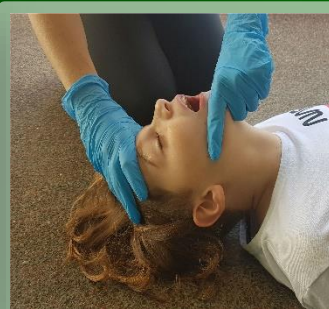




HEALTHGUARD FIRST AID TRAINING SERVICES

HLTAID001

Provide cardiopulmonary resuscitation (CPR)



LEARNER NOTES

First aid, not pretty aid!

Name:

Healthguard: Registered Training Organisation No. 21156

Established in 1993, Healthguard Training Services is a highly respected and experienced organisation that provides vocational First Aid, Fire Extinguisher and Fire Warden training to meet the needs of workplaces, schools, industry and local communities.

We currently deliver high quality training to over 300 schools in Victoria, as well as numerous organisations in the construction and manufacturing industry and the Emergency Services.

We offer affordable and professional training with courses tailored to suit your industry. We can also provide courses at a location of your choice at a time convenient to you.

Healthguard prides itself on offering current and practical information in an inclusive and comfortable learning environment. We believe learning should be enjoyable and encourage all participants to contribute to discussions.

CONTACT DETAILS

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ACKNOWLEDGEMENTS

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Protocols: Australian Resuscitation Council Guidelines

Images: Public domain clipart, 123rf, in house photography

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LEARNER INFORMATION

Unit of Competency

Current unit of competency: HLTAID001 - Provide Cardiopulmonary resuscitation

Pre-requisites

There are no unit of competency pre-requisites for completing this course.

Delivery Mode

Face to face – 2 hours (depending on previous experience).

Content Delivery

A combination of adult learning techniques is used to deliver the course content and assess your understanding. This includes completion of workbook questions, practical skills activities, group discussion and multiple choice assessment questions.

Our expectations of you

You are expected to treat all other participants in an ethical and responsible manner. Failure to do so may result in you being asked to leave the course.

To be able to successfully complete this course we expect you to be able to:

- Understand and speak English
- Get down on your knees on the floor and perform CPR

Learner support

Our facilitators will promote an inclusive learning that respects the individuality, dignity and privacy of all participants.

If you have special needs for completing this training and assessment, please identify this during enrolment or before starting training. Your facilitator will help ensure any reasonable options are made available to help support you through the course.

Accreditation and award issued

Successful completion of all requirements for this course results in a nationally recognised training Statement of Attainment. This certificate will be issued to you after completing all requirements and paying all due course fees.

Recognition of prior learning

If you have evidence that you already have the knowledge and skills for this unit of competency, discuss the possibility of an 'assessment only' option. If you are found competent in all the requirements for this unit of competency then you may not need to complete the training. Please discuss this with your facilitator.

Complaints and appeals

If you are dissatisfied with the training provided, please discuss this with your facilitator on the day or contact the Healthguard Office on 1300 001 302. We are happy to discuss any issues or concerns.

If you disagree with the assessment decision or process there is an appeals process. Please contact our office to discuss this.

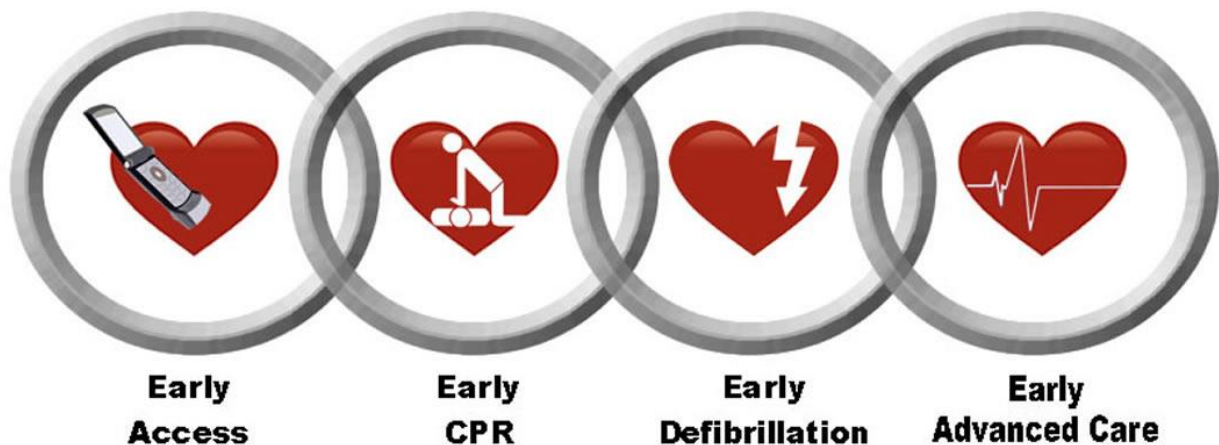
The 'CHAIN OF SURVIVAL'

Sudden cardiac arrest: the unexpected collapse of a person because their heart has ceased to function. Often closely linked with the start of sudden chest pain.

