



HLTAID001

Provide CPR

Learner Guide

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1.1 Introduction

This training course is based on the national unit of competency **HLTAID001: Provide Cardiopulmonary Resuscitation**.

Cardiopulmonary Resuscitation (CPR) is the name given to the technique of combining rescue breaths with external cardiac compressions.

The unit applies to all workers who may be required to provide Cardiopulmonary Resuscitation (CPR) in a range of situations, including workplace and community settings.

The materials in this course describe the skills and knowledge needed to perform CPR in line with the Australian Resuscitation Council (ARC) Guidelines.



1.2 Recognise and Respond to an Emergency



An emergency is a situation where there is an immediate risk to health, life, property or the environment, and urgent action is needed to try to stop the situation from getting worse.

A situation can only be defined as an emergency if one or more of the following are present:

- ◆ Immediate threat to life, health, property or environment
- ◆ Loss of life, negative impacts on health, damage to property or the environment.
- ◆ Situation is very likely to get worse and cause immediate danger to life, health, property or the environment.

It is important that you know how to recognise the signs of a possible emergency. Sometimes this can be hard but using all your senses may help.

Signs of an emergency may include unusual noises, sights or smells and behaviours such as:

- ◆ Alarms and sirens, moaning, crying or yelling and sounds of breakage, crashing or falling.
- ◆ Stalled or crashed vehicle, spilled chemicals, a person collapsed on the floor or who seems to be confused, in pain or having trouble breathing.
- ◆ Different or stronger smells than usual (be very careful in these situations as any fumes may be poisonous).



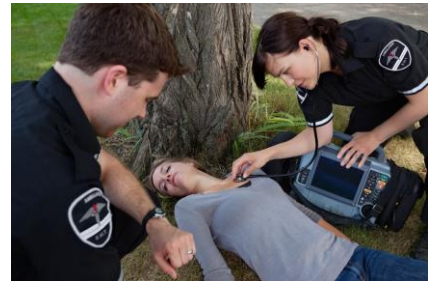
1.2.1 YOUR FIRST AID SKILLS AND LIMITS

Paramedics have advanced skills in first aid.

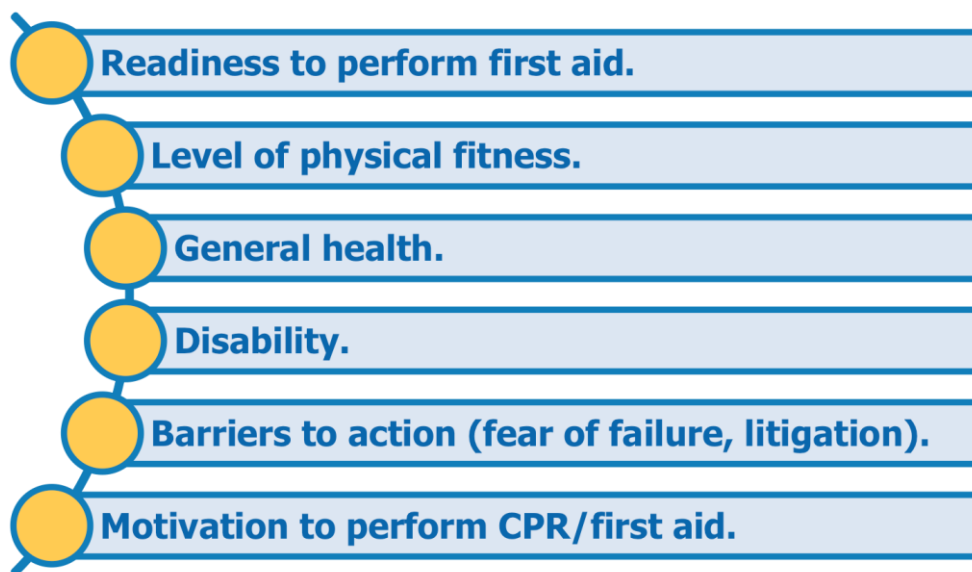
When they arrive to treat the casualty they can apply advanced life support procedures that they are qualified to administer.

As a first aider/resuscitator you are not expected to be an expert.

Your role is about responding promptly, being able to prioritise and be proactive in applying the principles of first aid management and CPR.



Going ahead with first aid and CPR without the right skills or knowledge could end up making the situation worse. You could even end up in court. Be aware of your own personal limitations including:



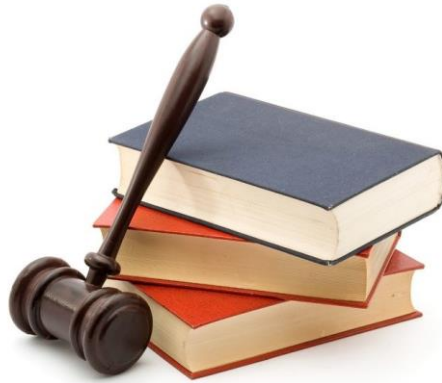
It is also a good idea to keep trying to improve your first aid skills.

Your workplace might provide training so you can keep your skills up to date. You could also do your own reading and research.

There will always be something you can learn to become a more effective first aider.

1.2.2 LEGISLATION AND LEGAL OBLIGATIONS

Before you provide CPR to a casualty you need to know about some of the laws that apply. (The information here is only a guide – make sure you understand the requirements that relate to your state/territory and workplace.)



1.2.2.1 WHS Legislation

Work Health & Safety (WHS) legislation is defined as laws and guidelines to help keep everyone in the workplace safe.

There are different WHS requirements across Australia so you need to be familiar with the laws and regulations for your state or territory.

Talk to a WHS officer or representative in your workplace if you have any questions about WHS legislation.



1.2.2.2 Duty of Care

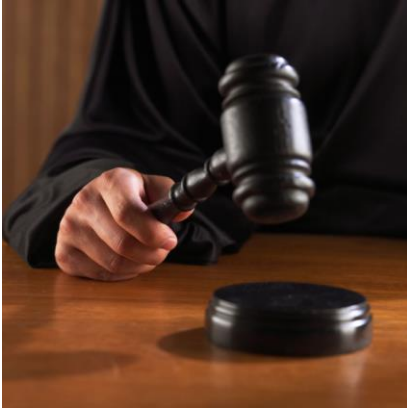


Duty of care means that you must take reasonable steps to protect the health and safety of yourself and others, while making sure you don't knowingly cause harm to someone else.

As a bystander you cannot be forced to try to rescue someone in an emergency situation, even though you are trained to provide CPR. However, if you are the assigned first aid/CPR officer for your workplace you do have a legal obligation to provide treatment.

Once you commence CPR, the law states that you must keep going until:

- ◆ Vital signs return.
- ◆ Medical assistance arrives (e.g. ambulance).
- ◆ Exhaustion makes it impossible to continue.
- ◆ Authorised personnel declare the casualty officially dead.



Negligence

As a person with CPR training you should take all reasonable steps to follow all CPR guidelines and protocols. You should also make sure you don't take unnecessary risks or say you can do something when you can't.

