



St Moses The Black Pty Ltd

Trading as: St Moses Security

ABN 47 098 103 569 RTO Provider Code: 41526 M/L: 409 429 403 Mob: 0412409596

Email: admin@stmosessecurity.com.au Website: www.stmosessecurity.com.au

"Let us help you succeed"



First Aid Training Manual



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Overview

About this training manual

This training manual has been developed to cover the content of the following units of competency:

- HLTAID009 Provide cardiopulmonary resuscitation
- HLTAID010 Provide basic emergency life support
- HLTAID011 Provide First Aid
- HLTAID012 Provide First Aid in an education and care setting

You may only be completing one of these units, or you may be completing several or all of them. As much of the content is similar across the units, we have compiled it into the one training manual.

	Unit of competency	Related information
	HLTAID009 Provide cardiopulmonary resuscitation	Topic 1
	HLTAID010 Provide basic emergency life support	Topic 1 and 2
	HLTAID011 Provide First Aid	Topic 1 and 2
	HLTAID012 Provide First Aid in an education and care setting	Topics 1 and 2

Application of the units



HLTAID009 Provide cardiopulmonary resuscitation

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.



HLTAID010 Provide basic emergency life support

This unit describes the skills and knowledge required to recognise and respond to life-threatening emergencies in line with first aid guidelines determined by the Australian Resuscitation Council (ARC) and other Australian national peak clinical bodies.

This unit applies to all persons who may be required to provide an emergency response in a range of situations, including community and workplace settings.

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



HLTAID011 Provide First Aid

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

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

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



HLTAID012 Provide First Aid in an education and care setting

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

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



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

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



Important note – April 2021

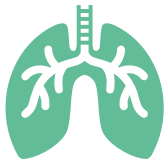
In April 2021 the ARC updated all of their guidelines. This manual includes links to the ARC Guidelines which will therefore ensure that the latest guidelines can be reviewed.

There are a number of changes to note:

Basic life support - Regarding basic life support (BLS), the wording around considering danger to the rescuer has been revised in the guideline and bag valve mask ventilation has also been added to the breathing guideline (Guideline 5).

First aid guidelines - A summary of the changes can be found under the new and revised guidelines and editorial changes. This does not affect the guidance given in this manual except in the case of poisoning where this information has been added to this manual.

Neonatal summary of changes - A summary of the changes can be found under the new and revised guidelines and editorial changes. This does not affect the guidance given in this manual.



Topic 1: Provide CPR

About CPR

CPR stands for **cardiopulmonary resuscitation**. It is a first aid technique that is used if someone is not breathing properly, or if their heart has stopped beating. It only takes about 4 minutes for a person to become brain dead once their organs are not receiving enough oxygen. This is why it's so important that as many people as possible know how to perform CPR as an ambulance can often take a lot longer than 4 minutes to arrive. You don't need to be a doctor, nurse or other health professional to know how to perform CPR correctly – but we know that you already know this, as you are enrolled in this course! Thank you for being willing to enrol in this first aid training course – your ability to respond as a First Aider may just save somebody's life one day.



Activity: Think about

Have you ever seen someone perform CPR in real life or on a TV show like Bondi Rescue?

Do you know somebody who has had CPR performed on them to save their life?



Activity: Read

Read the article from Health Direct, compiled by the Australian Government which has best practice information obtained from the Australian Resuscitation Council and St John's Ambulance.

Article: <https://www.healthdirect.gov.au/how-to-perform-cpr>

Look at the following sections:

- What is CPR?
- How to perform CPR – for adults, children over 1 year and babies under 1 year.

Take any notes to summarise what you have read and keep for future reference.

The human body

The human body consists of many body systems. These are namely:

- | | | | |
|---|-------------------------|----|--|
| 1 | Cardiovascular system. | 7 | Reproductive system. |
| 2 | Respiratory system. | 8 | Integumentary system. |
| 3 | Musculoskeletal system. | 9 | Lymphatic system. |
| 4 | Endocrine system. | 10 | Nervous system, including sensory systems – eye and ear. |
| 5 | Digestive system. | 11 | Immune system. |
| 6 | Urinary system. | | |

Each system performs a specific function, but together they work as a unit to keep our bodies functioning. For example, the cardiovascular or circulatory system, respiratory and the nervous systems work together to cleanse the blood of carbon dioxide and pump oxygenated blood to the brain.

