



CPR First Aid

📍 Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026

✉ admin@cprfirstaid.com.au

HLTAID012

Provide first aid in an education and care setting

Learner Assessment Guide





CPR First Aid

Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026

admin@cprfirstaid.com.au

Unit of Competency: HLTAID012 Provide First Aid in an education and care setting (Release 1)

Application

This unit describes the skills and knowledge required to provide a first aid response to infants, children and adults in line with first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies.

This unit applies to a range of workers within an education and care setting who are required to respond to a first aid emergency, including asthma and anaphylactic emergencies. This includes early childhood workers and educators who work with school age children in outside school hours care and vacation programs.

This unit of competency may contribute towards approved first aid, asthma and anaphylaxis training under the Education and Care Services National Law, and the Education and Care Services National Regulations (2011).

Specific licensing/regulatory requirements relating to this competency, including requirements for refresher training should be obtained from the relevant national/state/territory Work Health and Safety Regulatory Authorities

Unit Mapping information

No equivalent unit.

Entry Requirements

As per [HLTAID012](#) Provide First Aid in an education and care setting, there are no pre-requisites. No prior experience is required

The Learner upon enrolment or before course commencement should inform the RTO if they have an identified language/literacy or other learning need, or a disability or have physical limitations, so that the assessment method can be “reasonably adjusted” by the RTO and pre-determined to best accommodate the Learner so that they will be able to appropriately work their way through the training program. Note that the Learner will need to meet the required ACSF levels and Foundation Skills requirements to successfully complete the course.

It is important to note that the HLTAID competency standards do require a level of physical ability to meet the evidence requirements for assessment. Due to the potential risk to health and safety it is important to note that Learners must be able to perform at least 2 x 2 minutes of uninterrupted CPR on an adult and child manikin placed on the floor. These standards relate to the level of performance required to provide resuscitation and respond to an emergency situation where there may be risk to life.

Foundation Skills

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

The Learner will need to meet the required ACSF levels and Foundation Skills requirements (language, literacy and numeracy) that are essential to performance to successfully complete the course.



For example, during a first aid/CPR scenario you'll need to demonstrate how to:

- Seek assistance from emergency response services
- Provide a written and verbal report of a first aid incident
- Accurately convey incident details to emergency response services
- Participate in debriefing with a supervisor

Performance Criteria

Element

Elements describe the essential outcomes.

Performance Criteria

Performance criteria describe the performance needed to demonstrate achievement of the element.

- | | |
|--|---|
| 1. Respond to an emergency situation | 1.1 Recognise and assess an emergency situation
1.2 Ensure safety for self, bystanders and casualty
1.3 Assess the casualty and recognise the need for first aid response
1.4 Seek assistance from emergency services |
| 2. Apply appropriate first aid procedures | 2.1 Perform cardiopulmonary resuscitation (CPR) in accordance with the ARC guidelines.
2.2 Provide first aid in accordance with established first aid principles.
2.3 Display respectful behaviour towards casualty.
2.4 Obtain consent from casualty where possible.
2.5 Use available resources and equipment to make the casualty as comfortable as possible.
2.6 Operate first aid equipment according to manufacturers' instructions.
2.7 Monitor the casualty's condition and respond in accordance with first aid principles. |
| 3. Communicate details of the incident | 3.1 Accurately convey incident details to emergency services.
3.2 Report details of incident in line with appropriate workplace or site procedures.
3.3 Complete applicable workplace or site documentation, including incident report form.
3.4 Report details of incidents involving infants and children to parents or caregivers.
3.5 Follow appropriate workplace or site procedures to report serious incidents to the regulatory authority.
3.6 Maintain privacy and confidentiality of records and information in line with statutory or organisational policies |
| 4. Review the incident | 4.1 Recognise the possible psychological impacts on self and other rescuers and seek help when required
4.2 Contribute to a review of the first aid response as required |



Assessment Requirements

Performance Evidence

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the workplace or community setting.

There must be evidence that the candidate has completed the following tasks in line with State/Territory regulations, first aid codes of practice, first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies and workplace or site procedures:

- Managed, in line with ARC guidelines, the unconscious, breathing casualty including appropriate positioning to reduce the risk of airway compromise
- Managed, in line with ARC guidelines, the unconscious, non-breathing adult, including:
 - Performing 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
 - Following the prompts of an automated external defibrillator (AED) to deliver at least one shock
 - Demonstrating a rotation of single rescuer operators with minimal interruptions to compressions
 - Responding appropriately in the event of regurgitation or vomiting
- Managed, in line with ARC guidelines, the unconscious, non-breathing child, including:
 - Performed at least 2 minutes of uninterrupted single rescuer CPR (5 cycles both compressions and ventilations) on a child resuscitation manikin placed on the floor
- Managed, in line with ARC guidelines, the unconscious, non-breathing infant, including:
 - Performing 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.
- Managed casualties, with the following:
 - CPR
 - Anaphylaxis
 - Asthma
 - Choking
 - Envenomation, using pressure immobilisation
 - Fractures, dislocations, sprains and strains, using appropriate immobilisation techniques
 - Minor wound cleaning and dressing
 - Non life-threatening bleeding
 - Nosebleed
 - Shock
- Responded to at least one simulated first aid incident contextualised to the candidate's workplace/community setting, where the candidate has no knowledge of the casualty's condition prior to starting treatment, including:
 - Identifying the casualty's illness/injury through history, signs and symptoms