You should not be put off trying to help. The Good Samaritans (or Civil Liability) Act aims to protect anyone who is trained to perform first aid from being sued if something goes wrong and the casualty ends up with injuries caused by the first aider's actions.

Most people are grateful for being given first aid and CPR, but sometimes a person might take their rescuer to court for negligence – although no "Good Samaritan" has ever been successfully sued in Australia.

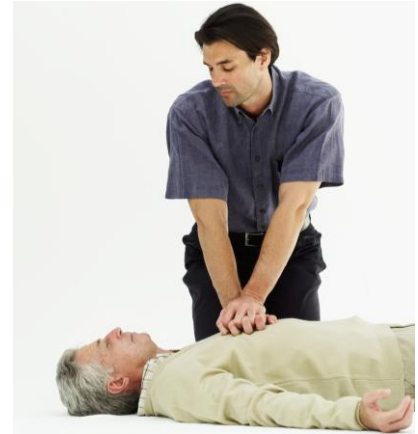
1.2.2.3 Consent

In most cases of CPR the casualty will be unconscious and you won't be able to ask them for consent to perform CPR. In these cases the law assumes that the person would have given consent if they had been able to.

If the casualty is a child, their parent or guardian should be asked for consent if they are present. If they aren't available it can be assumed that consent for first aid would have been given.

Depending on their level of consciousness the casualty might say "No" or use hand gestures/body language.

Some people may not give consent because of their cultural, religious or personal beliefs about medical or first aid treatment.



If you aren't sure whether the casualty has given consent to receive first aid, you may go ahead with the treatment as long as there has not been an outright refusal.

Other people might be wearing a medical identification tag such as a necklace or bracelet. This will give you information like the name of the casualty, emergency contact, medical illnesses, allergies, and even what medical treatment they would refuse. An elderly and infirm person might have a medical tag with a Do Not Resuscitate (DNR) order.

1.2.2.4 Privacy and Confidentiality

It is important to keep records of emergencies and injuries, including what happened and how it was addressed.

Record keeping and reporting requirements can vary between states and territories, industries and workplaces. If you are a first aid officer in your workplace, make sure you follow the appropriate recording guidelines and procedures.

If providing first aid and CPR outside of the workplace you should make a record of the event or at least keep notes about what you did.



Records and reports should be clear and concise as they may be used as a legal document in court. Make sure you record your details accurately, stick to the facts and your observations, and don't include your opinions.

You also need to be aware of privacy and confidentiality laws that protect medical details and information from being made public. They also ensure that private information is only handled by authorised workers, on a 'need to know' basis.

Each workplace will have privacy policies and procedures for safeguarding sensitive medical information, including first aid details. All casualty information must be kept confidential or legal action could be taken.

1.3 Conduct the Initial Assessment



Once you get to the site of the emergency, you need to conduct a thorough initial assessment of the scene.

In your initial assessment you will:

- ◆ Survey the scene for hazards and risks (risk management).
- ◆ Assess the casualty to work out the type of emergency care needed.

1.3.1 SURVEY THE SCENE

The first stage in the initial assessment is to **survey the scene** of the emergency.

This will help you to see the type of incident and any immediate hazards or risks to the casualty, bystanders and treating personnel/workers.

Make sure you are not placing yourself at risk by trying to provide first aid and CPR.



While you are surveying the scene, there might be some things that could put you off. These are called barriers to action and may include:

Types of barriers:	Examples may include:
Presence Of Bystanders	You might feel embarrassed performing CPR in front of others or you may assume someone else will do it.
Uncertainty About The Person	The injured person may be a stranger, older, younger, different gender or race etc. You should help them anyway, even if it is only by calling for an ambulance.
Nature Of The Illness/Injury	The emergency may be unpleasant or confronting (blood, vomit etc.). You should still try to do as much as possible. Take a moment to collect yourself, but remember – it is still an emergency.
Fear Of Disease Transmission	The risk of disease transmission is actually quite small. If you take appropriate precautions you can greatly reduce the risks.
Fear Of Doing Something Wrong	As long as you do everything reasonably possible and follow your duty of care you should not worry about making a mistake. Some first aid is better than no first aid.

1.3.2 RISK MANAGEMENT

It is important to identify any risks or hazards that may affect you or any injured persons.

A **HAZARD** is the thing or situation that causes injury, harm or damage.

A **RISK** is the chance of a hazard hurting you or somebody else, or causing some damage.

Before you start first aid treatment or CPR you need to check for any hazards or risks in the area. If you find anything dangerous you need to do something to control it.

You need to make decisions and act quickly so that the casualty's injuries don't get worse.



1.3.2.1 Identify Hazards



Following an accident, there may be a range of hazards at the scene.

Use all of your senses to check for hazards. Can you **see**, **smell** or **hear** anything that could be hazardous?

You should also talk to other people at the scene about any hazards they might have found.

In order to identify hazards you need to:

Check Up High

Overhead hazards.
Weather conditions.

Check At Eye Level

Insufficient lighting or poor visibility.
Traffic and people.
Environmental hazards: fire, smoke, gas, chemicals.

Check Down Low

Ground stability.
Downed wires.
Sharp objects.

Check For Other Specific Hazards

Bystanders.
Bodily fluids.
Drugs.



1.3.2.2 Conduct a Dynamic Risk Assessment

After you have found any hazards you need to work out how bad they are:

1. What is the chance that the hazard will hurt someone or cause damage?
2. If it does happen, how bad will the injury or damage be?

This is called a risk assessment.

In an emergency situation things can change dramatically and suddenly. There are unpredictable and unforeseen risks and you need a consistent way to make judgements and assessments.

This is when you do a Dynamic Risk Assessment (DRA).



The 3 concepts behind a DRA are:

- ◆ Risk in an emergency situation is assessed **before, during** and **after** providing first aid.
- ◆ You need to weigh up the benefits of going ahead with first aid against any risks that could be involved.
- ◆ You should always think before you act, rather than act before you think.

1.3.2.3 Minimise Risk

Once you know what the hazards and risks are, they will need to be controlled.

Control measures to minimise risk could include:

- ◆ Safe work practices, for example:
 - ◇ Using protective equipment.
 - ◇ Following infection control procedures.
 - ◇ Using safe manual handling techniques.
- ◆ Eliminating or removing the hazard.



- ◆ Isolating the casualty from the hazard by:
 - ◇ Asking people not involved in the treatment process to make space and/or leave the scene of the accident.
 - ◇ Relocating the casualty to a place that doesn't contain hazards.

Whatever you do, you must act quickly to make the situation as safe as possible. Your own safety is most important in any situation so risks must be reduced as much as possible.



You need to also make sure that the process doesn't take so long that the casualty is worse off for lack of treatment.

If you are providing CPR in your workplace, refer to the first aid or emergency response plan. This will give you information on how to resolve the situation as quickly and effectively as possible.

Where possible, get the people around you to help out with controlling hazards, provided they are trained to do so.

Moving the Casualty

You may need to move a casualty away from hazards in the area and/or to make it easier to get to them for treatment.