You can access an illustration of each body system and where they are located on the human body on the following website:

Select a Human Anatomy System to Begin:

<https://www.innerbody.com/htm/body.html>

We suggest you look at the Cardiovascular and Respiratory systems in particular.



Image by [Valeria Ushakova](#) on [Pexels](#)



Activity: Read

The following link also provides some excellent insight into the body's structure and the significant role this plays in performing CPR:

<http://www.life1st.com/files/AnatomyPhysiologyUnderstandingCPR.pdf>

Take any notes to summarise what you have read and keep for future reference.



Reminder!

As you know, the bodies of infants, children and adults are all quite different! As babies and children are still growing and haven't yet fully formed, there will be some differences in the size and structure of their bodies and, consequently, the way CPR is performed. This is very important to remember when looking to perform CPR. For example, babies will have smaller, more fragile chests which therefore results in less space to perform chest compressions. This is when your fingers come in handy! Unlike with adults where two hands will be required, babies will only need two fingers to perform chest compressions. This has been explored in further detail under 'How to perform CPR' later in the unit.

Hazards and managing risk

In an emergency situation, and before commencing CPR, it's important to manage hazards and be on the lookout for any risks that could make the situation even more dangerous.

A hazard is something that has the potential to cause harm to yourself or somebody else.

A risk assessment is an action you can take to identify hazards to make sure that you minimise any risks as far as is possible.



Activity: Think about

Think about the risks and dangers that could be present in the following situations that could result in a person needing CPR:

- Someone found unresponsive in a swimming pool.
- Someone who has been hit by a vehicle.
- Someone who has fallen over or fallen from a height.

It's important to assess the danger and identify the hazards before assisting someone. For example, you would need to check for traffic and make sure it's safe before attending to someone who may have been hit by a car on a road.

If someone is found unresponsive in a swimming pool then you would need to get the person out of the water safely first before assisting them (making sure that it's not likely that you will drown in your attempt to reach them) and if someone has fallen then you would need to make sure you yourself will not fall if attempting to access them.

It's also important to check for other types of hazards too, such as weather, traffic, lighting, stability, sharp objects or broken glass that may be lying around or the risk of bodily fluids etc.





In an emergency, it can be difficult not to panic, but it's important to keep a level head and remember the following:

- Think before acting.
- Weigh up the benefits and risks of doing nothing as opposed to doing something **before** you decide to do it.
- You may need to constantly assess risks: before you begin and during the time you provide help.

How do I minimise a risk?

Eliminate: remove the hazard away from the person or area

Isolate: remove the person from the hazard (e.g., take them out of the water and put them on a hard surface)

PPE: use a face shield or gloves

Calling for emergency services

As soon as you realise an emergency is happening, it's important to call for emergency services as soon as possible. This is due to the fact that, when you perform CPR, it's only a form of first aid, and the person needs to be attended to by qualified professional paramedics as soon as possible. If possible, call for emergency services before starting CPR, or if there is someone else with you – get them to call for an ambulance while you attend to the casualty.

What happens when I call 000?

In an emergency situation, it's paramount to contact 000 as early as possible to ensure an ambulance is on their way. When dialled, your call will be answered by an operator who will ask whether you need police, fire and rescue or ambulance. If it's a landline you're calling from, the operator will be able to see your location on their screen though you may need to still confirm what state and town you're calling from. Providing further detail on your location (i.e., street number and name, any landmarks around etc.) can also be helpful for the ambulance to quickly locate your position.

What questions might the operator ask you?

- What is the address of the emergency?
- What seems to be the problem?
- Specifics about the person i.e., age, gender etc.
- Is the person conscious and are they breathing?

The operator can also provide you with first aid advice while the ambulance is on its way so it's important to not hang up unless specifically instructed by the operator.

Infection control

It's important to protect yourself and minimise the risk of infection to yourself when providing first aid or CPR to someone. You could come into contact with bodily fluids like saliva, blood or vomit. Bodily fluids can carry viruses and diseases – so recognising the risks presented when providing first aid or CPR to someone need to be recognised and minimised.

