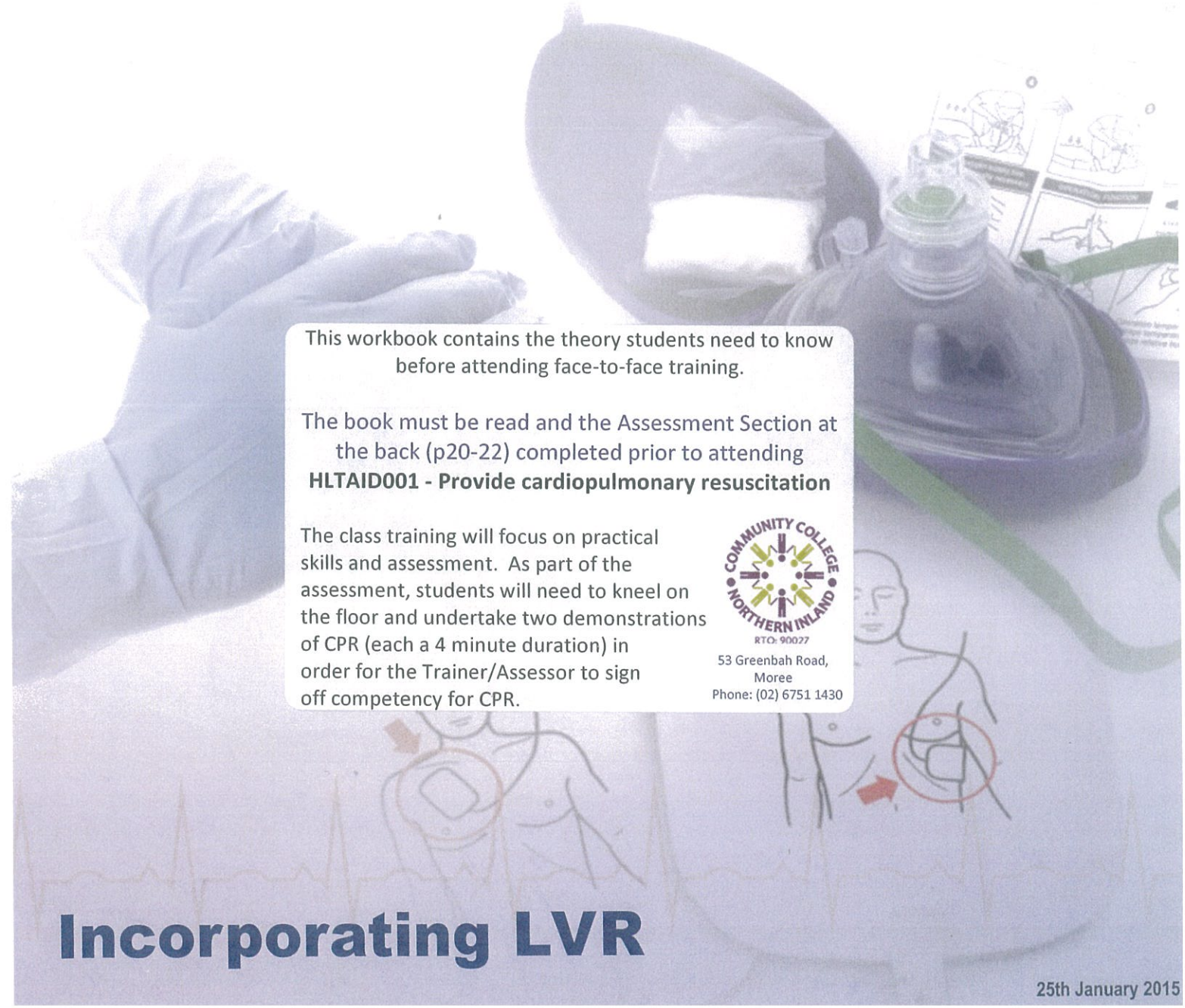
Allens Training Pty Ltd

CPR

Workbook



This workbook contains the theory students need to know before attending face-to-face training.

The book must be read and the Assessment Section at the back (p20-22) completed prior to attending **HLTAID001 - Provide cardiopulmonary resuscitation**

The class training will focus on practical skills and assessment. As part of the assessment, students will need to kneel on the floor and undertake two demonstrations of CPR (each a 4 minute duration) in order for the Trainer/Assessor to sign off competency for CPR.

COMMUNITY COLLEGE NORTHERN INLAND
RTO: 90027
53 Greenbah Road,
Moree
Phone: (02) 6751 1430

Incorporating LVR

25th January 2015

Table of Contents

25th January 2015

IMPORTANT: Please read before you start your workbook

Training packages are written with a strong emphasis on:

1. **Knowledge evidence** required during the training and for the assessment
2. The ability to **demonstrate the performance evidence**

This workbook provides evidence that the student/candidate meets the knowledge requirements of the training package. There is no set time frame for completion of this workbook.

The time taken will be dependent on your background and prior skills and knowledge. Those who are refreshing their skills may be able to complete the quiz questions for the pre-course study with limited need to reference the workbook content. Those who are new to the subject or have not been involved with first aid for some time should thoroughly read through all of the workbook before attempting the quiz.

Things to note before you start:

1. This workbook is used for a number of courses. **Ensure you know exactly which course you are enrolled in,** e.g. are you just doing a CPR course, or, are you doing a first aid course? If you are unsure, seek clarification from your trainer.

Course types:
CPR
Basic Emergency Life Support
Provide First Aid
Other advanced courses

2. **Read the workbook**. There are several ways the pre-course study workbook can be completed. For example, you may use the EBook on your computer or device, or, use a printed hardcopy workbook.

3. **Complete the assessment section.** Either PRINT the assessment section from the EBook, or fill out the assessment in the back of the printed workbook, as required. All answers to the quizzes can be found in the relevant sections of the workbook. You will not require any other manuals.

4. **IMPORTANT: Take the completed assessment (printed or whole workbook) to your practical session.** If you attend the practical session without your pre-course study assessment pages, you may be required to complete the questions again on the day at the end of the practical training.

5. You will need to **show one valid Australian form of proof of identity** (ID) at the course. This can be in the form of photo ID such as an Australian Driver's Licence, or Passport. Other forms of ID can be your Birth Certificate, Medicare Card, or Citizenship Certificate. You will have used (or need to use) one of these to obtain your USI.

6. **It is a government requirement to have a USI number for courses and training.** Each time you enrol to study, your USI will be used to store your training records and results. You will then be able to access your training records online from your computer, tablet or smart phone whenever you need to. For example, for a new employer, or when you enrol for further study.
   After January 2015, you cannot be issued a certificate without a USI number. To obtain one, go to: www.usi.gov.au If you need further information about the USI go to www.allenstraining.com.au

7. The course has some **physical requirements**. For example, each student has to complete CPR on the floor for a set time. We suggest comfortable appropriate clothing for the practical session.

8. You will need to understand your **rights and obligations** for this course. Please refer to the copy available at www.allenstraining.com.au before starting.

FIRST AID ROLES AND RESPONSIBILITIES

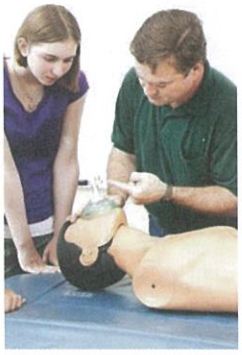
About first aid

First aid is the initial care provided to someone who has suddenly fallen ill, or who has been injured, until more advanced care is provided or the person recovers. Immediate and effective first aid may reduce the severity of the injury or illness and promote recovery. Knowledge of first aid is important for everyday life at home, work, or in the community. Not every incident requiring first aid will be life threatening, however the more people with basic first aid knowledge, the better the chances are of saving a life!

Australian Resuscitation Council (ARC)

The Australian Resuscitation Council is a voluntary coordinating body that creates uniformity and standardisation for resuscitation techniques and for the provision of first aid. They develop guidelines for the provision of CPR and first aid. The guidelines can be viewed on their website: resus.org.au

Ethics and first aid



First aid training

If you are trained in first aid, it is imperative that you maintain currency of skills and knowledge. Routinely attend refresher courses and be aware of changes to legislation, policy and procedures and ARC guidelines in relation to first aid.

Duty of care

If a first aider decides to provide assistance to a person in need, they must provide a standard of care appropriate to their training (or lack of training) and never go beyond their own skills and limitations. They must act in 'good faith' and without recklessness and with reasonable care and skill. First aid must be provided in accordance with first aid principles, making the casualty as comfortable as possible using available resources and equipment. First aid equipment used must be operated according to manufacturer's instructions. The first aider should stay with the casualty unless it is necessary to leave to call for medical assistance, a rescuer of equal or higher ability takes over, or continuing to give aid becomes unsafe.