Cardiac arrest is still the major single killer of people in Australia. The casualty has only minutes from collapse until death occurs.

Successful resuscitation of a person who is in cardiac arrest depends on quick, decisive action taken in sequence - like the links in a chain.

Chain of survival: A series of actions that can make the most difference to someone having a cardiac arrest.



Although each individual link is unlikely to revive a casualty, when all actions are completed it provides the best chance for a successful outcome.

First Aiders provide early access to help, early CPR and possibly early defibrillation. Without you acting quickly, the casualty has little chance of survival, no matter how skilled the paramedics or doctors may be.



HEALTHGUARD
FIRST AID
TRAINING SERVICES

What should I do?

Danger

Is it safe for me to help?

Response

Talk and Touch: do they respond?

NO YES



Send for help

000 or another person

Airway

Check and clear airway
(Use recovery position)

Breathing

Look, listen and feel:
Not normal?



CPR

30 Compressions and
2 Breaths - keep going

Defibrillation

If available, attach and
follow prompts

Get help

000 or another person

Rest and reassure

Assist

With medication OR
urgent treatment

Slacken

Tight clothing

Position

Person for most comfort
or safety

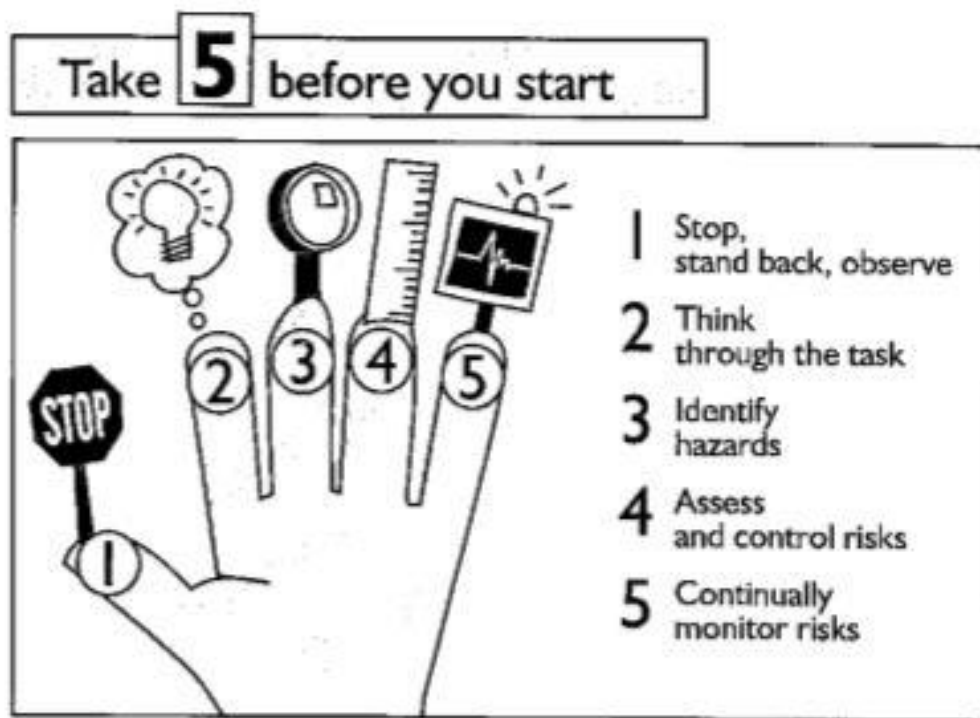
PRIMARY ASSESSMENT

D R S A B C D **Danger**

If you find yourself in a situation where someone requires first aid, it is important not to panic and rush in. Approach all incidents carefully.

Look out for dangers that may have caused the incident, such as traffic, live electrical wires, gases, unstable objects, etc.

Also, think about what you may not be able to see, and what might happen while you are providing first aid.



Your first priority is to remove or minimise the dangers to you, bystanders and the casualty.

If it is safer and necessary to move the casualty away from the dangers (and you can stay safe while doing so) you can move them to a better location.

The accident scene shown below contains real and potential dangers. How many do you see?



