ABOUT LEARNERS GUIDE

This Learner Guide has been produced by The Royal Life Saving Society Western Australia Inc. to aid participants in learning resuscitation. It is not to be used to replace medical advice provided by an Ambulance Officer, Doctor or Nurse.

Learner Guide Version History

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<th>Date</th>
<th>Review Date</th>
<th>Version No.</th>
<th>Comments</th>
</tr>
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<td>July 2014</td>
<td>July 2015</td>
<td>2</td>
<td>Additions made to content, page numbers inserted, formatting updated</td>
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<tr>
<td>July 2014</td>
<td>July 2015</td>
<td>3</td>
<td>Additional pages inserted</td>
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<td>July 2014</td>
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<td>Changes to risk and hazard assessment</td>
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<td>October 2014</td>
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<td>updates to reflect changes to new release</td>
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<td>March 2015</td>
<td>July 2015</td>
<td>6</td>
<td>Additional information</td>
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ASSESSMENTS

ASSESSOR
The assessor will be an approved Royal Life Saving assessor holding a current Resuscitation Trainer award, and relevant competencies (Resuscitation) at the level being assessed, or higher.

DESCRIPTION OF TASK
Candidates must satisfactorily complete a practical resuscitation scenario, identification of the use of a defibrillator, as well as a mixed methods theory examination within the allotted class time.

DURATION
The resuscitation assessments must be completed within class time. The current nominal allotted time for both training and assessment is 3.5 hours.

ACCESS AND EQUITY
Royal Life Saving has a Building Diversity Policy that ensures that people from all groups, such as aboriginal people, people with a disability, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, mature aged people, and women, have equal opportunity to get successfully into Vocational Education and Training to gain skills and knowledge that equips them for a reasonable working life.

COMPLAINTS GRIEVANCES AND APPEALS POLICY

Complaints
All participants in any training or assessment activity conducted by Royal Life Saving have the right to seek redress if they believe that they have been treated unfairly or if they are not satisfied with any process or relevance of the training or assessment activity.

Grievance Mechanism
Royal Life Saving has developed a Grievance Policy to ensure that participants and clients have access to a fair and equitable process for dealing with grievances.

Appeals Process
Royal Life Saving has developed an Appeals Policy to ensure that participants and clients have access to a fair and equitable process for dealing with complaints regarding final assessment outcomes. Any appeal on an assessment decision must be made by the participant within 10 working days after the participant was notified of the result.
## ELEMENTS AND PERFORMANCE CRITERIA

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
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<tbody>
<tr>
<td>ELEMENTS DEFINE THE ESSENTIAL OUTCOMES.</td>
<td>PERFORMANCE CRITERIA SPECIFY THE LEVEL OF PERFORMANCE NEEDED TO DEMONSTRATE ACHIEVEMENT OF THE ELEMENT.</td>
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<tr>
<td>1. Respond to an emergency situation</td>
<td>1.2 Identify, assess and minimise immediate hazards to health and safety of self and others</td>
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<td></td>
<td>1.3 Assess the casualty and recognise the need for CPR</td>
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<td>1.4 Seek assistance from emergency response services</td>
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<tr>
<td>2. Perform CPR procedures</td>
<td>2.1 Perform cardiopulmonary resuscitation in accordance with ARC guidelines</td>
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<td></td>
<td>2.2 Display respectful behaviour towards casualty</td>
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<td></td>
<td>2.3 Operate automated external defibrillator (AED) according to manufacturer’s instructions</td>
</tr>
<tr>
<td>3. Communicate details of the incident</td>
<td>3.1 Accurately convey incident details to emergency response services</td>
</tr>
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<td></td>
<td>3.2 Report details of incident to workplace supervisor as appropriate</td>
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<td></td>
<td>3.3 Maintain confidentiality of records and information in line with statutory and/or organisational policies</td>
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## FOUNDATION SKILLS

THE FOUNDATION SKILLS DESCRIBED THOSE REQUIRED SKILLS (LANGUAGE, LITERACY AND NUMERACY) THAT ARE ESSENTIAL TO PERFORMANCE.

Foundation skills essential to performance are explicit in the performance criteria of this unit of competency.

## UNIT MAPPING INFORMATION

No equivalent unit.

LINKS WWW.CSHISC.COM.AU - HTTP://WWW.CSHISC.COM.AU
PERFORMANCE EVIDENCE

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role.

There must be evidence that the candidate has completed the following tasks in line with state/territory regulations, first aid codes of practice, Australian Resuscitation Council (ARC) guidelines and workplace procedures:

- Followed DRSABCD in line with ARC guidelines, including:
  - performed at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on an adult resuscitation manikin placed on the floor
  - performed at least 2 minutes of uninterrupted single rescuer CPR (5 cycles both compressions and ventilations) on an infant resuscitation manikin placed on a firm surface
  - responded appropriately in the event of regurgitation or vomiting
  - managed the unconscious breathing casualty
  - followed single rescue procedure, including the demonstration of a rotation of operators with minimal interruptions to compressions
  - followed the prompts of an automated external defibrillator (AED)
- Responded to at least one simulated first aid scenario contextualised to the candidate’s workplace/community setting, including:
  - demonstrated safe manual handling techniques
  - provided an accurate verbal or written report of the incident

KNOWLEDGE EVIDENCE

The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- State/Territory regulations, first aid codes of practice and workplace procedures including:
  - ARC Guidelines relevant to the provision of CPR
  - safe work practices to minimise risks and potential hazards
  - infection control principles and procedures, including use of standard precautions
  - requirements for currency of skill and knowledge
- Legal, workplace and community considerations, including:
  - awareness of potential need for stress-management techniques and available support following an emergency situation
  - duty of care requirements
  - respectful behaviour towards a casualty
  - own skills and limitations
  - consent
  - privacy and confidentiality requirements
• importance of debriefing
• Considerations when providing CPR, including:
  • airway obstruction due to body position
  • appropriate duration and cessation of CPR
  • appropriate use of an AED
  • chain of survival
  • standard precautions
• Basic anatomy and physiology relating to:
  • how to recognise a person is not breathing normally
  • chest
  • response/consciousness
  • upper airway and effect of positional change

ASSESSMENT CONDITIONS

Skills must be demonstrated working individually in an environment that provides realistic in-depth, industry-validated scenarios and simulations to assess candidates’ skills and knowledge.