The Good Samaritan Law

A 'Good Samaritan' is defined in legislation as a person acting without expecting financial or other reward for providing assistance. First aiders need not fear litigation if they come to the aid of a fellow human in need as long as they do not act recklessly and try to avoid further harm. Most Australian states and territories have some form of Good Samaritan protection. In general these offer protection if care is made in good faith.

Respect and ethics

Ethical issues are dependent on law, cultural beliefs and principles, and on moral grounds. Simple ethics include always displaying respectful behaviour towards the casualty, maintaining respect for their beliefs, privacy and dignity, and paying careful attention to consent and confidentiality.

Privacy and confidentiality

Personal information about the health of a casualty must be kept confidential and should only be accessed by authorised people. Information includes details of medical conditions, treatment provided and the results of tests. Disclosure of personal information, without that person's written consent, is unethical and in some cases may be illegal. Confidentiality of records and information must be maintained in line with statutory and/or organisational policies.

Consent and refusal of treatment

The consent of an injured or ill person must be obtained before assistance is rendered, regardless of age, ability, health or mental status (unless the casualty is unconscious). If the casualty is a minor, consent must come from a parent or guardian if available. Legal action and damages may be taken against you if you act without obtaining consent.

Adults are entitled to refuse treatment, even if it is life-sustaining. Substitute decision-makers such as parents or legal guardians of minors, or those with a disability, can likewise refuse treatment but only if in the 'best interests' of their charge.

Making the casualty comfortable

The casualty should be made as comfortable as physically possible by using available resources and equipment. This might mean placing pillows under broken limbs or behind a head or back, covering them to keep warm or providing pain relief using hot or cold packs etc. The resources you use must be available at the scene or close by. They could be commercially made items from a first aid kit such as bandages, slings, gauze or an emergency blanket, or, you could use '*make do*' items such as rolled up jumpers for a pillow, towels or large coat for a blanket, a t-shirt torn into strips for a bandage etc.

Monitoring and reassuring

The casualty will feel better knowing that you are going to stay with them and care for them until further help arrives. A first aider should monitor the casualty and respond to changes to their condition in accordance with first aid principles.

First aid in the workplace

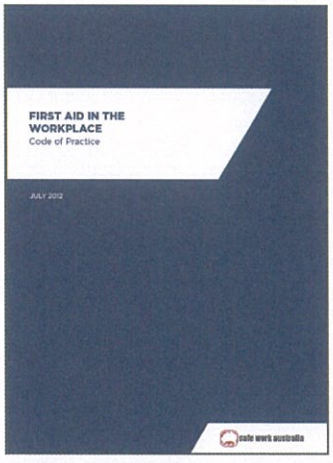
First aid requirements vary from one workplace to the next, depending on the nature of the work, the type of hazards, the workplace size, location and number of workers. These factors are taken into account when deciding what first aid arrangements and facilities need to be provided, along with adhering to the Australian resuscitation guidelines and the relevant state and territory legislation.

Policies and procedures

When they are developed, policies and procedures for first aid in the workplace take into account the relevant legislation, such as Acts, Regulations and Codes of Practice. They provide information on providing first aid, reporting incidents, and emergency plans. A workplace first aider must be able to locate, understand and adhere to their organisations policies and procedures for the provision of first aid. For example, workplaces will have procedures for dealing with major and minor accidents/incidents in the workplace.

Minor incident - Where a casualty requires minor first aid treatment on site, but is able to immediately return to work.

Serious notifiable accident - Is an injury to a worker where transportation to hospital is required for medical treatment



First aid Code of Practice

Codes of Practice are practical guides under the *Work Health and Safety Act* and Regulations for safety in the workplace. The 'FIRST AID IN THE WORKPLACE' Code of Practice provides information using a risk management approach for first aid, i.e. to identify assess and manage hazards. It also provides guidelines on the requirements for first aid training, facilities and the content and number of first aid kits.

First aid kits

Legislation requires all workplaces to have a first aid kit that is stored in an accessible location clearly marked with a first aid sign. The number of kits, the contents and size will vary depending on the number of workers and the type of industry. First aid kits should be checked regularly to ensure that there are sufficient supplies in the kit when it is required in a first aid situation.

First aid equipment

All first aid equipment must be operated according to the manufacturer's instructions and never used for anything other than what it is intended for.

Communication

A first aider will be required to communicate in many different ways. It may be directly with the casualty, their relatives, parents or carers. It may be to direct bystanders, ask for assistance, consult witnesses, call emergency services or provide a verbal handover to paramedics or ambulance officers. No matter what the situation effective communication is of utmost importance.

Effective communication

The aim is to gain trust, provide reassurance and get others to assist you. Those assisting will need clear direction and coordination. To communicate effectively is to speak clearly, be precise, direct and get straight to the point. Use a confident firm tone of voice, don't yell or order abruptly. Consider culture and ethics. Show leadership. Check that directions are understood and followed, for example making sure the person you asked to call the ambulance has actually done so. Effective listening is also an essential part of communication.

Communication and cultural awareness

Attentiveness and using culturally appropriate ways of communicating that are courteous and clear assists with gaining the trust of casualty. First aiders may be called upon to treat casualties from diverse backgrounds. The values of different cultural groups should be respected and everyone should be treated with sensitivity. For example, it may be necessary to communicate through non-verbal means (body language, hand signals etc.) due to language or hearing barriers. A first aider should have the ability to identify issues that may cause conflict or misunderstanding and approach them accordingly.

Communicating and providing first aid for children, the aged or infirmed

Be mindful of the age of the person being treated and act accordingly. There are differences in the way you should communicate for moral reasons and also to gain acceptance and trust.

Children and babies – Approach with care and compassion. They may be frightened, especially if they don't know you and they are away from their parents or carers. Reassure, use a soft kind voice and give them a distraction to take their mind off the situation, e.g. giving them something to hold like a band aid. The details of an incident involving children or babies when the parent/caregiver is not present must be reported to the parent/caregiver. Also, children may react differently to adults after a first aid situation. Whether injured or sick themselves, or concerned about a friend, they will feel affected by the incident. Someone should talk to children about their feelings, emotions and responses and provide assistance to help recovery.

Aged or infirmed casualties – Respect and dignity are very important. Remember with older people they may have reduced ability, such as trouble walking or moving, be hearing impaired, be fragile e.g. brittle bones, thin skin which damages or tears easily, etc. Be patient, gentle and provide support and assistance with movement, positioning and making comfortable.

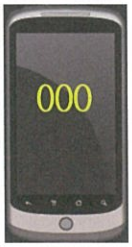
Sending for help

When calling for help, the "phone first" concept is recommended by the Australian Resuscitation Council, especially for cardiac arrest situations. The first aider should arrange for the ambulance to be called, but always ensure that the person who rings for the ambulance confirms with you that the call was made and that the exact location is given. They should also send someone to obtain resources such as masks, gloves and a defibrillator etc.

If no-one is close by, try calling out for help or assistance. If there is no-one available to assist, the first aider should call the ambulance themselves.

Phone the ambulance

Stay calm. Call from a safe place. Select the service required. Provide your location. Follow instructions.



Triple Zero (000) is the Australian primary emergency number for all telephones (landline, mobile phones and payphones). *Please note: you must have reception to make the call from a mobile phone.

***Note: 112** is an international standard emergency number automatically translated to the emergency number of the country the caller is in, and **106** is a text-based emergency call service for people who are deaf or have a hearing or speech impairment.*

Verbal reporting or handovers

All first aiders should have sufficient oral communication skills to make an accurate verbal report about the incident. This should be a quick and efficient handover/verbal report to personnel taking over the casualty so they can provide the appropriate further treatment as soon as possible. Incident details must be conveyed clearly and concisely, stating only facts, such as the time of the incident, exactly what happened, what first aid was provided and the casualty's response to the treatment. Do not embellish or add thoughts and comments about the incident unless asked.

Parents/caregivers must be provided with details of incidents involving babies and children. They will be worried or concerned, therefore tact and an authoritative but caring tone will be required. It is important to provide facts only, not judgments on what treatment is needed after first aid, or how the parent/caregiver should look after their charge.

A workplace first aid officer must also verbally report the details of an incident to the relevant person in the organisation or worksite (e.g. supervisor) and will most likely have to fill out the relevant workplace incident report forms.

Written reports

First aiders in general

Although the initial report is done verbally, it can be useful to also do a written report. First aiders should try to make notes where possible, during first aid provision, or fill out official report forms soon after. Recording treatment and events will assist with recalling what happened if ever required to do so. Keep in mind however that all written information about a casualty must be kept private and confidential, unless the casualty agrees to share the information, or authorities require it for legal purposes.

First aiders in the workplace

Official incident report forms need to be filled out and kept on record for all incidents regardless of whether there is an injury or not. Forms must be accurately filled out in accordance with the workplace policy and procedures, legislation and privacy and confidentiality requirements, stating only facts, not comments that you are not qualified to make judgement on, such as "the casualty is an alcoholic". The workplace will store or file all required documentation and forms. This will differ, but may be for example, in a filing cabinet in the office, in a computer filing system, on back up disks in a safe, with the supervisor etc.