To make sure you don't hurt yourself or the patient you should always use techniques for safe manual handling.

You need to understand your own strength and limitations. If you can, get somebody to help you to move the casualty. Don't hurt yourself in the process – you could cause further harm if you drop the person.



You should remember to bend your knees and not your back when lifting. This will help to avoid straining your back.

Before moving the casualty make sure they are comfortable about being moved and explain what you are going to do.

Be careful not to twist or bend the casualty's neck and back as this could make their injuries worse. If it looks like any movement is hurting them, stop.

1.3.3 CONDUCT A PRIMARY SURVEY



The next stage is to conduct a **primary survey** and assess the casualty to work how much and what sort of emergency care is needed.

It is looking for any signs that the casualty is in a life-threatening situation.

1.3.3.1 Assessing the Casualty

You are assessing the casualty to see if CPR is needed, and also whether you need to get help from emergency response personnel.

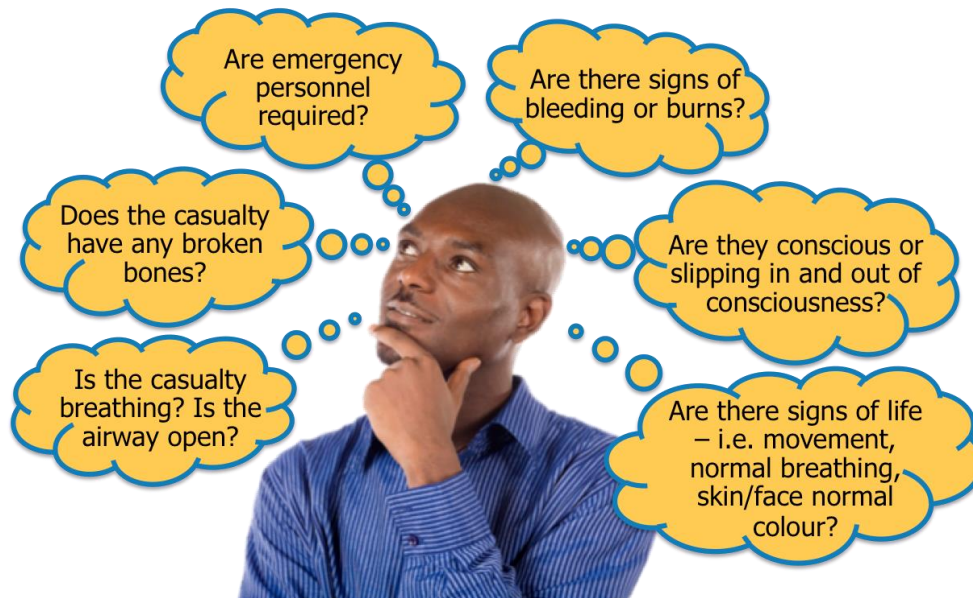
Remember to get the casualty's consent before you start to assess their condition.

The 4 things you should check in a primary survey are:

1. State of consciousness.
2. Airways.
3. Signs of life.
4. Severe bleeding.



Common questions that should be in a primary survey include:





Vital signs are used to measure the condition of the casualty. The most common vital signs monitored by medical personnel are:

- ◆ Body temperature.
- ◆ Pulse (or heart rate).
- ◆ Blood pressure.
- ◆ Respiratory rate.

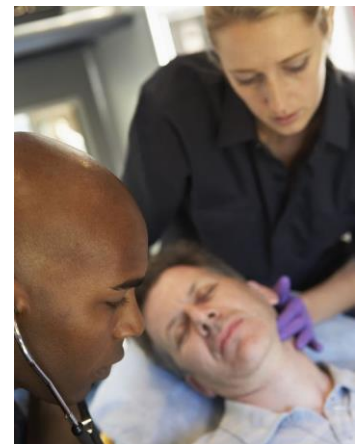
These vital signs must be constantly checked as they can change very quickly.

Keeping up with any changes can often mean the difference between life and death.

Don't go ahead with a secondary survey if the casualty has a life-threatening condition.

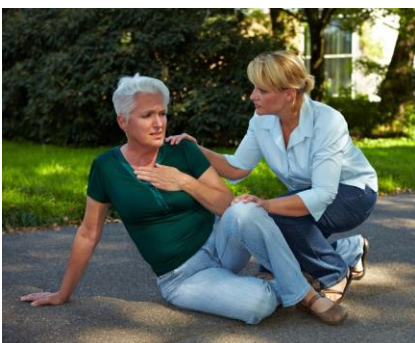
You could also use the "**DRS ABCD**" method to guide you in a primary survey.

This is the Australian Resuscitation Council's Basic Life Support process for performing resuscitation or CPR.



1.3.3.2 Showing Respect

When you go to assess the casualty you need to be calm, respectful and reassuring as the person could be having trouble breathing, going in and out of consciousness, anxious, agitated and in a lot of pain.



To reassure the casualty you should:

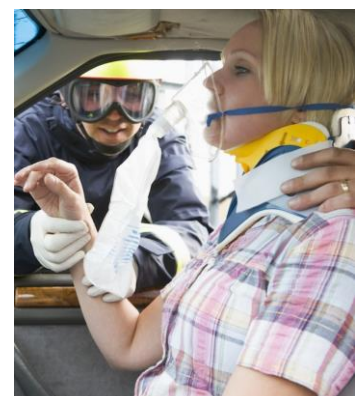
- ◆ Make a personal introduction.
- ◆ Show empathy.
- ◆ Maintain constant communication with the casualty.
- ◆ Use a caring tone of voice and volume.
- ◆ Offer reassurance and gentle treatment in a culturally appropriate manner.

If the casualty is conscious, talk to them gently, without raising your voice or shaking them. It's important to give them information about what has happened, when it happened and what you are going to do to help them.

If they are badly hurt, be honest but try not to scare them.

Use words to reassure the casualty and it may help to speak slowly and calmly.

For example, if the person has had a car accident, tell them, "*Your car rolled over and you've been injured for 2 hours now*". Once you are sure that an ambulance is arriving, you could say "*Don't worry, an ambulance will be coming soon to take you to a hospital.*"



While you are talking to the casualty and reassuring them, always be friendly and respectful. It doesn't matter what race, sex or religion they are.

Remember that some people from other cultures have different standards and ways of behaving. Think about how you would like to be treated if you were hurt and scared, and treat the casualty the same way.



1.3.4 CONDUCT A SECONDARY SURVEY

A **secondary survey** is done if the initial assessment found no life-threatening conditions.

It assesses the casualty more closely for signs such as cuts, burns, bruising, swelling, puncture wounds and anything out of place (misuse of drugs). To do a secondary survey you should follow these 3 steps:

Steps:	What you should do:
1. Ask Questions	Ask the injured person and any bystanders some questions to get a better picture of what has happened. Ask the person to describe how they are feeling, if they are in pain and where the pain is. Also watch them for any other signs of injury/illness.
2. Check Vital Signs	Check the person's vital signs to see how their body is reacting to any trauma. These signs should be checked every 5 minutes until emergency response services personnel arrive. Also note any changes and pass this information on.
3. Check Casualty From Head To Toe	Thoroughly check the person. Start by telling them what you are about to do and ask them to stay still. Try not to touch or move any painful areas. Look for visual signs such as bruising, swelling, blood or other body fluids, abnormal sounds, pain responses etc. Then, if a head or spinal injury is not suspected, ask the person to move body parts, beginning with the head, then shoulders, arms, torso/chest, abdomen, then the legs.



