



Learner Guide

CPR Course

HLTAID009 - Provide CPR

Unit of Competency

Application

This unit describes the skills and knowledge required to perform cardiopulmonary resuscitation (CPR) in line with the Australian Resuscitation Council (ARC) guidelines.

This unit applies to all persons who may be required to provide CPR, 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

Supersedes and not equivalent to HLTAID001 Perform cardiopulmonary resuscitation.

Performance Criteria

Element <i>Elements describe the essential outcomes.</i>	Performance Criteria <i>Performance criteria describe the performance needed to demonstrate achievement of the element.</i>
1. Respond to an emergency	1.1 safety Recognise and assess an emergency 1.2 Ensure for self, bystanders, and casualty 1.3 Assess the casualty and recognise the need for cardiopulmonary resuscitation (CPR) 1.4 Seek assistance from emergency services
2. Perform CPR procedures	2.1 Perform CPR in accordance with the ARC guidelines 2.2 Display respectful behaviour towards casualty 2.3 Operate an automated external defibrillator (AED) according to manufacturers' instructions
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 Maintain privacy and confidentiality of 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

1. Respond to an emergency

- 1.1.** Recognise and assess an emergency
- 1.2.** Ensure safety for self, bystanders, and casualty
- 1.3.** Assess the casualty and recognise the need for first aid response (CPR)
- 1.4.** Seek assistance from emergency services



1.1 Recognise and assess an emergency

By the end of this chapter, the learner should be able to Identify signs and examples of emergency situations

- Identify signs and examples of emergency situations
- Recognise possible emergency situations that may be encountered in the workplace
- Assess whether emergency situations require resuscitation.

An emergency poses an immediate risk to the health and life of individuals or risk to the environment or property. Most emergency situations require intervention to stop the situation from becoming worse. Unfortunately, this is not possible in some cases, so care after the calming or end of the situation is the only possibility.

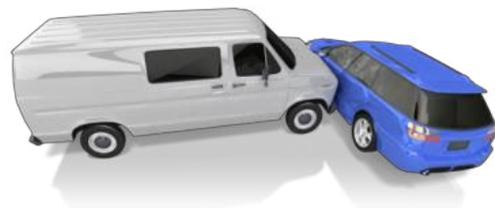
It is essential to know how to recognise and assess an emergency as this will enable an appropriate response that could save the life. You must know the difference between a medical emergency and an injury, as the appropriate response to these can differ significantly.

Recognising an emergency

Unless you are present at the scene and are acutely focused on the person in need of emergency assistance, you may be unaware of the need for it. However, using your senses, you can identify signs that may require investigation, where there may be someone in need of emergency medical assistance.

The following are things to look out for:

- Noises, such as:
 - o distressed noises – screams, cries, yells, calls for help, moans
 - o alarming noises – breaking glass, screeching tires, crashing
 - o loud, abrupt noise out of the blue
 - o no noise when there usually is
- Smells, such as:
 - o fumes (other than everyday ones, e.g. petrol)
 - o out of the ordinary/strong smells
- Sights, such as:
 - o crashed vehicles
 - o spillages
 - o broken things
 - o evidence of scuffles/disturbances/commotion
- Abnormal behavior, such as:
 - o sudden collapsing
 - o slurred, hesitant or muddled speech
 - o difficulty breathing
 - o clutching of chest/throat
 - o confused/distressed behavior
 - o abnormal skin colour (flushed, pale, bluish)
 - o sweating (for no apparent reason).



Examples of emergency situations

There is a range of emergency situations that can cause harm to an individual and may require emergency service assistance. Whilst these situations can be life-threatening, not all of them will require CPR.

Examples of emergency situations include:

- Allergic reactions and anaphylaxis
- Asthma attacks
- Life-threatening bleeding
- Breathing difficulties
- Burns
- Choking
- Drowning
- Envenomation
- Eye injuries
- Fractures, dislocations, sprains, and strains
- Head, neck, and spinal injuries.



Recognising an individual who has a medical emergency that requires CPR

To provide cardiopulmonary resuscitation (CPR) effectively and appropriately, you need to know the signs exhibited (or not exhibited) by an individual that indicate the individual needs that form of emergency medical assistance.



Signs that someone requires CPR include:

- They do not respond when you talk to them or touch them firmly (unconsciousness)
- Their breathing is not normal when you tilt their head back and listen, feel, or look for normal signs of breathing
- They are not breathing at all (no breathing when head is tilted, chest is not rising and falling).

If the individual is breathing, they will require the recovery position until professional help arrives. CPR should not be administered to those that do not need it as it carries a risk of injury to both the individual and yourself.

Chain of survival

The chain of survival is a 4-link process that seeks to ensure that assistance given to a casualty has the greatest chance of preserving their life. Recognising an emergency is the starting point of the chain.

The four links in the chain are:

- **Early access:** contacting the emergency services immediately to ensure the casualty can receive specialist medical care as quickly as possible
- **Early CPR:** assessing the need for CPR and administering it quickly greatly increases the chance of survival following cardiac arrest as it maintains blood flow to vital organs
- **Early defibrillation:** use of a defibrillator can prevent an unusual heart rhythm and enable the heart to regain a normal beat
- **Early Advance Care:** advanced life support is the process of paramedics giving casualties specialised medical assistance before arriving at a hospital.