Serious and notifiable incidents

Serious incidents, or notifiable incidents in a workplace must be immediately reported to the relevant regulatory authority following workplace and legislative procedures.

General first aid report form example

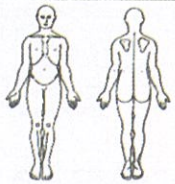
Allens Training — **FIRST AID REPORT FORM** *sample*

INCIDENT LOCATION: TIME: DATE:

CASUALTY SURNAME: GIVEN NAMES: TITLE: D.O.B.: SEX: M / F

CASUALTY ADDRESS: P/CODE:

PATIENT ASSESSMENT & OBSERVATIONS



KEY
A – ABRASIONS
B – BURN
C – CONTUSION
D – DISCOLOURATION
F – FRACTURE
H – HAEMORRHAGE
L – LACERATION
P – PAIN
R – RIGIDITY
S – SWELLING
T - TENDERNESS

LEVEL OF CONSCIOUSNESS			
TIME	FULLY CONSC.	CONFUSED DROWSY	UNCONS.

VITAL SIGNS			
TIME	PULSE	RESPS.	PUPILS L R

CHIEF COMPLAINT / SYMPTOMS / SIGNS	FIRST AID GIVEN
	☐ OXYGEN GIVEN
	☐ DEFIBRILLATION GIVEN

GENERAL OBSERVATIONS	REFERRAL FOR CARE
	☐ HOSPITAL (BY AMBULANCE)
	☐ HOSPITAL (BY CAR)
	☐ OWN DOCTOR
	☐ CASUALTY REFUSED / DECLINED TO RECEIVE ANY FIRST AID WHEN OFFERED

ATTENDING FIRST AIDER DETAILS — REPORT DATE:

TITLE: NAME: SIGNATURE:

Workplace incident report form example

INCIDENT REPORT FORM - *sample for training purposes*

Section 1 Employer Details

Legal name:			
Trading name:			
Type of workplace:			
Street address:			
Suburb/Town:		Postcode:	
Phone:		Fax:	
Email:			

Section 2 Details of Injured Person

Surname:		Sex: Male ☐ Female ☐	
Given names:			
Occupation:			
Date of birth: / /	Age:	Days unable to work:	

Section 3 Details of Injury

Date of injury: / /	Time of injury: :	☐ am ☐ pm	
WorkCover number:			
Nature of injury:			
Injury code			
Brief description of how injury occurred:			
Address of the workplace where the injury occurred:	Street address:		
	Suburb/Town:		
	Postcode:		
Area of workplace the injury occurred:			
Person removed to:			
Person reporting injury:	First name:	Surname:	
	Position:	Phone:	
Person for liaison:	First name:	Surname:	
	Position:	Phone:	

Body Location	
Skull	A
Chest	B
Arm	C
Leg	D
Digit (finger/toe)	E
Pelvis	F
Spine	G
Eye	H
Ankle/Foot	I
Injury Type	
Amputation	1
Fracture	2
Laceration	3
Loss of sight	4
Other 10 days +	5
Fatality	6

Examples:
1. Head fracture would be an A2
2. Arm amputation would be a C1
3. Toe amputation would be an E1

Evaluations after first aid

Own performance

You must be aware of your own skills and limitations whilst providing care for a casualty. Evaluating your own performance after an incident can provide you with an opportunity for self-improvement. It may be beneficial to speak with the paramedics who attended the incident to ask for advice.

Psychological impacts

It is extremely important to recognise the possible psychological impacts on yourself, other rescuers and children (if you work with children), especially when involved in critical incidents. Each person reacts differently to traumatic events and in some instances a situation may evoke strong emotions, which may affect health, well-being and work performance. Symptoms can appear immediately or later, days, months or even years after the original event. There is no right or wrong way to feel. What a person experiences is valid for that person.

Debriefing

Debriefing should be conducted to address individual needs and children should be provided with someone to talk with about their emotions and responses to events. All first aiders should talk about the event and how they feel and seek professional help if they recognise the signs and symptoms of stress.

Evaluate incident management

In a workplace, evaluation of an incident should be done with a supervisor and all involved so that the incident can be discussed, evaluated and recorded for future improvement. This consultation can lead to improved action plans or contingency plans being developed and will also to ensure the first aider/s is not suffering emotionally after attending an incident. Support services for personnel involved in any incident should be arranged.

Dangers and safety precautions

Hazard and risk assessment

Before providing first aid, a first aider must evaluate the scene of an emergency on approach using hazard identification. If hazards have been identified, it is important to assess the risk that they pose. This is called risk assessment. The next step is to decide what to do to remove the risks posed by the hazard or make them safer. Personal safety is of the utmost importance. This process must be done very quickly and effectively in an emergency situation. In all cases, do not proceed if unsafe.

HOW TO MANAGE THE SAFETY OF THE SCENE AT AN EMERGENCY

1. IDENTIFY HAZARDS	**A HAZARD** Anything that is likely to cause an injury or illness.	**A RISK** The likelihood and consequences of an injury or illness occurring from exposure to the hazard.
2. IDENTIFY RISKS	There may be more than one risk factor for a hazard e.g. a chemical may be toxic if spilt and absorbed through the skin, it could also be highly flammable and/or give off fumes that are harmful when inhaled.	
3. ASSESS RISKS		
4. PRIORITISE & CONTROL	Take action, use appropriate safety precautions, remove, control or minimise hazards and associated risks. Provide information and direct others to assist with making the area safe.	
5. REVIEW CONTROLS	Check that the controls in place are working. If it is safe then proceed. If hazards or risks are still present, then make any adjustments or improvements as required, check again, then proceed when safe. Remember, safety is an ongoing process.	

Hazard and risk management

Examples of hazards	Risk they may pose	Examples of how to minimise risk/s
Body fluids (e.g. blood)	Being infected	PPE, gloves, eye wear, aprons etc.
Aggressive behaviour	Being attacked	Be calm, reassuring, get help from others, don't continue if they remain aggressive
Needle stick injuries	Being stuck by the needle and becoming contaminated	Look for, move away from needles that are found, advise others, don't pick up
Lifting or moving heavy objects or casualties	Back injuries	Safe manual handling, ask others to help, use devices such as back boards
Machinery	Being injured by the equipment Equipment failure	Shut down or shield dangerous moving parts
Chemical fumes/biological	Being poisoned	Wait for professionals to declare safe, use PPE, shut down power, consult the Safety Data Sheet (SDS) for the substance
Traffic	Being hit by a vehicle	Move to a safer location, put up warning signs, position vehicles, have others direct traffic, slow vehicles down or stop
Fallen power lines	Electrocution	Arrange for the authorities to shut down power, use non-conductive materials to remove casualty
Fire	Being burnt Risk of explosion Falling or collapse of building Being trapped Smoke	Extinguish fire if safe and trained to do so, remove sources or move casualty to safe area, call fire brigade and emergency services and wait for them if unsafe
Environment (e.g. storms, snow, wind, rain)	Falling or tripping Being struck by falling or flying objects Too cold or too hot	Protect with cover, move to a safer area
Location (e.g. rough terrain, confined spaces) etc.	Falling or tripping, becoming trapped, unsafe atmosphere	Move to a safer area, follow safety procedures, call emergency services
Manual Handling	Injury to the body Dropping a casualty	Use appropriate manual handling techniques Know your limitations, ask for assistance
Live electricity	Electrocution Being shocked Being thrown and/or falling Being burnt	Arrange for the authorities to shut down power, use non-conductive materials to remove casualty

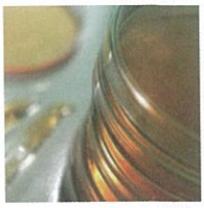
Manual handling

You must be aware of possible injuries you could receive whilst providing first aid. People move and have characteristics that must be taken into account when moving lifting or assisting casualties (manual handling). Unpredictable behaviour such as sudden movements and the need to adopt awkward or static working postures can put you at risk. Most common are injuries to the back as a result of poor manual handling. The shape of our spinal column, which curves forward in the neck and lumbar region means this area receives the greatest stress when moving or lifting. The majority of back injuries occur in the lower lumbar area. Avoid using back muscles to lift a casualty and most importantly never lift a casualty while you are bent over them. Never attempt to manually lift the person from the floor, or attempt to lift a person alone.