Throughout the survey keep monitoring the person's signs of life. Stop the survey if any problems begin to develop and immediately start first aid or CPR.

All information from the survey must be carefully collected, ready to be passed on to emergency response services personnel and your supervisor.

1.3.4.1 Systems within the Body



When checking a casualty for injury, you need to know some basic anatomy and physiology of the human body.

This will help you assess the type of injury, how bad it is and how best to respond.

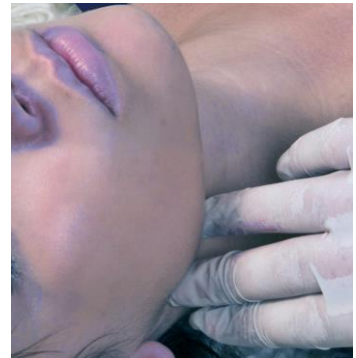
In life-threatening conditions the heart can stop beating, organs can bleed internally, and the person may not be breathing normally because the lungs are being affected by the injury.

Integumentary System

This includes the skin, hair and nails.

The skin is the first line of defence in the body and is the organ you will mainly be working with.

Changes in the skin colour, temperature or texture should be noted.



Respiratory System

The respiratory system is concerned with breathing.

It contains the lungs, mouth, nose and the windpipe.

If a person cannot breathe they may suffer brain damage in less than 4 minutes.

Circulatory System

The circulatory system is how blood moves around the body. It involves the heart, veins and arteries.

Abrasions and cuts to the skin will bleed and the rate of bleeding will show you whether a vein or artery has been injured.

Blood coming from a vein will ooze or flow but blood coming from an artery will spurt.

Arterial bleeding needs to be controlled urgently because a person can bleed to death very quickly.

Pressure should be applied to any areas of bleeding.





Skeletal System

The skeletal system (skeleton) is the framework of bones, tendons, ligaments and muscles that holds the human body together.

You can usually see a broken bone as it will look deformed or out of shape.

If you think the injury involves a broken or fractured bone, it is better to treat it as a break and immobilise the area (keep it still) until medical assistance arrives.

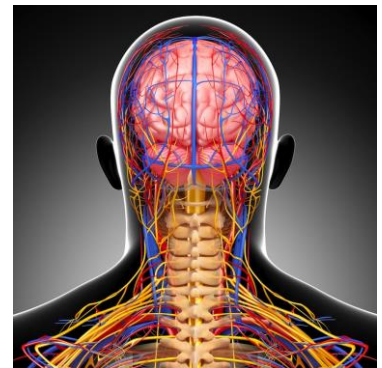
Strains and sprains to the muscles can be painful, but are not life-threatening.

Nervous System

The nervous system sends messages through every muscle, cell, bone and fiber of the body.

Damage to the nervous system that you need to worry about is potential injuries to the spinal column.

This can kill or cause permanent paralysis.



1.4 Get Help from Emergency Response Services

At the incident scene you or someone else may need to quickly call for an ambulance or other emergency response services. The numbers to call are:

000	Can be dialed from any fixed land line, mobile phone or pay phone.
112	Can be used from mobile phones.
106	Connects to the text-based relay service for people who have a hearing or speech impairment.

All calls to the emergency numbers, whether from fixed, mobile or pay phones are free-of-charge.

When talking to the emergency telephone operator, try your best to stay calm, speak clearly and try to answer all the questions as best you can.

Let the operator know the following details:

- ◆ Where and when the emergency happened – the exact address/location, including city/town, nearby crossroads/main roads, landmarks, building name, floor and room number. The more details the caller can provide the easier it will be for emergency response services personnel to find you.
- ◆ What happened – car accident, fall, drowning.
- ◆ How many people are involved and the condition of the casualty(s) – bleeding, unconscious, in pain etc.
- ◆ What is being done – details of the first aid that is being/has been provided so far.
- ◆ Who you are and the number you are calling from – in case the call is dropped.
- ◆ Who the casualty is, if known – age and gender.



DO NOT hang up the phone until you have been given instructions on how to proceed and when told to do so by the emergency operator.

If a landline or mobile phone is not available, you could use other methods of communication such as two-way radio (e.g. CB or UHF radio), satellite phones, hand signals or flares.



2.1 Maintain Hygiene

When providing CPR you could come into contact with human blood and body fluids like saliva or vomit. These can carry viruses or bacteria that cause diseases. You therefore need to pay attention to proper hygiene and standard infection control procedures to prevent infections.



Standard infection control procedures include taking active steps such as:

- ◆ Wearing protective gloves to maintain personal hygiene and to act as a physical barrier between you and the casualty.
 - ◆ Covering cuts, abrasions or skin conditions you may have.
 - ◆ Cleaning up blood and other body fluids. If the person is bleeding and you haven't got any gloves or other protection, you could ask them to help by applying direct pressure to the wound or placing a dressing or other clean cloth between your hand and the wound.
 - ◆ Using a protective mask and following infection control best practice (ARC guidelines 9.6.2) before you perform resuscitation.
 - ◆ Washing your hands thoroughly. Use soap and water or an antibacterial hand gel, both before and after providing first aid, even if gloves were used.
-
- ◆ Disposing of contaminated waste in biohazard containers. If these are not available, put the waste in a leak-proof/sealable bag or container and dispose of it carefully.
 - ◆ Avoiding touching your face, especially your mouth, ears and eyes while giving first aid. Also avoid eating and drinking and touching contaminated objects.
 - ◆ Correctly disposing of contaminated sharp objects (e.g. needles). If possible use tongs to pick them up instead of your fingers. Bring the container to the object, rather than carrying it unnecessarily.