Assessment resources must include:
• adult and infant resuscitation manikins in line with ARC Guidelines for the purpose of assessment of CPR procedures
• AED training device
• workplace injury, trauma and/or illness record, or other appropriate workplace incident report form

Simulated assessment environments must simulate the real-life working environment where these skills and knowledge would be performed, with all the relevant equipment and resources of that working environment.

Assessor Requirements
Assessors must satisfy the NVR/AQTF mandatory competency requirements for assessors.

In addition hold current first aid certificate HLTAID003 or higher.

LINKS
Companion volumes from the CS&HISC website - http://www.cshisc.com.au
### COURSE OUTLINE

**PROVIDE CARDIOPULMONARY RESUSCITATION HLTAID001**  
**4 HOUR PROGRAM**

<table>
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<tr>
<th>Goal / Outcomes</th>
<th>To provide training and assessment in Cardio Pulmonary Resuscitation (CPR)</th>
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<tbody>
<tr>
<td>At the completion of the Resuscitation (CPR) Course candidates will be able to:</td>
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<tr>
<td>❖ Recognise emergencies and follow Danger, Response, Send, Airway Breathing, Compressions, Defibrillation (DRSABCD) action steps</td>
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<td>❖ Demonstrate their ability to perform CPR in accordance with Australian Resuscitation Council (ARC) guidelines</td>
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<td>❖ Provide aftercare (life critical needs, personal needs, environmental needs) for casualty</td>
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<tr>
<td>❖ Notify and communicate with emergency services stating casualty’s condition and first aid performed and complete if required incident report forms</td>
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<tr>
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<th>Topic</th>
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<td>Legal Issues and Infection Control and notification of emergency services.</td>
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<tr>
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<td>DRSABC Adult and infant</td>
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<td>Recovery Positions x 3</td>
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<td>Defibrillation</td>
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<td>Shock</td>
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<td>☐ Theory</td>
<td>External Bleeding</td>
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<td>Theory / Theory</td>
<td>Choking and Anaphylaxis</td>
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<tr>
<td>Theory</td>
<td>Theory Examination</td>
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RECOGNISING EMERGENCIES

What is First Aid?

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What are the 4 aims of First Aid?

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Recognising an emergency is the first step when responding to an emergency.
You may become aware of an emergency because of certain things you observe:

Unusual Noises
• Screaming/yelling/crying/groans
• Breaking glass
• Shouts for help

Unusual Smells
• Non recognisable or strange odours
• Odours that can be tasted

Unusual Sights
• Spilled medicine
• Spilled chemical containers
• Blood
• Crowds gathering
• Location of person

Unusual signs & symptoms of behaviour
• Unconsciousness
• Noisy or laboured breathing
• Clutching at chest or throat
• Slurred, confused or hesitant speech
• Drowsiness, irritability, confusion
• Profuse sweating for no reason
• Unusual skin colour or limb position
• Obvious deformity to body parts

It is essential to recognise an emergency before any action can be taken by emergency personnel.
RESPONDING TO EMERGENCIES

Barriers to Action
At times people recognise an emergency but are reluctant to act. People have various reasons for hesitation:

Presence of bystanders
The presence of bystanders can cause confusion at an emergency scene. It may not be easy to see casualties or to identify if anybody is assisting the injured. Often, if there are a lot of bystanders observing the accident, the first aider can be reluctant to step forward and give emergency care to the injured.

At the scene of an emergency, you may need to ask bystanders to stand back so that emergency personnel can reach the injured. Bystanders can also be useful - they can give you information about how the accident happened, assist you with first aid or call an ambulance.

Uncertainty about the casualty
Most accidents occur in or around the home so you are more likely to give first aid to a family member or friend than a stranger. If you do not know the casualty you may feel uncomfortable touching them. The casualty may be a different age, race or gender. These things should not stop you from giving care - think of yourself in the casualties’ position.

Nature of the injury or illness
At the scene of an emergency you may be confronted by disturbing sights. The presence of blood, vomit, burning skin, or unpleasant odours may initially prevent you from giving first aid. It is important that you assess the situation and determine where you can help. If you feel that you cannot assist the injured due to the severity of their injuries, there are still many things you can do to help. These include removing dangers or bystanders, calling an ambulance and reassuring casualties involved in the emergency.

Fear of doing something wrong
Everybody responds in different ways to the anxiety of performing first aid. Whether trained or untrained some of us are afraid that we will perform first aid incorrectly and make the situation worse. If you are unsure of what to do, call an ambulance.
INFECTION CONTROL

Fear of disease transmission
Due to the presence of blood and body fluids whilst performing first aid, some people are concerned about the risk of transmission of diseases. Some of this concern has stemmed from fear of the transmission of the HIV virus and also the various types of Hepatitis. This is understandable; however the transmission of disease is rare and avoidable. To prevent disease transmission during resuscitation, pocket masks or other barrier devices can be used.

COMMUNICABLE DISEASES

Communicable diseases are those diseases that can be spread from one person to another such as:

- Colds
- Influenza
- Measles
- Mumps
- Glandular Fever
- HIV
- Tuberculosis
- Some forms of Meningitis
- Some skin infections
- Hepatitis A, B & C

HOW THESE DISEASES CAN BE PASSED ON TO THE FIRST AIDER BY:

- Blood
- Saliva
- Vomit
- Pus
- Urine
- Faeces.

