



**CPR First Aid**

Suite 18, 47-51 Little Boundary Rd  
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# HLTAID014

# Provide Advanced

# First Aid

## Learner Assessment Guide





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# Unit of Competency: HLTAID014 Provide advanced first aid (Release 1)

## Application

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

The unit applies to all persons who may be required to provide a first aid response in a range of situations, including community and workplace settings.

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 [HLTAID014](#), 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 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 verbal report of a first aid incident
- Accurately convey incident details to emergency response services
- Participate in debriefing with a supervisor



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## Performance Criteria

### Element

*Elements describe the essential outcomes.*

### Performance Criteria

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

- |   |   |
|---|---|
| <b>1. Respond to an emergency situation</b>                                   | <b>1.1</b> Recognise and assess an emergency situation<br><b>1.2</b> Ensure safety for self, bystanders and casualty<br><b>1.3</b> Assess the casualty and recognise the need for first aid response<br><b>1.4</b> Deploy resources to appropriate locations as required in line with appropriate workplace or site procedures<br><b>1.5</b> Seek assistance from emergency services  |
| <b>2. Apply appropriate first aid procedures</b>                              | <b>2.1</b> Perform single-rescuer or two-rescuer cardiopulmonary resuscitation (CPR) in accordance with the ARC guidelines and availability of rescuers<br><b>2.2</b> Provide first aid in accordance with established first aid principles<br><b>2.3</b> Display respectful behaviour towards casualty<br><b>2.4</b> Obtain consent from casualty where possible<br><b>2.5</b> Use available resources and equipment to make the casualty as comfortable as possible<br><b>2.6</b> Operate first aid and ancillary equipment according to manufacturers' instructions<br><b>2.7</b> Monitor the casualty's condition and respond in accordance with first aid principles |
| <b>3. Coordinate first aid activities until arrival of medical assistance</b> | <b>3.1</b> Identify available resources required and establish communication links with appropriate personnel, emergency services or medical assistance as appropriate.<br><b>3.2</b> Deploy required resources to appropriate locations in an efficient and effective manner to ensure timely treatment of casualties.<br><b>3.3</b> Monitor the condition of casualties in accordance with first aid principles and workplace or site procedures.<br><b>3.4</b> Coordinate evacuation of casualties according to relevant evacuation procedures   |
| <b>4. Communicate details of the incident</b>                                 | <b>4.1</b> Accurately convey incident details to emergency services.<br><b>4.2</b> Report details of incident in line with appropriate workplace or site procedures.<br><b>4.3</b> Complete applicable workplace or site documentation, including incident report form.<br><b>4.4</b> Maintain privacy and confidentiality of information in line with statutory or organisational policies.  |
| <b>5. Review the incident</b>   | a. Recognise the possible psychological impacts on self and other rescuers and seek help when required.<br>b. Arrange support services for personnel involved in the incident in accordance with relevant procedures.<br>c. 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
  - performing at least 2 minutes of ventilation and at least 2 minutes of compression during a two-rescuer procedure 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 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:
  - Anaphylaxis
  - Asthma
  - Non-life-threatening bleeding
  - Choking
  - Envenomation, using pressure immobilisation
  - Fractures, dislocations, sprains and strains, using appropriate immobilisation techniques
  - Minor wound cleaning and dressing
  - Nosebleed
  - Shock
  - Life threatening bleeding requiring use of tourniquets and haemostatic dressings
- Responded to at least two simulated first aid incidents, one medical and one trauma contextualised to the candidate's workplace or community setting, where the candidate has no knowledge of the casualty's condition prior to starting treatment, including:
  - Identifying the casualty's illness or injury through history, signs and symptoms
  - Using personal protective equipment (PPE) as required
  - Conducting a secondary survey assessment
  - Assessing vital signs respirations, pulse, temperature
  - Level of consciousness



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- 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
- Coordinated a team of people to respond to a multiple casualty incident, including:
  - Conducting a basic triage
  - Demonstrating effective use of resources
  - Demonstrating effective planning techniques
  - Moving casualties using suitable extraction method and device and safe manual handling techniques

## 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 conditions/injuries
  - Abdominal injuries
  - Allergic reaction



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- Anaphylaxis
- Asthma
- Non-life-threatening bleeding
- Life-threatening bleeding including use of tourniquets and haemostatic dressings
- Burns
- Cardiac conditions, including chest pain
- Childbirth
- Choking
- Crush injuries
- Diabetes
- Drowning
- Ear injuries and bleeding from the ear
- Envenomation - all current treatments
- Eye injuries
- Fractures, dislocations, strains and sprains
- Head, neck and spinal injuries
- Hypothermia
- Hyperthermia
- Minor wounds
- Nose-bleed
- Poisoning
- Seizures
- Shock
- Sharps injuries
- Stroke
- Substance misuse, including prescription and illicit drugs and alcohol
- Psychological impacts of first aid incidents on rescuers and how to seek help

## Assessment Conditions

Each candidate to demonstrate skills in an environment that provides realistic in-depth, industry-validated 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:

- Adult and infant resuscitation manikins following ARC guidelines for the purpose of assessment of CPR procedures
- Adrenaline auto-injector training device
- AED training devices
- haemostatic dressings
- Haemostatic wound packing trainer
- Placebo bronchodilator and spacer device
- Thermometers
- Tourniquet trainer
- Tourniquets



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- Different types of wound dressings and bandages
- Blankets and items to treat for shock
- personal protective equipment (PPE)
- Workplace injury, trauma or illness record, or other applicable workplace or site incident report form, which includes space for recording vital signs of casualties
- Workplace first aid kits
- Immobilisation and extrication devices.