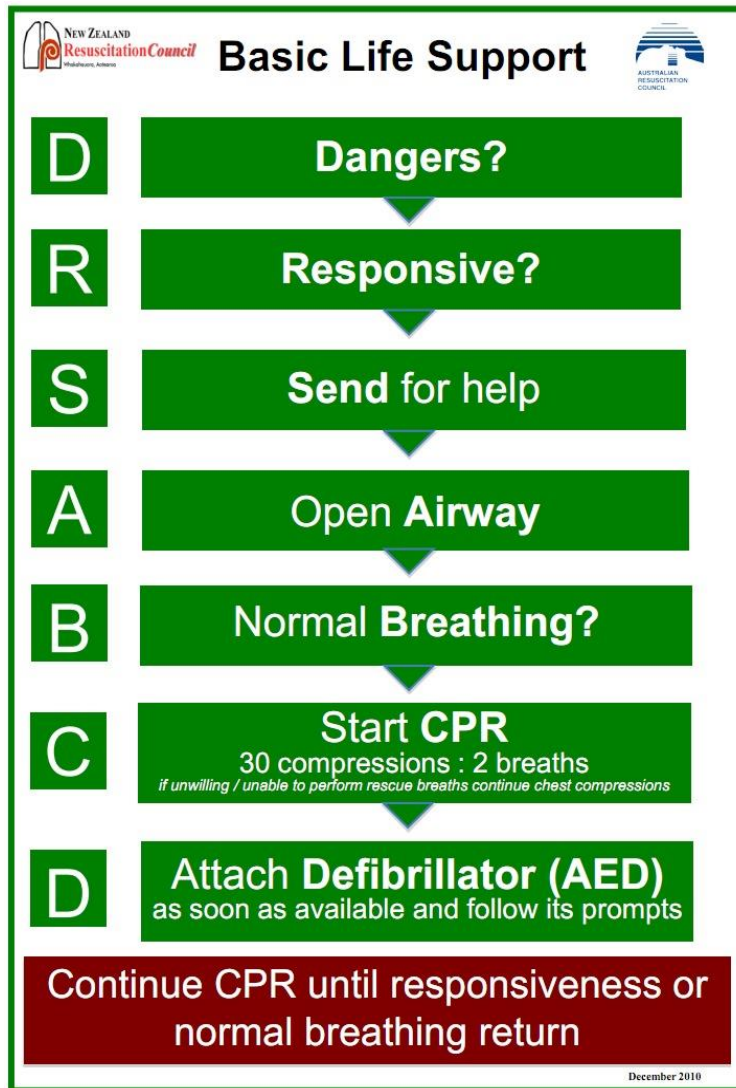
It is your responsibility to maintain the highest standards of personal hygiene while you are providing first aid. This will help to protect you and the casualty.



2.2 Perform CPR

The procedures you must follow when performing CPR are based on state or territory regulations, first aid codes of practice and workplace procedures. They include the Australian Resuscitation Council (ARC) Guidelines for providing CPR.

The ARC's 'Basic Life Support' chart explains the DRS ABCD process, as follows:



2.2.1 D – DANGER



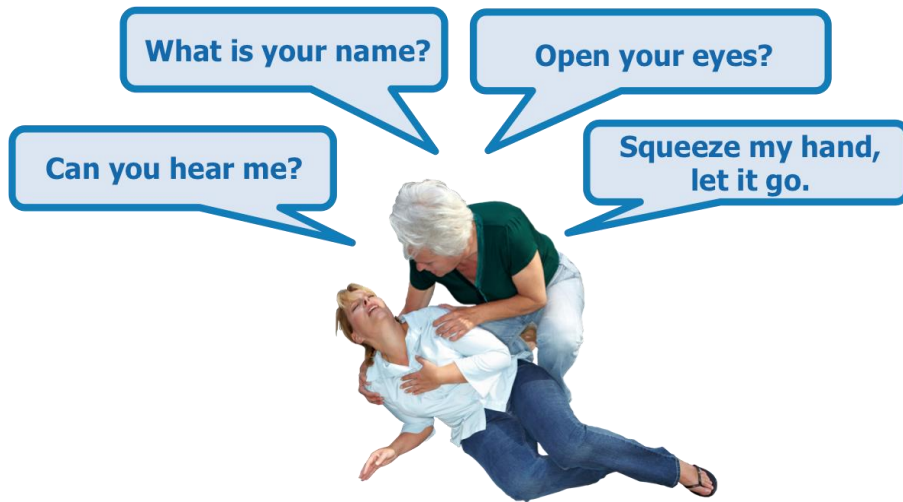
Check the surrounding area and make sure it's safe for you, the injured person and others in the area. Do this by looking, listening and smelling.

If the casualty is in immediate danger you should move them, but only if it is safe to do so.

Try to lift or move the person in a way that won't hurt them more, and remember to protect yourself from back strain or other injuries.

2.2.2 R – RESPONSE

Check the patient's responses by talking and touching them (squeezing their shoulders). This is referred to as the "Talk And Touch Method". You may say:



If the patient responds they are conscious, breathing and have a pulse.

Make them comfortable and check them for any injuries using the secondary survey technique.

Call for help if required and keep monitoring them for at least 10-15 minutes before letting them move.

A person who doesn't respond is unconscious. This could be life-threatening as the person could choke, stop breathing or bleed to death.

If you do not get a response, call 000 immediately.

2.2.3 S – SEND FOR HELP

You might need to borrow a mobile phone from someone at the scene to call 000 or 112 for an ambulance or other emergency response services.

If possible, ask the bystander to make the call while you stay with the casualty and treat them.

If you are on your own you should shout for help. If no one comes, start CPR straight away.

In an emergency at work you could ask your colleagues, supervisors or anybody close by to help. Someone might be able to take over the treatment if you get tired doing CPR.



2.2.4 A – AIRWAY



The next step is to check that the casualty's airway is clear and their breathing is not blocked.

To check their airway, use the head tilt/chin lift technique as this helps lift the tongue from the back of the throat.

One hand is placed on the casualty's forehead to tilt the head back while the fingers of the other hand are placed on the bony part of the chin to lift it up and outward.

The mouth should then be gently opened by pulling down on the jaw to check for any obstruction.

If there is any foreign material present you should move the casualty into the recovery position and allow the material to drain from the mouth.

An open airway is the most important thing, even if you think the casualty has a spinal injury.

2.2.4.1 The Recovery Position

This is the best position for a casualty who is unconscious and breathing. It keeps their airway open and allows any vomit or other fluids to drain out so they don't choke on it.

- 1** Kneel beside the person – they should still be on their back.
- 2** Place the person's arm furthest from you across their chest, with their hand on the opposite shoulder.
- 3** Position the arm that is closest to you at a right angle to their body along the ground.
- 4** Lift the leg that is furthest from you so that it is bent at the knee with the foot still on the floor.
- 5** Holding behind the bent knee, gently roll the person toward you by pulling the bent knee over to the ground, until they are positioned on their side.
- 6** Keep the upper leg at a right angle, with the knee touching the ground to prevent the person from rolling onto their front.
- 7** Ensure the mouth is open using the head tilt/chin lift method and turn the head slightly downward so that fluid can drain out.
- 8** If necessary remove any visible blockages with your fingers, although be careful not to probe deeply as you may push material further down the throat, blocking it or causing damage.

You may need to keep supporting the person's jaw to keep an open airway. You can do this using a 'pistol grip', which involves putting your thumb and forefinger just above the jaw bone and opening the mouth slightly.

2.2.5 B – BREATHING

While keeping the airways open, look, listen and feel for signs of normal breathing.

This is often easier to do when the injured person is on their back but can also be done while they are in the recovery position

For a full 3-5 seconds you should position yourself so that you can hear and feel if air is escaping from the nose and mouth. Also watch the chest and abdomen to see if they rise and fall with air movement.



If the casualty is breathing normally, put them in the recovery position and again check their airway and head position.

Check their airway after one minute and then every 2 minutes.

If you or someone else has not called '000' or '112' for emergency services, do so now while continuing to check airway and vital signs until help arrive.

