♦ <b>Elevate and apply ice if swelling indicated</b> ♦ <b>Collar and cuff sling for # shoulder / dislocation</b> ♦ <b>Lower arm sling for forearm and wrist</b></li> </ul>
<p>Minor wound cleaning and dressing.</p> <ul style="list-style-type: none"> <li>♦ <b>Recognise this is a minor cut or abrasion that is not actively bleeding and requires cleaning and dressing before potentially seeking further medical assessment</b> ♦ <b>Expected to clean the wound using suitable equipment found in workplace First Aid kits and cover it using a suitable dressing such as a low-adherent pad or similar</b></li> </ul>
<p>Nosebleed.</p> <ul style="list-style-type: none"> <li>♦ <b>Pressure to both sides of the nose over the soft part below the bony bridge</b> ♦ <b>Posture head forward</b> ♦ <b>Tell the patient to spit out blood rather than swallow</b> ♦ <b>Rest for at least 10 minutes</b> ♦ <b>On a hot day or after exercise maintain pressure for at least 20 minutes</b> ♦ <b>If bleeding for more than 20 minutes seek medical assistance</b></li> </ul>
<p>Shock.</p> <ul style="list-style-type: none"> <li>♦ <b>Control any bleeding promptly</b> ♦ <b>Lay the patient supine in a comfortable position</b> ♦ <b>If unconscious, place the person on their side</b> ♦ <b>Elevate legs if conscious</b> ♦ <b>Maintain body temperature</b> ♦ <b>Reassure and constantly re-check the patient's condition for any change</b> ♦ <b>Seek medical aid</b></li> </ul>
<p>Identifying the casualty's illness or injury through history, signs and symptoms.</p> <ul style="list-style-type: none"> <li>♦ <b>The primary survey is Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillation (DRSABCD)</b></li> <li>♦ <b>The secondary survey involves three main steps, head-to-toe assessment, questioning and history taking and taking and recording vital signs</b></li> </ul>
<p>Using personal protective equipment (PPE) as required.</p> <ul style="list-style-type: none"> <li>♦ <b>Depending on the type of incident and appropriate workplace policy the following may be appropriate:</b></li> <li>♦ <b>Disposable gloves</b> ♦ <b>Face masks</b> ♦ <b>CPR barrier devices such as face shields and masks</b> ♦ <b>Goggles</b></li> <li>♦ <b>Disposable aprons/gowns</b></li> </ul>
<p>Provide appropriate first aid treatment.</p> <ul style="list-style-type: none"> <li>♦ <b>Depending on the type of incident treat patient appropriately</b></li> </ul>
<p>Handing over to emergency services and providing an accurate verbal report of the incident. Or refer patient to see their own Doctor conveying injuries found and treatment given</p> <ul style="list-style-type: none"> <li>♦ <b>Patient hand over to relieving medical care including:</b> ♦ <b>LOC</b> ♦ <b>Injuries</b> ♦ <b>Treatment given</b></li> </ul>
<p>Review the incident Candidate's response to the incident.</p> <ul style="list-style-type: none"> <li>♦ <b>Identifying areas of improvement for future response</b> ♦ <b>Identifying equipment needs for future response</b></li> <li>♦ <b>Identifying workplace policy or procedure changes required</b> ♦ <b>Identifying physiological impacts</b></li> </ul>
<p>Manage in line with ARC guidelines, the unconscious, non-breathing child, including performing at least 2 minutes of uninterrupted single rescuer CPR (5 cycles both compressions and ventilations) on a child resuscitation manikin placed on the floor.</p> <ul style="list-style-type: none"> <li>♦ <b>DRSABCD</b> ♦ <b>Recognising abnormal respiration</b> ♦ <b>Opening and clearing the airway</b> ♦ <b>Correct fingers or thumbs location, depth, ratios and rate of compressions per the ARC recommendations</b> ♦ <b>May need small amount of head tilt / padding under head</b> ♦ <b>Block nose with cheek or pinch between fingers</b> ♦ <b>Open mouth with pistol grip form a seal over patients' mouth with your mouth</b> ♦ <b>Deliver breath until small rise of chest</b> ♦ <b>At the end of 2 minutes rotate operator</b></li> </ul>