These may enter the First Aider’s bloodstream through cuts, grazes or the mucous membranes.

STEPS TO TAKE BEFORE MANAGEMENT OF CASUALTY

Whenever possible:

- Cover exposed cuts and grazes with waterproof dressing
- Wear disposable plastic or rubber gloves
- Goggles
- Use antiseptic hand gel
- Wash hands with warm soapy water for 15 seconds before and after
STEPS TO TAKE AFTER MANAGEMENT OF CASUALTY

1. If splashed by blood or other body fluids, skin should be washed thoroughly with soap and running tap water, and alcoholic hand gel if available.

2. If skin is punctured by a sharp object, which may be contaminated, wash the area thoroughly with soap and running tap water, or hand gel and seek medical advice as soon as possible.

3. If a mask is used, soak for 30 mins in bleach or disinfectant, and then wash with detergent and dry it. Dispose of any contaminated materials (such as bandages) and replace first aid kit with new ones.
The Australian Resuscitation Council (ARC)

The Australian Resuscitation Council is a voluntary co-ordinating body which represents all major groups involved in the teaching and practice of resuscitation. The council produces guidelines on CPR and first aid principles that are produced after consideration of all available scientific and published material and are only issued after acceptance by all member organisations.

National Health and Medical Research Council (NHMRC)

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research.

Health.gov.au

Australia’s health system is world class, supporting universal and affordable access to high quality medical, pharmaceutical and hospital services, while helping people to stay healthy through health promotion and disease prevention activities. Eg Public health, including health protection, and medical research, Health promotion and disease prevention, Primary health care

Australian Council on Health Care Standards

An independent, not-for-profit organisation dedicated to improving quality in health care. Our Council represents governments, consumers and peak health bodies from throughout Australia. They are Australia’s leading health care assessment and accreditation provider. Their mission is to improve the quality and safety of health care. They develop performance measures with industry and deliver quality improvement programs.

Education and Care Services National Law

ACECQA is an independent national authority, one of ACECQA’s many roles is to educate and inform the wider community about the importance of improving outcomes in children’s education and care. We also provide governments, the sector and families with access to the most current research to ensure NQF policy and service delivery is in line with best practice across the country.

First aid training must be updated at least every three years from the date of completion. The first aid certificate may specify additional requirements to keep it valid.
Emergency asthma management training must be updated every three years from the date of completion.

Anaphylaxis management training must be updated every three years from the date of completion.

AUSTRALASIAN SOCIETY OF CLINICAL IMMUNOLOGY AND ALLERGY (ASCIA)

The Australasian Society of Clinical Immunology and Allergy (ASCIA) is a professional medical organisation, comprised predominantly of clinical immunology and allergy medical specialists. The ASCIA membership also includes other medical practitioners, scientists and allied health professionals (mainly nurses and dieticians) who work in the areas of allergy and immunology.

ASCIA is a member society of the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI) and the World Allergy Organisation (WAO).

Asthma Foundation National and state based organisations

For over 50 years Asthma Australia and Asthma Foundations have been the leaders in asthma health care and research. Asthma Australia and member Foundations deliver high quality support to people with asthma and their carers. Asthma Australia delivers evidence-based preventative health strategies to over 200,000 people every year. They offer support, training and resources to the primary health care sector and when treatment is required they ensure patients and their carers have the skills, information and power to be actively engaged in the decision making process. We fund vital basic science and population health research contributing to national and international understandings of asthma and how best to manage the disease.
LEGAL CONSIDERATIONS

CONSENT

Consent should be sought from the casualty whenever possible prior to applying first aid. Treatment given without the person’s consent could be constituted as assault.

Consent can be implied or expressed:
- It is implied when a person attends a first aid room for treatment
- Consent is expressed when oral or written permission is given

In some circumstances a person cannot give consent for treatment:
- If the casualty is unconscious
- Severe intellectual disability
- Where injury or illness has affected the person’s ability to make an informed choice

In these cases, consent is not required and a qualified person may administer any necessary treatment to save the person’s life or to prevent serious illness or further injury.

- When treating children or persons under the age of 18 consent is required from the parent or legal guardian where able. This will depend on the situation and condition of casualty.

PRIVACY AND CONFIDENTIALITY

The Privacy Act 1988 (Privacy Act) is an Australian law which regulates the handling of personal information about individuals. This includes the collection, use, storage and disclosure of personal information.

Who we can provide information to:

Doctor
Nurse
Ambulance Officer
Other health professionals
Parents
Supervisors
DUTY OF CARE

In the case of an emergency, the law does not require a first aider to render assistance unless that person already owes a duty of care to the injured or ill (for example a school teacher responsible for their students). Once first aid is commenced, a duty of care has been assumed. If a person in your care becomes ill or injured, you must help them by doing something within the scope of your training that assists that person. The first aider, who owes a duty, must apply their first aid skills and knowledge in a responsible and reasonable manner.

RESPECTFUL BEHAVIOUR TOWARDS CASUALTY

- Cultural awareness is required to treat casualties from diverse backgrounds. You may be assisting someone from a non-English speaking background, which may require a combination of verbal and non-verbal communication. Ensure sensitivity is used at all times to assist in identifying issues that may cause conflict or misunderstanding.

- When dealing with the aged or infirmed it is important to treat the casualty with respect. If in the workplace follow policies and procedures. When moving an elderly or infirmed casualty you need to ensure care is taken – refer to the manual handling techniques on page 51. It is important to use clear concise information they will understand when providing instructions. Be aware of things such as hearing difficulties, speech and site difficulties.