If the casualty is NOT breathing normally and there are no signs of life then you will need to start CPR straight away.

2.2.6 C – COMPRESSIONS/CPR

When CPR is applied to the casualty, multiple body systems such as the brain and the heart are affected, as oxygen is pumped into the blood through the circulatory system.



CPR can save lives or increase the chance of survival for the casualty until qualified medical help takes over.

Your job is to work out whether the casualty's life can be saved by CPR.

You can do this by looking for signs of collapse or a life-threatening situation such as stopped breathing, no pulse and unconsciousness.

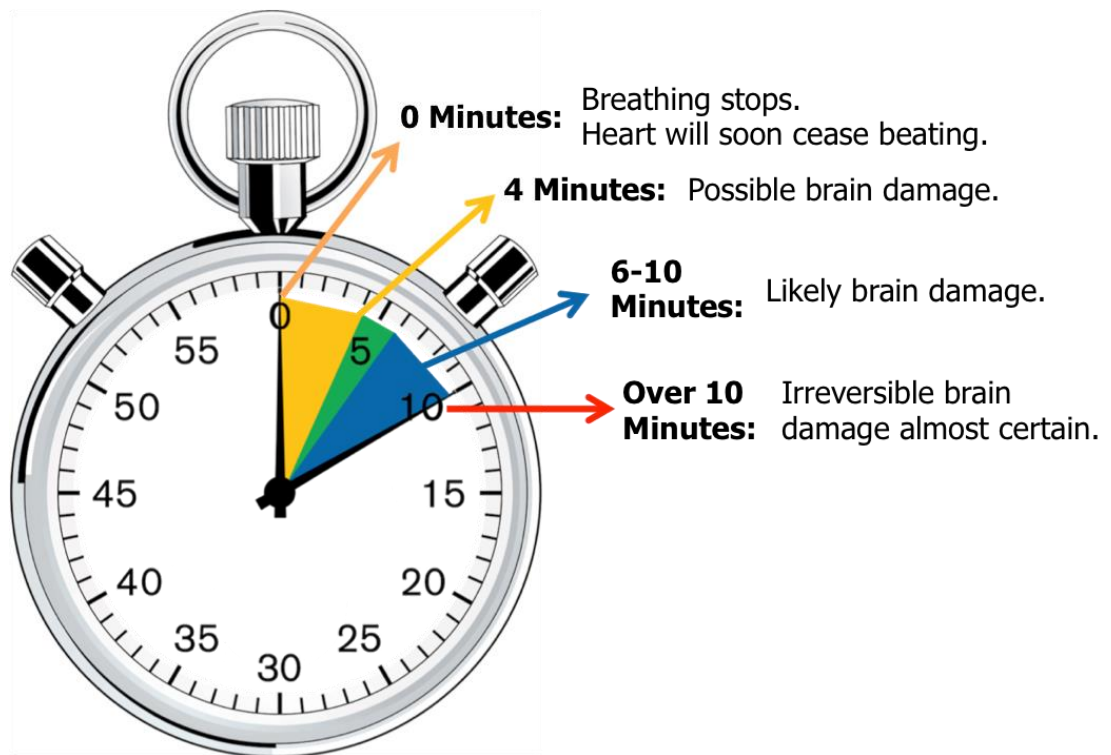
If there is no response or vital signs, you should start CPR immediately.

If the initial assessment tells you that casualty is in a life and death situation, the appropriate life saving strategies are urgently needed.

For example, if the initial assessment showed a sudden cardiac arrest, the chain of survival should be used.

If the casualty was found unconscious and not breathing properly, then CPR could be performed.

If CPR is not done quickly the casualty won't have enough oxygen in their body. This could cause brain damage and death.



If the casualty is unconscious and not breathing you should immediately adopt the **DRS ABCD** Basic Life Support action plan and begin CPR.

2.2.6.1 Providing CPR

CPR consists of **30** chest compressions and **2** rescue breaths.

- 1** Ensure the person is lying on their back, if possible on a flat, hard surface, and with their head at the same level as their heart.
- 2** Kneel beside the person midway between the head and chest for ease of movement between giving breaths and compressions.
- 3** Find the correct hand position – this is in the centre of the chest.
- 4** Apply pressure to the sternum with the heel of your hand, keeping your fingers up.
- 5** With the other hand either grip the wrist of the hand on the chest, or place it over the top of the first hand. You can interlace your fingers so that the top ones pull the bottom ones off the chest during compressions.
- 6** Use 2 hands for an adult, 1 for a child and the pads of 2 fingers for an infant.
- 7** Keep your shoulders directly over your hands when making compressions – this will help you to push straight down on the chest giving the best blood flow.
- 8** Keep your elbows locked – this applies to the elbow of the hand on the chest if holding the wrist and both elbows if interlacing the fingers. You won't get so tired as you will be able to use the weight of your upper body, rather than the strength of your arms when doing the compressions.
- 9** Compress the lower part of the sternum by up to a third of the chest depth – this will vary depending on the size of the person.
- 10** After each compression, allow the chest to return to the normal position as you rise up, but keep contact with it.
- 11** Keep the up and downward movements smooth, with a steady rhythm.
- 12** Compress at a rate of 100/min (faster than 1 per second).
- 13** After every 30 compressions, give 2 rescue breaths.

2.2.6.2 Delivering Rescue Breaths



After every 30 compressions you will need to deliver 2 rescue breaths. To do this:

1. Position the head using the head tilt/chin lift method. The 'pistol grip' is often the best and easiest way to hold and position the jaw.
2. Take a breath and place your mouth over the person's mouth.
3. Pinch their nose or seal it with your cheek.
4. Blow into their mouth and then turn your head to see if their chest rises and falls with the breath. This will show that your breath has reached their lungs. It also prevents you from inhaling their exhaled breath and lets you hear air escaping from their mouth.
5. If the chest does not rise and fall, adjust the position of the person's head, being careful not to lift, twist or turn their neck.
6. Immediately repeat with a second breath.



When giving rescue breaths to infants, children or individuals with firmly closed jaws, a mouth-to-nose technique can be used.

Remember to give smaller breaths to infants and children as they have smaller lung capacities.

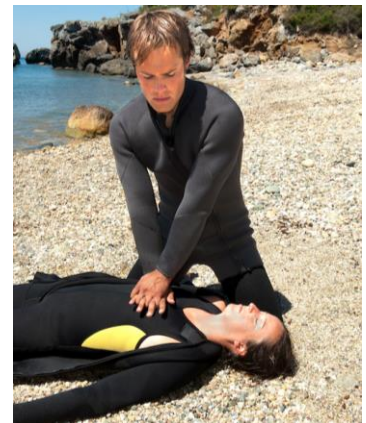
Whenever possible use a resuscitation mask.

If signs of life return – consciousness, normal breathing, moving – place the person in the recovery position.

It is more important that CPR is not interrupted too often to check for signs of life, as regular checking has been shown to lower survival rates.