Dangers:

- Traffic coming down the road
- Power pole hit and power lines affected (electricity)
- Leaking fuel from car
- Broken glass
- Blood on casualties
- Bystanders in the way
- Weather - Road may be hot, sunny, or could be cold and rainy
- People playing ball – could cause another accident

D R S A B C D Response

Once it is safe to approach the casualty, you must quickly look for signs of life.

- Is the casualty moving or making sounds?
- How alert is the casualty - conscious or unconscious (unresponsive)?

TALK AND TOUCH TO CHECK FOR A RESPONSE



- **Call out** to the casualty and ask, “What’s is your name?” or “open your eyes”
- **Reach out** and ask the person “Can you please squeeze my hand?” to see if they can follow instructions.
- If no response so far, try **gently tapping** the casualty with the back of your hand on the shoulder and ask the person “Can you hear me?”
- If the casualty is a baby, gently touch/rub and talk to check for a response. Never shake a baby or small child.

If the casualty responds and indicates the need for First Aid, follow the **G.R.A.S.P** plan (*see page 6*).

If the casualty does not respond, you need to treat them as unconscious. Call an ambulance urgently. Being unconscious can be life threatening because the person cannot protect themselves or their airway.

If there is more than one casualty, always look after the unconscious person first.

DR S A B C D Send for help

Organise for someone to call for an Ambulance on **Triple Zero (000)** and get a first aid kit and defibrillator if available. If you are alone, use the closest phone to call an ambulance.

The information that you provide helps the emergency operator work out the best help to send to you. Take a little bit of time to work out what is happening at the scene. It will help answer the emergency operator's questions, including:

- What is the location of the emergency? What is the nearest cross street?
- What is the phone number you are calling on?
- How many people are hurt or sick?
- What has happened? E.g. Car accident
- Is the person breathing and conscious?
- What is wrong with them?
- How old are they? (especially important if it is a child)
- Are there any major dangers at the scene?

EMERGENCY PLUS APP



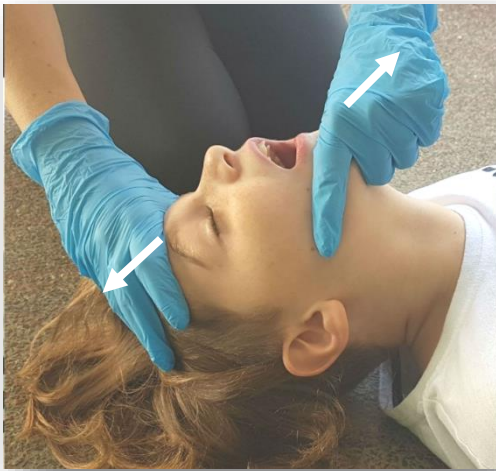
Have you downloaded the **Emergency Plus App**?

This free app uses the GPS in your smart phone to help you call Triple Zero (000) and give accurate details of your location.

DRS **A** B C D Airway

CHECK AIRWAY OF UNCONSCIOUS CASUALTY

1. Leave the casualty on their back.
2. Open their mouth and look for obstructions such as food, vomit or other objects that don't belong there.
3. If no objects, open the airway by using a **backward head tilt with chin lift**.



Place one hand on the forehead and your other hand around their chin using your index finger and thumb.

Use your hand to pull their head backwards, while the other holds the jaw down so that their mouth opens.

This position lets their tongue and soft tissues at the back of their throat fall away from the top of the airway so air can most easily move in and out.

CLEARING THE AIRWAY

If you see an obstruction, you will need to try to clear the airway.

1. Roll the casualty onto their side into **recovery/lateral position** (*see page 17*).
2. Open mouth and turn slightly downwards to allow any foreign material to drain.
3. Remove any large loose objects (*Note: remove loose dentures, but leave well-fitting ones in place*).



DRSA **B** CD Breathing

Once you have checked that the airway is clear, you then need to check for signs of *normal* breathing. A casualty may be gasping or experiencing agonal breathing (a very infrequent breath) but this is not normal.

Normal breathing means:

Adult - a breath every 4-5 seconds

Child/infant - a breath every 3-4 seconds

LOOK, LISTEN and FEEL

Check the person's breathing for up to 10 seconds.

- **Look** for chest movement
- **Listen** for sounds of breathing
- **Feel** for air movement from the person's mouth or nose. Place your hand on the person's stomach and feel for movement of the diaphragm.



A casualty that is breathing normally but remains unconscious needs to stay in the recovery position. This helps keep their airway clear.

Keep monitoring their condition to make sure they continue breathing normally and wait for further help to arrive.

D R S A B C D CPR (Cardiopulmonary Resuscitation)

If your casualty is unconscious and NOT breathing normally, place them on their back and immediately commence chest compressions.