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 7 to 11 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 7 to 11 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

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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 two full days 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.





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## List of Assessment Tasks

### All Learners will need to Demonstrate the Following Tasks:

No:	Description of Assessment Activity Task	Requirements
M1	<b>Reassure &amp; display respect to casualty.</b> Apply during any scenario <ol style="list-style-type: none"><li>1. Reassure the casualty in a caring and calm manner</li><li>2. Obtain consent – as applicable</li><li>3. Display respectful behaviour towards the casualty</li><li>4. Make them comfortable using available resources</li><li>5. Ensure casualty feels safe, secure and supported</li></ol>	<b>Equipment:</b> N/A <b>Resources:</b> N/A
M4	Administer an adrenaline autoinjector ( <b>EpiPen</b> ) correctly and promptly as per steps: <ol style="list-style-type: none"><li>1. Lay person flat.</li><li>2. Check that the EpiPen is safe to use (Expiry date, condition, clarity, etc.)</li><li>3. Form fist around EpiPen</li><li>4. Pull off blue safety release</li><li>5. Place orange end against outer mid-thigh (with or without clothing)</li><li>6. Push down hard until a click is heard or felt and hold in place for 3 seconds</li><li>7. Remove EpiPen</li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• EpiPen Training Device</li></ul> <b>Resources:</b> N/A
M5	Accurately <b>request</b> and then <b>convey casualty's</b> and incident <b>details</b> to emergency response services during any scenario <ol style="list-style-type: none"><li>1. Request emergency assistance using a mobile phone</li><li>2. Say that someone is having, e.g. an asthma attack (<i>Subject specific</i>)</li><li>3. Hand over casualty to emergency response services</li><li>4. Accurately convey incident details</li><li>5. Accurately convey details of first aid rendered to the casualty</li><li>6. Explain what resources / equipment that were used to help treat the casualty</li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• Mobile phone</li></ul> <b>Resources:</b> N/A



M7	<p>Apply first aid treatment for a <b>severe allergic reaction (anaphylaxis)</b> for peanut allergy. Follow steps:</p> <ol style="list-style-type: none"> <li>1. Demonstrate ability to assess the situation, taking into consideration risks and any physical hazards and control of the situation.</li> <li>2. Obtain consent – as applicable</li> <li>3. Assess the casualty.</li> <li>4. Recognise that the casualty is having an anaphylactic reaction</li> <li>5. Casualty is reassured in a respectful, caring and calm manner</li> <li>6. Stay with person and call for help.</li> <li>7. Follow all the steps of a General EpiPen ASCIA Action Plan for Anaphylaxis <i>(Complete with Task M4)</i></li> <li>8. Appropriately administer the correct treatment</li> <li>9. Note the time medication was administered</li> <li>10. Casualty's condition is monitored in accordance with first aid principles and procedures</li> <li>11. Apply second EpiPen</li> <li>12. Accurately communicate details of the incident to Emergency Services</li> <li>13. Phone family/emergency contact.</li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• EpiPen Training Device</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• General EpiPen ASCIA Action Plan for Anaphylaxis</li> </ul>
No:	Description of assessment activity task	Requirements
C1	<p><b>DRSABCD.</b> Complete all steps: <i>(Requires 2 learners: Learner 1, Learner 2, Both Learners)</i></p> <ol style="list-style-type: none"> <li>1. Approach the incident</li> <li>2. Identify, assess and minimise immediate hazards and any potential <b>Dangers</b> to self and others</li> <li>3. Remove casualty from dangers if required</li> <li>4. Assess scene for history, cause of injury</li> <li>5. Observe casualty for signs of injury <i>(Follow Task M1 as applicable)</i></li> <li>6. Ask witnesses or bystanders for information regarding incident or casualty's medical history</li> <li>7. Check for a <b>Response</b> using talk and touch. Ask casualty to squeeze hands (No response)</li> <li>8. Gently squeeze casualty shoulders. No Response. Assess casualty to be unconscious</li> <li>9. Ask or arrange for <b>someone to Send for Help</b>, e.g. ring 000 / 112</li> <li>10. Check <b>Airway</b> for foreign material and clear if required by rolling on side and scooping out</li> <li>11. Airway clear. Tilt head (Casualty is in a supine position)</li> <li>12. Look, listen &amp; feel for normal <b>Breathing</b> for 10 seconds             <ol style="list-style-type: none"> <li>a. Place cheek near their mouth, look to see chest rise and place hand on stomach to feel for breathing</li> </ol> </li> <li>13. Unconscious / not breathing normally. <b>Send for an AED &amp; promptly commence C.P.R.</b></li> <li>14. Regurgitation occurs, move to recovery position, clear airway. <i>(Follow Task C6)</i></li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• Adult manikins</li> <li>• AED trainer device</li> <li>• Mobile phone</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Adult manikin lung bags</li> <li>• Manikin face shields</li> <li>• AED pad sets</li> <li>• Alcohol swabs</li> </ul>