Acting in a way to implement the chain of survival can drastically increase the chance of a casualty surviving a cardiac arrest.

Activity 1A



1.2 Ensure safety for self, bystanders, and casualty

By the end of this chapter, the learner should be able to:

- Explain the difference between a hazard and a risk in the workplace
- Identify examples of hazards and risks found in first aid assistance
- Describe ways to help ensure the safety of self, bystanders, and the casualty.

Hazards and risks

A hazard is something that has the potential to cause harm, damage, or loss. A risk is the likelihood that harm might occur because of the hazard.

For example:

- The use of chemicals (such as cleaning chemicals) in the workplace is a hazard.
- The possibility of spills, chemical burns or fume inhalation is the risk.



Identifying, assessing, and managing immediate hazards

As well as recognising when first aid is required, you need to identify, assess, and manage any hazards that could pose immediate safety risks to yourself and other people.

Hazards in first aid may include:

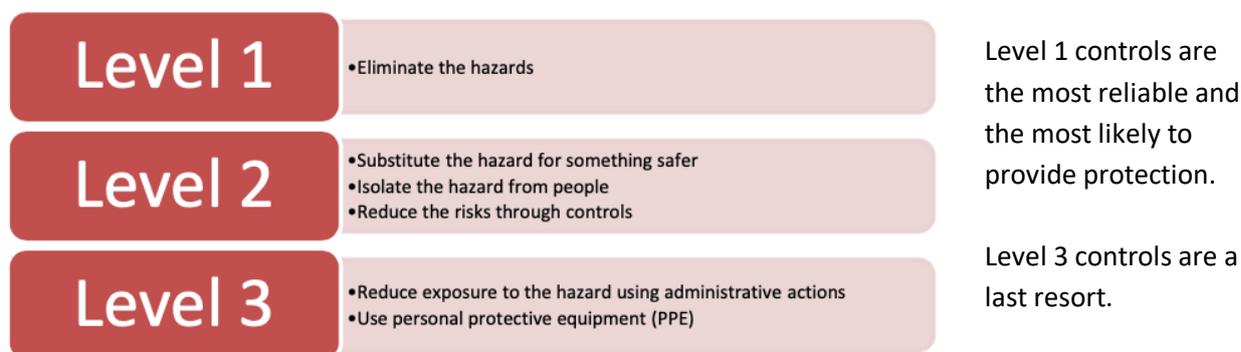
- Exposure to blood, vomit, and other bodily fluids
- Unsafe surroundings, e.g., oncoming traffic or fallen power lines
- Acts of aggression
- Bystanders placing themselves at risk of injury
- Back, neck and shoulder injuries when moving objects or people
- Presence of fire, smoke, or poisonous fumes.

Steps you can take to help ensure the safety of yourself, bystanders, and the casualty:

- Assessing for potential dangers and checking the area is safe before approaching
- Using standard and recommended precautions, e.g., wearing gloves when in potential contact with blood or other bodily fluids
- Not moving the casualty or heavy objects unnecessarily
- Observing and managing bystanders
- Seeking professional counselling and debriefing (where required).

Managing risk

Risk must be managed in accordance with the hierarchy of risk control, as pictured below:



Safe manual handling techniques

As a first aider, you may be required to engage in manual handling tasks to reposition or move casualties or equipment. To lift heavy items of equipment safely, you should lift from the legs with bent knees and maintain straight arms and back. Moving the casualty should be avoided in most circumstances.

For non-serious injuries and conditions, the rescuer may ask the person to move themselves or to assist the rescuer in moving them. For serious injuries and incidents, the person should not be moved unless necessary, as this may cause further harm. This is especially true where there are potential injuries to the neck, head, back or spine.

Only move the casualty if you cannot provide life-saving measures in their current position or where there are immediate threats to life, e.g., fire or explosion.

Tips for manual handling include:

- Not twisting, turning, or bending your back
- Not looking at your feet when carrying an object, keeping your head up
- Not carrying objects that block your vision
- Not carrying an object above your shoulders or below your waist
- Moving carefully to maintain control.

Work Health and Safety (WHS) Act

The WHS Act (2011) was established to provide a framework to protect workers in terms of health, safety, and welfare.

It does this by:

- Eliminating and minimising risks in the workplace
- Ensuring appropriate and fair consultation on resolving health and safety issues
- Encouraging unions and employer organisations to act upon consultation
- Assisting workers and businesses to achieve healthy and safe working environments
- Promoting information, education, and training on work health and safety
- Providing compliance and enforcement measures
- Delivering continuous improvement.



It ensures that all workplaces should have trained first aid personnel on hand – they needn't be extra employees but can merely be existing ones you train up and give extra responsibility. The 'First Aid in the Workplace' Code of Practice (drawn up by Safe work Australia and updated in 2019) can be found at www.safeworkaustralia.gov.au – it is a model Code of Practice for providing workplace first aid in a safe manner and is approved under the WHS Act.