Follow these steps effective lifting:

1. Mental preparation:	**What** Weight and size of casualty	**Where** is the casualty to be moved to	**How** Lifting technique Number of helpers Use resources to assist	**Know** your limitations	**Ask** for help if required, or ask the person to assist where possible
2. Position:	**Arms and casualty** close to your body	**Feet** shoulder width apart	**Hips** Flex at hips, not waist, Bend at the knees	**Back** Keep in alignment with shoulders and pelvis	**Head** Hold straight
3. Lifting:	**Grip** load securely	**Use** thigh and leg muscles	**Avoid** twisting, rotating or jerking	**Communicate** Take charge Provide good instruction	**Team work** Co-ordinate Work together

Infection control & standard precautions



In every first aid situation you should try to minimise the risk of transmission of infection to yourself, the casualty and to any bystanders. Follow standard precaution procedures to ensure a basic level of infection control, especially when handling blood or body substances. Standard precautions are practices that are applied regardless of a casualty's infectious status. This includes hand hygiene, use of personal protective equipment (PPE), appropriately handling and disposing of sharps and waste, cleaning techniques and managing spills of blood and body substances.

How can diseases be transmitted?

- Droplet transmission – e.g. Sneezing or coughing;
- Airborne transmission – e.g. Ventilation systems and air conditioning units;
- Contact – e.g. Blood or body fluids coming into direct contact with skin, eyes etc.;
- Contaminated objects – e.g. skin contact with needles, mosquitoes etc.

Wash your hands

Providing first aid safely - Always assume that there is a risk of being exposed to infection.

Before first aid:

- Wash your hands with soap and water or apply alcohol-based hand rub
- If you have cuts or wounds on your hands, cover with a waterproof dressing;
- Check gloves are in good condition;

Disposable gloves

During first aid:

- Wear gloves and ensure that they don't get torn;
- Use a plastic apron and eye protection if available and splashes of blood or body substances are likely to occur;
- Use a resuscitation mask if available for rescue breaths*;
- If you come into contact with body fluids, wash the area immediately with running water and seek medical advice.

Resuscitation mask

After first aid:

- Safely dispose of any used dressings, bandages and disposable gloves;
- After removing disposable gloves, always wash your hands thoroughly with soap and water or apply alcohol-based hand rub.

* There are several types of resuscitation masks available, even ones that can be carried on your key ring. If a resuscitation mask is unavailable, you could ask the partner of the casualty to do the rescue breathing, or do compression only CPR, especially if there are signs of blood or vomit, or you do not want to do the rescue breaths for fear of infection.

First aid emergencies

Recognising an emergency

An emergency can happen anywhere, on the road, at home, work or play. The sound of someone in distress, a spilled chemical container, unusual behaviour (e.g. panic) and/or symptoms and signs of the casualty such as severe bleeding may be indicators of an emergency. You will not know if first aid is needed until you approach the scene or the individual. For example, you may see a person slip, they may not be in need of any help at all, or the person may be unconscious and need immediate medical assistance.

A medical emergency is a sudden illness such as heart attack, which requires immediate medical attention.

An injury is damage to the body, such as broken arm, which results from a violent force. Some injuries can be serious enough to be considered emergencies.

What to do when you recognise an emergency - Always call Triple Zero (000). If you are not sure, call 000 anyway. Calling an ambulance can be the difference between life and death.

Capabilities of emergency services – Emergency services personnel have specialised training to manage casualties. They carry advanced equipment and have access to additional resources/technical experts. They also have the ability to readily communicate and coordinate with other emergency services if required.

Emergency action plan

An emergency action plan is a guideline a first aider can follow to assist them to remain calm, but respond quickly and provide effective treatment. Following an emergency action plan also ensures safety.

First actions are based on the DRSABCD protocol

1. ASSESS THE SCENE

Danger – Identify, assess and manage immediate hazards. If this is not possible, call for assistance from emergency response services. Do not make an attempt to respond if it is dangerous. Evacuate casualties to a safer area if required and you can do so without putting yourself in danger. For multiple casualty incidents, conduct a basic triage.

2. ASSESS THE CASUALTY

Response – If conscious, obtain consent. Assess the casualty. Recognise the need for first aid. Check their response, vital signs, injuries and signs and symptoms. Recognise the need for assistance.

3. ASSESS WHAT TO DO NEXT

Send for help – If further assistance required, coordinate others to call for help and get resources, or do it yourself. Provide first aid following procedures and principles.

Treat the unconscious: **AB – Airway, Breathing** **CD – CPR, Defibrillation**

Treat the conscious: Manage injuries or illnesses. Monitor and reassure the casualty until help arrives.

Handover the casualty.

Consciousness

A casualty may experience different levels of consciousness.

- **Conscious** - A person is walking, talking, doing normal things, is said to be 'conscious'.
- **Unconscious** - A person is said to be 'unconscious' when they cannot be woken from what looks like a sleep, but they are still breathing and they have a pulse. You cannot gain a purposeful response.
- **Cardiac arrest** - A collapsed casualty that is unconscious and not breathing normally or at all.

History

A history is the complete story concerning the accident or illness. What happened prior to the illness or accident can be vital when working out what is wrong with the casualty, especially if they are unconscious. It is a short story that leads up to and includes the incident. It includes any previous or current health conditions and medications. The casualty, bystanders or relatives can be invaluable in these cases.

Ask questions such as:

- "Do they suffer from any allergies?"
- "Are there any previous relevant illnesses?"
- "Are they on any medications?"
- "Has this happened before?"
- "What were they doing at the time?"
- "What signs or symptoms were they showing?"

A way to remember what to find out is using **AMPLE** history.

- **A** Allergies they have
- **M** Medications they take
- **P** Previous medical/surgical history
- **L** Last meal (Time)
- **E** Events /Environment surrounding the injury; i.e. exactly what happened.

Medic alert

Is a bracelet or necklet, providing instant access to primary medical conditions/allergies or "special needs". They have an internationally recognised emblem, a 24hr telephone hotline number and information relevant to the person engraved on them.

Casualty assessment

For casualty assessment there are to 2 stages. The first being the **primary survey (response)** and next being the **secondary survey (verbal and visual).**

1. Primary survey (response)

This first stage follows the DRSABCD action plan, where you try to get a response from the casualty, send for help/call an ambulance if they are unconscious or seriously injured, check their breathing and respond with CPR, or move to the verbal survey, if they are conscious.

Response

Are they alive? You must try to get a response from the casualty. If they appear unconscious, gently shake their shoulders, firmly ask questions (but don't shout), like "can you hear me?" Ask them to try to squeeze your hand. If the casualty responds and can talk, assess their state of consciousness (slurred speech, dizzy etc.) and move onto the verbal secondary survey. If they are not responding, treat them as unconscious send for help and call the ambulance immediately.

Unconscious casualties

Airway and Breathing

Are they breathing? If a person is unconscious, you must open their airway and check their breathing. To check whether or not the casualty is breathing normally use the 'Look, Feel and Listen' technique. That is, **LOOK & FEEL** for movement (rise and fall) of the upper abdomen or lower chest. **LISTEN** for the escape of air from the nose and mouth. If the casualty's chest does not rise and fall with each breath, their chest does not rise at all, and no air is escaping from the nose or mouth, then they are not breathing normally. If they are breathing abnormally, or only occasionally gasping or and are unresponsive they require immediate resuscitation.

Unconscious BREATHING casualty

When a person is breathing, but they cannot be woken from what looks like a sleep, they are unaware of their surroundings and no purposeful response can be obtained, they are said to be unconscious. It should also be noted that a casualty showing only a minor response, such as groaning without opening their eyes, should be treated as unconscious.

Causes - Combinations of different causes may be present e.g. a head injury and under the influence of alcohol. The acronym – **AEIOUTIPS,** will help evaluate the reasons why the casualty is unconscious.

A	**Alcohol** (e.g. too much);
E	**Epilepsy** (e.g. a seizure);
I	**Insulin** (e.g. too much or too little insulin in the body);
O	**Overdoses** (e.g. heroin/sleeping tablets);
U	**Uraemia** (renal failure can be difficult to diagnose for a first aider);
T	**Trauma** (e.g. accidents, falls, hangings, severe blood loss);
I	**Infections** (e.g. to the brain);
P	**Pretending** (e.g. pretending to be unconscious to get medical attention to avoid a situation);
S	**Stroke** (a rupture or blockage to an area in the brain).

Priority - Care of the airway takes precedence over any injury, including the possibility of a spinal injury.

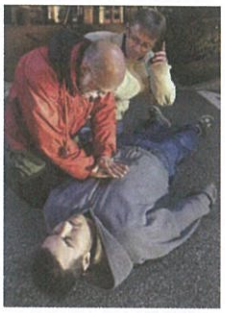
Airway obstruction due to body position - The greatest danger, to an unconscious breathing casualty, exists whilst they are lying on their back. When a casualty is unconscious their muscles become relaxed, including the muscles that assist in swallowing and the tongue falls to the back of the throat blocking air. Their stomach contents can enter their lungs, or they could choke due to not being able to swallow or cough out foreign material.