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



	<ol style="list-style-type: none"> <li>8. Apply pads to the correct positions on the casualty's chest. Avoiding any implants and medication patches.</li> <li>9. Roll on so no air pockets</li> <li>10. Continue to follow prompts: "Stand clear, do not touch the casualty". Check all clear and no dangers. Press shock button as advised. (No response)</li> <li>11. Continues C.P.R.</li> </ol>	
C6	<p><b>Responded appropriately</b> in the event of <b>regurgitation</b> or vomiting during C.P.R. Roll the casualty (<i>or manikin</i>) into the <b>recovery position</b>:</p> <ol style="list-style-type: none"> <li>1. Place casualty's opposite arm at 90° angle away from their body</li> <li>2. Lift other arm across their chest and hold</li> <li>3. Lift closest knee until it bends</li> <li>4. Place hands on casualty's shoulder and hip and roll them gently onto their side</li> <li>5. Place casualty's knee on the ground to stabilise them</li> <li>6. Tilt casualty's head back slightly to open airway</li> <li>7. Using gravity, obvious fluids should drain</li> <li>8. Visible materials can be removed using the first aider's gloved hand</li> <li>9. Return to supine position &amp; recheck for breathing</li> <li>10. Continue C.P.R.</li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• Adult manikins</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Disposable gloves</li> </ul>
C7	<p>Roll the casualty into the <b>recovery position</b> from a supine position for an <b>unconscious breathing casualty</b>:</p> <ol style="list-style-type: none"> <li>1. Place casualty's opposite arm at 90° angle away from their body</li> <li>2. Lift other arm across their chest and hold</li> <li>3. Lift closest knee until it bends</li> <li>4. Place hands on casualty's shoulder and hip and roll them gently onto their side</li> <li>5. Place casualty's knee on the ground to stabilise them</li> <li>6. Tilt casualty's head back slightly to open airway</li> <li>7. Monitor casualty, frequently checking airway and breathing.</li> </ol>	<p><b>Equipment:</b> N/A</p> <p><b>Resources:</b> N/A</p>
C8W	<p>Provided an accurate <b>verbal &amp; written report</b> of an incident based on a completed scenario:</p> <ol style="list-style-type: none"> <li>1. Provide an accurate verbal &amp; written report to the manager/supervisor of steps taken             <ol style="list-style-type: none"> <li>a. Complete the incident/injury report form based on any scenario</li> </ol> </li> <li>2. Reports are completed and submitted for consideration of any improvements</li> <li>3. Recognise possible psychological impacts on self, to other rescuer/s and children</li> <li>4. Debrief to address individual needs and concerns</li> <li>5. Evaluate and review effectiveness of the first aid response. Identify any possible improvements</li> </ol>	<p><b>Equipment:</b> N/A</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Incident/injury report form</li> <li>• Evaluation section of assessment form</li> </ul>



No:	Description of assessment activity task	Requirements
F1	<p>Applied first aid procedures for respiratory distress, including <b>asthma (Puffer/Spacer)</b>:</p> <ol style="list-style-type: none"><li>1. Conduct Primary (DRSABCD) &amp; secondary assessment</li><li>2. Recognise signs and symptoms of asthma.</li><li>3. Obtain consent – as applicable</li><li>4. Sit the casualty comfortably upright</li><li>5. Be respectful, calm and reassuring</li><li>6. Assemble spacer</li><li>7. Remove puffer cap and shake well</li><li>8. Insert puffer upright into the spacer</li><li>9. Place mouthpiece between casualty's teeth and seal lips around it</li><li>10. Press once firmly on puffer to release one puff into spacer</li><li>11. Get casualty to take 4 breaths in and out of spacer</li><li>12. Slip spacer out of mouth</li><li>13. Repeat steps 6 to 11 by 3 times (give another 3 puffs)</li><li>14. If not improved by 4 minutes, give another 4 puffs (Repeat steps 6 to 11)</li><li>15. If the casualty still cannot breathe properly, immediately call 000 and say someone is having an asthma attack</li><li>16. Monitor and continue to give 4 puffs every 4 minutes until the ambulance arrives</li><li>17. Replace cap onto puffer</li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>• Puffer – Training device</li><li>• Disposable Spacer</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>• N/A</li></ul>
F3	<p>Applied first aid procedures for <b>bleeding control</b>:</p> <ol style="list-style-type: none"><li>1. Conduct Primary (DRSABCD) &amp; secondary assessment</li><li>2. Seek casualty consent</li><li>3. Be respectful, calm and reassuring</li><li>4. Rest the casualty in a comfortable position</li><li>5. Use disposable gloves if available, ask history &amp; assess wound for foreign objects</li><li>6. Apply direct pressure to wound by applying a dressing and bandage<ol style="list-style-type: none"><li>a. <b>Ask:</b> Should we elevate the affected limb</li><li>b. <b>Answer:</b> No, not anymore</li></ol></li><li>7. Check compression is adequate. Check circulation</li><li>8. Immobilise the affected arm</li><li>9. Monitor casualty's breathing</li><li>10. Continue to offer reassurance</li><li>11. Treat for shock (<i>Continue with Task F4</i>)</li></ol>	<p><b>Equipment:</b></p> <p>N/A</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>• Crepe bandage</li><li>• Sterile dressing – small non-adherent pad</li><li>• Disposable gloves</li></ul>
F4	<p>Applied first aid procedures for <b>shock</b> (<i>Follows on from Task F3</i>): (A deep incision to the forearm)</p> <ol style="list-style-type: none"><li>1. Ring 000</li><li>2. Rest the casualty comfortably lying down on their back. <b>Do not</b> raise the legs</li><li>3. If externally visible, treat the trauma (<i>completed in Task F4</i>)</li><li>4. Cover the casualty using an emergency rescue blanket to keep them warm</li><li>5. Monitor &amp; reassure the casualty until medical help arrives</li></ol>	<p><b>Equipment:</b></p> <p>N/A</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>• Emergency rescue blanket</li></ul>
F5I	<p>Applied first aid procedures for <b>Choking: partial airway obstruction: (Infant)</b>:</p> <ol style="list-style-type: none"><li>1. Reassure the casualty</li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>• Infant manikins</li></ul>