CPR First Aid

Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026

admin@cprfirstaid.com.au

- Using personal protective equipment (PPE) as required
- Providing appropriate first aid treatment
- Conveying incident details to emergency services or advising casualty on any required post incident action
- Providing an accurate verbal and written report of the incident
- Reviewing the incident

Knowledge Evidence

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- Guidelines and procedures including:
 - ARC guidelines relevant to the provision of first aid
 - First aid guidelines from Australian national peak clinical bodies
 - Potential incident hazards and risk minimisation processes when providing first aid
 - Infection control procedures, including use of standard precautions and resuscitation barrier devices
 - Requirements for currency of skill and knowledge
 - First aid codes of practice
 - Appropriate workplace or site procedures relevant to the provision of first aid
 - Contents of first aid kits
- Legal, workplace and community considerations, including:
 - Duty of care requirements
 - Own skills and limitations
 - Consent and how it relates to the conscious and unconscious casualty
 - Privacy and confidentiality requirements
 - Awareness of potential need for stress management techniques and available support for rescuers
- Considerations when providing CPR, including:
 - Upper airway and effect of positional change
 - Appropriate duration and cessation of CPR
 - Appropriate use of an AED
 - Safety and maintenance procedures for an AED
 - Chain of survival
 - How to access emergency services
- Techniques for providing CPR to adults, children and infants including:
 - How to recognise that a casualty is unconscious and not breathing normally
 - Rate, ratio and depth of compressions/ventilations
 - Correct hand positioning for compressions
 - Basic anatomy, physiology and the differences between adults, children and infants relating to CPR
- Signs, symptoms and management of the following in children:
 - Allergic reaction
 - Anaphylaxis
 - Asthma
 - Non-life-threatening and life-threatening bleeding
 - Breathing difficulties



CPR First Aid

Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026

admin@cprfirstaid.com.au

- Burns
 - Choking
 - Diabetes
 - Dehydration
 - Drowning
 - Envenomation - all current treatments
 - Eye injuries
 - Febrile convulsions
 - Fever
 - Fractures, dislocations, sprains and strains
 - Head, neck and spinal injuries
 - Hypothermia
 - Hyperthermia
 - Minor wounds
 - Pain
 - Shock
 - Nose-bleed
 - Poisoning
 - Seizures
 - Vomiting and diarrhea
- Identification and management of a sick infant or child including:
 - General signs and symptoms of acute illness in children and infants
 - Referral and advice services including recognition of signs or symptoms requiring immediate ambulance response
 - Emergency action plans for known medical conditions including asthma and anaphylaxis
 - Age appropriate communication and distraction techniques
 - First aider response to basic physiological differences in children

Assessment Conditions

Each candidate to demonstrate skills in an environment that provides realistic in-depth, scenarios and simulations to assess candidates' skills and knowledge.

Due to the nature of this type of training, it is acceptable for the performance evidence to be collected in a simulated environment.

Compression and ventilation skills must be demonstrated on resuscitation manikins, following ARC guidelines for the purpose of assessment of CPR procedures.

Assessment must ensure access to:

- Emergency action plans
- Adult, child and infant resuscitation manikins following arc guidelines for the purpose of assessment of CPR procedures
- Adrenaline auto-injector training device
- AED training devices
- Workplace first aid kit
- Placebo bronchodilator and a spacer device
- Different types of wound dressings and bandages
- Blankets and items to treat for shock
- Personal protective equipment (PPE)



CPR First Aid

Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026

admin@cprfirstaid.com.au

- Workplace injury, trauma and/or illness record, or other applicable workplace or site incident report form.

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

Assessor requirements

Assessors must satisfy the Standards for Registered Training Organisations' requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit.