If you don't want to give mouth-to-mouth you should at least continue to administer chest compressions – **any resuscitation is better than none.**

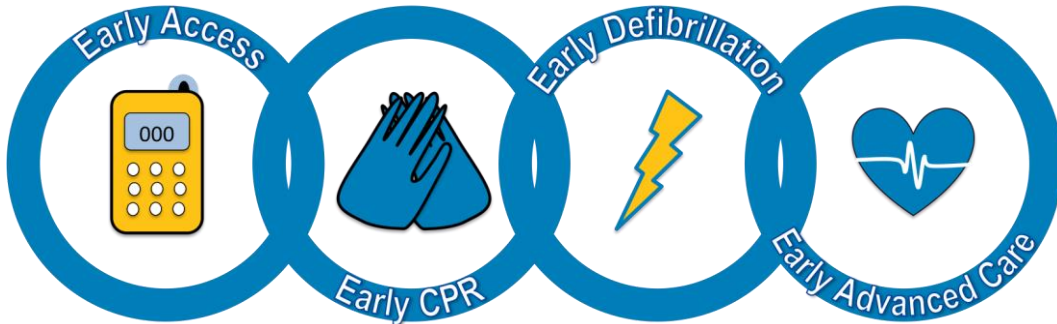
DO NOT STOP until emergency help arrives.



2.2.6.3 The Chain of Survival

The chain of survival is the process you should follow when someone has a sudden cardiac arrest. Following the 4 links in the chain will mean CPR is more likely to save the person's life.

The 4 links in the chain of survival are:



1. Early Access	Recognise the signs that a cardiac arrest is about to happen and send for help by dialing 000 or 112.
2. Early CPR	As soon as you see the victim collapse to the ground, start CPR immediately.
3. Early Defibrillation	Request an Automatic External Defibrillator (AED) from a bystander – they are easy to use – and apply it the moment the heart is in abnormal rhythm. For every minute defibrillation is delayed, there is approximately 10% reduction in survival.
4. Early Advanced Care Procedures	The sooner emergency response services personnel can attend the casualty, the better the chance of survival. Seek assistance from paramedics as soon as possible.

2.2.6.4 Stopping CPR



You should only stop CPR if:

- ◆ Emergency response services personnel arrive and take over.
- ◆ You are physically unable to continue.
- ◆ It is unsafe to continue.
- ◆ The person starts moving and breathing normally, showing they have recovered. In this case move them into the recovery position.

Always keep monitoring the person and be prepared to start CPR again if needed.

2.2.7 D – DEFIBRILLATOR



CPR should not be stopped until ambulance personnel or an Automated External Defibrillator (AED) arrives.

An AED is an electronic device that is portable, easy to operate, and used when the casualty is having a Sudden Cardiac Arrest (SCA).

When the machine detects an abnormal heart rhythm an electrical shock is sent to the heart, which can restore normal heart rhythm. People who need CPR have abnormal heart rhythms.

Attach an AED if available and follow the manufacturer's instructions in the operation manual or the prompts shown on the unit screen.

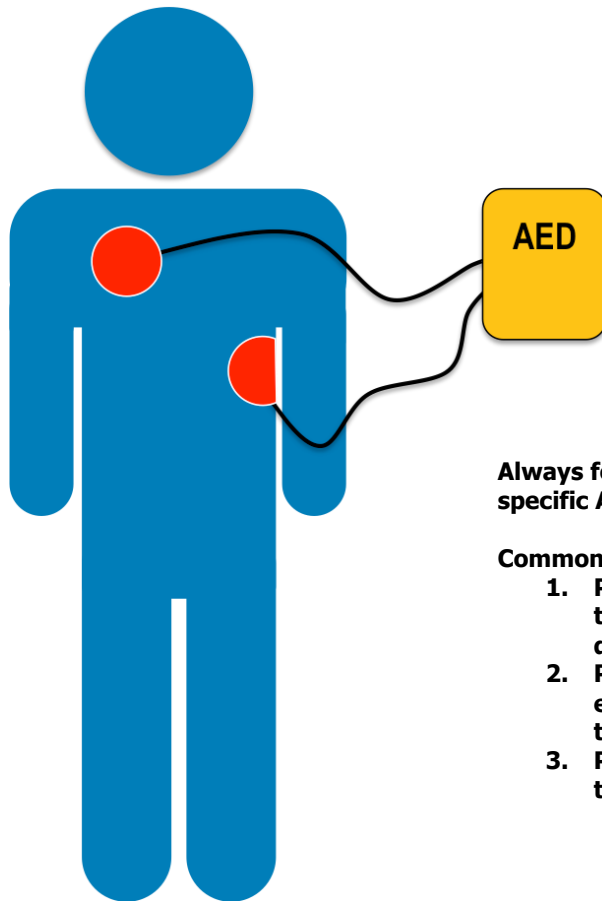
AEDs are easy to use so you don't need formal training. Most have visual and/or verbal instructions that you should follow exactly as different machines may vary slightly.

Once the pads of the AED have been attached to the casualty – this must be directly to the skin, which may need to be dried off – the device will detect the person's heart rhythm and then deliver an electric shock if required.

Once the shock has been delivered, immediately continue CPR for a further 2 minutes, leaving the AED attached and following any prompts until ambulance personnel arrive.

Standard adult AEDs and pads can be used for children older than 8 years. It is best to use paediatric pads and an AED with a paediatric option for children between 1 and 8 years. If this is not available, an adult AED can be used as long as the pads don't touch each other on the child's chest.



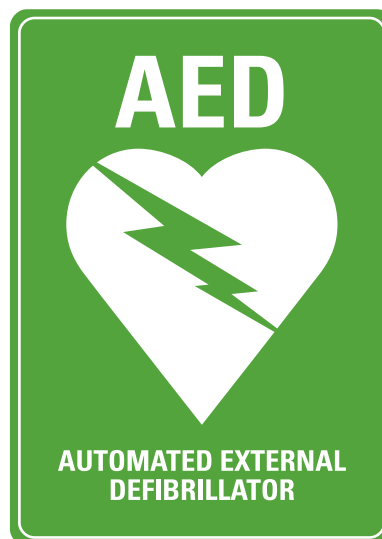


Always follow the instructions on the specific AED you are using.

Common AED operation involves:

- 1. Pushing the button to release the lid and turn on the defibrillator.**
- 2. Pulling the handle to get the electrode pads and adhere them to the person's chest as shown.**
- 3. Pressing the flashing button if told to do so.**

While there is not currently an Australian Standard for AED signage, the Australian Resuscitation Council has developed this sign to be used in Australia to identify and direct people to the location of an AED.



2.3 Report Incident and Casualty Details



Once you have started treating the casualty you must keep monitoring their vital signs.

You also need to keep a record of any changes in the casualty's condition as well as details of the first aid treatment you have provided.

This could include medication taken, how long a person is unconscious, use of CPR techniques and breathing and circulation problems.

Information like this is very important, as it will help you to keep track of how the casualty is going.

You will also be able to give accurate details to emergency response services personnel when they arrive, and to your supervisor, if necessary.