- Effective communication is of the utmost importance. The aim is to gain trust and provide reassurance. When treating a casualty it is important that you explain what you are doing and why you are doing it. Remember they are probably scared and may become aggressive or tearful, and you as the first aider need to be able to stay calm and reassure the casualty at all times.

NEGLIGENCE

Negligence is the most likely allegation in a lawsuit. Negligence means carelessness, or the failure to behave in the manner accepted by the community when dealing with others. The key concern is determining when fault exists in the legal sense.

A court will look at all the circumstances to determine what is reasonable in any given situation. Upon rendering assistance, a person is under a duty of care to do everything reasonable in the circumstances. A first aider will be judged according to the level of first aid training and experience that they have and the conditions that prevailed at the time.
THE GOOD SAMARITAN

Volunteers are generally protected if acting in a bona fide manner, and do not need to fear litigation if they come to the aid of a fellow human in need. No ‘Good Samaritan’ or volunteer in Australia has ever been successfully sued for consequences of rendering assistance to a person in need.

A ‘Good Samaritan’ is defined in legislation as a person acting without expecting financial or other reward for providing assistance. Volunteers acting as ‘Good Samaritans’ are under no legal obligation to assist a fellow being, however, the ARC encourages the provision of assistance to any person in need. Having decided to assist however, a standard of care appropriate to their level of training is expected.

RECORDING

In the event of any dispute, it will be helpful to the first aider to have a record made at the time of the incident. The importance of accurately recording and retaining written facts cannot be underestimated. When authorities investigate serious accidents, all written details are carefully examined. Such records are referred to and used as evidence in inquests and court cases.

The following guidelines may be of assistance in the preparation of a first aid report:

- Write in ink only
- Sign and date any alterations
- Do not use correction fluids
- Keep the contents strictly confidential, clear and concise

Make sure that the record is factual and based on your observations.
# FIRST AID Report (example)

**CONSENT PROVIDED PRIOR TO FIRST AID ADMINISTRATION?** □ YES □ NO

**Venue:**

**Event:**

**Location of Incident/Accident in Venue:**

**Patient Status:** Employee □ Patron □ Contractor □ Treatment Area Post/Room:

**Patient Surname**

**Patient First Name**

**Patient Middle Name**

**Patient Address**

**Patient Telephone**

**DOB**

**Gender** M □ F □

**Alternate No#**

**Medical History:** Diabetes □ Epilepsy □ Cardiac □ Respiratory □ Other:

**Allergies:** Y □ N

**State allergies:**

**Last time ate and drank:**

**Medications:**

**Alcohol:**

**Illicit Substance:**

## TIME

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## PHYSIOLOGICAL STATUS

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## LOCATION

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<tr>
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## INJURIES

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<td>11. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Name of FAC calling Ambulance

<table>
<thead>
<tr>
<th>Name of FAC calling Ambulance</th>
<th>Ambulance Call Time</th>
<th>Ambulance Arrival Time</th>
<th>Ambulance Hand Over Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RLSSWA FAO Name</th>
<th>Signature</th>
<th>Time</th>
</tr>
</thead>
</table>

Consent withdrawn by patient or guardian. Name: 

<table>
<thead>
<tr>
<th>Incident report required &amp; attached? YES □ NO □</th>
<th>Time:</th>
</tr>
</thead>
</table>
### EVENT INCIDENT REPORT FORM

#### DETAILS

Person reporting the incident:  
Date of incident:  
Time of incident:  

#### EVENT / VENUE

Event/Venue:  
Area the incident occurred in:  

#### INCIDENT DESCRIPTOR

Draw map if required

#### ALL ACCOUNTS OF EVENT ARE TRUE AND CORRECT

Name:  
Signature:  

---

RLSSWA – Learner Guide HLTAID003 Provide First Aid v6  
March 2015 Next review July 2015
OCCUPATIONAL SAFETY & HEALTH

OCCUPATIONAL SAFETY AND HEALTH ACT 1984

- Employers must ensure employees are not exposed to hazards at work
- Employers must take reasonable care to protect themselves and others in the workplace

EMPLOYEE AWARENESS

- Policy and procedures to be followed in a first aid situation
- Location of first aid boxes and rooms
- Names, work locations and contact numbers of first aider
- Standard precautions for the control of infection

REPORTING

Follow your organisational policies and procedures for reporting an incident in your workplace.

When debriefing, evaluate the management of the incident and develop an action plan in consultation with relevant parties.

Review contingency plans to identify and select alternative management principles and procedures.

Occupational Health and Safety legislation requires that injuries occurring in the workplace are reported to WorkSafe WA. Injuries that require a report to WorkSafe WA:

- Fractured skull, spine, pelvis
- Fractures of any bone in the arm (other than wrist or hand)
- Fractures of any bone in the leg (other than ankle or foot)
- Amputations of arm, hand, finger, joint, leg, foot, toe
- Loss of sight of an eye
- Unable to work within 10 days (in the opinion of a medical practitioner)

INFORMATION TO REPORT:

- Employer name and address
- Employee name, gender and occupation
- Address where injury occurred
- Date and time of injury
- Brief description of how the injury occurred
- Any equipment involved
• Nature of the injury
• Place to which employee was taken

HAZARD AND RISK ASSESSMENT

A hazard is a situation in the workplace that has the potential to harm the health and safety of people or to damage plant and equipment. The situation could involve a task, hazardous substances, dangerous goods and chemicals.

A risk is the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard.

AS/NZS ISO 31000-2009 Risk Management

Risk assessment is the process where you:

Identify hazards.

Analyse or evaluate the risk associated with that hazard.

Determine appropriate ways to eliminate or control the hazard.

In practical terms, a risk assessment is a thorough look at your workplace to identify those things, situations, processes, etc that may cause harm, particularly to people. After identification is made, you evaluate how likely and severe the risk is, and then decides what measures should be in place to effectively prevent or control the harm from happening.

