| | | Student Names | | | | | | | | | | |
|---|---|---------------|--|--|--|--|--|--|--|------|-----------------|--|
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| HLTAID001 PROVIDE CARDIOPULMONARY RESUSCITATION | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| CPR ASSESSMENT | | | | | | | | | | | | |
| DANGER | HAZARDS TO SELF VICTIM AND OTHERS | | | | | | | | | | | |
| | STANDARD PRECAUTIONS (GLOVES, MASKS) | | | | | | | | | | | |
| RESPONSE | RESPONSE TO VERBAL AND TOUCH | | | | | | | | | | $\neg \uparrow$ | |
| SEND FOR HELP | ASK BYSTANDER TO CALL AMBULANCE / MEDICAL ASSISTANCE | | | | | | | | | | $\neg \uparrow$ | |
| CPR ON INFANT | | | | | | | | | | | | |
| | 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 CONT | EXTUALISED 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
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| | Student to initial | | | | | | | | | | | |
| | Instructor to initial | | | | | | | | | | - | |
| | nisa actor to initial | | | | | | | | | | | |
| | Date | | | | | | | | | | | |