Records may include:

- ◆ Verbal reports.
- ◆ Approved forms.
- ◆ Written reports.
- ◆ Personal notes.



2.3.1 PROVIDE REPORTS



The paramedics, ambulance officers or other emergency services personnel will want some details about the incident and the casualty's condition.

Make sure the information you give them is accurate and clear. Stick to the facts about what has happened and don't include your opinions.

Try to use the right technical terms to report the casualty's physical condition or at least clearly describe the type or location of injuries.

Answer any questions and give your verbal report in a calm and concise manner.

Medical staff will then be able to make the appropriate response and provide the casualty with ongoing care and treatment.

Details in your report should include:

- ◆ Name, age and address of casualty, if known.
- ◆ Time of incident.
- ◆ History of incident/injury.
- ◆ Description of any injuries and/or illness.
- ◆ Changes in level of consciousness.



- ◆ Changes in vital signs, e.g. temperature, pulse rate, respiratory rate, blood pressure.
- ◆ Changes in skin colour.
- ◆ Treatments you have given.
- ◆ Changes in casualty's mental status.
- ◆ Response to each treatment.

2.3.1.1 Report to Supervisor

As well as reporting incident and casualty details to emergency response staff, you will need to provide a similar report to your workplace supervisor where appropriate.

Your workplace might also want you to complete an incident form or another type of written report about the incident and casualty.

When providing verbal or written reports, always follow the privacy and confidentiality laws in your state. Remember, by filling in and signing an incident report form, it becomes a legal document.

See Appendix A for an example of a first aid/incident report form.



Reporting the incident to your supervisor can help to make your workplace safer by reducing the chance of other workers being injured by the same, or similar hazard.

Your report may also be used by your organisation to change or improve first aid procedures and the way CPR is provided.

Each organisation will have policies and procedures for making incident and first aid reports. These may include:

- ◆ Legislation relevant to the provision of emergency care.
- ◆ Legislation relevant to your workplace.
- ◆ Standard operating procedures.
- ◆ Operational performance standards.

Remember there are privacy laws that protect personal information in medical reports. This information must be kept confidential.



2.3.2 KEEP INFORMATION PRIVATE AND CONFIDENTIAL



In providing first aid and CPR you will find out private casualty details and medical information. This must not be shared with anybody who is not directly involved in the first aid treatment, reporting or continuing treatment of the casualty.

Information in incident reports, notes taken, and conversations held between medical staff (paramedics, nurses and doctors) must be kept confidential.

Even after the incident, you should be careful when talking about it. It doesn't matter how long ago the incident occurred.

The law says you must maintain confidentiality about the medical or personal details of any casualty you treat.

If it is a workplace incident, there are policies and standard operating procedures in place to protect incident reports.

There is a risk of legal action being taken against you if the casualty holds you responsible for leaking any information.

Each state in Australia has its own privacy legislation and regulations that must be followed.

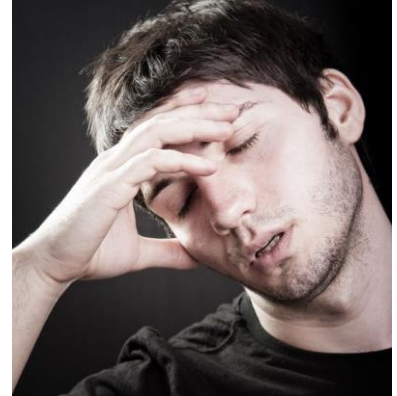


2.4 Stress Management and Debriefing

CPR can be a traumatic experience for those providing it and receiving it. Not everyone who is involved in serious incidents will be badly affected but some people can suffer from mental health issues such as Post-Traumatic Stress Disorder (PTSD).

Signs of trauma or stress may include:

- ◆ Anxiety.
- ◆ Irritability.
- ◆ Disturbed sleep.
- ◆ Flashbacks.
- ◆ Feeling numb.
- ◆ Emotional outbursts.



To manage anxiety and stress there are counselling services, meditation courses and other resources available such as:



- ◆ Telephone counselling operators – these are available in each state or territory. For example, LifeLine is a free 24 hour service available nationally (free call 13 11 14) and referrals to other support resources can be requested. Beyond Blue is another service that offers counselling (1300 224 636 or www.beyondblue.org.au).
- ◆ A GP (general practitioner) or family doctor can be a good place to start, as they can refer you to a qualified psychologist for face-to-face counselling if needed.
- ◆ Local community health services – some offer face-to-face counselling, meditation classes and other stress management programs.

Other strategies available to help deal with stress are:

- ◆ Talking with friends and co-workers.
- ◆ Debriefing.
- ◆ Taking part in leisure activities and hobbies.
- ◆ Eating well and getting enough sleep.
- ◆ Other activities (e.g. yoga, tai chi, meditation).



2.4.1 DEBRIEFING



Being involved in a first aid CPR situation can be a high-stress situation and debriefing is an important technique to help people cope.

Debriefing should be conducted as soon as possible after an emergency situation.

It will involve talking to your supervisor, work colleagues or a counsellor about any problems you might have had during the emergency response, including CPR procedures.

Debriefing is a chance to learn from the experience and look at your own abilities and reactions in a crisis. You can go over the situation in your mind and ask yourself if there were things you could have done better. Was there anything you couldn't do because you had forgotten it or never learned it in the first place?

Be honest with yourself and always be on the lookout to improve your skills.

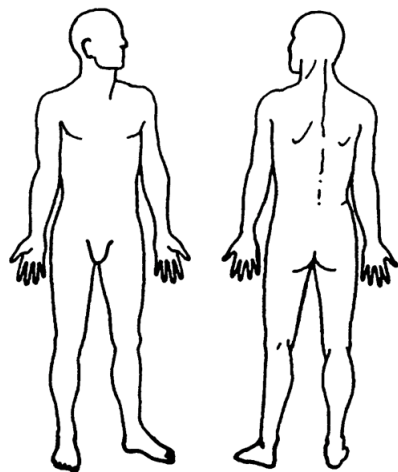
Your organisation can also learn from your experience and use your feedback to develop methods to improve emergency response techniques and CPR procedures.



Your supervisor might decide to send you to relevant training courses to update your first aid and CPR skills.

Debriefing might also help you move on from the incident.

Appendix A – First Aid/Incident Report Form

First Aid/Incident Report Form				
Casualty Details				
Name		Home Address		Allergies/Medication
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	
First Aider Details				
Name			Home Address	
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	
Witness Details				
Name			Home Address	
Date Of Birth		Sex	Phone (Home)	
Phone (Work)			Phone (Mobile)	
Incident Details				
Date	Time ____: ____ am / pm		Location Of Incident	
Description Of Incident			Location Of Injuries 	
Description Of Injuries/First Aid Assessment				
Observations				
Time				
Consciousness				
Pulse				
Respiration				
Description Of Treatment			Referral <input type="checkbox"/> Hospital (ambulance) <input type="checkbox"/> Hospital (private transport) <input type="checkbox"/> Own Doctor <input type="checkbox"/> Other	
First Aider Signature			Date/Time	