'First Aid in the Workplace' Code of Practice (2019)

According to this code of practice, first aiders (at a minimum) should hold nationally recognised Statement/s of Attainment. This must be issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit of competency.

A higher level or further training may be required to ensure first aiders have the appropriate skills for risks identified in a specific workplace.

For example, additional training may be required where:

- A first aid room is installed in the workplace
- Children are present in the workplace
- Psychological risks have been identified.

First aiders should attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. Refresher training in CPR should be carried out annually and first aid qualifications should be renewed every three years.

Infection control procedure

Infections are caused by pathogens, including bacteria and viruses coming into contact with the body, either internally or externally. Not all infection is apparent immediately, and it can take time to see symptoms of infection on a person. Infection control procedure in the workplace is governed by the Occupational Health and Safety Act (2004) and aims to prevent pathogens from being spread in the first place. Infections can be a severe hazard to individuals' health and safety, so steps must be taken to control the risk both from a fundamental hygiene perspective and in the event of an emergency.

When a person is harmed at work, providing them with CPR must be done with consideration of any infection control procedures in place and maintaining the health and well-being of the persons involved.

Infections can be transmitted via:

- Air, e.g., influenza, coronavirus
- Contaminated objects and food, e.g., salmonella
- Skin to skin contact, e.g., herpes simplex (cold sore)
- Bodily fluids, e.g., HIV.

To reduce the risk of infections spreading during the administration of CPR:

- Wear gloves to prevent contact with the casualty's saliva
- Wear safety glasses to protect your eyes from vomit, blood, or any other bodily fluids
- Use a barrier device so that you do not need to come into direct contact with the casualty's mouth.



Barrier devices are a type of personal protective equipment and are designed to protect rescuers from infection exposure. There is no way to know if a CPR patient is carrying a disease, so it is good to use a barrier device during rescue breathing.

Two common barrier devices include:

- A flat plastic barrier – this lies across the casualty's mouth and nose:
 - it shapes to the face and allows the rescuer to blow through a hole in the middle
 - the hole has either a one-way valve or a filter to protect the rescuer (this depends on the brand)
- A mask shaped like a pear – this is designed to fit over the mouth and nose:
 - it seals onto the face (this can be difficult to master)
 - the rescuer blows through a one-way valve at the top to provide rescue breaths.

Activity 1B



1.3 Assess the casualty and recognise the need for CPR

By the end of this chapter, the learner should be able to:

- Summarise and implement all steps included in the DRSABCD check
- Respond to a first aid scenario and ascertain whether the person requires treatment.

DRSABCD check

When assessing any casualty, you should carry out the DRSABCD check. This will enable you to establish the level of assistance needed, identify the nature of the problem, and begin the chain of survival.

The DRSABCD check entails:

- **Danger** – you must check that there is no immediate danger to yourself or the person - you need to assess whether it is safe for you to enter the area to resuscitate them, e.g. they are drowning
- **Response** – you need to check if they respond to stimuli by asking them questions such as "can you hear me", "open your eyes?", "What's your name?", or "squeeze my hand" - then, gently touch their shoulders and see if they respond
 - o if they respond, you should leave them in their current position and summon help; monitor their vital signs and treat any conditions, such as wounds, until help arrives, or they recover
 - o if there is no response, you should shout for help and complete the next steps
- **Send for help** – call emergency services, or get someone else to make the call for you
- **Airway** – now you need to check the upper airway:
 - o place one hand on the forehead and use two fingers to lift the chin (moving the tongue away from the back of the casualty's mouth)
 - o if need be, you may have to turn them on their back to open the airway
 - o if there is foreign material in their mouth, open it, place them in the recovery position and clear their airway with your fingers
- **Breathing** – put your cheek close to their mouth; look, listen and feel for up to ten seconds – you should be checking to see if:
 - o their chest is rising and falling
 - o you can hear them breathing
 - o you can feel the breath on your cheek
- **CPR** – if they are not breathing, start CPR at a ratio of 30 chest compressions for two breaths (continue this until help arrives or the person recovers)
- **Defibrillation** – if the patient is still not recovered, apply a defib and follow the voice prompts.



Signs and symptoms of acute illness in children and infants

As well as the major indications of an emergency, you should also be aware of the specific signs and symptoms of acute illness in children and infants.

Look out for:

- Alertness and orientation (is the child aware of what's going on around them?)
- Fluid intake (is the child refusing fluids?)
- Difficulty breathing
- Localized pain, e.g., earache, sore throat, tender abdomen, stiff neck
- No responsiveness to high temperature reduction.

Assessing consciousness and breathing

Knowing whether an individual is conscious or not and whether they are breathing are the critical factors in establishing whether CPR needs to be administered.

When an individual appears unresponsive, you can:

- Attempt to rouse the person with a loud noise, most commonly through speaking loudly to the casualty such things as 'can you hear me?', 'open your eyes', 'what's your name', 'squeeze my hand'.

If this does not produce a conscious response from the individual, this can indicate that CPR is required. If the casualty is unconscious but is breathing normally, then CPR may not be required.