	<ol style="list-style-type: none"> <li>2. Encourage the casualty to keep coughing</li> <li>3. Do not administer back blows</li> <li>4. Place small children or infants on a 45° angle over your knee while they cough</li> <li>5. Obtain medical assistance if blockage won't clear <i>(continues from Task F6I)</i></li> </ol>	<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Infant manikin lung bags</li> <li>• Manikin face shields</li> <li>• Alcohol swabs</li> </ul>
F5A	<p>Applied first aid procedures for <b>Choking: partial airway obstruction: (Adult)</b></p> <ol style="list-style-type: none"> <li>1. Reassure the casualty</li> <li>2. Encourage the casualty to keep coughing</li> <li>3. Do not administer back blows</li> <li>4. Seek medical assistance if blockage won't clear</li> </ol>	<p><b>Equipment:</b> N/A</p> <p><b>Resources:</b> N/A</p>
<b>No:</b>	<b>Description of assessment activity task</b>	<b>Requirements</b>
F6I	<p>Applied first aid procedures for <b>Choking: complete airway obstruction: (Infant)</b> <i>(continues from Task F5I)</i></p> <ol style="list-style-type: none"> <li>1. If the casualty is conscious, call 000 for medical assistance</li> <li>2. Place small children or infants on a 45° angle over your knee</li> <li>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</li> <li>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</li> <li>5. Still not cleared: Keep alternating between chest thrusts &amp; back blows until the obstruction clears</li> <li>6. casualty now loses consciousness,</li> <li>7. Continue with <b>DRSABCD</b> <ol style="list-style-type: none"> <li>a. Use finger sweep if solid material in the airway is visible.</li> <li>b. Ensure ambulance has been called. (000)</li> <li>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</li> </ol> </li> <li>8. Obstruction cleared. Place casualty in recovery position and continue to monitor their airway &amp; breathing</li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• Infant manikin</li> <li>• Chair</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Infant manikin lung bags</li> <li>• Manikin face shields</li> <li>• Alcohol swabs</li> </ul>