THE COMMUNITY SETTING

There may be many different types of hazards in the community setting depending on what the first aid situation is. You may not complete a documented risk assessment as above however you will go through the same process of

Identify hazards

Analyse or evaluate the risk associated with that hazard.

Determine appropriate ways to eliminate or control the hazard.

REMEMBER: You may not move past DANGER in your DRSABCD based on this assessment. Call 000, reassures the casualty if you can and wait for help to arrive.
HOW TO USE A RISK MATRIX

Determine the hazards

Determine the likelihood of the hazard causing an injury or illness

Determine the consequence (how minor or serious the injury would be if it were to occur)

Determine the risk by matching the likelihood to the consequence in the risk matrix

Document any response actions, resources and responsibilities to eliminate or reduce the risk

Complete a post risk assessment as above to determine if the risk has reduced
## DESCRIPTION OF HAZARD AND RISK

<table>
<thead>
<tr>
<th>Hazards</th>
</tr>
</thead>
</table>

### Pre Risk Management Plan

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>CONSEQUENCE</th>
<th>RATING</th>
</tr>
</thead>
</table>

### Response Actions to eliminate or decrease risk

### Resource Requirement to eliminate or decrease risk

### Responsibilities

### Post Risk Management Plan

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>CONSEQUENCE</th>
<th>RATING</th>
</tr>
</thead>
</table>
DRSABCD

D – DANGER

- Assess the scene for danger to yourself first. If you end up injured you may be unable to help the other casualties.
- Are there bystanders who could be injured? Ask them to move away from the scene if you can’t use them to assist you.
- Is there danger to the casualty?
R – RESPONSE

Begin to assess the casualty for a response as you walk towards them. Eg are they making eye contact, are they crying and asking for help.

**TYPES OF RESPONSE**

- **Conscious** - Person respond normally to your questions, makes eye contact, obeys commands (eg take a deep breath for me)

- **Semi-conscious** - May respond with some sounds, inappropriate answers, may respond slowly to commands

- **Unconscious** - No response from casualty verbally or physically

<table>
<thead>
<tr>
<th>A</th>
<th>alert</th>
<th>respond to your voice, may have some confusion, disorientated and will have motor body function</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>voice</td>
<td>makes some type of response when you talk to them, grunt, moan or a movement of limb</td>
</tr>
<tr>
<td>P</td>
<td>pain</td>
<td>response to pain stimulus, or squeezing fingers/shoulders</td>
</tr>
<tr>
<td>U</td>
<td>unresponsive</td>
<td>“unconscious” is recorded if the casualty does not give any eye, voice or motor response</td>
</tr>
</tbody>
</table>
S – SEND FOR HELP

When possible, the person with the best first aid knowledge should stay with the casualty while someone else calls for the emergency assistance.

1. To call for the Ambulance, Police or Fire Service, use 000 from all phones, including mobiles. (*Mobiles just need to have a signal and do not need credit to be able to dial 000.*)

2. When the emergency operator answers, state clearly which service is required.

3. Stay calm and speak clearly to convey the message. Be ready to answer any questions.

4. State the following:
   - The exact address or location with any clear landmarks or closest street cross reference
   - An outline of the emergency
   - The number of casualties involved
   - Any information about the condition of the casualty(s)
   - Any hazards relevant to the area, such as fire, chemical, spill, fumes
   - The telephone number where the caller can be contacted in case further information is needed

5. Wait until the operator tells you to hang up.

6. Ask someone to stay in a prominent position to direct the emergency service vehicle to the correct area.
A – AIRWAY

DO NOT HEAD TILT WHEN CHECKING THE AIRWAY

- Open the mouth and look inside for any foreign matter
- Roll onto side if foreign matter is seen then remove by scooping downwards with fingers
- If no foreign matter is seen then tilt head back/ chin lift to open airway
- The most common cause of airway obstruction is the tongue

![Image of airway check]
B – BREATHING

HEAD TILT AND JAW SUPPORT

Once you have cleared any foreign material from the airway, a head tilt should be applied to open the airways. This can be achieved by placing one hand at the top of the head (hair line) and the other on the chin (pistol grip), and gently tilting the head back.

- Infants (12 months and under) head is kept in a neutral position when assessing and providing breaths. Provide breaths as puffs – air that is in your cheeks

- A casualty who is UNCONCIOUS on their BACK and BREATHING must be placed in the RECOVERY POSITION
THE FOLLOWING TECHNIQUES CAN BE APPLIED TO EFFECT RESCUE BREATHING ON A CASUALTY

- **Mouth to Mouth** – Open the casualty’s mouth and cover it with your mouth. Seal the nose with your cheek, or with a nose pinch.

- **Mouth to Mask** – Use a resuscitation mask to provide a barrier. Ensure correct head tilt is maintained and apply adequate pressure on the mask to maintain a complete seal.

- **Mouth to Nose** – Close the casualty’s mouth using the pistol grip and seal the nose with your mouth. Apply rescue breathing as normal.

- **Mouth to Stoma** – A person who has had a laryngectomy may breathe through a small hole in their neck. Simply create a seal over the stoma with your mouth and apply rescue breathing.
Check for breathing:
Look, Listen, Feel for 10 seconds

- Look down the chest, listen for breath and feel it on your cheek. Rest your hand on the person’s diaphragm and feel for breathing.

- **Minimum of 2 Breaths** need to be recognised for **Normal Breathing** within 10 Secs.

- If **Normal Breathing** is NOT present, Start CPR

**ABNORMAL BREATHING**

- Excessively fast or slow
- Bubbling, gurgling or absence of breathing
- Shrill, harsh, wheezing, high pitched
- Agonal breathing- The body is trying to draw oxygen into the lungs, the person is not breathing normally. This is commonly seen as the last few breaths a person may take. It is generally seen in cardiac arrest casualties.