- You do not check for a pulse first.
- You do not provide rescue breaths first.

EXTERNAL CARDIAC COMPRESSIONS (ECC)

1. Locate the lower half of the person's breastbone.
2. Place the heel of your hand on top of this location.
3. You need to apply enough pressure to compress 1/3 the depth of the chest.
This will depend on the size of the person.
4. You need to compress fast so you complete 100-120 each minute.

**30 compressions and 2 breaths
= 1 cycle**

**100 – 120 compressions per minute
= 5 cycles every 2 minutes**



Adult/larger child:
2 hands



Small child:
1 hand



Infant:
2 Fingers/thumbs

RESCUE BREATHS

If you can do it, providing effective Rescue Breaths can improve the results of your compressions. Use a protective resuscitation face shield if possible.

1. Open the casualty's airway using the **backward head tilt with chin lift**.
2. Pinch the soft part of their nose with your finger and thumb.
3. Place your mouth over theirs to form an airtight seal. **Note:** babies (under 12 months) have smaller faces so your mouth goes over their mouth and nose.
4. Blow into the casualty's mouth –provide enough air to match the size of their lungs.
5. Feel the air go in and see their chest rise, then give a second rescue breath.



Adult/large child:

2 full breaths

Small child:

2 smaller breaths

Infant:

2 puffs

If you are not willing to perform rescue breaths just do compressions. Anything is better than nothing!

CPR

Doing both compressions and Rescue Breaths is called CPR.

Make sure you change quickly between compressions and breaths. Each time you stop, it reduces the blood and oxygen flowing around the person's body.

- You do not stop to check for signs of life.
- You do not stop if a rib breaks. (Reposition, check technique and try again).

Keep going until medical help arrives, or until you are physically unable to continue. If there is another person available to help, take turns doing CPR. Swapping every 2 minutes helps CPR be most effective as you are not as tired.

D R S A B C **D** Defibrillation

WHAT IS AN AED?

Automated External Defibrillator (AED):

A portable electronic device that automatically diagnoses life-threatening cardiac arrhythmias.

Once the pads are stuck on the person, the machine will analyse their heart rhythm and decide what treatment is best – to give an electric shock or to just continue CPR.

Remember AEDs are designed for untrained members of the community to use. The machine will use visual or voice prompts to guide you through what to do next.

Using an AED can increase survival rates a person who is in cardiac arrest. If one is available, attach the AED as soon possible and follow the commands.



FINDING AN AED

It is important to quickly locate and use the AED. Look out for the signs showing you their location.



You will often find an AED at key public locations, such as schools, shopping centres, community centres and sporting grounds.

Some smart phone apps can tell you the location of the closest AED to you. For example, as a trained first aider you can register with **GoodSAM**. This app will tell you if someone nearby is in cardiac arrest and needs your help. It will also tell you the location of the closest AED.



HOW DO I USE AN AED?

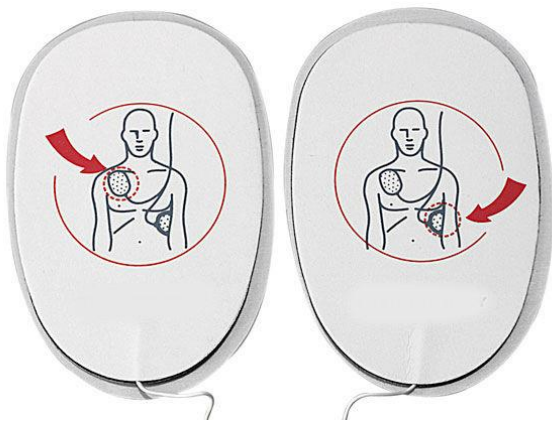
Firstly, continue to give CPR until someone can bring you an AED. Anything is better than nothing!

Once you do have access to the AED, switch it on – and follow the prompts. It will tell you to:

1. Take the correct pads out of the sealed pack – If a child or infant use the paediatric pads if available, or if only adult pads are available use these.
2. Remove or cut through any clothing and wipe away any sweat from the chest.
3. Remove the backing paper and attach the pads to their chest. Avoid medication patches (remove first) and implanted devices like pacemakers (stick pads 8cm away).
4. The AED will tell you to stand clear while it checks the heart rhythm. Make sure no one is touching the casualty.
5. If a shock is advised, the AED will tell you to press the shock button. If no shock is advised, it will tell you to continue CPR.

PAD PLACEMENT

Follow the pictures to place the pads in the correct locations:



STANDARD PADS

Adult/large child (over 8):

A pad placed slightly below the collarbone on the right chest and the other pad on the left side below the armpit.