Conducted Assessments

All assessments will be conducted in English and the assessment methods include:

Blended Learning

Blended learning entails that the Learner will study via a variety of learning methods. This course will be conducted by the following means:

Pre-Learning:

1. **Option One:** Written Materials: The Learner is sent their study materials prior to the course. The Learner is required to read the materials and answer the assessment questions. Allow for 4 to 8 hours to study and complete the assessment questions. The study materials and the completed assessments are brought with them when attending the classroom training session for a full day of practical work. Materials are reviewed and checked.
2. **Option Two:** e-learning: Learner is sent a link to access online learning materials and completes the theory aspect online. Allow for 4 to 8 hours read the online material and complete the assessment questions. Results are recorded automatically with the RTO. Then you attend a classroom training session for a full day of practical work. At the beginning of the day's session, just after the Course Introduction stage, Learners who have completed online eLearning will need to complete a "Knowledge Verification Assessment Questionnaire" by answering ten (10) Assessment questions that they had previously answered as proof that their previous online answers were their own work. The assessment sheet notes that the Learner needs to achieve 100% at first attempt. Learners who are unable to achieve a 100% result with the verifying questions will be asked to leave the course and talk with the office administration team about the matter.

Face to Face:

1. **Option One:** Once the Learner has completed their pre-learning requirements, they attend a classroom training session for a full day of practical work covering all aspects of the subject matter. This involves the Trainer reviewing pre-studied materials to ensure that the Learner has attained the underpinning knowledge required to perform the required practical tasks.
2. **Option Two:** No pre-learning has been undertaken. The Learner attends a classroom training session for a half day of theory and practical work covering all aspects of the subject matter. Knowledge/theory and practical aspects are interwoven over the two days.



For each task, there will be a demonstration, practice session and then the assessment activity.

The following sectors will describe in detail the assessment process for each type.

Performance Evidence

The Student 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.

Students will be placed into pairs and will conduct practical assessment tasks on each other with one conducting the task first, then swapping roles to allow the other student to do the task.

The trainer will set up pairs and arrange the necessary equipment, first aid products/supplies and classroom setup. It will be conducted in the classroom. The trainer will demonstrate the required task. Then the students will have a short period of time to practice after which you'll be required to demonstrate all steps of the task as an assessment. The task will be conducted without assistance of the trainer. Students can have multiple attempts at each task if required.

List of Assessment Tasks

All Learners will need to Demonstrate the Following Tasks:		
No:	Description of Assessment Activity Task	Requirements
M1	Reassure & display respect to casualty. Apply during any scenario <ol style="list-style-type: none">1. Reassure the casualty in a caring and calm manner2. Obtain consent – as applicable3. Display respectful behaviour towards the casualty4. Make them comfortable using available resources5. Ensure casualty feels safe, secure and supported	Equipment: N/A Resources: N/A
M4	Administer an adrenaline autoinjector (EpiPen) correctly and promptly as per steps: <ol style="list-style-type: none">1. Lay person flat.2. Check that the EpiPen is safe to use (Expiry date, condition, clarity, etc.)3. Form fist around EpiPen4. Pull off blue safety release5. Place orange end against outer mid-thigh (with or without clothing)6. Push down hard until a click is heard or felt and hold in place for 3 seconds7. Remove EpiPen	Equipment: <ul style="list-style-type: none">• EpiPen Training Device Resources: N/A
M5	Accurately request and then convey casualty's and incident details to emergency response services during any scenario <ol style="list-style-type: none">1. Request emergency assistance using a mobile phone2. Say that someone is having, e.g. an asthma attack (<i>Subject specific</i>)3. Hand over casualty to emergency response services	Equipment: <ul style="list-style-type: none">• Mobile phone Resources: N/A



	<ol style="list-style-type: none"> 4. Accurately convey incident details 5. Accurately convey details of first aid rendered to the casualty 6. Explain what resources / equipment that were used to help treat the casualty 	
M7	<p>Apply first aid treatment for a severe allergic reaction (anaphylaxis) for peanut allergy. Follow steps:</p> <ol style="list-style-type: none"> 1. Demonstrate ability to assess the situation, taking into consideration risks and any physical hazards and control of the situation. <ol style="list-style-type: none"> a. Ask: Is it necessary to move the casualty? b. Answer: No, do not move, no chance of further harm. 2. Obtain consent – as applicable 3. Assess the casualty. 4. Recognise that the casualty is having an anaphylactic reaction 5. Casualty is reassured in a respectful, caring and calm manner 6. Stay with person and call for help. 7. Follow all the steps of a General EpiPen ASCIA Action Plan for Anaphylaxis <i>(Complete with Task M4)</i> 8. Appropriately administer the correct treatment 9. Note the time medication was administered 10. Casualty's condition is monitored in accordance with first aid principles and procedures 11. Apply second EpiPen 12. Accurately communicate details of the incident to Emergency Services 13. Phone family/emergency contact. 	<p>Equipment:</p> <ul style="list-style-type: none"> • EpiPen Training Device <p>Resources:</p> <ul style="list-style-type: none"> • General EpiPen ASCIA Action Plan for Anaphylaxis