Position on their side

Positioning an unconscious casualty on his/her side maintains a clear airway and facilitates free drainage of fluids and reduces the risk of inhaling foreign material. It also allows for good observation of, and access to the airway. Gently clear any obstructions (vomit, food etc.). Tilt their head back and using correct manual handling skills, roll them onto their side using their arm and a bent leg. Where possible, an assistant should support the head when an injured casualty is being turned over, but no time should be wasted.

Once on their side, you can try to obtain information about what happened from family or witnesses (history) and look for visible clues such as injuries and evidence in the surrounding area (e.g. a ladder and spilt paint may indicate the casualty has fallen from the ladder and struck his/her head).

Unconscious NON-BREATHING casualty



An unconscious casualty that is not responding, not breathing at all, or has minimal response and is not breathing normally, needs urgent treatment. Even if the casualty takes occasional breaths or gasps, first aiders should suspect that cardiac arrest has occurred and should start CPR.

First aid – with an unconscious non breathing casualty, do not roll onto his/her side, **immediately follow the steps for the chain of survival, and DRSABCD** emergency action plan.

Calling for help is an urgent priority.

Conscious casualties

2. Secondary survey (verbal and visual)

This second stage is carried out using the 'no touch technique' and involves a systematic visual and verbal examination of his/her injuries without touching them. Gain consent to assess them. Explain what you are going to do. Listen carefully to the casualty's responses to the questions that you ask observing and noting the answers given.

If injuries are found during these examinations, then further evaluate what treatment is required. Where there is more than one casualty, THE CARE OF THE UNCONSCIOUS CASUALTY HAS PRIORITY.

How to examine a CONSCIOUS casualty

After the primary survey, follow an examination routine to identify any injuries that the casualty may have.

More about the verbal survey - A systematic routine starts from the top of the body, starting at the neck, to the head, the chest, then the stomach, followed by the limbs and finally, if injuries allow, rolling the casualty and examine the back. The entire survey should be continued, even if they provide an answer that leads you to suspect something, such as a limb fracture. Not completing a thorough examination, or simply asking the casualty to describe the painful area, may prevent you from discovering something serious, such as a spinal injury.

RESUSCITATION

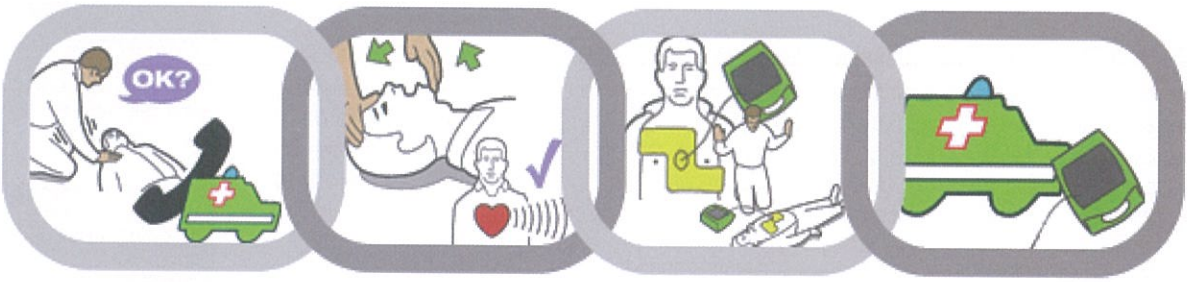
Any casualty who is gasping, or breathing abnormally, and is unresponsive, requires resuscitation. Breathing may be absent or ineffective as a result of:

- Upper airway obstruction;
- Cardiac arrest;
- Problems affecting the lungs;
- Drowning;
- Suffocation;
- Paralysis or impairment of the nerves and/or muscles of breathing.

Cardiac arrest

Cardiac arrest is a term that is used to describe a collapsed casualty that is unconscious, unresponsive, not breathing normally, or at all and not moving. Cardiac arrest is the largest cause of death. The best way to increase the chance of saving sudden cardiac arrest casualties outside of a hospital setting is to follow every link in the chain of survival.

Chain of survival



The first link: **Early access to the ambulance** - Time is essential to preserve life. Dial Triple Zero (000). If available, immediately send for a defibrillator. Includes early recognition of the cardiac emergency and early notification of ambulance service.

The second link: **Early CPR** - Assess and support the airway, breathing and circulation. Cardiopulmonary resuscitation (CPR) is the technique combining chest compressions and rescue breaths (ventilations). The purpose of CPR is to temporarily maintain a circulation sufficient to preserve brain function until specialised equipment is available to re-start the heart.

When to stop CPR - a first aider should continue cardiopulmonary resuscitation until:

- The casualty responds or begins breathing normally;
- It is impossible to continue (e.g. exhaustion);
- Someone else can take over CPR;
- A health care professional directs CPR to be ceased.

Having a defibrillator in a workplace or shared between a number of workplaces is vital in giving a cardiac arrest casualty every chance of survival.

The third link: **Early defibrillation** - Defibrllation is used to treat cardiac arrest caused by Ventricular Fibrillation (VF, an abnormal, irregular heart rhythm with rapid, uncoordinated contractions). It is a process in which an electronic device, called an automated external defibrillator (AED), helps re-establish normal contraction rhythms in a heart that is not beating properly by providing a brief, effective shock through the person's chest to their heart, interrupting the abnormal rhythm and hopefully allowing the heart's natural rhythm to regain control. The time to defibrillation is a key factor that influences survival. For every minute defibrillation is delayed, there is approximately 10% reduction in survival. An AED can safely be used on pregnant casualties.

The fourth link: **Early advanced care** relates to the response of highly trained paramedics who can assist the casualty, provide for the administration of drugs, advanced airway procedures and other interventions and protocols.

Cardiopulmonary resuscitation (CPR)

First aiders should start CPR as soon as they assess the casualty as not responding. The indicators would be that the casualty is unconscious, unresponsive, not moving and not breathing normally. Even if the casualty takes occasional breaths, or gasps, first aiders should suspect that cardiac arrest has occurred and should start CPR.

1. Manage airway - Roll the casualty onto their back to open the airway. Failure to maintain an open airway is the most common cause of obstruction during resuscitation.

- **ADULTS** - Use backward head tilt / chin lift. Place one hand on their forehead. The other hand provides chin lift. Hold the chin up using your thumb and fingers (pistol grip). Tilt the head backwards (NOT the neck). The jaw is held open slightly and pulled away from the chest. Avoid excessive force.
- **INFANTS** - Do not use backward head tilt / chin lift for children under 1 year old, keep the head in a neutral position by gently supporting the lower jaw at the point of the chin maintaining an open mouth.

Open airway

2. Breathing - After an unconscious casualty's airway is cleared, the next step is to check whether or not the casualty is breathing normally using the 'Look, Feel and Listen' technique. Casualty's that are only occasionally gasping or breathing abnormally and are unresponsive require immediate resuscitation.

- **LOOK & FEEL** for movement (rise and fall) of the upper abdomen or lower chest. **LISTEN** for the escape of air from the nose and mouth.

Check breathing

3. CPR - **30 chest compressions, 2 rescue breaths alternatively** and continuously until recovery, defibrillator arrives, someone else takes over or you are directed to stop by a medical professional. If airway becomes obstructed during CPR, promptly roll onto side and clear, reassess response and breathing, then recommence CPR as required. Resuscitation can be done with a **single operator**; however, it is more beneficial to complete CPR with **two first aiders**, i.e. one person completing the rescue breaths and one person doing compressions.

30 Compressions

- **Chest compressions** - Help oxygen circulate around the body. Compressions should only be paused when doing rescue breaths and for defibrillation (if required). If there is more than one first aider present, rotate approximately every 2 minutes to reduce fatigue. Casualties should be placed on their back on a firm surface*. Compressions are done on the centre of the chest, about half way along the sternum (breastbone)**, rhythmically at 100 compressions per minute and around one third of the depth of the chest.

  - **ADULT** use two interlocked hands.
  - **INFANT** use two fingers.

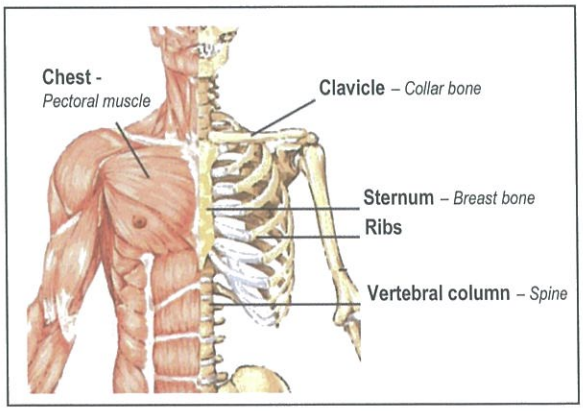
2 Rescue breaths

Defibrillate

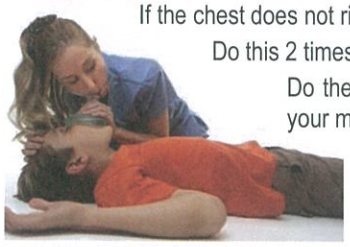
- ***Resuscitation in late pregnancy** - In the obviously pregnant woman, the uterus causes pressure on the major abdominal vessels when she lies flat on her back, reducing the venous return of blood to the heart. Position her on her back with shoulders flat using padding under the right buttock to give pelvic tilt to the left side.