Standard infection control procedures can include:

- Using PPE such as gloves to form a physical barrier between the casualty and yourself, or a CPR face shield
- Cleaning away any bodily fluids, such as vomit or blood before assisting the casualty.



Disposable gloves



Face shield

CPR Guidelines

Who is the ARC and what do they do?

ARC stands for the [Australian Resuscitation Council](#). They are a voluntary body who represent all major groups involved in CPR training and practice. They are sponsored by the [Royal Australian College of Surgeons](#) and the [Australian and New Zealand College of Anaesthetists](#).

They provide guidelines so that CPR is taught and administered the same way throughout Australia. Basically, they recommend how CPR should be taught and performed, for example, the number of chest compressions to the number of breaths administered. The information contained within this training manual has been compiled using these approved guidelines.

DRS ABCD

You might have heard the term Doctor's ABCD or DRS ABCD. It's a catchy phrase you should memorise to help you remember what you should do in an emergency. Each letter in the acronym refers to a step you need to take when assessing if CPR is necessary. See the table below:



D	D stands for Danger	<p>Make sure that the area is safe for: you, other people and the patient.</p> <p>Remember that there can be many potential hazards such as blood and bodily fluids, traffic, bystanders getting in the way and manual handling injuries.</p> <p>Remove the danger if possible. If not possible, remove the patient. For example, if the person is in a swimming pool, you will need to remove them from the water before applying CPR.</p>
R	R stands for Response	<p>Is the person responding?</p> <p>Ask them what their name is and squeeze their shoulders.</p> <p>If they respond, make them comfortable and monitor them.</p> <p>No response? Follow the next step.</p>
S	S stands for Send for Help	<p>Call an ambulance (000) or ask another person close by to call for an ambulance if possible.</p> <p>Never leave the patient!</p>
A	A stands for Airway	<p>Open their mouth and check their airway. Is it clear? If it's not clear and they have something in their mouth (like food, vomit or broken teeth), place them in the recovery position and clear their airway with your fingers.</p> <p>Then gently move them on to their back and tilt their head back and lift their chin.</p>
B	B stands for Breathing	<p>Check their breathing by looking, listening and feeling. If their breathing is normal: make them comfortable and monitor their breathing.</p> <p>Not breathing normally? Follow the next step.</p>
C	C stands for CPR	<p>Start CPR: 30 chest compressions to 2 breaths (30:2)</p> <p>Chest compressions are the most important part of CPR! Start them as soon as possible.</p> <p>Continue CPR until help arrives or the patient recovers.</p>
D	D stands for Defibrillation	<p>Apply the Automated External Defibrillator (AED) if there is one available and follow the voice prompts.</p> <p>Make sure someone else brings it to you as you cannot leave your patient!</p>

The recovery position

The recovery position is a position that you place a person in who is unconscious but breathing. It keeps the airway open and prevents the person from choking if they vomit.



Activity: Watch

Watch the following video: First Aid Recovery Position.

Video: <https://www.youtube.com/watch/KFo4u19TxPE> (01:49)

How to perform CPR

It's very important that you understand how to do CPR properly. Once you are at your practical training session, a qualified trainer will provide demonstrations of the correct techniques using a mannequin and you will also have an opportunity to practice how to do it properly before you are assessed, but for now, we will teach you the theory so you understand how it should be performed properly.

The 30:2 rule

Current best practice CPR is to apply the 30:2 method which means to give 30 chest compressions and two breaths. This needs to be repeated over and over until CPR can be stopped.

Apply 30 chest compressions:



Followed by 2 breaths:



This diagram shows the relationship between the two actions. It needs to be repeated until CPR can be stopped.



**Activity: Watch**

Watch the following video: How to Perform Emergency CPR on an Adult – Royal Life Saving Training Video.

Video: https://www.youtube.com/watch?v=RMd7OB_WTeU&feature=emb_logo (03:18)

**Note**

The correct compression to ventilation rate is: 30:2 and 100 – 120 compressions per minute.

The correct depth for compressions is: One third of the depth of the chest.

You should aim for 5 sets of 30:2 in about 2 minutes. This applies to adults, children and infants, though the pressure and positioning of your hands may change.