**COMPLICATIONS OF RESCUE BREATHING**

If the chest does not rise, check:

- Head tilt and jaw support
- Mouth and nose seal
- Any obstruction of the airway
- Adequate volume of inflation

If a casualty begins to vomit or regurgitate:

- Vomiting is an active process, often indicative of recovery
- Regurgitation is a passive process involving the outflow of stomach contents
- Turn the casualty on their side
- Clear the mouth using a finger sweep
- Check for breathing
- If no breathing is present, continue CPR

If there is air in the stomach:

- It may be caused by a partially blocked airway or over inflation
- Check the head tilt, jaw support and reduce the volume and force of inflation
RECOVERY POSITION – one method to perform recovery position

Casualty on their back

1 the direction you are rolling the casualty, extend their arm to 90°. Image 3

2 the arm closest to you, place across the casualty chest Image 3

3 the leg closest to you, lift the casualty knee Image 3

4 place your hand under the casualty shoulder and on the bent knee and push the casualty away from you until they are in the position in image 4

5 bring the casualty leg up and tilt the head back to open the airway

Image 3

Image 4
C - COMPRESSIONS

- The location of the compression point is in the centre of the chest or lower half of the sternum. This can be found by direct visualisation, compressions should always be 1/3 of the depth of the chest of the casualty.

- Compression rate is approximately 2 compressions every second or 100 per minute.

- 30 compressions :2 breaths.

- Complete 5 rounds of 30:2 in 2 minutes.

- If another first aider is available complete a maximum of 2 minutes of compressions and swap over. Continue swapping every 2 minutes to ensure compressions remain effective.
**TWO OPERATOR RESUSCITATION**

If a second person is available to assist with resuscitation, you should first instruct them to call for help (if not already done), and locate a Defibrillator (if in an area likely to have one). Once the second rescuer returns:

- Continue 1 operator CPR as you instruct them how to perform the compressions
- Guide their hand placement and help them count / obtain a rhythm
- Once competent, 2 operator CPR can be performed with one person completing each role (i.e. one delivering rescue breaths, and one delivering compressions).

**RESUSCITATION DURING PREGNANCY**

When resuscitating a casualty believed to be pregnant, complications may occur resulting from pressure on the stomach, diaphragm and lungs from the baby. To provide an optimal situation for resuscitation, padding should be placed under the right buttock of the casualty, to create a ‘left lateral tilt’, ensuring reduced pressure on blood vessels and therefore unrestricted flow of blood back to the heart.
D – DEFIBRILLATION

- An electric shock delivered across the heart
- A process designed to resume the coordinated rhythm and pumping action of the heart
- The effective treatment for Ventricular Fibrillation (AF) and Pulseless Ventricular Tachycardia (VT)

VENTRICULAR TACHYCARDIA - is rapid heart rhythm that originates in one of the ventricles of the heart. It is a life-threatening arrhythmia. It may lead to ventricular fibrillation, asystole, and sudden death.

VENTRICULAR FIBRILLATION is a cause of cardiac arrest and sudden death. The ventricular muscle twitches randomly, rather than contracting in a coordinated fashion.
REGULAR HEART RHYTHM

Example of a complete 12-lead EKG (ECG)
WHY USE AN AED?

- Application of an AED in the first few minutes following a cardiac arrest can dramatically increase the chance of survival of the casualty.
- Early access is essential – it is thought the chance of survival decreases approximately 10% for each minute an AED is not attached.
- It is part of the emergency care procedure (DRSABCD).
- The devices are cost effective, low on maintenance and easy to use.
- The AED provides prompts to the operator and can assist with remembering the emergency care procedure.

- Do not stop CPR to place the AED on the casualty.
- Move jewellery, place pad under pace maker or 10cm away.
- Cut all clothing off the top half including bras. Be mindful of dignity for patient and cover their chest if able.
- AED can be used on wet surface, metal surface and pregnant casualty.
OPERATION OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

There are many brands and models of defibrillators on the market. While they may differ in design, all are very similar in operation.

A typical AED could look like these:
### RESUSCITATION CHART

The following chart is a guide of the technique and timings required to resuscitate adults, children and infants.

<table>
<thead>
<tr>
<th></th>
<th>Adults &amp; Children</th>
<th>Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head Tilt</strong></td>
<td>FULL</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td><strong>Hand Placement</strong></td>
<td>CENTRE OF CHEST</td>
<td></td>
</tr>
<tr>
<td><strong>Ratio</strong></td>
<td>30:2</td>
<td>30:2</td>
</tr>
<tr>
<td><strong>Compressions per min</strong></td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Compression Depth</strong></td>
<td>1/3 OF CHEST</td>
<td></td>
</tr>
<tr>
<td><strong>Technique</strong></td>
<td>2 HANDS</td>
<td>2 FINGERS</td>
</tr>
<tr>
<td><strong>Breaths</strong></td>
<td>Full – 1/2</td>
<td>Puff</td>
</tr>
</tbody>
</table>

### WHEN CAN YOU STOP CPR?

CPR should be continued until:

- Casualty begins **Normal Breathing**
- A **more qualified person** offers to take over (e.g. Paramedic, Doctor)
- You **physically cannot continue** eg exhausted, in danger
- A **healthcare professional** directs CPR be ceased (Registered Nurse, Doctor, Paramedic, Australian defence force medic) ensure you can verify their qualifications and experience
Circulatory System consists of:

- Heart
- Blood
- Blood vessels
  - Arteries - oxygenated blood
  - Veins - deoxygenated blood
  - Capillaries – Gas (oxygen/carbon dioxide) exchange from red blood cells. Involved in the release of excess heat from red blood cells to tissues. This results in skin looking flushed.
CARDIAC ARREST AND THE CHAIN OF SURVIVAL

Cardiac arrest is caused when the heart's electrical system malfunctions. In cardiac arrest death results when the heart suddenly stops working properly. This may be caused by abnormal, or irregular, heart rhythms called arrhythmias (irregular heart beat).

