

HLTAID002 - PROVIDE BASIC EMERGENCY LIFE SUPPORT		Student Names											
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													
	PERFORM AT LEAST 2 MINUTES OF UNINTERRUPTED 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 INTERRUPTION 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 UNINTERRUPTED 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												

Student initials														
2 OPERATOR CPR	DEMONSTRATING ROTATION OF OPERATORS WITH MINIMAL INTERRUPTION 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 SCENARIO Assessment														
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 Assessment		Student initials											
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												
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												
	ASSIST WITH SELF MEDICATION USING AN ADRENALINE AUTO INJECTOR												
	ASSIST WITH SELF MEDICATION USING A BRONCHODILATOR AND SPACER												
REPORTING REQUIREMENTS	INCIDENT REPORT FORMS IN THE WORKPLACE												
POST INCIDENT EVALUATION	PARTICIPATE IN DEBRIEFING/EVALUATION AS APPROPRIATE												

Student to initial  
Instructor to initial


Date \_\_\_\_\_