To ascertain the status of a casualty's breathing:

- Closely monitor their chest to see if it is rising and falling consistently
- Place your ear next to their mouth or nose and listen carefully for sounds of breathing (you may also be able to feel their breath on the side of your face)
- If listening for breathing, always position your gaze to their chest as this is the easiest way to check for breathing, especially if you are in an emergency and there is lots of commotion.



According to the Australian Resuscitation Council (ARC), ANZCOR recommends the following to manage an unconscious person who is breathing normally:

- Ensure the safety of both the person and rescuer
- Assist the unconscious person to the ground and position on their side, ensuring the airway is open (do not leave the person sitting in a chair nor put their head between their knees)
- Call an ambulance
- Promptly stop any bleeding
- Constantly re-check the person's condition for any change.

If the casualty is non-responsive and does not appear to be breathing correctly, if at all, then it is highly likely they require CPR.

The recovery position

This is the position that you should place all unconscious but breathing people into if they have no life-threatening conditions present, and it has been established that CPR is not necessary. It ensures that their airway remains open and prevents choking from vomiting or other fluid.

To successfully place an individual into the recovery position:

- Kneel beside the casualty
- Place the arm closest to you at a right angle to their body
- Bend the knee closest to you to a right angle
- Push on the bent knee to roll them onto their side; the bottom arm will stop you rolling too far
- Tilt their head back and lift their chin to open the airway; check to see that nothing is blocking it
- Stay with the person and monitor their breathing until help arrives
- After 30 minutes, turn them onto their other side (if injuries allow).



Head, neck, and spinal injuries

If you suspect the person may have a spinal injury, take care not to move them unless it is necessary to maintain life. Be careful not to move their neck while doing this. If it is necessary to move them, try to get assistance to roll them.

Signs of a spinal injury include:

- Head injuries – especially if they are unconscious/have had a large impact on the back of the head
- Inability to move their neck
- A twisted neck/back
- Feelings of paralysis, weakness, or numbness
- Loss of limb, bladder, or bowel control
- Severe pain in the back or neck.

Head injuries include:

- Concussions – temporary loss/altered consciousness after a head injury.
- They may experience headaches, dizziness, memory loss, confusion, nausea, vomiting and head wounds.

To provide first aid:

- Assess the spine, ears, and eyes for function
- Monitor their condition – if it declines, seek emergency medical assistance.



Activity 1C



1.4 Seek assistance from emergency services

By the end of this chapter, the learner should be able to:

- Explain how to relay information in a calm, clear manner
- Follow instructions given by emergency service personnel until an ambulance arrives.

When to seek assistance from the emergency services

If you have established that CPR needs to be performed on the casualty, you should call the emergency services and request an ambulance. If you are the only person in the vicinity trained to provide CPR, then getting someone else to call the services can mean that you can begin CPR even more quickly.

Relaying information

When calling the emergency services, be prepared to provide accurate information about the situation, the casualty, and their condition. This will ensure that the emergency services can reach you quickly and be prepared to take over from you upon their arrival.

When talking to the emergency services, remain calm and speak slowly and clearly to make sure that the handler on the other end of the line is receiving the information accurately.

Information that may be requested by the caller handler could include:

- Location
- When casualty was identified
- Sex of casualty
- Approximate age of casualty
- Any visible injuries
- Nature of the emergency, if known
- Medical assistance already delivered
- State of consciousness

Following instructions

Once you have provided the necessary information about the situation and the individual to the emergency services, they may request that you stay on the phone whilst they relay instructions to you. If this is the case, make sure you listen carefully and stay calm, following the instructions intently.

They may also require you to stay on the phone if they believe that the casualty's condition is not stable, and they need constant updates about the situation.

The call handler may end the conversation but request that certain actions are undertaken so that the emergency services can reach the casualty and quickly and as easily as possible once they arrive at your location.

You may be asked to:

- Call again if the casualty's conditions changes
- Notify them if your location changes
- Ensure doors are open and there is a clear indication of where paramedics are needed:
 - posting an individual at the entrance to the premises
 - lights on if it is dark
- Gather any medication they may have with them
- Write down the address of the casualties GP if known
- Remove any obstacles and make sure there is a clear path to the casualty.

Bystanders can be useful in assisting with these requests so that you can remain focused on the casualty. Having someone waiting for the ambulance can speed up the process of getting the casualty medical attention and improve their chances of a full recovery.

Bystanders can also help to clear a path to the casualty. The scene may be quite chaotic, there could be debris or hazards still present, and these should be eradicated where possible. Instruct bystanders to assist with this where possible so that you can prioritise assisting the casualty.

Activity 1D



2. Perform CPR procedures

- 2.1** Perform CPR in accordance with the ARC guidelines
- 2.2** Display respectful behaviour towards casualty
- 2.3** Operate an automated external defibrillator (AED) according to manufacturers' instructions.



2.1 Perform CPR in accordance ARC guidelines

By the end of this chapter, the learner should be able to:

- Explain how to perform chest compressions and rescue breaths CPR
- Explain how to perform CPR on children and babies and identify the differences between performing CPR on an adult
- Identify how to respond if the casualty vomits or regurgitates.

CPR and the ARC

Cardiopulmonary resuscitation is the process of chest compressions and rescue breaths which temporarily maintain blood circulation in the casualty to preserve brain function until specialised treatment can be administered.

