

HLTFA311A - APPLY FIRST AID		Student Names											
<b>CPR ASSESSMENT</b>													
<b>DANGER</b>	HAZARDS TO SELF												
	HAZARDS TO OTHERS												
	HAZARDS TO VICTIM/S												
	STANDARD PRECAUTIONS (GLOVES, MASKS)												
<b>RESPONSE</b>	RESPONSE TO VERBAL												
	RESPONSE TO TOUCH												
<b>SEND FOR HELP</b>	ASK BYSTANDER TO CALL AMBULANCE / MEDICAL ASSISTANCE												
<b>AIRWAY &amp; BREATHING</b>	OPEN AIRWAY (HEAD TILT AND CHIN LIFT)												
	CHECK FOR NORMAL BREATHING (LOOK, LISTEN, FEEL)												
	RECOVERY POSTION IF BREATHING												
<b>COMPRESSIONS AND BREATHS</b>	LOCATE COMPRESSION POINT												
	30 COMPRESSIONS FOLLOWED BY 2 BREATHS												
	RATE 100PM												
	DEPTH 1/3 CHEST												
<b>2 OPERATOR CPR</b>	AS PRIMARY RESCUER (BREATHS)												
	AS SECONDARY RESCUER (COMPRESSIONS)												
<b>DEFIBRILLATION</b>	DEFIBRILLATION - DEMONSTRATE ON TRAINER												
<b>VARIATIONS AND COMPLICATIONS</b>	VOMITING AND REGURGITATION												
	FOREIGN BODY OBSTRUCTIONS												
	DISCUSS VARIATIONS FOR INFANTS												
	DISCUSS VARIATIONS FOR PREGNANT WOMEN												
<b>REPORTING REQUIREMENTS</b>	INCIDENT REPORT FORMS IN THE WORKPLACE												
	NOTE TAKING DURING INCIDENT												

Student initials																			
<b>UNRESPONSIVE BREATHING VICTIM SCENARIO Assessment</b>																			
<b>PRIMARY SURVEY</b>	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 LIFE-THREATENING BLEEDING																		
<b>VITAL SIGNS SURVEY</b>	PULSE (RATE, RHYTHM AND STRENGTH)																		
	RESPIRATION (RATE, DEPTH, RHYTHM, SOUND)																		
	RECORD INFORMATION FOR AMBULANCE/MEDICAL PERSONNEL																		
<b>SECONDARY SURVEY</b>	HEAD-TO-TOE BODY CHECK																		
<b>HISTORY GATHERING</b>	ASKING BYSTANDERS WHAT HAPPENED																		
<b>REPORTING REQUIREMENTS</b>	INCIDENT REPORT FORMS IN THE WORKPLACE																		
<b>RESPONSIVE VICTIM SCENARIO Assessment</b>																			
<b>Respiratory Conditions, Asthma, Angina, Heart Attack, Shock, Anaphylaxis, fractures and bleeding</b>																			
<b>APPROACH</b>	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																		
<b>VITAL SIGNS SURVEY</b>	PULSE (RATE, RHYTHM AND STRENGTH)																		
	RESPIRATION (RATE, DEPTH, RHYTHM, SOUND)																		
	LEVEL OF CONSCIOUSNESS (WHO, WHERE, WHEN)																		
	RECORD INFORMATION FOR AMBULANCE/MEDICAL PERSONNEL																		
<b>SECONDARY SURVEY</b>	D.O.L.O.R.																		
	HEAD-TO-TOE CHECK																		
<b>PROVIDE APPROPRIATE FIRST AID</b>	PROVIDE APPROPRIATE FIRST AID WITHIN FIRST AIDERS LEVEL OF TRAINING																		
	USE APPROPRIATE EQUIPMENT IN THE ADMINISTRATION OF FIRST AID																		
	ASSIST WITH SELF MEDICATION WHERE APPROPRIATE (eg. ASTHMA MEDICATIONS)																		
<b>REPORTING REQUIREMENTS</b>	INCIDENT REPORT FORMS IN THE WORKPLACE																		

Student initials														
POST INCIDENT EVALUATION	SEEK FEEDBACK FROM APPROPRIATE CLINICAL EXPERTS AND IDENTIFY IMPROVEMENTS WHERE REQUIRED													
	RECOGNISE POSSIBLE PSYCHOLOGICAL IMPACT ON RESCUERS													
	PARTICIPATE IN DEBRIEFING/EVALUATION AS APPROPRIATE													

Student to initial

Instructor to initial


Date \_\_\_\_\_