- ****Anatomy of the chest** - A first aider will need to understand the basic anatomy of the chest when performing CPR, so that they can correctly identify where to place their hands for compressions, watch for chest rise during rescue breaths, and position the pads of a defibrillator.

- **Compressions only CPR** - If the first aider is unwilling or unable to do the rescue breaths, CPR can be performed by doing the chest compressions only. Follow all requirements for compressions, continuously, only pausing if response or breathing returns, for defibrillation, or handover.



- **Rescue breaths or ventilations** - Mouth to mask (preferable), mouth to mouth, mouth to nose (infants and small children) or rarely, mouth to stoma (hole in the front of the neck). Kneel beside their head. Maintain an open airway. If using a mask position it and hold in place. Blow into the mask and inflate the lungs. Look for chest rise. Remove your mouth the mask, to allow exhalation. Turn your head to listen and feel for the release of air.



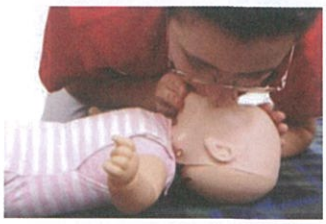
If the chest does not rise, re-check head tilt, chin lift and mask seal.

Do this 2 times then go back to compressions.

Do the same if not using a mask, only create a seal with your mouth over theirs.

– **ADULTS** use a full breath.

– **INFANTS** only use puffs.



- **Protection** - A resuscitation mask is a protective device that prevents direct contact between the first aider and the casualty. Reasons for use - to avoid unpleasant, intimate contact with vomit, blood and saliva and to overcome the associated fear of transmission of an infectious disease. Risk of disease transmission during rescue breaths is very low; using a resuscitation mask reduces the risk even further. Remember though, rescue breathing is a life-saving manoeuvre and whilst masks should be used if available, they are not mandatory. Do not delay rescue breaths protection is unavailable. If the first aider is unwilling, or unable to do rescue breaths, they should do 'Compressions only CPR'.
- **Bag-valve-mask (BVM) resuscitator** - Used to manually provide mechanical ventilation instead of mouth-to-mouth resuscitation. The BVM consists of a flexible air chamber about the size of a rugby ball, attached to a face mask, via a shutter valve. When the air chamber or "bag" is squeezed, the device forces air into the casualty's lungs. When the bag is released, it self-inflates drawing in air, or, a low pressure oxygen flow supplied from a regulated cylinder, while the casualty's lungs deflate through the one way valve.

4. Defibrillation with an AED

- An automated external defibrillator (AED) can identify the cardiac rhythm as "shockable" or "non-shockable". Anyone can use a defibrillator, however, formal training assists with speed of use, correct pad placement and confidence. There are many different types of AEDs, however they all follow the same principle. Always, only use equipment as per the manufacturer instructions.

- If available, use as soon as possible. Continue CPR until the AED is turned on and pads are attached. Quickly check the equipment, turn on the AED and follow the AED treatment plan (below). Do not touch the casualty during shock delivery.
- Pads are placed on the exposed chest. Pads have a diagram on the cover showing where to place the pads. Avoid placing pads over implantable devices. Standard adult AEDs and pads are suitable for use in children older than 8 years. Ideally, for children between 1 and 8 years paediatric pads should be used. If paediatric pads are not available, then the standard adult pads can be used. Follow instructions.

- Continue to follow AED prompts (the AED makes decisions on what to do) until the casualty's responsiveness and normal breathing returns, the ambulance arrives and paramedics takes over, you are too exhausted to continue, or a health care professional directs you to stop.

AED treatment plan

IMMEDIATELY ON ARRIVAL

1. Verify unconsciousness
2. Activate emergency response plan
3. Commence CPR according to protocol

4. Turn on AED
5. Attach pads to bare chest
6. Attach leads to AED
7. Respond to verbal/visual cues

8. Allow AED to analyse
(This may take up to 20 seconds)

SHOCK ADVISED

1. FOLLOW PROMPTS
2. Clear casualty prior to shock delivery
3. STAND CLEAR

4. PRESS BUTTON TO SHOCK
5. Defibrillate - follow prompts as advised

6. NO SIGNS OF LIFE
7. Perform CPR for 2 minutes
8. Continue CPR and follow AED prompts

LOW VOLTAGE RESCUE

LVR

This section is for those that may have to perform rescue procedures from live Low Voltage (LV) apparatus in the workplace, (not including overhead lines and underground cables). It encompasses responsibilities for, health, safety and risk management processes at all operative levels and adherence to safety practices as part of the normal way of doing work. Specific compliance may be required in various jurisdictions relating to currency in first aid, confined space, lifting, risk safety measures etc.

What is low voltage rescue (LVR)?

The safe reach and removal of another person who has come into contact with live low voltage power, received an electric shock, or other injuries, and the administration of resuscitation and other first aid if required.

Low voltage means greater than extra low voltage, not but more than 1000v AC or 1500v DC.

- Alternating current (AC) 50v – 1000v;
- Direct current (DC) 120v – 1500v.

Measures should be undertaken to ensure the safety of a person performing live electrical work. However accidents do happen, and people undertaking this work need to know how to deal with them. This includes having a sound knowledge and understanding of emergency procedures for the rescue of a casualty from a live LV panel.

This encompasses the:

- Inspection and placement of rescue equipment;
- Assessment and control of the hazards to rescuer, casualty and others;
- Isolation procedures, where appropriate;
- Knowledge of, and maintaining Safe Approach Distances (SAD's), appropriate to the rescue from a live LV panel;
- Releasing of the casualty and removal to safe location / place of safety;
- Provision of first aid and CPR as required;
- Securing and controlling of entry to the site;
- Involvement of external emergency services (Fire brigade, ambulance etc.);
- Processes for reporting accidents and/or incidents in the workplace to the relevant authorised personnel.

Preparation for rescue

LVR put simply:

1. **Assess the situation** - Quickly determine what has gone wrong and the best means to deal with the situation. Do not jeopardise your own safety to rescue a casualty. If it is not safe to rescue then call emergency services to deal with the situation. Do not become a casualty yourself.
2. **Isolate** - De-energise the switchboard by operating isolating control that has been tagged "Isolate Here in Emergency" where possible. No skin to skin contact with the casualty.
3. **Free the casualty** - Use gloves and the insulated crook. Assume and treat conductors as if they were live.
4. **PPE** - Quickly insert hands in rescue gloves for protection.
5. **Use an insulation crook** - Provides safe distance between the rescuer and the casualty when lifting limbs out of energised switchboards, or in dragging the casualty clear.
6. **Use a fire blanket** - In the event that the casualty is on fire, from the head end, smother the fire with fire blanket. Wrap it around them.
7. **Keep a safe distance** - Remove casualty to a safe distance and area, by a one person drag.
8. **Call for help, assess the casualty, provide treatment and monitor** – Response, breathing, possible CPR, burns, injuries etc.

Hazards and risks

Identifying hazards when working with low voltage electricity

You can identify hazards in the work area by doing:

- Routine walk through checks of the workplace;
- Revision of safe work method statements;
- Consultation between management and workers;
- Revision of register of injury records;
- Following equipment manufacturers operating instructions and warnings;
- Scheduled reviews by an independent adviser.

However, in an emergency situation, identifying hazards and assessing risk must be done quickly.

Risk assessment

A risk assessment for working on energised circuits must be done prior to conducting work, in consultation with the electrical workers doing the work. Risk assessment involves identifying the hazards and assessing the risk they pose i.e. assessing the likelihood and the likely severity of the hazards occurring.

This can basically be determined by: Risk = Hazard x Exposure.

Risk management

Risk management must be undertaken after risk assessment. This means after assessing the identified hazards and assessing the risk they pose, deciding on controls to make them safer, and putting them into action. Controls range from removing the hazard completely (elimination), to changing the hazardous item to safer one (substitution), making sure the hazard is turned off or protected (isolation), changing work schedules (administration) and using PPE. The results of the assessment and controls used must be documented so that they can be easily consulted reviewed. The risk management process is an ongoing process that must be continually monitored and reviewed to ensure the overall health and safety of everyone within the working environment.

There are 5 basic steps in the risk management process, they are identify hazards, identify risks, assess hazards and risks, prioritise/control hazards and risks, and review/monitor the hazards, risks and controls, as discussed in the 'Dangers and safety precautions' section in this workbook.