The process of administering CPR is regulated by the Australian Resuscitation Council (ARC), which is overseen by the Australian and New Zealand Committee on Resuscitation (ANZCOR). The ARC provides guidelines for the delivery of CPR on an individual who is unresponsive and not breathing normally.

The guidelines state:

- The compression-to-ventilation ratio should be 30:2 for all ages
- Chest compressions should be provided at a rate of 100-120 a minute
- The person performing CPR should aim to minimise disruptions to chest compressions.

The ARC also stipulates that CPR should be continued until:

- The casualty begins breathing normally again and/or becomes conscious
- Authorised personnel tell you to stop
- Authorised personnel take over
- Your own safety is at risk.



Chest compressions and rescue breaths

CPR should be started quickly, but only after the area has been assessed for immediate dangers, the casualty has been thoroughly assessed, and the emergency services have been called and informed of the situation.

To perform chest compressions:

- Place the casualty on their back
- Tilt the head back to open their airways by using your palm against their forehead whilst gently lifting their chin
- Against the sternum of the casualty, place the heel of you hand, one on top of the other. Ensure the palm is placed directly between the nipples
- Position yourself so that your body is directly above your hands. Make sure your arms are straight, elbows are locked, and you are using your body weight to push down
- Complete 30 chest compressions. The depth of compressions should be approximately 5cm or 1/3 of the chest and done in quick succession.

To perform rescue breaths:

- Keeping the airways open, pinch their nose closed
- Make a seal over the casualty's mouth with your mouth (this can also be done using a barrier device)
- Breathe out slowly for 1 second and look for the casualty's chest rising
- Repeat this for a second time.



This CPR cycle of 30 chest compressions and two rescue breaths should be continued until medical help arrives. If during the rescue breaths you cannot see the chest of the casualty rising and falling, they may have an obstruction in their airways which needs to be removed.

CPR on children and babies

If the casualty is a baby, you still need to perform chest compressions and rescue breaths but in a slightly different manner. You must be considerate of the size of their frame, the strength of their bones and the added risk of injury due to these factors.

Babies

When performing CPR on a baby, they should be placed on their back as with adult casualties, and you must ensure their airways are clear.

You should then:

- Follow this by 30 chest compressions which are done by pressing down on the sternum with two fingers. The compressions should be at least one-third of the chest depth
- Perform two rescue breaths
- Make a seal over the baby's nose and mouth
- Repeat the chest compressions and rescue breaths until help arrives.



If the baby begins breathing normally, you will need to place them in the recovery position. To do this, cradle them in your arms with their head tilted at a downward angle to prevent choking in the event of vomiting or regurgitation.

Children

CPR on children is slightly different again. Chest compressions should be done using the heel of one hand.

Standard precautions

Standard precautions are those actions that should be undertaken before, during and after the administration of CPR. As well as Infection control and your physical safety, there are other considerations to make to ensure the health and wellbeing of all involved are maintained as best of possible.

Standard precautions include:

- Personal hygiene practices (e.g. before and after casualty contact)
- Use of personal protective equipment (PPE) or improvising if none is to hand
- Techniques to limit contamination
- Surface cleaning and management of blood and body fluid spills
- Safe handling and disposal of sharps.

Recognising own skills and limitations

When providing CPR to any individual, you should always do this in accordance with the level of training you have received and any policies and procedures you are bound by, either legally or from your organisation. Any actions carried out should always be done with sincere intentions to help preserve life, in a non-reckless and careful manner.

Rotating single rescuers

CPR can be a tiring process, and you may need someone to work in conjunction with administering the procedure. During the rotation, you must ensure that the chest compressions remain regular. The best way to achieve this is to have the other person prepare to resume the next set of chest compressions whilst you administer the rescue breaths. This ensures the chest compressions remain as regular as possible.



Vomiting and regurgitation

You must be prepared for the casualty to vomit or regurgitate during CPR and be able to respond accordingly. Regurgitation is when food and fluid that has never reached the stomach travels back up the oesophagus. It can be difficult to spot as it generates no

noise and there is no obvious muscle activity. Vomiting is when the stomach contents travel up the oesophagus and exits via the mouth. This is evident due to the expulsion of stomach contents, the recognisable sound, and the muscle contractions.

Should your casualty vomit or you find that they have regurgitated, you will need to clear the mouth so that the airways are clear.

Activity 2A



2.2 Display respectful behaviour towards casualty

By the end of this chapter, the learner should be able to:

- Take appropriate consideration of a casualty's culture when assessing their condition and administering CPR
- Discuss maintaining dignity during CPR.

Maintaining dignity

The process of CPR is incredibly intimate, and you must be respectful of this when assisting a casualty. Although CPR is only administered to unconscious individuals, they should still be treated respectfully when receiving treatment. Be cautious that they could awake during CPR and be dazed and shocked so you should prepare for this.

Certain steps can be taken to maintain dignity during CPR. If it is necessary to remove items of clothing, this must be done appropriately, and measures must be taken to ensure that they are then covered from public view.

To maintain dignity, you must:

- Appreciate the seriousness of the situation
- Keep the casualty covered from public view
- Be respectful if having to remove clothing
- Be calm and composed.