No:	Description of assessment activity task	Requirements
C1	<p>DRSABCD. Complete all steps: <i>(Requires 2 learners: Learner 1, Learner 2, Both Learners)</i></p> <ol style="list-style-type: none"> 1. Approach the incident 2. Identify, assess and minimise immediate hazards and any potential Dangers to self and others 3. Remove casualty from dangers if required 4. Assess scene for history, cause of injury 5. Observe casualty for signs of injury <i>(Follow Task M1 as applicable)</i> 6. Ask witnesses or bystanders for information regarding incident or casualty's medical history 7. Check for a Response using talk and touch. Ask casualty to squeeze hands (No response) 8. Gently squeeze casualty shoulders. No Response. Assess casualty to be unconscious 9. Ask or arrange for someone to Send for Help, e.g. ring 000 / 112 10. Check Airway for foreign material and clear if required by rolling on side and scooping out 11. Airway clear. Tilt head (Casualty is in a supine position) 12. Look, listen & feel for normal Breathing for 10 seconds <ol style="list-style-type: none"> a. Place cheek near their mouth, look to see chest rise and place hand on stomach to feel for breathing 	<p>Equipment:</p> <ul style="list-style-type: none"> • Adult manikins • AED trainer device • Mobile phone <p>Resources:</p> <ul style="list-style-type: none"> • Adult manikin lung bags • Manikin face shields • AED pad sets • Alcohol swabs



	<p>13. Unconscious / not breathing normally. Send for an AED & promptly commence C.P.R.</p> <p>14. Regurgitation occurs, move to recovery position, clear airway. (Follow Task C6)</p> <p>15. Return to supine position. Continue by providing 1-person C.P.R. for 2 minutes. (5 cycles of compressions + ventilations – 30:2) (Follow Task C2)</p> <p>16. AED arrives at 2-minute mark demonstrate seamless changeover</p> <p>17. Continues C.P.R. Use AED & follow voice prompts. Continues C.P.R. (Follow Task C5)</p> <p>18. Accurately communicate details of occurrence and aid provided to emergency services (Follow Task M5)</p>	
C2	<p>C.P.R. – Adult Manikin: (Placed on floor) (Requires 2 learners: Learner 1, Learner 2, Both Learners)</p> <ol style="list-style-type: none"> Place the dominant hand on the correct compression point – heel of the hand on the centre of chest Lock hands together, keeping fingers off chest, arms straight, shoulders above hands Press sternum to 1/3 depth of chest and achieve 30 compressions @ rate of 120 per minute (2 per second) To have full chest recoil after each compression (No bouncing or jabs) Give 2 rescue breaths observing chest rise & fall, using manikin face shield Continue another 4 cycles of 30:2 At the 2-minute mark (after 5 cycles), demonstrate seamless changeover Learners swap roles. Continues C.P.R. and attach AED (as per Task C5) 	<p>Equipment:</p> <ul style="list-style-type: none"> Adult manikins AED trainer device <p>Resources:</p> <ul style="list-style-type: none"> Adult manikin lung bags Manikin face shields AED pad sets Alcohol swabs
C4	<p>C.P.R. – Infant Manikin: (Placed on a firm surface) (Requires 1 learner)</p> <ol style="list-style-type: none"> Use DRS approach to the incident. Look in mouth for foreign matter and clear any foreign material with fingers. Open the airway by placing the infant head in a neutral / horizontal position. Look, listen and feel for normal breathing. (not breathing normally) Place 2 fingers on the correct compression point Press sternum to 1/3 depth of chest and achieve 30 compressions @ rate of 120 per minute (2 per second) To have full chest recoil after each compression With head in horizontal position, support jaw, seal mouth over infant's mouth & nose Give 2 gentle puffs of air & observe chest rise & fall, using manikin face shield Continue another 4 cycles of 30:2 	<p>Equipment:</p> <ul style="list-style-type: none"> Infant manikins <p>Resources:</p> <ul style="list-style-type: none"> Infant manikin lung bags Manikin face shields Alcohol swabs
No:	Description of assessment activity task	Requirements
C5	<p>Followed the prompts of an Automated External Defibrillator (AED). (To be incorporated with Task C1: Step 16.): (Requires 2 learners: Learner 1, Learner 2)</p> <ol style="list-style-type: none"> Perform C.P.R. Brings the AED unit. Demonstrate seamless changeover: Continues C.P.R Unpack or open AED (Depends on brand) Turn on AED Follow voice prompts Expose the casualty's chest. Clean and dry if required Tear open electrode pads and remove protective cover 	<p>Equipment:</p> <ul style="list-style-type: none"> Adult manikins AED trainer device <p>Resources:</p> <ul style="list-style-type: none"> Adult manikin lung bags Manikin face shields AED pad sets Alcohol swabs