How to identify the risks and hazards associated with LV rescue situations

The categories of common electrical hazards are relatively clear. However, as electricity is not usually detected by sight, smell or sound, the identification (or recognition of the potential) of the hazards can be more difficult.

Before any rescue, the instruction in hazards and risk control measures for specific work functions and work areas that were documented in the risk assessment, must be identified and obtained. It should be located close to where the work was being conducted. The individual performing the rescue must quickly consult the work risk assessment, and then undertake another risk assessment of the incident scene and decide on control measures to ensure it is safe to proceed with the rescue.

When conducting a risk assessment for low voltage rescue the following should be considered:

- The source of the low voltage exposure;
- The number of people involved;
- The nature of the work e.g. high risk work such as replacing components at a switch board;
- Work practices in use;
- The type of plant machinery and equipment;
- Workers skills and experience;
- Foreseeable abnormal conditions.

There are 3 primary causes (hazards) for electrical incidents/accidents:

1. Unsafe equipment;
2. Unsafe environment; and
3. Unsafe performance.

*May also be a combination of these factors.

How electrical incidents occur:

- Direct contact with electrical energy;
- Electrical arcs;
- Static electricity;
- Flash burns from electrical arcs;
- Flame burns from ignited combustibles;
- Lightning strike.

The 3 common electrical hazards (refer to the orange box above) may be present individually or combined. For example, if a fault occurred in the main switch-room of a large shopping centre, all 3 of the electrical hazards could be present. The presence of step and touch potentials should be addressed as well as the potential for an explosion. Further, burning materials such as PVC and epoxy resins can cause the atmosphere to become hazardous.

If a person sustains an injury due to electrical hazards, prompt and timely action can significantly reduce the injury's severity, quick action may even save a life. However, after an electrical incident, there is still a risk of injury because of the 3 common electrical hazards. It is crucial that the response be appropriate to electrical risk. For example, in a live low voltage situation, rescue may be acceptable. However, should a rescue require the casualty, the rescuer, or both to intrude into safe approach distances for exposed live high voltage, isolation and proving de-energised should be performed. Parts that are normally energised, or that may become energised under fault conditions must be treated as live until the parts are proven de-energised.

Risks for the rescuer may include, but are not limited to:

- Receiving an electric shock themselves;
- Receiving burns whilst trying to put the fire out on a burning casualty;
- Breathing in, or coming in contact with toxins;
- Falling if the rescue is at heights;
- Manual handling injuries;
- Stress from the incident.

Risk management also means the rescuer must use the work procedures and instructions as they apply to risk control and personal safety measures whilst performing the rescue.

Undertake the rescue

Follow workplace procedures for accessing and isolating the LV panel and removing the casualty, where necessary, from contact with live apparatus.

Isolation procedures

The electricity isolation point should be quickly identified and labelled, and the electricity supply must be isolated, where possible by utilising the appropriate apparatus. You can also quickly isolate the circuit by switching it off, or removing the plug from the socket in the case of a power tool.

Rescue equipment

The inspection and placement of rescue equipment must be undertaken to facilitate a prompt response and rescue of a casualty from a live LV panel. Tools and emergency equipment must be quickly inspected and checked for faults, safety and functionality. If they are safe, they must then be placed in an accessible location to facilitate response and rescue.

Tools and equipment used for LVR include, but are not limited to:

- LVR kit;
- First aid kit/s;
- Firefighting equipment.

Contents of the LVR kit are usually contained in an orange or yellow canvas or plastic bag, this includes:

- **Insulating gloves** – Class 0 or 1000 Volts. Check with the legislation and workplace requirements for testing, e.g. it might be that gloves must be tested every 6 months, and checked and approved for electrical work up to 1000 volts. They must always be checked prior to use. They must be large enough to fit any sized hand. They must not have any tears, cuts, perishing, abrasions or distortions in the glove material. Gloves must be filled with air to test for pinhole leaks, be powdered with talc, and stored in a protective bag.
- **Special isolation tag**.
- **Non-conductive torch** – Proved operational before use and checked regularly.
- **Burns dressing** – Undamaged sterile non-stick dressings within the use by date.
- **Insulated crook** (Initially tested to 5kv) – Must be an approved LVR design. Inspect for damage prior to use and ensure that there is no evidence of cracks, fractures, cuts, or distortions of the crook.
- **Fiberglass fire rescue blanket** – Must be unused and free of damage, or deterioration. If the blanket has been used to extinguish flames, it must be replaced.
- **Method of communication** – Must be in good working order and stored with the kit, not in it.

Bag for the contents of the LVR Kit

Fire Blanket

Isolation Sign

Safety Gloves


Crook


Torch


Burns Dressing

Control the hazards to rescuer, casualty and others

A rescue from a LV panel must be performed in accordance with workplace instructions and Workplace Health and Safety procedures and practices, this includes controlling all risks for the rescue, performing CPR and providing first aid.

1. Control hazards to rescuer, casualty and others.
2. Maintain Safe Approach Distances (SAD's) appropriate to the rescue.

Safe Approach Distances (SADs) refer to the minimum distance needed between a person and a live exposed conductor to ensure that the person is safe. This includes material or equipment that the person is holding, carrying, or is supported by, which is not insulated for the voltage concerned.

SADs vary depending on:

- Whether a person is authorised, or an ordinary person;
- The associated voltage;
- Where the person is (e.g. on a crane);
- If there is a safety observer present.

Remove the casualty from contact with any live conductors/apparatus

An electric shock can severely burn or kill. When a person comes into contact with a 'live' electrical circuit of sufficient voltage to cause an electric shock, they may be thrown clear of the energised electrical equipment, or remain in contact. If the casualty is outdoors and touching a high voltage power line - stay clear and dial 000. If a power line is down, contact emergency services and wait for the fire department or Power Company. If there are people in a car with a downed wire across it, tell them not to move and to stay in the car.

Releasing a casualty from live equipment

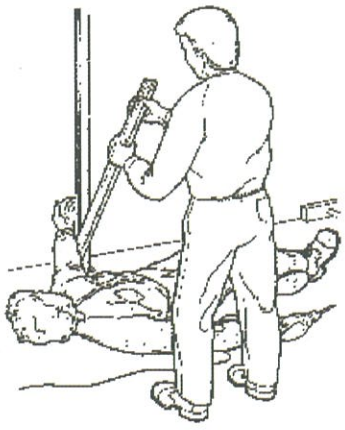
Look first - do not touch! If the casualty is still in contact with the electrical source, touching them may pass the current through you. Where possible, do not touch the casualty, or the circuit conductors, unless the power is turned off and has been tested as de-energised.

If the casualty is still attached, quickly remove the casualty from contact using insulating gloves and the insulated crook. If you happen to be without your rescue equipment and need to act quickly, then a dry object made of non-conducting material can be used to knock them loose. Such as:

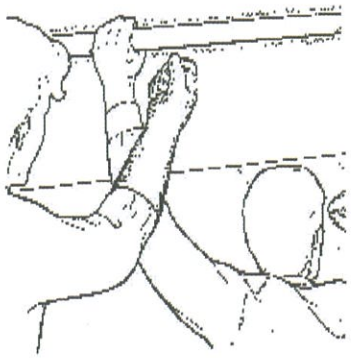
- A dry stick or wood;
- A plastic object;
- A leather belt;
- Dry clothing;
- A blanket or any other non-conducting material.

However this is not recommended and you must remember to ensure your own safety above that of the casualty.

Examples of releasing the casualty from the source of electricity:



Release casualty with dry insulating material



Use force to break grip

Control the hazards for the casualty

After the being released from the initial hazard, there may be other hazards to look for, such as fire or unsafe objects. Conduct another assessment of the scene before proceeding and take action as required.

Controlling a fire hazard - A fire extinguisher, or other appropriate fire-fighting appliances are used to extinguish burning wiring and equipment, while a fire blanket is preferred to extinguish the casualty on fire. It is critical to extinguish flames on a burning casualty quickly, without contaminating their burns with powder and chemicals that are found within fire extinguishers. If the casualty's clothing is on fire, and they are conscious and able to do so, remind them to stop, drop and roll, and then cover them with a fire blanket (or other smothering, non-flammable material if a fire blanket is not available). If the casualty does not respond to this instruction, consider tackling the casualty to smother the flames. If they are unconscious you will have to smother the flames. This is risky, be sure to follow all safety precautions.

Please note: fire blankets will not protect the rescuer from electricity and the casualty must be removed from the energised switchboards/contacts first.

The procedure to use a fire blanket:

1. Pull down on the two draw tabs to quickly remove blanket from container.
2. Use blanket as a shield to protect yourself.
3. Ensure the blanket covers your hands.
4. Do not look over the top of the blanket, but position yourself slightly to one side to see what is happening.
5. Apply the blanket to the casualty so it directs the flames away from the face, keeping the blanket low. This is best achieved by quickly laying the blanket down from the casualty's head and continuing to lie towards the feet.
6. Cover the casualty and smother the flames, pat from face towards feet.
7. Slowly remove the blanket in case of re-ignition.