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F6A	<p>Applied first aid procedures for <b>Choking: complete airway obstruction: (Adult)</b> <i>(continues from Task F5A)</i></p> <ol style="list-style-type: none"><li>1. If the casualty is conscious, call 000 for medical assistance</li><li>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</li><li>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</li><li>4. Still not cleared: Keep alternating between chest thrusts &amp; back blows until the obstruction clears</li><li>5. Casualty now loses consciousness,</li><li>6. Continue with <b>DRSABCD</b><ol style="list-style-type: none"><li>a. Use finger sweep if solid material in the airway is visible.</li><li>b. Ensure ambulance has been called. (000)</li><li>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</li></ol></li><li>8. Obstruction cleared. Place casualty in recovery position and continue to monitor their airway &amp; breathing</li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>• Adult manikin</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>• Adult manikin lung bags</li><li>• Manikin face shields</li><li>• Alcohol swabs</li></ul>
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F7S	Applied first aid procedures for a <b>sprained</b> ankle using the <b>R.I.C.E.R.</b> <b>Treatment:</b> <ol style="list-style-type: none"><li>1. Assess for dangers and ensure the safety of all present.</li><li>2. Obtain history and symptoms from casualty and observe signs</li><li>3. Provide reassurance, obtain consent and explain treatment to casualty</li><li>4. Assist the casualty to lay comfortably on their back</li><li>5. Remove any footwear</li><li>6. Apply the compression bandage to the injured ankle</li><li>7. Ensure that it is not too tight or too loose</li><li>8. Rest the injured leg in a comfortable elevated position</li><li>9. Apply a cold pack to the injured area</li><li>10. Check casualty comfort</li><li>11. Monitor bandaged ankle. Check the colour, warmth and sensation in the toes</li><li>12. Check casualty for signs of shock and continue to reassure</li><li>13. Refer the casualty to professional medical advice/treatment</li></ol>	<b>Equipment:</b> N/A <b>Resources:</b> <ul style="list-style-type: none"><li>• Crepe Bandage</li><li>• Cold Pack</li></ul>
<b>No:</b>	<b>Description of assessment activity task</b>	<b>Requirements</b>
F7D	Applied first aid procedures for a <b>dislocated shoulder</b> using the <b>R.I.C.E.R.</b> <b>principles:</b> <ol style="list-style-type: none"><li>1. Assess for dangers and ensure the safety of all present.</li><li>2. Obtain history and symptoms, observe signs and assess as a dislocation.</li><li>3. Provide reassurance, obtain consent and explain treatment to the casualty.</li><li>4. Use 'RICER' principles: rest the casualty and apply an ice pack to the injury.</li><li>5. Immobilise the affected arm in the position of most comfort.</li><li>6. Check colour, warmth and sensation in finger.</li><li>7. Contact medical assistance and maintain communication to report on the casualty's condition.</li><li>8. Determine the rescue/evacuation procedure and refer for medical treatment.</li></ol>	<b>Equipment:</b> N/A <b>Resources:</b> Cold Pack
F8	Applied first aid procedures for a <b>fractured</b> collar-bone using <b>immobilisation techniques:</b> <ol style="list-style-type: none"><li>1. Assess for dangers and ensure the safety of all present.</li><li>2. Obtain the history of the injury and symptoms from casualty and observe signs.</li><li>3. Seek permission (consent) from the casualty to assess suspected fracture.</li><li>4. Ensure casualty feels safe, secure and supported and explain the intended treatment to casualty.</li><li>5. Help the casualty to sit down</li><li>6. Check for major bleeding and control if required</li><li>7. Loosen any items of clothing that may be adding to their discomfort</li><li>8. Gently place the affected arm diagonally across their chest, with the fingertips on the opposite shoulder</li><li>9. Have the casualty use their other hand by placing it under the elbow to support the elevated arm</li></ol>	<b>Equipment:</b> N/A <b>Resources:</b> N/A





	<ol style="list-style-type: none"> <li>10. Check the colour, warmth and sensation in fingers to ensure good circulation is maintained</li> <li>11. Check the casualty for signs of shock</li> <li>12. Obtain medical assistance</li> <li>13. Continue to reassure the casualty</li> </ol>	
F9	<p>Applied first aid procedures for a <b>fractured</b> lower arm using <b>immobilisation techniques</b>:</p> <ol style="list-style-type: none"> <li>1. Assess for dangers and ensure the safety of all present.</li> <li>2. Obtain the history of the injury and symptoms from casualty and observe signs.</li> <li>3. Seek permission (consent) from the casualty to assess suspected fracture.</li> <li>4. Ensure casualty feels safe, secure and supported and explain the intended treatment to casualty.</li> <li>5. Help the casualty to sit down</li> <li>6. Check for major bleeding and control if required</li> <li>7. Do not try to realign the bone or push a bone that's sticking out back in</li> <li>8. Loosen any items of clothing that may be adding to their discomfort</li> <li>9. Gently place the affected arm horizontally across their chest</li> <li>10. If the casualty has a button shirt/blouse, open the midway button and have them place their hand inside the gap of the garment</li> <li>11. Have the casualty use their other hand by placing it under the forearm to support the injured arm</li> <li>12. Check the casualty for signs of shock</li> <li>13. Obtain medical assistance</li> <li>14. Continue to reassure the casualty</li> </ol>	<p><b>Equipment:</b> N/A</p> <p><b>Resources:</b> N/A</p>

No:	Description of assessment activity task	Requirements
F10	<p>Applied first aid procedures for <b>minor wound cleaning and dressing</b>:</p> <ol style="list-style-type: none"> <li>1. Explain the process to the casualty, ensuring consent and ask if they have any known allergies.</li> <li>2. Collect correct items required for dressing a wound:               <ol style="list-style-type: none"> <li>a. swabs, non-adhesive dressings and tape or bandage.</li> </ol> </li> <li>3. Expose the area to be dressed</li> <li>4. Wash hands thoroughly</li> <li>5. Put on disposable gloves, pick up swab &amp; moisten lightly with solution. (saline/water)</li> <li>6. Cleanse the wound, swabbing from the inside to outside, one stroke = one swab</li> <li>7. Cover the wound with a non-adhesive dressing and secure with tape or bandage</li> <li>8. Advise the casualty to seek medical advice if there are any signs of infection</li> <li>9. Wrap disposable items, place in a plastic bag and dispose of used equipment in a contaminated-waste receptacle</li> <li>10. Remove gloves, one at a time, ensuring there is no contact with the outside of gloves and place them in a (contaminated) waste receptacle</li> <li>11. Wash hands thoroughly</li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• (Contaminated) waste receptacle</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Waterless hand sanitiser</li> <li>• Disposable gloves</li> <li>• Swabs</li> <li>• Non-adhesive dressings</li> <li>• Tape or bandage</li> </ul>