**Activity: Watch**

Watch the following video by Training Aid Australia on finding the correct compression point and applying the right amount of pressure.

Video: https://www.youtube.com/watch?v=xkrXBR3jNEU&ab_channel=TrainingAidAustralia (01:11)

The well-known song 'Stayin' Alive' by the Bee Gees is also used to help the rescuer maintain a consistent pace when performing chest compressions. The following video demonstrates a light-hearted look at how this method can be used when applying CPR.

Video: https://www.youtube.com/watch?v=DX1AtCzem30&ab_channel=ThePuebloChieftain (01:54)

**Reminder!**

If CPR is not performed quickly enough, the person won't have enough oxygen which can cause brain damage or death.

This relates to the concept of the chain of survival which is the rapid administration of CPR.

The four links in the chain of survival are:

- Early access – call the ambulance for help



- Early CPR – if you start CPR within 4 minutes of the heart stopping, oxygenation of the vital organs such as the brain is maintained.
- Early defibrillation – if you start CPR within 4 minutes of the heart stopping and defibrillation within 8 – 12 minutes there is a much better chance of the person surviving.
- Early advanced care procedures – the sooner emergency services arrive, the better the person's chance of survival.

CPR for children over 1 year

CPR for children is slightly different than for adults. This is because of differences in a child's physiology, musculature, bone density, and strength.

If the child casualty is too small to use both of your hands when doing chest compressions, you will need to use one hand and follow a slightly different process.

If the child's chest is big enough to use both hands, for example, a larger child or teenager – then you would follow the adult CPR procedure above.



Activity: Watch

Watch the following video: How to Perform CPR on babies under 1 year – Royal Life Saving Training Video.

Video: https://www.youtube.com/watch?v=NSzsMRzS1C4&feature=emb_logo
(02:58)

CPR for babies under 1 year

CPR for babies under 1 year old is different than for older children. This is due to the size of the baby (or infant). If you did CPR on a baby the same way as for an adult, or even child, you could harm or even kill the baby. Babies (or infants) bones are much more fragile than a child, or adults, and can break more easily. It's also very important that a baby is not shaken as this could cause brain damage. Therefore, when looking for a response in a baby, it's best to stroke or tap their foot.

There are also differences in the way you check a baby's pulse: you can check for a pulse on the inside of their upper arm, rather than their neck or wrist like with an adult.



Reminder!

When performing CPR on a baby, you will use two fingers of one hand to apply pressure rather than your whole hand. It's very important you do not blow air into the baby's mouth for longer than one second as too much breath could over-inflate the baby's lungs and cause them to collapse. This can lead to infection and even death.

**Activity: Watch**

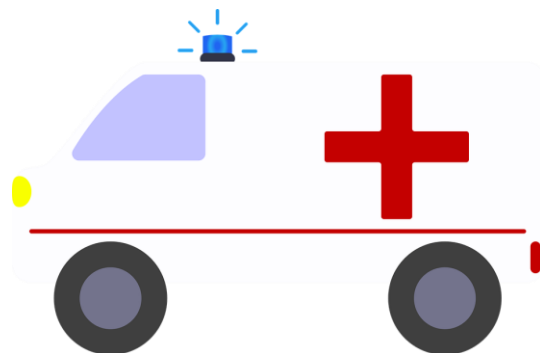
Watch the following video: How to Perform CPR on children over 1 year – Royal Life Saving Training Video.

Video: https://www.youtube.com/watch?v=qRNNckVgRQY&feature=emb_logo
(03:28)

How long should I perform CPR for and when should I stop?

It is important to understand how long CPR should be performed for and when it should be stopped. The ARC guidelines say that CPR should continue until:

- the person responds or begins breathing normally
- it is impossible to continue, for example, because you are exhausted
- a health care professional arrives and takes over CPR
- a health care professional directs that CPR be ceased.

**Reminder!**

CPR can be an exhausting process so it will often be beneficial to have more than one person available to operate, if possible. If there are others around who know how to perform CPR, you can consistently rotate to ensure you're each able to maintain the same pace and depth when compressing (as shown in the video below).

Remember to always 'Send for Help' (as highlighted in DRS ABCD) as soon as you can or call 000 when you can. You are only trying to keep the patient alive while you wait for paramedics to arrive.