	<ol style="list-style-type: none">8. Apply pads to the correct positions on the casualty's chest. Avoiding any implants and medication patches.9. Roll on so no air pockets10. Continue to follow prompts: "Stand clear, do not touch the casualty". Check all clear and no dangers. Press shock button as advised. (No response)11. Continues C.P.R.	
C6	<p>Responded appropriately in the event of regurgitation or vomiting during C.P.R. Roll the casualty (<i>or manikin</i>) into the recovery position:</p> <ol style="list-style-type: none">1. Place casualty's opposite arm at 90° angle away from their body2. Lift other arm across their chest and hold3. Lift closest knee until it bends4. Place hands on casualty's shoulder and hip and roll them gently onto their side5. Place casualty's knee on the ground to stabilise them6. Tilt casualty's head back slightly to open airway7. Using gravity, obvious fluids should drain8. Visible materials can be removed using the first aider's gloved hand9. Return to supine position & recheck for breathing10. Continue C.P.R.	<p>Equipment:</p> <ul style="list-style-type: none">• Adult manikins <p>Resources:</p> <ul style="list-style-type: none">• Disposable gloves
C7	<p>Roll the casualty into the recovery position from a supine position for an unconscious breathing casualty:</p> <ol style="list-style-type: none">1. Place casualty's opposite arm at 90° angle away from their body2. Lift other arm across their chest and hold3. Lift closest knee until it bends4. Place hands on casualty's shoulder and hip and roll them gently onto their side5. Place casualty's knee on the ground to stabilise them6. Tilt casualty's head back slightly to open airway7. Monitor casualty, frequently checking airway and breathing.	<p>Equipment: N/A</p> <p>Resources: N/A</p>
C8W	<p>Provided an accurate verbal & written report of an incident based on a completed scenario:</p> <ol style="list-style-type: none">1. Provide an accurate verbal & written report to the manager/supervisor of steps taken<ol style="list-style-type: none">a. Complete the incident/injury report form based on any scenariob. Maintain confidentiality and privacy aspects2. Reports are completed and submitted for consideration of any improvements3. Recognise possible psychological impacts on self, to other rescuer/s and children4. Debrief to address individual needs and concerns5. Evaluate and review effectiveness of the first aid response. Identify any possible improvements	<p>Equipment: N/A</p> <p>Resources:</p> <ul style="list-style-type: none">• Incident/injury report form• Evaluation section of assessment form



No:	Description of assessment activity task	Requirements
F1	Applied first aid procedures for respiratory distress, including asthma (Puffer/Spacer) : <ol style="list-style-type: none">1. Conduct Primary (DRSABCD) & secondary assessment2. Recognise signs and symptoms of asthma.3. Obtain consent – as applicable4. Sit the casualty comfortably upright5. Be respectful, calm and reassuring6. Assemble spacer7. Remove puffer cap and shake well8. Insert puffer upright into the spacer9. Place mouthpiece between casualty's teeth and seal lips around it10. Press once firmly on puffer to release one puff into spacer11. Get casualty to take 4 breaths in and out of spacer12. Slip spacer out of mouth13. Repeat steps 6 to 11 by 3 times (give another 3 puffs)14. If not improved by 4 minutes, give another 4 puffs (Repeat steps 6 to 11)15. If the casualty still cannot breathe properly, immediately call 000 and say someone is having an asthma attack16. Monitor and continue to give 4 puffs every 4 minutes until the ambulance arrives17. Replace cap onto puffer	Equipment: <ul style="list-style-type: none">• Puffer – Training device• Disposable Spacer Resources: <ul style="list-style-type: none">• N/A
F3	Applied first aid procedures for bleeding control : <ol style="list-style-type: none">1. Conduct Primary (DRSABCD) & secondary assessment2. Seek casualty consent3. Be respectful, calm and reassuring4. Rest the casualty in a comfortable position5. Use disposable gloves if available, ask history & assess wound for foreign objects6. Apply direct pressure to wound by applying a dressing and bandage<ol style="list-style-type: none">a. Ask: Should we elevate the affected limb b: Answer: No, not anymore7. Check compression is adequate. Check circulation8. Immobilise the affected arm9. Monitor casualty's breathing10. Continue to offer reassurance11. Treat for shock (<i>Continue with Task F4</i>)	Equipment: <p>N/A</p> Resources: <ul style="list-style-type: none">• Crepe bandage• Sterile dressing – small non-adherent pad• Disposable gloves
F4	Applied first aid procedures for shock (<i>Follows on from Task F3</i>): (A deep incision to the forearm) <ol style="list-style-type: none">1. Ring 0002. Rest the casualty comfortably lying down on their back. Do not raise the legs3. If externally visible, treat the trauma (<i>completed in Task F4</i>)4. Cover the casualty using an emergency rescue blanket to keep them warm5. Monitor & reassure the casualty until medical help arrives	Equipment: <p>N/A</p> Resources: <ul style="list-style-type: none">• Emergency rescue blanket
F5I	Applied first aid procedures for Choking: partial airway obstruction: (Infant) : <ol style="list-style-type: none">1. Reassure the casualty2. Encourage the casualty to keep coughing	Equipment: <ul style="list-style-type: none">• Infant manikins Resources:



	<ol style="list-style-type: none"> 3. Do not administer back blows 4. Place small children or infants on a 45° angle over your knee while they cough 5. Obtain medical assistance if blockage won't clear <i>(continues at Task F6I)</i> 	<ul style="list-style-type: none"> • Infant manikin lung bags • Manikin face shields • Alcohol swabs
F5C	<p>Applied first aid procedures for Choking: partial airway obstruction: (Child)</p> <ol style="list-style-type: none"> 1. Reassure the casualty 2. Encourage the casualty to keep coughing 3. Do not administer back blows 4. Seek medical assistance if blockage won't clear <i>(continues at Task F6C)</i> 	<p>Equipment: N/A</p> <p>Resources: N/A</p>
No:	Description of assessment activity task	Requirements
F6I	<p>Applied first aid procedures for Choking: complete airway obstruction: (Infant) <i>(continues from Task F5I)</i></p> <ol style="list-style-type: none"> 1. If the casualty is conscious, call 000 for medical assistance 2. Place small children or infants on a 45° angle over your knee 3. While supporting the infant's chest with one hand, deliver 5 firm upward back blows between the shoulder blades. Between each blow, check if airway obstruction has cleared and for signs of breathing 4. Obstruction has not cleared, gently flip infant on its back and administer 5 sharp chest thrusts. Between each thrust, check if airway obstruction has cleared and for signs of breathing 5. Still not cleared: Keep alternating between chest thrusts & back blows until the obstruction clears 6. casualty now loses consciousness, 7. Continue with DRSABCD <ol style="list-style-type: none"> a. Use finger sweep if solid material in the airway is visible. b. Ensure ambulance has been called. (000) c. Provide CPR with rescue breaths (30:2) until obstruction cleared or relieved by medical assistance. Always check if obstruction is visible before giving breaths 8. Obstruction cleared. Place casualty in recovery position and continue to monitor their airway & breathing 	<p>Equipment:</p> <ul style="list-style-type: none"> • Infant manikin • Chair <p>Resources:</p> <ul style="list-style-type: none"> • Infant manikin lung bags • Manikin face shields • Alcohol swabs
F6C	<p>Applied first aid procedures for Choking: complete airway obstruction: (Child) <i>(continues from Task F5C)</i></p> <ol style="list-style-type: none"> 1. If the casualty is conscious, call 000 for medical assistance 2. While supporting the casualty's chest with one hand, deliver 5 firm upward back blows between the shoulder blades. Between each blow, check if airway obstruction has cleared and for signs of breathing 3. Obstruction has not cleared, gently flip infant on its back and administer 5 sharp chest thrusts. Between each thrust, check if airway obstruction has cleared and for signs of breathing 4. Still not cleared: Keep alternating between chest thrusts & back blows until the obstruction clears 5. Casualty now loses consciousness, 6. Continue with DRSABCD <ol style="list-style-type: none"> a. Use finger sweep if solid material in the airway is visible. b. Ensure ambulance has been called. (000) c. Provide CPR with rescue breaths (30:2) until obstruction cleared or relieved by medical assistance. Always check if obstruction is visible before giving breaths 	<p>Equipment:</p> <ul style="list-style-type: none"> • Adult manikin <p>Resources:</p> <ul style="list-style-type: none"> • Adult manikin lung bags • Manikin face shields • Alcohol swabs



	8. Obstruction cleared. Place casualty in recovery position and continue to monitor their airway & breathing	
F7S	Applied first aid procedures for a sprained ankle using the R.I.C.E.R. Treatment: <ol style="list-style-type: none">1. Assess for dangers and ensure the safety of all present.2. Obtain history and symptoms from casualty and observe signs3. Provide reassurance, obtain consent and explain treatment to casualty4. Assist the casualty to lay comfortably on their back5. Remove any footwear6. Apply the compression bandage to the injured ankle7. Ensure that it is not too tight or too loose8. Rest the injured leg in a comfortable elevated position9. Apply a cold pack to the injured area10. Check casualty comfort11. Monitor bandaged ankle. Check the colour, warmth and sensation in the toes12. Check casualty for signs of shock and continue to reassure13. Refer the casualty to professional medical advice/treatment	Equipment: N/A Resources: <ul style="list-style-type: none">• Crepe Bandage• Cold Pack
No:	Description of assessment activity task	Requirements
F7D	Applied first aid procedures for a dislocated shoulder using the R.I.C.E.R. principles: <ol style="list-style-type: none">1. Assess for dangers and ensure the safety of all present.2. Obtain history and symptoms, observe signs and assess as a dislocation.3. Provide reassurance, obtain consent and explain treatment to the casualty.4. Use 'RICER' principles: rest the casualty and apply an ice pack to the injury.5. Immobilise the affected arm in the position of most comfort.6. Check colour, warmth and sensation in finger.7. Contact medical assistance and maintain communication to report on the casualty's condition.8. Determine the rescue/evacuation procedure and refer for medical treatment.	Equipment: N/A Resources: Cold Pack