F11	Applied first aid procedures for <b>envenomation using P.I.T. Treatment:</b> <ol style="list-style-type: none"><li>1. Approach the incident looking for potential dangers, then control any dangers (the candidate may use action or description)</li><li>2. Obtain the history of the incident and observe the casualty for signs of injury / envenomation</li><li>3. Obtain casualty consent and explain the intended treatment to the casualty</li><li>4. Place the casualty at rest</li><li>5. Be respectful, calm and reassuring</li><li>6. Apply Pressure Immobilisation Bandage using P.I.T.<ol style="list-style-type: none"><li>a. Apply a bandage over bite site</li><li>b. Apply a further pressure bandage, starting at fingers or toes of the bitten limb, covering as much of the limb as possible. (over clothing)</li></ol></li><li>7. Mark the bandage to indicate the bite site</li><li>8. Immobilise the limb with a splint</li><li>9. Keep the casualty and the limb completely at rest</li><li>10. Seek medical assistance. Call 000</li><li>11. Monitor casualty's breathing and pulse</li><li>12. If unconscious and not breathing, start CPR</li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• Splint - Ruler</li></ul> <b>Resources:</b> <ul style="list-style-type: none"><li>• Crepe bandage x 2</li></ul> Triangular Bandage Cloth 110 x 110cm
F12	Conducted a <b>visual and verbal assessment of the casualty:</b> <ol style="list-style-type: none"><li>1. Primary assessment</li><li>2. Visual:<ol style="list-style-type: none"><li>a. Are they wearing a medical alert necklace/bracelet</li><li>b. Any medication nearby</li><li>c. Quick glance over for any obvious signs e.g. bleeding, abnormalities, etc.</li></ol></li><li>3. Verbal: Ask questions:<ol style="list-style-type: none"><li>a. Their name, the year, where they are, know what just happened</li><li>b. How are they feeling, e.g. nausea, numbness, tingling</li><li>c. Are they on any medications, do they have any allergies</li><li>d. What is their pain level</li><li>e. Do they have any pre-existing conditions</li></ol></li></ol>	<b>Equipment:</b> N/A <b>Resources:</b> N/A
F17	Applied first aid procedures for a <b>nose bleed:</b> <ol style="list-style-type: none"><li>1. Identify and control any dangers.</li><li>2. Seek consent, provide reassurance and rest the casualty</li><li>3. Ask casualty to pinch soft part of nose just below the bone</li><li>4. Sit casualty upright with head slightly forward</li><li>5. Continue pressure to soft part of nose for minimum 10 mins</li><li>6. If controlled, ask casualty not to blow their nose for several hours</li><li>7. If not controlled, continue pressure for further 10 mins</li><li>8. If not controlled after total 20 minutes, seek medical assistance</li></ol>	<b>Equipment:</b> N/A <b>Resources:</b> N/A
<b>No:</b>	<b>Description of assessment activity task</b>	<b>Requirements</b>
A2	Perform <b>Spinal Stabilisation</b> for a <b>Conscious</b> casualty <ol style="list-style-type: none"><li>1. Identify, assess and manage any dangers and check for response</li><li>2. Casualty is conscious. Reassure casualty, obtain consent for first aid management and request they remain still</li><li>3. Check for major bleeding and control if required</li><li>4. Send for help (call 000)</li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• Padding or towel</li></ul> <b>Resources:</b> N/A



	<ol style="list-style-type: none"> <li>5. Obtain history from scene by observation and from bystanders and casualty</li> <li>6. Support head and neck and check signs and symptoms</li> <li>7. Ask casualty if they have pain in neck or back</li> <li>8. Ask casualty if they have any tingling, pins and needles or odd sensations</li> <li>9. Observe if limbs are moving or still</li> <li>10. Explain actions to casualty</li> <li>11. Carefully move or roll casualty flat on their back</li> <li>12. Kneel above the head of the supine casualty</li> <li>13. To optimise the neutral position, carefully place padding under the head to lift it 2cm above the level of the body</li> <li>14. Stabilise your own arms by locking the elbows together or resting your elbows on the ground, whilst hold the casualty's head</li> <li>15. Keep the casualty's head in a neutral position aligned with the body</li> <li>16. Monitor casualty's breathing</li> <li>17. Continue to provide reassurance</li> <li>18. Hold position and keep casualty still until help arrives</li> <li>19. If unconscious and not breathing, start CPR</li> </ol>	
<p>A3</p>	<p>Applied first aid procedures for a <b>spinal injury</b> <i>(Requires 3 learners: Learner 1, Learner 2, Learner 3, All 3 Learners)</i></p> <ol style="list-style-type: none"> <li>1. Check airway, breathing and circulation. Casualty is breathing normally...</li> <li>2. Using both hands, securely support the head</li> <li>3. Take casualty's arm closest to them and move the arm across casualty's chest</li> <li>4. Kneel on floor of the casualty's side of the moved arm</li> <li>5. Lean over casualty and take a firm hold of shoulder and waist</li> <li>6. Kneel on floor and take hold of the thigh and leg of the casualty. Same side as Learner 2</li> <li>7. Directs the team</li> <li>8. As a unit, roll the casualty over while keeping the casualty's head, neck and back in line (Casualty is rolled towards the first aiders)</li> <li>9. Continue to monitor casualty's breathing</li> <li>10. Hold position until help arrives</li> </ol>	<p><b>Equipment:</b> N/A</p> <p><b>Resources:</b> N/A</p>
<p>A4</p>	<p>Assessed and Recorded <b>Vital Signs – Temperature:</b> <i>(As part of both scenarios)</i></p> <ol style="list-style-type: none"> <li>1. Correctly use thermometer to determine temperature</li> <li>2. Place the thermometer under the armpit for two minutes</li> <li>3. Read thermometer</li> <li>4. Record temperature results onto incident report form</li> <li>5. Sterilise the thermometer</li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• Thermometer</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Incident report form</li> <li>• Pen</li> <li>• Alcohol swabs</li> </ul>