If a casualty requires CPR, there is a strong chance that they will be quite traumatised after the event. You should recognise a level of responsibility to maintain their dignity to the best of your ability so that the casualty is not further distressed upon regaining consciousness. If their dignity has not been maintained, the casualty may regain consciousness and feel embarrassed and vulnerable.

Culture

The culture of an individual is the combination of many factors that define the life of the person, their viewpoints, and the actions they carry out.

Whilst administering CRP, your primary concern is keeping your casualty alive. The culture of an individual should never be used as a basis to discriminate against them or alter the level of care and assistance that you provide them with.

The culture of an individual encompasses:

- Gender
- Profession
- Disability
- Ethnicity
- Age
- Race.



You should always do your best to respect every aspect of someone's culture. For example, it may be necessary to remove a hijab to administer CPR. You should be respectful of this by keeping the casualty covered from public view and dispersing crowds of bystanders.

Comfort

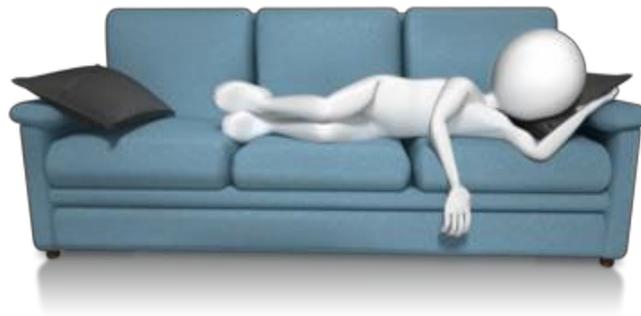
Where it is possible to do so and does not infringe on the ability to provide CPR, the casualty should be made as comfortable as possible.

Consent

It is best practice to get the consent of any individual you provide CPR to before administering treatment (if possible), regardless of their age, health, mental status, or ability. If you act without obtaining consent, you may face legal action in the future.

When the casualty is unconscious, then implied consent applies, and there is no legal danger. However, if a spokesperson for the casualty (parent, friend, spouse, etc.) is present, then consent should be obtained from them. Parents and guardians have the legal right to refuse treatment on behalf of their children.

The Good Samaritan Law protects those who assist without any expectation of reimbursement or reward, and in good faith. If the person doesn't act recklessly and avoids further harm, they needn't fear legal repercussions from anyone.



Activity 2B



2.3 Operate an automated external defibrillator (AED) according to manufacturers' instructions

By the end of this chapter, the learner should be able to:

- Assess the vicinity and the casualty for hazards
- Demonstrate when to cease CPR when using an AED
- Explain how to place defibrillator pads on the casualty effectively.

What is an AED?

Automated external defibrillators (AED) can accurately recognise heart rhythms and establish whether they require shocking to return the rhythm to normal. Whilst anyone can use a defibrillator, and they can be located within public places, undertaking formal training in their use makes it more likely that you will be able to use the equipment with speed and efficiency.

CPR should always be continued right up until an AED is completely ready to be used. Never stop administering CPR to go and fetch defibrillator equipment, as this could cause further issues for the casualty.

Hazards

Just as you should do before administering CPR, it is necessary to check the surrounding areas for hazards to ensure the safety of the casualty and yourself. As AEDs provide electrical shocks to the recipient, you must make sure that there are no puddles or areas of surface water in the immediate vicinity.

You need to remove any other electrical conductors on the casualty, including:

- Jewellery (if possible)
- Underwired bras
- Piercings (if easy to do so)



Reasons for defibrillation

Defibrillation will be required if the casualty is in sudden cardiac arrest (SCA).

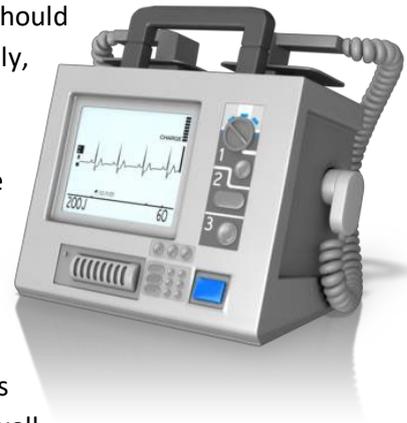
The most common form of this is ventricular fibrillation (VF). When the heart is in a state of ventricular fibrillation, it means that the heart is still receiving nerve impulses from the brain; however, these impulses are being sent so erratically that the heart cannot produce a proper beat. In other words, the heart cannot expel enough blood to keep the circulatory system flowing through the body.

Time is crucial here as after 4-6 minutes, any brain cells that have been starved of oxygen begin to die. Ventricular tachycardia (VT) is when the heart is beating at more than 100 beats per minute, and there are more than three irregular beats within the same timeframe. It is the result of tangled electrical signals between the brain and the heart. This type of cardiac problem can also warrant the use of an AED.

Following defibrillator instructions

Once the area and the casualty have been assessed for hazards, you should turn on the AED and follow the instructions it provides. Most commonly, the AED will have a voice prompt that does this.