**Activity: Watch**

The following video demonstrates how you can rotate between two people when giving CPR.

Video: https://www.youtube.com/watch?v=OwrqRXfSZoc&ab_channel=ProCPR
(06:11)

Automated External Defibrillator

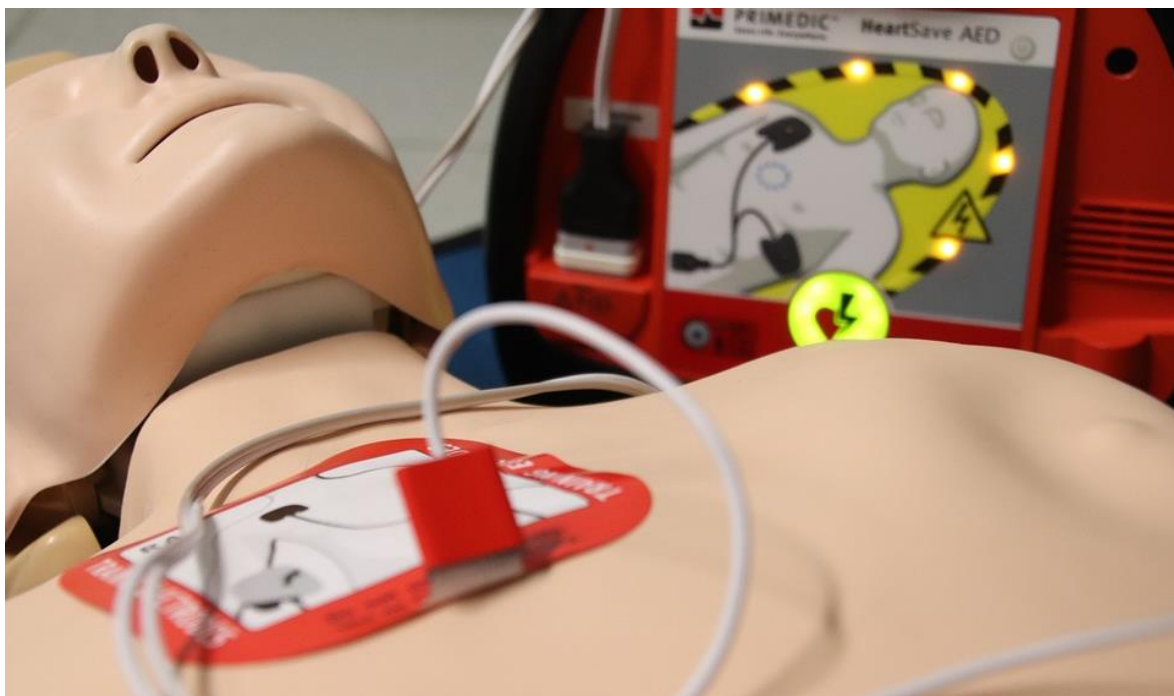
As you will have seen, the final “D” in DRSABCD stands for defibrillator. An Automated External Defibrillator (AED) can save someone’s life if they are having a cardiac arrest. The AED is an electronic device and works by delivering electrical energy to the heart to allow it to restart and/or return to its normal rhythm. The device automatically analyses heart rhythms and decides whether a shock is needed.

AEDs are easy to operate. You turn it on and it provides verbal instructions on how to use it.



Remember there are some safety considerations around using AEDs. For example:

- Check for danger before use e.g. an AED should not be used if the casualty is lying in water
- Wear protective gloves
- Dry the casualty’s chest if it’s wet
- Don’t use an AED if the casualty is conscious, breathing or has a detectable pulse.



Activity: Read

Read the ARC statement on defibrillators:

<https://resus.org.au/statement-guide-automated-external-defibrillators-july-2017/>



Activity: Watch

Watch the following video: How to use an AED defibrillator.

Video: https://www.youtube.com/watch?v=qRNNckVgRQY&feature=emb_logo
(03:28)

It's important that an AED is stored correctly and properly maintained. If you have one at your workplace there will be a workplace policy and maintenance procedure. Someone at your workplace will be designated to care for this.