Move the casualty to safe location / place of safety if the area is unsafe

If access is restricted, or hazards exist and it is unsafe to treat the casualty where you are, the casualty should be moved to a clear safe area for treatment. Keep in mind the appropriate SADs.

Moving an unconscious casualty - The **one person drag method** is the most effective method for moving an unconscious casualty:

- Crouch behind the casualty;
- Position arms around the casualty's upper chest;
- Securely grip one hand over the opposite wrist;
- Adopt correct lifting procedures to avoid back injury when lifting and dragging the casualty (maintain a straight back and bend at the knees to lift and lower);
- Drag casualty to a clear and safe area.

First aid - DRS ABCD

- **Use PPE** – If available (first aid kit), e.g. put on gloves and position a resuscitation mask if CPR is required.
- **Assess the casualty** - Check for a response, clear the airway, check their breathing, if conscious, gain consent and check for injuries and assess their condition.
- **Send for help** – Call the ambulance and obtain help from other emergency services as required. Send for a defibrillator.
- **Perform effective CPR and use an AED** – If unconscious and not breathing normally or at all.
- **Apply first aid** as required, e.g. treat burns with water and dress, or treat other injuries such as bleeding, or shock, and monitor them continuously until the ambulance arrives.

Gain access to facilitate treatment by a medical professional and/or external emergency services

A person that has received an electric shock should always be assessed by a medical professional, even if they are conscious, or say they are feeling OK. Either call the ambulance on Triple Zero (000), or make sure it is arranged for them to see a doctor.

Secure the worksite and control entry until appropriate authorities inspect and release the site.

Do not leave the casualty to secure the area. You can stop others from entering the immediate area by telling them to keep clear. Where possible either gain assistance to cordon off the area, or to stay with the casualty whilst you put entry controls in place. Barriers and signs are useful when securing the site of a live LV panel accident. Temporary barriers and danger tape can secure the site, limit access and allow for control of entry to the site until investigators are finished and the site is declared safe.

Complete rescue procedure

Confirm and follow the established procedures in the workplace for reporting accidents and/or incidents, to authorised personnel and/or relevant persons.

**Refer to the reporting section at the front of this workbook for more information.*

Assessment Section

How to complete the pre-course study workbook

There are several ways of completing the workbook. Whichever way you choose to do the pre-course study, you must take evidence that you have completed it, to the practical session to show your trainer. Examples are given below.

EBook (computer workbook)	Hardcopy (printed workbook)
1. Print the quiz pages and complete 2. Write your name at the top of each page in case they get separated 3. **Take the quiz pages to the practical session and present them to your trainer as evidence of your pre-course study.**	1. Complete the quiz in the book. 2. **Take the workbook to the practical session and present them to your trainer as evidence of your pre-course study.**

Don't forget to also take all the other requirements, such as ID, to your practical session!

Examples of ID include at least one of the following:

- Australian Driver Licence or Passport;
- Birth Certificate;
- Medicare Card;
- Citizenship Certificate.

USI Number

It is a government requirement to have a unique student identifier (USI number) for your certificate to be issued on completion of your first aid course. We recommend you obtain one before you go to your practical session. This number is unique to you and it will be required for most courses you do. It is easy to obtain one, just go to www.usi.gov.au and follow the instructions. Once you have your number, write it below so you will have it for your practical session.

Personal details

Full name:	USI										

I, the above named, declare that I completed the answers myself, without assistance from anyone else. I understand that this quiz must be presented to my trainer at my practical session.

Signature:	Date:

Name:.....

Quiz

Complete the entire quiz and take it to the practical session.

Please note: the quiz is not part of your final assessment. Your trainer will provide you with the final assessment at the end of your practical session.

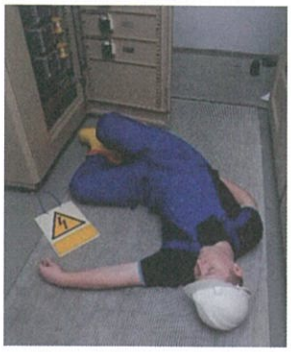
Select (✓) True or False for the following statements:

1	The First Aid Code of Practice determines the requirements for first aid training and first aid kits in the workplace.	☐ True ☐ False
2	The Australian Resuscitation Council provides guidelines for how first aid should be delivered.	☐ True ☐ False
3	You should protect yourself at all times when providing first aid, especially from potential hazards such as manual handling injuries, infectious hazards, hazardous substances, electricity, fires, dangerous goods, chemicals, needle stick injuries and glass etc.	☐ True ☐ False
4	A first aider should always ensure that their skills are current, never go beyond their limitations and be aware of available stress management assistance if support is required.	☐ True ☐ False
5	Gaining consent to provide first aid to an injured casualty that is conscious is not necessary.	☐ True ☐ False
6	A first aider does not need to show respectful behaviour towards an injured casualty, or worry about privacy or confidentiality considerations when providing first aid.	☐ True ☐ False
7	The best outcomes for a casualty in cardiac arrest is when the ambulance is called urgently, CPR is performed, defibrillation and advance care is carried out as quickly as possible. This is called the chain of survival.	☐ True ☐ False
8	Once you start CPR, you should try to continue until help arrives, or continue as long as you can.	☐ True ☐ False
9	You do not need to continually monitor and re-evaluate the casualty's illness or injury after you have done the initial examination.	☐ True ☐ False
10	The Australian Resuscitation Council states that CPR should be completed by rotating 30 compressions and 2 rescue breaths. However; if you are unable or unwilling to do the rescue breaths, you can do compressions only CPR.	☐ True ☐ False
11	A defibrillator should be used according to the manufacturer's instructions.	☐ True ☐ False
12	After providing first aid in a workplace, a first aider should always ensure that they report incident details to their supervisor or relevant person of authority as soon as possible.	☐ True ☐ False
13	A casualty is unconscious and not breathing after being heavily tackled during a football game. You DO NOT start CPR because he may have a spinal injury.	☐ True ☐ False
14	As a first aider you should be aware of the possible effects to your mental health when an incident happens and seek assistance when necessary. You may find great benefit in attending a debriefing meeting with colleagues or a professional.	☐ True ☐ False
15	All unconscious breathing casualties should be placed on their side. This is to ensure that their airway and lungs are kept clear and do not fill up with fluid, especially if they vomit.	☐ True ☐ False
16	Having a defibrillator in a workplace, or shared between a number of workplaces, is vital in giving a cardiac arrest casualty every chance of survival.	☐ True ☐ False
17	Using good manual handling skills to avoid injury during first aid means to: lift without bending over; not lift something that is too heavy for you; ask for help; avoid twisting the body.	☐ True ☐ False
18	All course participants to must have the ability to complete 2 minutes of CPR on the floor, to pass the course and be awarded a statement of attainment. I have no pre-existing conditions that would stop me attending this course and completing this requirement.	☐ True ☐ False
19	From January the 1st 2015, The Australian Government requires me to supply a Unique Student Identifier (USI). I have obtained this number, it is	☐ True ☐ False
20	For this answer, please **write** the telephone number you would use to call the emergency services such as the ambulance in an emergency in the space on the right hand side.	

Name:.....

Finish the sentences for each of these pictures. Write your answers in the space provided *(there are clues at the bottom)*:

21



What you should you do before assisting this man?

Call the ambulance and.....

.....

.....

.....

.....

22

This lady is unconscious. Her body position caused an airway obstruction and now she is not breathing and is not responsive. She needs CPR.

You do this by positioning her for ....

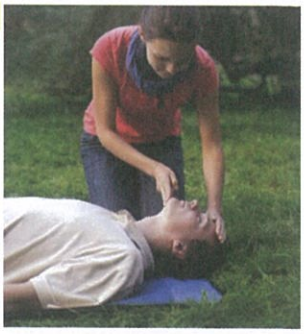
.....

.....

.....

.....

23



What is this first aider doing to this casualty, and why?

The first aider is performing....

.....

.....

.....

.....

24

Disposable gloves be used.....

.....

.....

.....

25

What would this equipment be used for?

For protection against bodily fluids whilst giving.....

.....

.....

26

This is an automated defibrillator (AED).

It should only be used when a casualty is .....

.....

.....

Head tilt and chin lift to open the airway for rescue breaths.

Unconscious, with no response and not breathing normally, or at all.

Ensure safety and turn the power off.

Where possible, whenever providing first aid treatment.

30 compressions then 2 rescue breaths.

Rescue breaths.

Great, you have finished your quiz! What next?

You are now required to attend a practical session where you will learn CPR skills, techniques and procedures.

Please take the workbook, or the Assessment Section to the 'face to face' Practical Session and present to your trainer.

Space for notes