HILTAID002 - PROVIDE BASIC EMERGENCY LIFE SUPPORT CPR ASSESSMENT DANGER ARZAROS TO SELF VICTIM AND OTHERS STANDARD PRECAUTICAS (SILD VICTIM AND OTHERS STANDARD PRECAUTICAS (SILD VICTIM AND OTHERS STANDARD PRECAUTICAS (SILD VICTIM AND OTHERS) STANDARD SILD VICTIM AND OTHERS STANDARD SILD VICTIM AND OTHERS SOND FIRE HILD VICTIM AND OTHERS SO			Student Names											
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STANDARD PRECAUTIONS (OLOVES, MASKS)	CPR ASSESSMENT													
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	COMPRESSIONS AND BREATHS	LOCATE COMPRESSION POINT												
RATE 100PM		30 COMPRESSIONS FOLLOWED BY 2 BREATHS												
		RATE 100PM												
DEPTH 1/3 CHEST		DEPTH 1/3 CHEST												

	Student intials						
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	ENARIO 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						

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	Student intials						
RESPONSIVE VICTIM SCENARIO Asses	sment						
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 DEBREIFING/EVALUATION AS APPROPRIATE						

Student to initial						
Instructor to initial						
Date		_				

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