AED maintenance reminders:

- Keep it in a visible place where it can be clearly seen and easily accessed
- Make sure the batteries are placed correctly and replaced regularly
- Make sure it's not cracked or broken
- Make sure you have any accessories included and inspect these for usability e.g. AED pads

Most AEDs nowadays have a self-check function and will alert the user if there is a problem.

Always follow the manufacturer instructions!

Consent

It's important to gain a person's consent for first aid. If you need to give CPR, it's likely that the person is unable to communicate and/or is unconscious. In this case, the law assumes that the person would have given their consent had they been able to. Otherwise, if the person is conscious and able to communicate, you would need to gain their consent to proceed with the first aid and stop if they ask you to.

Where the casualty is a minor, consent from the parent/carer needs to be obtained if they are available. If they are not, then it can be assumed that their consent would be given.

Privacy and confidentiality

A casualty, regardless of whether they are conscious or not, has the right to privacy and confidentiality. In practice this means that you should not:

- share information about the casualty to anyone except for those who need to know e.g., emergency services
- take photos of the scene
- do anything that compromises the privacy and confidentiality of the casualty.

In the age of social media, many people post many things online before thinking it through. Never take photos of a casualty or accident scene or post these online.



Ensure you always maintain the dignity of the casualty you are working on. If they're naked, for example, it could be respectful to cover their body and move them with care. Try to prevent a crowd from forming around the scene and get any bystanders to give you space. Always use clear and concise language when providing instructions so the casualty can understand what's happening.

Duty of care and working to your own skills and limitations

The term duty of care is a legal term that relates to a legal obligation we all have to take reasonable steps to not cause foreseeable harm to another person or their property. So, for example, a first aider in the workplace does have a duty of care when someone is injured at work. However, there is no legal obligation for a person to provide first aid in a general public context. This means that if you come across an emergency situation, you do not have to provide CPR (or any other first aid). However, if you do choose to provide CPR (and any other first aid) from that point on you have a duty of care to provide care to the best of your ability.

It is also always important to remember when providing CPR, as well as first aid generally, that you are not expected to be an expert and you should consider any limitations you have such as your level of fitness, your general health and your confidence in providing CPR.

Managing stress

It can be a very stressful and upsetting to have been involved in an incident where you needed to give CPR. Even trained professionals find this can take an emotional toll. Stress can show itself in different ways such as anxiety or feelings of guilt or physical symptoms such as increased heart rate.

It's therefore really important to know when to seek help and from whom. For example, if you are involved in an emergency incident you might be able to participate in a debriefing with those involved or you could seek help from a counsellor, doctor or from a help line.

You should also practice self-care which could be by participating in activities which help you to relax and refresh yourself such as meditation, exercise, healthy eating and getting more rest or a good quality sleep at night.

If a child is involved in the incident, they may react in a number of ways. It is important to give them the opportunity to share their concerns and allow them to ask questions.



Activity: Think about

Have do you usually manage stress?

Which relaxation or self-care activities do you like to participate in?

Who could you get support from if you were involved in a stressful first aid or CPR situation?



Updating your CPR skills and knowledge

When you're completing your course, everything can seem very clear. However, it's possible to forget what you have learnt if you don't apply your skills and knowledge often or even at all. For this reason, the ARC recommends that people update their skills every year by re-doing a course about CPR.



Activity: Think about

When will your certificate expire?

Why is it important to you to make sure you always have currency for CPR and First Aid?

How can you set a recurring reminder to alert you when you need to re-book into a refresher course?

First Aid at work

If you are providing first aid at work, there may be specific guidelines that need to be followed. For example, regarding the number of first aiders per worker.

Safe Work Australia says the following regarding the number of first aiders per workers:

Low risk workplaces such as an office should have 1 first aider for every 50 workers.

High risk workplaces such as a construction site should have 1 first aider for every 25 workers.

Remote high-risk workplaces such as a mine should have 1 first aider for every 10 workers.

There is also model Code of Practice for First Aid in the Workplace that workplaces can follow that provides practical guidance as to how to manage risks to health under Work Health and Safety Laws. The Code of Practice includes information such as first aid kits, procedures, facilities and training for first aiders.