The chain of survival describes the sequence of critical intervention stages in the initial care of a Cardiac Arrest Patient.

The critical stages are:

- **Early Call for Help**
  It is essential to attend the casualty and call for help as soon as possible.

- **Early CPR**
  This will increase the casualty’s chance of survival by encouraging oxygenated blood flow to the brain.

- **Early Defibrillation**
  The restoration of an adequate heart rhythm is necessary for the casualty to survive a cardiac arrest.

- **Post Resuscitation Care**
  Transportation of the casualty to hospital by ambulance should not be delayed to enable further treatment and monitoring of their condition.
ANGINA ATTACK
Caused where the casualty has a narrowing of the arteries that supply oxygenated blood to the heart (symptoms are often triggered by exertion and exercise).

HEART ATTACK
Damage caused to the heart muscle due to lack of oxygen. The severity depends on the location of the blockage.

Signs and Symptoms
- Mild, moderate or severe crushing chest pain (may radiate to the neck, jaw, shoulders, the back, either or both arms)
- Shortness of breath
- Pale, cold & clammy skin
- Sweating
- Nausea/vomiting
- Sudden collapse

Treatment
- Rest & reassurance
- Assist with prescribed medication if angina (call 000, if no benefit after 10mins or casualty deteriorates)
- Call 000 straight away for heart attack
- Consider aspirin (1x300mg), if not on anticoagulants, not asthmatic or allergic to aspirin
- Prepare for CPR
- Seek defibrillator
CHOKING

Difficulty breathing due to mild or severe blockage

**Mild Airway Obstruction** – Depending on the severity of the blockage, air flow may still pass in and out, the casualty may be able to talk

**Signs and Symptoms**
- Difficulty breathing
- Coughing or gasping
- Clutching at throat
- Red face and watering eyes
- Anxiety and agitation

**What to do for a Mild Airway Obstruction**
- Assess severity
- If an effective cough is present, encourage coughing
- Rest & reassure
- Call an ambulance if they are unable to cough object out

**Severe Airway Obstruction** - there is no airflow in or out and they are unable to talk

**Signs and Symptoms**
- Silent
- Clutching at throat
- Frantic or quiet
- No air is getting into the body
- May collapse

**What to do If conscious**
- call 000
- 5 back blows
- 5 chest thrusts
- Alternate if unsuccessful

**If Unconscious**
- call 000
- Commence CPR
Upper airway obstructions (foreign body airway obstructions) need to be dealt with swiftly to avoid a casualty becoming unconscious. There are two scenarios involving upper airway obstructions:

Assess Severity of obstruction

Ineffective Cough
Severe Airway Obstruction

Effective Cough
Mild Airway Obstruction

Unconscious
Call Ambulance
Commence CPR

Conscious
Call Ambulance
Give 5 back blows
Then 5 chest thrusts

Encourage coughing
Continue to check casualty
Until recovery or deterioration
Call Ambulance Dial 000
SHOCK

Shock is a loss of effective circulation which leads to a lack of oxygen and nutrients being delivered to the tissues and can lead to organ failure.

Some of the main causes of shock are:

Loss of blood volume (Hypovolemic shock)
- Severe blood loss
- Burns
- Excessive sweating and Dehydration
- Diarrhoea and vomiting
- Major or multiple fractures or trauma

Cardiac (Cardiogenic shock)
- Heart attack

Abnormal dilation of blood vessels (distributive shock)
- Severe infections
- Allergic reaction
- Severe brain/spinal injuries

Signs and symptoms include:
- Pale, cold & clammy skin
- Restlessness
- Dizziness
- Nausea
- Anxiety
- Thirst
- Rapid but shallow breathing
- Change in body temperature (typically feeling too cold)
- Change in conscious state

Treatment for a casualty suffering from shock:
- If unconscious follow basic life support procedures
- Treat the cause (e.g. bleeding, fracture, burn, fluid loss)
- Lay the casualty down, and raise their legs slightly if possible
- Protect the casualty from extremes of temperature
- Call for ambulance
## BLEEDING

### EXTERNAL BLEEDING

Blood is lost from the blood vessels through a break in the skin barrier.

- **P** = Pressure (direct)
- **E** = Elevation
- **R** = Rest

- Have the casualty apply pressure directly onto wound using a sterile pad
- Apply a pressure bandage over the pad & bandage toward the heart
- Check circulation by applying pressure to the nail bed and watch colour return
- Continue to monitor the casualty and treat for shock
- Seek medical attention if blood loss is severe or is continuous

### INTERNAL BLEEDING AND ABDOMINAL INJURIES

Blood is lost from the blood vessels into the open spaces of the body.

#### Signs and Symptoms

- Rapid and weak pulse
- Rapid and gasping breaths
- Signs of internal bleeding could be frothy red blood coughed up from the lungs, red or rust-coloured urine or dark faeces (like tar)
- Pain, tenderness and discolouration at site
- Anxiety or restlessness
- Nausea or vomiting
- Bruising and/or swelling to site

#### What to do

- Rest and Reassure the casualty, call 000
- Lay down, elevate legs if possible
- Cover the casualty
- Monitor conscious state
ANAPHYLAXIS

Anaphylaxis (or anaphylactic shock) is a severe allergic reaction usually involving the airways that may be triggered by exposure to a number of substances such as:

- Peanut products
- Seafood products (particularly shellfish)
- Eggs
- Bee stings
- Medication (e.g. penicillin)
- Latex

An anaphylactic reaction will usually occur within minutes of exposure, however in some rare cases can be delayed up to several hours.