A5	Assessed and Recorded <b>Vital Signs – Pulse (Radial Artery):</b> <i>(As part of both scenarios)</i> <ol style="list-style-type: none"><li>1. Support casualty's wrist with one hand</li><li>2. Use other hand to check pulse</li><li>3. Find pulse by placing fingers onto Radial artery which is on the thumb side of wrist</li><li>4. Count the number of beats for one minute (or you can count for 15 seconds and then multiple by 4)</li><li>5. Record pulse rate onto incident report form</li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• Timing device</li></ul> <b>Resources:</b> <ul style="list-style-type: none"><li>• Incident report form</li><li>• Pen</li></ul>
<b>No:</b>	<b>Description of assessment activity task</b>	<b>Requirements</b>
A6	Assessed and Recorded <b>Vital Signs – Respirations:</b> <i>(As part of both scenarios)</i> <ol style="list-style-type: none"><li>1. Observe casualty's respirations without making them aware</li><li>2. Count the number of chest rises during one minute</li><li>3. Record respiration rate onto incident report form</li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• Timing device</li></ul> <b>Resources:</b> <ul style="list-style-type: none"><li>• Incident report form</li><li>• Pen</li></ul>
A7	<b>Basic triage for a multiple casualty incident &amp; managing a first aid team &amp; resources</b> <i>(Requires 6 people)</i> SIMPLE TRIAGE AND RAPID TREATMENT (START) <ol style="list-style-type: none"><li>1. Assess the situation and manage hazards.</li><li>2. Assess the number of casualties</li><li>3. Promptly and correctly categorise casualties (deceased, critical, urgent, minor)</li><li>4. With bystander assistance, effectively execute basic life support manoeuvres (airway, bleeding)</li></ol> ORGANISE PROFESSIONAL HELP <ol style="list-style-type: none"><li>5. Arrange for medical assistance (000).</li><li>6. Provide assessment information to emergency services.</li><li>7. Determine best access for emergency services and assign a bystander to the entry point.</li></ol> COORDINATE RESOURCES AND OTHER FIRST AIDERS <ol style="list-style-type: none"><li>8. Ensure the appropriate resources are deployed where needed.</li><li>9. Manage the activities of other First Aiders to ensure effective treatments and correct prioritisation.</li></ol> MONITOR CASUALTIES AND THE SITUATION <ol style="list-style-type: none"><li>10. Monitor casualties' vital signs.</li><li>11. Notify emergency services of casualties whose condition is deteriorating.</li></ol> COORDINATE EVACUATION OF CASUALTIES <ol style="list-style-type: none"><li>12. If there are uncontrolled hazards (gas leak, fire...) or if in a remote area, move casualties using available resources and safe manual handling methods.<ol style="list-style-type: none"><li>a. Coordinate evacuation – Communicate frequently, simply, loudly &amp; clearly</li><li>b. Evaluate the safest way to move the casualty</li><li>c. Consider the weight of the casualty and weight of the stretcher</li></ol></li></ol>	<b>Equipment:</b> <ul style="list-style-type: none"><li>• First Aid Kit</li><li>• AED trainer device</li></ul> <b>Resources:</b> <ul style="list-style-type: none"><li>• Incident report form</li><li>• Pen</li><li>• Manikin face shields</li><li>• AED pad sets</li><li>• Alcohol swabs</li><li>• Stretcher/extrication device</li></ul>



