		Student Names										
HLTAID003 - PROVID	DE FIRST AID											
CPR ASSESSMENT												
DANGER	HAZARDS TO SELF VICTIM AND OTHERS											
	STANDARD PRECAUTIONS (GLOVES, MASKS)											
RESPONSE	RESPONSE TO VERBAL AND TOUCH											
SEND FOR HELP	ASK BYSTANDER TO CALL AMBULANCE / MEDICAL ASSISTANCE											
CPR ON INFANT (SCENARIO TO BE CONTEX	TUALISED TO CANDIDATES WORKPLACE/COMMUNITY SETTING)											
	PERFORM AT LEAST 2 MINUTES OF UNINTERUPTED CPR ON INFANT MANIKIN ON A HARD SURFACE											
AIRWAY & BREATHING	OPEN AIRWAY (HEAD IN NEUTRAL POSITION)											
	CHECK FOR NORMAL BREATHING (LOOK, LISTEN, FEEL)											
	RECOVERY POSTION IF BREATHING											
COMPRESSIONS AND BREATHS	LOCATE COMPRESSION POINT											
	30 COMPRESSIONS (2 FINGERS) FOLLOWED BY 2 BREATHS (PUFFED FROM CHEEK)											
	RATE 100PM											
	DEPTH 1/3 CHEST											
2 OPERATOR CPR	DEMONSTRATING ROTATION OF OPERATORS WITH MINIMAL INTERUPTION TO COMPRESSIONS											
VARIATIONS AND COMPLICATIONS	VOMITING AND REGURGITATION											
	FOREIGN BODY OBSTRUCTIONS											
CPR ON ADULT (SCENARIO TO BE CONTEXTUALISED TO CANDIDATES WORKPLACE/COMMUNITY SETTING)												
	PERFORM AT LEAST 2 MINUTES OF UNINTERUPTED CPR ON ADULT MANIKIN PLACED ON THE FLOOR											
AIRWAY & BREATHING	OPEN AIRWAY (HEAD TILT AND CHIN LIFT)											
	CHECK FOR NORMAL BREATHING (LOOK, LISTEN, FEEL)											
	RECOVERY POSTION IF BREATHING											
COMPRESSIONS AND BREATHS	LOCATE COMPRESSION POINT											
	30 COMPRESSIONS FOLLOWED BY 2 BREATHS											
	RATE 100PM											
	DEPTH 1/3 CHEST											
2 OPERATOR CPR	DEMONSTRATING ROTATION OF OPERATORS WITH MINIMAL INTERUPTION TO COMPRESSIONS											

VARIATIONS AND COMPLICATIONS	VOMITING AND REGURGITATION										
	FOREIGN BODY OBSTRUCTIONS										
	DISCUSS VARIATIONS FOR PREGNANT WOMEN										
DEFIBRILLATION	DEFIBRILLATION - DEMONSTRATE ON TRAINER										
CESSATION OF CPR	DISCUSS WHEN YOU WOULD CEASE CPR										
REPORTING REQUIREMENTS / DEBRIEF	INCIDENT REPORT FORMS IN THE WORKPLACE										
	NOTE TAKING DURING INCIDENT										
	DEBRIEFING AND COUNSELLING - VERBAL OR WRITTEN REPORT ON INCIDENT										
UNRESPONSIVE BREATHING VICTIM SC	RKPLACE	/COMMU	NITY SET	TING)							
PRIMARY SURVEY	STANDARD PRECAUTIONS										
	CHECK FOR DANGERS TO SELF, OTHERS & VICTIM										
	CHECK FOR RESPONSE										
	SEND FOR HELP										
	OPEN AIRWAY										
	CHECK FOR NORMAL BREATHING										
	POSITION VICTIM CORRECTLY (RECOVERY POSITION)										
	QUICK CHECK FOR, AND CONTROL OF, LIFE-THREATENING BLEEDING										
VITAL SIGNS SURVEY	PULSE (RATE, RHYTHM AND STRENGTH)										
	RESPIRATION (RATE, DEPTH, RHYTHM, SOUND)										
	RECORD INFORMATION FOR AMBULANCE/MEDICAL PERSONNEL										
SECONDARY SURVEY	HEAD-TO-TOE BODY CHECK										
HISTORY GATHERING	ASKING BYSTANDERS WHAT HAPPENED										
REPORTING REQUIREMENTS	INCIDENT REPORT FORMS IN THE WORKPLACE										
RESPONSIVE VICTIM SCENARIO Assess WORKPLACE/COMMUNITY SETTING)	ment (SCENARIO TO BE CONTEXTUALISED TO CANDIDATES					, Angina, ns and Bl	ack, Shoc	k, Anaphy	laxis & A	llergies, I	lead
APPROACH	STANDARD PRECAUTIONS										
	CHECK FOR DANGERS TO SELF, OTHERS & VICTIM										
	CHECK FOR RESPONSE										
	PROVIDE REASSURANCE TO VICTIM										
	REQUEST PERMISSION TO ASSIST										
	SEND FOR HELP										
	POSITION VICTIM APPROPRIATELY										

	Student intials								
VITAL SIGNS SURVEY	PULSE (RATE, RHYTHM AND STRENGTH)								
	RESPIRATION (RATE, DEPTH, RHYTHM, SOUND)								
	LEVEL OF CONSCIOUSNESS (WHO, WHERE, WHEN)								
	RECORD INFORMATION FOR AMBULANCE/MEDICAL PERSONNEL								
SECONDARY SURVEY	D.O.L.O.R.								
	HEAD-TO-TOE CHECK								
PROVIDE APPROPRIATE FIRST AID	PROVIDE APPROPRIATE FIRST AID WITHIN FIRST AIDERS LEVEL OF TRAINING								
	USE APPROPRIATE EQUIPMENT IN THE ADMINISTRATION OF FIRST AID								
	USE OF EMERGENCY RESCUE BLANKET								
	USE OF SLINGS AND BANDAGES FOR MANAGEMENT OF INJURIES								
	USE OF PRESSURE IMMOBILISATION FOR ENVENOMATIONS								
	ASSIST WITH SELF MEDICATION USING AN ADRENALINE AUTO INJECTOR								
	ASSIST WITH SELF MEDICATION USING A BRONCHODILATOR AND SPACER								
REPORTING REQUIREMENTS	PROVIDE AN ACCURATE VERBAL REPORT								
	COMPLETE AN INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD								
POST INCIDENT EVALUATION	PARTICIPATE IN DEBREIFING/EVALUATION AS APPROPRIATE								
WORKPLACE POLICIES AND PROCEDURES	LOCATE AND INTERPRET WORKPLACE POLICIES AND PROCEDURES								
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	Student to initial								
	Instructor to initial								

Date