Instructions should be followed before attaching the device to the casualty and during any further actions taken. Once the defibrillator pads have been successfully placed on the body and the AED electrodes have been attached to them, you should press the analysis button, which will establish if the patient requires a shock. Ensure that during analysis and shocking if required, that no other person is touching the casualty as the AED could pick up their heart rhythm as well as provide a shock to anyone touching the casualty.



Pad placement

To place defibrillator pads effectively, you will need to expose the chest and ensure that it is dry. If the casualty is hairy, then you may need to shave the chest area to ensure that the pads have full contact with the skin. Some AED devices have razors included for this purpose. All pads will have a diagram that indicates where they should be placed. Standard pads should be used on any individual over the age of 8. Anyone younger than this should be defibrillated using paediatric pads. Pads should always be placed at least 2.5cm away from any piercings that cannot be removed or implanted devices.

AEDs work by sending an electrical shock from one pad to the other to promote a regular heart rhythm, so you must follow instructions and place them on the casualty properly and in the right location.

Resuming CPR

Between each shock given by an AED device to the casualty, CPR should be resumed. If there are still no signs of life, then AED prompts should be followed with CPR then performed afterwards until medical assistance arrives.

Activity 2C



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.** Maintain privacy and confidentiality of information in line with statutory or organisational policies.



3.1 Accurately convey incident details to emergency services

By the end of this chapter, the learner should be able to:

- Accurately convey information to emergency personnel without adding superfluous information
- Provide information on the incident, the casualty and the medical attention being administered.

Conveying incident details

Once you involve the emergency services, you must provide an accurate verbal report of the incident – convey only the facts and do not offer speculative details. Emergency response professionals will use the information you give them to inform treatment. Accurate details give them the best picture of what is going on and what needs to happen next.

When sharing information with emergency services, you must consider:

- **Individual characteristics:** Age, sex, language, access and functional needs, family composition, obvious health needs, etc.
- **Perceptions:** This could be an interpretation of the situation, individual or location and should try to be as unbiased as possible
- **The message itself:** Accuracy, clarity, timeliness, consistency, and specificity of the message; and its focus on immediate needs.



You may need to pass on any relevant information upon handing over to the emergency responders once they arrive.

Individual requirements

The information that you provide to the emergency services will influence how they respond to the situation. For this reason, it must be as accurate and thorough as possible.

The services will require as much information as possible on the individual so that they can be prepared upon arrival at the scene.

You must try to ascertain:

- Age
- Condition
- Need for CPR
- Obvious medical/health needs.

You should also convey as much information as possible regarding the physical environment to ensure that the emergency services are aware of what to expect upon arrival.

You should consider:

- Access
- Hazards (fire, traffic, debris, etc.)
- Pets
- Risk of violence or attack.

This ensures that you have done your best to safeguard those that will be responding to the incident. The last thing you want or need in an emergency is more casualties.

Activity 3A



3.2 Report details of incident in line with appropriate workplace or site procedures

By the end of this chapter, the learner should be able to:

- Create accurate written reports of incidents
- Complete incident report forms accurately.

Written reports

As well as the initial verbal report, a written report is also useful documentation – you should try and take notes wherever possible. This is because, during a possibly stressful situation, your memory may fail you when trying to recall it to emergency personnel. It is useful if your organisation has official CPR report forms to fill out immediately after the event. This allows you to have access to the full details, should they be required in the future.

Organisations are legally required to report and keep records of serious accidents, emergencies or health incidents that occur. Accurate records provide information to administrators and others that may need them to communicate with authorities or others about the event. Some incidents may require further action from legal authorities.



Depending on the nature of the incident, different people may need to be alerted. If an incident occurs involving a child, there should be a specific protocol for who needs to be alerted and how. This is often done through specific forms that are filled out by the staff witnessing the incident.

Incident report forms

Workplaces will also have incident forms that need to be filled out and kept on record. These must be completed in accordance with workplace policy and procedures, state/territory legislation and privacy and confidentiality conditions. They will need to be passed on to the workplace supervisor and stored in the company records.

Incident report forms are an effective way of documenting all workplace injuries. They are used to document the details of the incident in case there is any need to review it later. Accident report forms must document incidents exactly as they happened, without judgments, bias, or assumptions.

A good incident report should be:

- **Complete:** it should cover all components in relevant detail
- **Concise:** it should include everything that is needed but exclude flowery descriptions. Abbreviations can be used put sparingly as they can also cause confusion and detract from the writing
- **Specific:** it should refer to exact times, dates, and other facts
- **Objective:** it should not give opinions or inferences
- **Confidential:** the identities of who was involved and where it took place should not be discussed with other staff members unless required.

Activity 3B



3.3 Maintain privacy and confidentiality of information in line with statutory or organisational policies

By the end of this chapter, the learner should be able to:

- Uphold their duty of care surrounding personal records of staff and others
- Identify how to store sensitive information according to policies and procedures.

Privacy and confidentiality

Confidentiality of information is still required in the case of an emergency or serious event. Certain details should only be shared with those who need to know, such as relatives of the casualty, administration, medical professionals, and authorities.

Any personal information obtained during CPR procedures needs to be kept confidential, and access to it only provided to the authorised personnel.