**Signs and Symptoms**

- Swelling, particularly around the airways
- Difficulty breathing (could be evident through wheezing / coughing)
- The appearance of hives / rash – or change in skin colour
- Increased heart rate
- Change in conscious state

The recommended treatment is the administration of adrenaline. Many individuals known to be prone to severe allergic reaction will carry an auto-injector device (such as EpiPen or Anapen), which contains a single dose of adrenaline.
What to do

- **Use the casualties action plan if available**
- Stay with the casualty & ensure total rest
- Call 000
- Be prepared to commence CPR
- Reassure – follow the person’s allergy action plan (if available)
- Assist them to take any medication they may have (if they have an EpiPen)
- As per the ARC Guidelines if there is no symptom relief after 5 minutes assist casualty to administer a second epipen.
- If symptoms return and second epipen is available, assist casualty to administer another dose of adrenaline.

It is important to note that even after a dose of adrenaline, the signs and symptoms may return – constant observation is essential while waiting for the ambulance to arrive.

**Note:** Casualties who are anaphylactic and asthmatic should receive their epipen first and puffer second.
# Anaphylaxis

**For use with EpiPen® adrenaline autoinjectors**

## Action Plan for Mild to Moderate Allergic Reaction

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.</td>
</tr>
<tr>
<td>2</td>
<td>For insect allergy, flick out sting if visible. Do not remove ticks.</td>
</tr>
<tr>
<td>3</td>
<td>Stay with person and call for help.</td>
</tr>
<tr>
<td>4</td>
<td>Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.</td>
</tr>
<tr>
<td>5</td>
<td>Phone family/emergency contact.</td>
</tr>
</tbody>
</table>

### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

## Action Plan for Anaphylaxis

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lay person flat. Do not allow them to stand or walk.</td>
</tr>
<tr>
<td>2</td>
<td>Give EpiPen® or EpiPen® Jr adrenaline autoinjector.</td>
</tr>
<tr>
<td>3</td>
<td>Phone ambulance*: 000 (AU) or 111 (NZ).</td>
</tr>
<tr>
<td>4</td>
<td>Phone family/emergency contact.</td>
</tr>
<tr>
<td>5</td>
<td>Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.</td>
</tr>
</tbody>
</table>

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION FOR ANAPHYLAXIS

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
4. Phone family/emergency contact.
5. Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

### If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

---

**IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA**

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like
HOW TO ADMINISTER EPIPEN

Prior to administering Epipen
- Check expiry date
- Check viewing window to ensure contents are clear and colourless (if discoloured do not use)

After use
- Dispose of appropriately, hand to ambulance officers for disposal

Sit or lay the casualty down

Form a fist around the EpiPen and remove blue cap

Press the orange end firmly against the thigh until you hear a click and hold in place for 10 sec. Once needle is removed massage the area for 10 seconds

Orange shaft drops to prevent needle stick. Get casualty to hospital
DEBRIEFING/STRESS MANAGEMENT

First aiders are well trained in their skills, however, they are still human, and as such they may experience feelings of anxiety, wondering if they could have done more, or if they have done the right thing.

It is important for a first aider to talk to others and debrief (such as friends, colleagues, manager etc) after an incident to ensure a full picture of what happened is recorded, and that there is an ‘end’ to the incident. This can assist to manage any stress associated with the incident.

A first aider experiencing ongoing feelings of guilt, sadness, worry, fear or anxiety, inability to sleep and/or mood swings should consult their GP in order to gain professional advice and referral to assist with stress management.

Always remember that if you have applied your first aid skills carefully, to the best of your ability within the scope of your training, you have done your best.
DO NOT WRITE ON THIS PAGE

AT THE END OF THIS COURSE PLEASE
COMPLETE COURSE EVALUATION SHEET,
REMOVE AND HAND TO INSTRUCTOR
### COURSE EVALUATION FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Optional)</th>
<th>Date:</th>
<th>Course: Provide First Aid</th>
<th>Location:</th>
</tr>
</thead>
</table>

Were you able to navigate the website ([www.lifesavingwa.com.au/training](http://www.lifesavingwa.com.au/training)) to enrol in the course and pay with ease?  
If no please provide comment

---

Did you receive a Training Notification email with receipt attached?  
If no please provide comment

---

Was the administration staff helpful with any enquiries you had?  
YES/NO

---

**Did your trainer:**

Arrive at the venue with sufficient time before commencement of the course to organise equipment, paperwork and training venue  
YES/NO

---

Greet candidates as they enter the venue, and offer any initial assistance where necessary  
YES/NO

---

Advise candidates of OHS considerations such as emergency exits, evacuation procedure, toilet  
YES/NO

---

Introduce self (with relevant background) and provide an opportunity for each candidate to introduce themself to the class  
YES/NO

---

Provide an initial outline of the content and assessment requirements of the course  
YES/NO

---

Indicate an approximate timing of breaks such as morning tea, lunch and afternoon tea  
YES/NO

---

Did your trainer offer a temporary certificate on completion of your course?  
YES/NO

Please ask your trainer for one if required

---
How would you rate the? (Please tick)

- Venue and training room
- Training resources
- Learner guides/workbook
- Interest level of the course
- Group interaction and participation
- Quality of feedback throughout
- Instructors knowledge of course content
- Instructors presentation skills
- Instructors approach to the group

Why are you participating in the course?

- Gain employment
- Requirement of Employment / Studies
- Personal Satisfaction

How did you find out about the course?

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Yellow Pages</th>
<th>Aquatic Centre</th>
<th>TAFE</th>
<th>School</th>
<th>Brochure</th>
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</thead>
<tbody>
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</tbody>
</table>

Other: ☐

Thank you for participating in our course and taking the time to complete this evaluation. Simply tear out the evaluation form and return to your Trainer.

Your feedback will help Royal Life Saving Society WA to continually improve our courses.