PAEDIATRIC PADS

Child (under 8) including infants:

A pad placed on the front centre of the chest and the other pad placed on the back in the centre of the chest.

RECOVERY/LATERAL POSITION

Many unconscious casualties are found lying on their backs. In this position the airway is easily blocked, which is a life-threatening situation.

If the airway is blocked (due to food, vomit or other substances), the casualty needs to be placed on their side so gravity can help drain it away.

Even if the casualty's airway is clear and they are breathing normally, if they are unconscious they should be in the recovery position. This helps keep their airway clear.

MOVING A CASUALTY INTO RECOVERY POSITION

1. Position yourself next to the casualty's chest. Place the furthestmost arm away from you at right angles.
2. Place their arm closest to you across their chest.
3. Bend the casualty's knee closest to you up. Keep the other leg straight.
4. Use the casualty's knee and shoulder to **slowly and gently** push them over until they are positioned on their side.
5. Move the casualty's bent leg over onto the floor. This will stop them from rolling further onto their face.
6. Turn the casualty's head downwards slightly and open mouth to allow drainage.



SECONDARY ASSESSMENT

While you are waiting for the ambulance, you should also check for other injuries the person may have. This called a **Secondary Assessment** (or Secondary Survey).

Check the casualty from **head to toe** using all your senses – look, listen, feel and smell. If you don't look, then you don't find!

You may have to loosen, open, cut away or remove clothing. Try to be sensitive to their situation and be discreet.

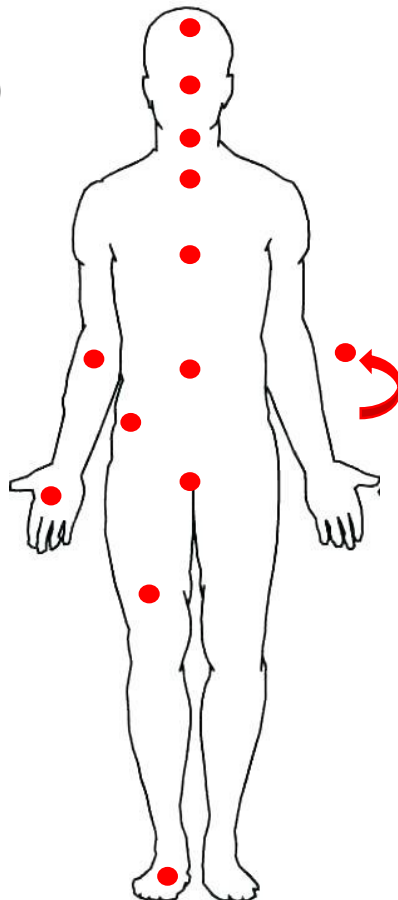
You should tell the person what you are doing, and if they are conscious ask their permission first.

Make a mental note of any other minor injuries you find as you go. Check their whole body before you fix anything – otherwise you may miss a more serious injury.

If the casualty is conscious, or if a bystander knows about the person, try to gather any information about allergies, medical conditions, medications, the last time the casualty ate/drank and any other information about what happened before the emergency.

Check:

1. Head (skull)
2. Face
3. Neck
4. Collar bone
5. Chest
6. Arms
7. Hands
8. Stomach
9. Hips
10. Groin
11. Legs
12. Feet
13. Back



Look for:

- Skin colour (pale, blue, red)
- Skin temperature (hot, cold)
- Liquid from ears/nose
- Bleeding
- Bruising
- Deformities
- Any area causing pain
- Any body part not moving or working normally (e.g. weakness, tingling, loss of feeling)

CULTURAL AWARENESS

As First Aiders, you will encounter people from different backgrounds. You may also encounter different beliefs, values, behaviour and resistance to your assistance.

A person's background and previous experiences may also affect their attitude towards you and other emergency services.

Being aware of potential differences may help you work with a greater understanding and idea of what you can do when helping your casualty and speaking with them or any family and friends.

ISSUES TO CONSIDER

- Newer Australians who are separated from their homeland, family members, friends and support network
- Racial discrimination
- Changes in lifestyle and socio-economic status
- Culture shock
- Language barriers
- War and political instability
- Physical and psychological abuse
- Living in refugee camps



FIRST AIDER ACTIONS

- Be aware of your own cultural influences.
- Be conscious of any bias you may have – try not to judge other people's behaviour and beliefs according to the standards of your own culture.
- Do not make assumptions about cultural influences or assume they apply to all individuals.
- Remember that the behaviour and beliefs of people within each culture can vary considerably.
- Remember that not all people identify with their cultural or religious background.
- If unsure what is OK, then ask

NOTES

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