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| <ul style="list-style-type: none"><li>d. Get another first aider to help move the casualty</li><li>e. Ensure the route is clear prior to lifting</li><li>f. Reassure the casualty and keep them informed about what you are going to do</li><li>g. Two first aiders carefully turn the casualty on their side, rather than lift</li><li>h. Slip the stretcher underneath the casualty</li><li>i. Place the casualty's arms across their chest</li><li>j. Head is kept in alignment with the spine throughout turning process onto stretcher</li><li>k. Use safe manual handling techniques – moving casualty onto device, and while moving casualty</li><li>l. Carry casualty head-first</li><li>m. Lower stretcher once safe zone reached</li></ul> <p>13. On arrival of emergency services, ensure critical casualties are transported first.</p> <p>14. Record incident details</p> |  |
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No:	Description of assessment activity task	Requirements
A9	<p><b>Conducting a secondary survey assessment – Head to Toe</b> - to identify an injury or illness or determine the extent of an injury or illness</p> <ol style="list-style-type: none"><li>Starting at the top, examine the head and face for possible fractures, eye trauma or head injuries careful to not move the head if spinal injury is suspected.</li><li>Open the casualty's eye if closed and check the pupil for size and if it reacts to light</li><li>Check the chest movements (rise and fall, slow or fast breathing, gasping for breath and noisy breathing) and check for penetrating injuries (do not remove any penetrating objects)</li><li>Visually observe all limbs to see if there are any spontaneous movements. If conscious ask them to wriggle finger and toes. Ask the person to squeeze your hand with each arm.</li><li>Look at the skin and note colour and then feel the skin for temperature and note if it is hot, cold or clammy</li><li>Pat down the body and limbs to check for wetness that may suggest bleeding and deformities such as swelling, crooked limb, protruding bone to indicate area of injury</li><li>Press gently against the chest and abdomen with flat palm of hand to assess pain response from casualty</li><li>Note down all clinical findings and continue to monitor the casualty</li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>N/A</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>Incident report form</li><li>Pen</li><li>Gloves</li></ul>
F12A	<p><b>Conducting a secondary survey assessment – HISTORY</b></p> <ol style="list-style-type: none"><li>Check for adequate <b>history</b> from the casualty, and/or bystanders of the events surrounding the medical or trauma situation. Use <b>SAMPLE</b> to assist with gathering appropriate information:<ol style="list-style-type: none"><li>Signs and symptoms</li><li>Allergies – known? Food, medication, etc</li><li>Medication - currently taking or have not taken as required</li><li>Past medical history – asthma, anaphylaxis, diabetes, epilepsy, etc</li><li>Last meal and drinks – what and when</li><li>Events leading up to injury or medical issue</li></ol></li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>N/A</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>Incident report form</li><li>Pen</li></ul>
A19	<p><b>Control of Life-Threatening External Bleeding - Haemostatic gauze</b></p> <ol style="list-style-type: none"><li>Pack haemostatic gauze directly into the wound.</li><li>When wound is firmly packed, apply pressure over the wound.</li><li>Continue to hold pressure for three minutes.</li><li>After three minutes, reassess the wound to check if bleeding is controlled, WITHOUT removing any of the haemostatic gauze.</li><li>If initial application fails to stop bleeding, apply a second haemostatic gauze.</li><li>After bleeding has stopped, bandage tightly to maintain direct pressure.</li><li>Seek urgent medical assistance</li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>Haemostatic wound packing trainer</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>Haemostatic dressings</li><li>Gloves</li></ul>
A20	<p><b>Control of Life-Threatening External Bleeding - Tourniquet</b></p> <ol style="list-style-type: none"><li>Promptly locate the source of the bleed and apply direct pressure.</li><li>If bleeding is not controlled by direct pressure, advise the casualty that you need to apply a tourniquet and that the tourniquet is going to hurt.</li><li>Cut or tear clothing if necessary.</li></ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"><li>Tourniquet trainer</li></ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"><li>Wound dressings &amp; bandages</li></ul>



<ol style="list-style-type: none"> <li>4. Place a tourniquet on bare skin about 5cm above the bleeding point, or if the bleed is below a joint, place the tourniquet above the joint.</li> <li>5. Twist the rod/windlass to apply pressure.</li> <li>6. Note and record the time the tourniquet was applied</li> <li>7. Check if bleeding has been controlled.</li> <li>8. If bleeding continues, apply a second tourniquet above the first, WITHOUT loosening or adjusting the first and consider haemostatic dressings if available.</li> <li>9. Seek urgent medical assistance, advising the time the tourniquet was applied.</li> </ol>	<ul style="list-style-type: none"> <li>• Tourniquets</li> <li>• Gloves</li> </ul>
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No:	Description of assessment activity task	Requirements
C2A	<p><b>C.P.R. – Adult Manikin – 2 Person:</b> <i>(Requires 2 learners: Learner 1, Learner 2, Both Learners)</i></p> <ol style="list-style-type: none"> <li>1. Place the dominant hand on the correct compression point – heel of the hand on the centre of chest</li> <li>2. Lock hands together, keeping fingers off chest, arms straight, shoulders above hands</li> <li>3. Press sternum to 1/3 depth of chest and achieve 30 compressions @ rate of 120 per minute (2 per second)</li> <li>4. To have full chest recoil after each compression (No bouncing or jabs)</li> <li>5. Give 2 rescue breaths observing chest rise &amp; fall, using manikin face shield</li> <li>6. Continue another 4 cycles of 30:2</li> <li>7. At the 2-minute mark (after 5 cycles), demonstrate seamless changeover Learners swap roles. Continue Compressions and Ventilations for five cycles of 30:2</li> <li>8. At the second 2-minute mark (after 5 cycles), demonstrate seamless changeover</li> </ol>	<p><b>Equipment:</b></p> <ul style="list-style-type: none"> <li>• Adult manikins</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Adult manikin lung bags</li> <li>• Manikin face shields</li> <li>• Alcohol swabs</li> </ul>

## 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 medical and one trauma 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.





### CPR First Aid

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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 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. **\*3**). 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 HLTAID014 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 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.