F8	<p>Applied first aid procedures for a fractured collar-bone using immobilisation techniques:</p> <ol style="list-style-type: none">1. Assess for dangers and ensure the safety of all present.2. Obtain the history of the injury and symptoms from casualty and observe signs.3. Seek permission (consent) from the casualty to assess suspected fracture.4. Ensure casualty feels safe, secure and supported and explain the intended treatment to casualty.5. Help the casualty to sit down6. Check for major bleeding and control if required7. Loosen any items of clothing that may be adding to their discomfort8. Gently place the affected arm diagonally across their chest, with the fingertips on the opposite shoulder9. Have the casualty use their other hand by placing it under the elbow to support the elevated arm10. Check the colour, warmth and sensation in fingers to ensure good circulation is maintained11. Check the casualty for signs of shock12. Obtain medical assistance13. Continue to reassure the casualty	<p>Equipment: N/A</p> <p>Resources: N/A</p>
F9	<p>Applied first aid procedures for a fractured lower arm using immobilisation techniques:</p> <ol style="list-style-type: none">1. Assess for dangers and ensure the safety of all present.2. Obtain the history of the injury and symptoms from casualty and observe signs.3. Seek permission (consent) from the casualty to assess suspected fracture.4. Ensure casualty feels safe, secure and supported and explain the intended treatment to casualty.5. Help the casualty to sit down6. Check for major bleeding and control if required7. Do not try to realign the bone or push a bone that's sticking out back in8. Loosen any items of clothing that may be adding to their discomfort9. Gently place the affected arm horizontally across their chest10. If the casualty has a button shirt/blouse, open the midway button and have them place their hand inside the gap of the garment11. Have the casualty use their other hand by placing it under the forearm to support the injured arm12. Check the casualty for signs of shock13. Obtain medical assistance14. Continue to reassure the casualty	<p>Equipment: N/A</p> <p>Resources: N/A</p>



No:	Description of assessment activity task	Requirements
F10	<p>Applied first aid procedures for minor wound cleaning and dressing:</p> <ol style="list-style-type: none">1. Explain the process to the casualty, ensuring consent and ask if they have any known allergies.2. Collect correct items required for dressing a wound:<ol style="list-style-type: none">a. swabs, non-adhesive dressings and tape or bandage.3. Expose the area to be dressed4. Wash hands thoroughly5. Put on disposable gloves, pick up swab & moisten lightly with solution. (saline/water)6. Cleanse the wound, swabbing from the inside to outside, one stroke = one swab7. Cover the wound with a non-adhesive dressing and secure with tape or bandage8. Advise the casualty to seek medical advice if there are any signs of infection9. Wrap disposable items, place in a plastic bag and dispose of used equipment in a contaminated-waste receptacle10. Remove gloves, one at a time, ensuring there is no contact with the outside of gloves and place them in a (contaminated) waste receptacle11. Wash hands thoroughly	<p>Equipment:</p> <ul style="list-style-type: none">• (Contaminated) waste receptacle <p>Resources:</p> <ul style="list-style-type: none">• Waterless hand sanitiser• Disposable gloves• Swabs• Non-adhesive dressings• Tape or bandage
F11	<p>Applied first aid procedures for envenomation using P.I.T. Treatment:</p> <ol style="list-style-type: none">1. Approach the incident looking for potential dangers, then control any dangers (the candidate may use action or description)2. Obtain the history of the incident and observe the casualty for signs of injury / envenomation3. Obtain casualty consent and explain the intended treatment to the casualty4. Place the casualty at rest5. Be respectful, calm and reassuring6. Apply Pressure Immobilisation Bandage using P.I.T.<ol style="list-style-type: none">a. Apply a bandage over bite siteb. Apply a further pressure bandage, starting at fingers or toes of the bitten limb, covering as much of the limb as possible. (over clothing)7. Mark the bandage to indicate the bite site8. Immobilise the limb with a splint9. Keep the casualty and the limb completely at rest10. Seek medical assistance. Call 00011. Monitor casualty's breathing and pulse12. If unconscious and not breathing, start CPR	<p>Equipment:</p> <ul style="list-style-type: none">• Splint - Ruler <p>Resources:</p> <ul style="list-style-type: none">• Crepe bandage x 2• Triangular Bandage Cloth 110 x 110cm
F12	<p>Conducted a visual and verbal assessment of the casualty:</p> <ol style="list-style-type: none">1. Primary assessment2. Visual:<ol style="list-style-type: none">a. Are they wearing a medical alert necklace/braceletb. Any medication nearbyc. Quick glance over for any obvious signs e.g. bleeding, abnormalities, etc.3. Verbal: Ask questions:<ol style="list-style-type: none">a. Their name, the year, where they are, know what just happenedb. How are they feeling, e.g. nausea, numbness, tinglingc. Are they on any medications, do they have any allergiesd. What is their pain levele. Do they have any pre-existing conditions	<p>Equipment:</p> <p>N/A</p> <p>Resources:</p> <p>N/A</p>