The types of information required include:

- Name and address of casualties
- Medical conditions of patients
- Types of treatment provided
- Results of any tests.

Personal information should be protected and only disclosed professionally. It is part of the duty of care and applies to everyone, regardless of their status.

Organisation policy on confidentiality may relate to:

- Access to records
- Carriage and storage of records
- Collection and use of client's personal and health information
- Destruction of records
- Release of information.

Ways to ensure confidential information is kept safe include:

- Keeping files in locked filing cabinets
- Keeping information away from unauthorised people
- Having information password protected on computers
- Refraining from naming clients in public discussion.



Circulation of information

Clients will need to give permission (normally in writing) for their information to be released to others; if they are unable to do this through disability or death, advocates can grant permission.

There should be policies in place to deal with workers who breach confidentiality, and these will depend on your specific industry.

First aid staff need to know the policies and procedures for every possible situation, so regular training is essential.

Privacy laws

You need to be able to protect individuals' data and respect the relationships you have. Privacy is governed by the Privacy Act 1988 (Privacy Act), which regulates the handling of personal information.

Australian Privacy Principles apply to the handling of personal information.

1. Open and transparent management of personal information
2. Anonymity and pseudonymity
3. Collection of solicited personal information
4. Cross-border disclosure of personal information
5. Security of personal information
6. Access to personal information
7. Correction of personal information.



Activity 3C



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



4.1 Recognise the possible psychological impacts on self and other rescuers and seek help when required

By the end of this chapter, the learner should be able to:

- Identify signs of psychological impact in self and others because of administering CPR
- Suggest appropriate methods of dealing with trauma post CPR.

The psychological impacts of administering CPR

Whilst performing CPR can save someone's life, it can potentially cause significant psychological effects to those administering the procedure or witnessing the event. CPR is normally administered under traumatic circumstances, which can subsequently have consequences on the mental health of those involved. Many people who administer CPR have been trained in the process but are unaware of the potential risks that it carries for themselves.

Possible effects of administering CPR could include:

- Post-Traumatic Stress Disorder (PTSD)
- Anxiety
- Depression
- Nightmares
- Separation anxiety
- Mood swings
- Emotional outbursts
- Unexplained and sudden rage
- Feelings of guilt and inadequacy.



The sad reality of CPR is that not all people who receive it outside of a hospital environment survive. This can have an overwhelming effect on the individual that has attempted to save their life or even witnessed the incident as a bystander. Whether the victim is someone you know or a stranger, the chances are that this will cause a degree of stress and/or trauma after the incident.

Recognising trauma

Recognising the need for support is the first step in recovering mentally from a traumatic experience of any kind. Once this has been established, you are much more likely to get the required support and will be able to cope with and accept the terms of what has happened.

Trauma can be a difficult subject of conversation at times; some people interpret trauma as a sign of weakness or failure and will be reluctant to discuss it openly.

Changes in behaviour can be an indication that something is not quite right. You may wish to raise these with the individual if you feel you can do so appropriately without causing further distress.

Recognising trauma in yourself

It can sometimes be difficult to recognise signs of trauma within yourself. Whilst there are self-analysis tools available online, it is always preferable to seek specialist diagnosis to be able to treat the trauma appropriately.

Appropriate professionals for diagnosis include:

- General practitioners
- Psychiatrists
- Psychologists
- Therapists.



These steps include:

- Offer peer support
- Foster a culture of sensitivity and support at work
- Encourage collaboration between colleagues
- Offer reduced hours for therapy/ healing
- Actively listen
- Identify and suggest professional sources of support.

The way in which you support someone dealing with a psychological impact because of CPR can be instrumental in helping them to seek professional assistance.

Activity 4A



4.2 Contribute to a review of the first aid response as required

By the end of this chapter, the learner should be able to:

- Contribute to the review of a serious incident
- Identify areas for improvement after a serious incident.

Reviewing an incident

After a serious incident at work, it is always advisable to conduct a thorough review of how the situation was handled. The purpose of which is not to scrutinise actions taken or point blame at individuals but to learn from the incident and help better prepare for a similar incident should one occur in the future.

A review of an incident may be necessary if:

- The incident posed a threat to life
- Someone was seriously injured or killed
- The circumstances were extraordinary
- CPR was required.



Reviews will be carried out by managerial staff and those involved with the situation. The process will analyse the response and assess the strengths and weaknesses. A response plan can then be formed so that individuals are better prepared for the next incident.

Debriefing

Taking part in debriefings is important following an incident that required CPR and the use of an AED. Some emergency situations may evoke strong emotions among those involved, especially if they are traumatic events. Debriefs can be an early opportunity to spot any signs of trauma within those affected, which can subsequently affect the health, performance, and wellbeing of people in the workplace.

Debriefing is important as it can help people to process and come to terms with traumatic events. Debriefing is not counselling but a 'structured voluntary discussion aimed at putting an abnormal event into perspective'. Ideally, debriefing should be conducted near to the site of the event and within 3-7 days of it happening.

After debriefing, it may be established that some individuals require further support to address their feelings surrounding the incident. This may be something relatively simple such as moving from working in a lone office to a group space, or maybe something more thorough and specialised, such as counselling or psychological assistance.