F17	Applied first aid procedures for a nose bleed : 1. Identify and control any dangers. 2. Seek consent, provide reassurance and rest the casualty 3. Ask casualty to pinch soft part of nose just below the bone 4. Sit casualty upright with head slightly forward 5. Continue pressure to soft part of nose for minimum 10 mins 6. If controlled, ask casualty not to blow their nose for several hours 7. If not controlled, continue pressure for further 10 mins 8. If not controlled after total 20 minutes, seek medical assistance	Equipment: N/A Resources: N/A
No:	Description of Assessment Activity Task: (Based on a child unless stated differently)	Requirements
C3	C.P.R. – Child Manikin: 1. Place the dominant hand on the correct compression point – heel of the hand on the centre of chest 2. Lock hands together, keeping fingers off chest, arms straight, shoulders above hands 3. Press sternum to 1/3 depth of chest and achieve 30 compressions @ rate of 120 per minute (2 per second) 4. To have full chest recoil after each compression 5. Give 2 rescue breaths observing chest rise & fall, using manikin face shield 6. Continue another 4 cycles of 30:2	Equipment: • Child manikins Resources: • Child manikin lung bags • Manikin face shields • Alcohol swabs
C8R	Reporting details involving children. 1. To contact caregiver/parent – note details on incident form that it has occurred 2. To report serious incidents to the regulatory authority – note details on incident form that it has occurred	Equipment: N/A Resources: • Incident/injury report form

Assessment: Scenario

Skills must be demonstrated working individually as the first aider using industry-validated scenarios and simulations.

Students will be split into two groups for the scenarios. One CPR and one First Aid scenario per student will be undertaken. Half the class as individuals will be assigned roles as a casualty with a specified problem requiring first aid assistance.

Once the first student has successfully demonstrated the correct procedure for dealing with the first aid scenario, roles will be reversed and new scenarios assigned for the second student to demonstrate the correct procedure.

Knowledge Evidence

The Student 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.

A theory assessment will be provided and can be completed as an “Open Book” assessment. You’ll be required to sign off on the completed assessment stating that it was



CPR First Aid

Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026

admin@cprfirstaid.com.au

your own work. A 100% mark is required for all theory assessments but you can have multiple attempts to correct the answers that were wrong.

Some questions may have more than one correct answer (Will be indicated by the question number being in bold with an asterisk * e.g. ***5**). Fill in all circles that are correct as you answer into the first row of each question (attempt 1). If you need to change an answer, simply cross the incorrect circle and fill in another one that you think is correct, e.g. ○○●✗. If the assessor has marked the answer as incorrect (wrong), then you will need to redo the question in row 2 (Attempt 2).

If required, Students can reattempt the questions (Attempt 3) that were answered incorrectly. You should now circle the actual letters of A B C D to clearly indicate the third attempt as being different from the second or first.

For Blended Delivery courses where you do pre-learning, students are required to complete the theory assessment prior to attending the course. The completed assessment is to be submitted during your classroom session for the practical component.

For Non-Blended Delivery courses, the theory assessment is completed in class time with your subject matter workbook provided on the day of the course. The theory will be assessed at the conclusion of the course.

Oral questions will be asked throughout the day to help demonstrate the Student's clear understanding of all topics covered in the course.

Certification

The Student is required to satisfactorily complete all aspects of the training course in order to achieve competency and be issued with the relevant Statement of Attainment.

It is important to note that the HLTAID012 competency standards do require a level of physical ability to meet the evidence requirements for assessment. Students must be able to perform at least 2 x 2 minutes of uninterrupted CPR on an adult and child manikin placed on the floor. These standards relate to the level of performance required to provide resuscitation and respond to an emergency situation where there may be risk to life.

If a student has been found not-yet-satisfactory in any of the assessments, the student has the opportunity to re-sit their written or practical assessment. Details of reassessment process can be discussed with the RTO.

Where a Student does not have the ability to perform resuscitation tasks to the performance standard it is not appropriate to issue a statement of attainment to Students who are unable to meet the assessment requirements. In this case, the RTO will provide the Student with a non-accredited **certificate of attendance**, or similar, as an indication of their participation in the course.