Activity: Read

If you would like to know more about the first aid at work or the model Code of Practice for first aid, you can find more information at the following links:

<https://www.safeworkaustralia.gov.au/first-aid>

<https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace>



Topic 2: Provide First Aid

What is First Aid?

First aid is immediate care or treatment given to someone who has suffered an accident, injury or illness. A First Aider usually witnesses an accident, injury or is in the same location as someone who suffers an episode from an illness. Care or treatment is provided until advanced care arrives, such as an ambulance or other qualified health professionals. Or, it is provided until the person recovers, for example, a person might have been feeling dizzy but after receiving some first aid treatment they recover and feel better and someone arrives to pick them up and take them to their local GP or home to rest.



The following are examples when First Aid may need to be required:

- You see somebody fall over while doing your shopping.
- You witness a car accident and someone needs support while waiting for an ambulance to arrive.
- Someone suffers an allergic reaction while eating out at a restaurant.

What role does history play?

Whether it's a 6-year-old child or an 80-year-old adult, obtaining the medical history of someone in need of medical assistance can play an important role in how they are to be medically treated. For example, if a casualty appears to be having a small asthma attack, finding out information such as whether this has happened before and/or whether they have an asthma puffer can dictate the first aid actions you will take to remedy the situation. Looking into a person's past medical history will also help to identify their illness or injury earlier on.

First Aiders and First Aid procedures

As touched on earlier, all workplaces are required to provide first aid equipment and facilities in the case of an emergency. In order to ensure a consistently safe work environment, there should always be at least one trained first aider (depending on the type and nature of the workplace, such as whether the workplace would be considered low-risk or high-risk) who knows how to use this equipment and what to do in an emergency situation. In the workplace, this is also known as a PCBU (Person Conducting a Business or Undertaking). A PCBU has a responsibility to ensure all first aid equipment and facilities are provided, ensure all workers know the location of and have access to this equipment and facilities, and confirm there are an adequate number of trained first aid providers. For every workplace, there should be clear, straightforward first aid procedures in place that all workers are able to access and know how to approach.

What are some first aid procedures you could come across in the workplace?

- Have simple first aid instructions and training processes in place.
- Ensure all workers know how to report injuries and illnesses through a Register of Injuries.
- Ensure there is someone (or multiple people) consistently checking, refreshing and maintaining first aid equipment (such as first aid kits) and facilities.
- Ensure all workers have access to debriefing or counselling services.



Activity: Think about

Can you think of any more procedures that a workplace could put in place to ensure a safe, first aid educated workplace?

What do you think would happen if a workplace did not have these procedures in place?



First aid requirements for services under the Education and Care Services National Law

The National Regulations outline requirements for first aid and childcare. Access the information at the following link so you can see the requirements for the following:

- Centre-based services
- School based services
- Family day care services.

<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

Sometimes states and territories may have slightly different requirements when it comes to first aid and childcare centres; however, the national Quality Framework is the result of an agreement between all Australian governments to work together to provide better educational and developmental outcomes for children. Each childcare centre or provider will have considered the national requirements when developing their first aid management policies and procedures.

What will you find in a First Aid kit?

A first aid kit provides the basic equipment necessary for conducting first aid. All workplaces must have at least one first aid kit available in an accessible location, and should contain the tools necessary to administer first aid for situations such as cuts, burns, sprains, eye injuries and other common situations.



Though there are many variations in the contents of a first aid kit, the following are some things you would find in a basic kit:



bandages (crepe and triangle)



scissors



non-adhesive dressing pads



safety pins



adhesive tape



plastic bags



disposable gloves



resuscitation mask or face shield



gauze, alcohol and antiseptic skin swabs



cream or spray to relieve insect bites and stings



thermal blanket



notepad and pencil



tweezers



first aid booklet.

First aid management

This section of the training manual includes information on common conditions and injuries which you may have to manage as a first aider, as well as how to recognise signs and symptoms of each of these common conditions and injuries.

Allergic reactions

Allergic reactions occur when a person's immune system reacts to a substance in the environment that are harmless to most people.



Activity: Watch and read



Watch the short, informative video about allergies at the following link:

<https://allergyfacts.org.au/allergy-anaphylaxis/what-is-allergy>

Also review the ARC guidelines on first aid management of anaphylaxis at:

<https://resus.org.au/guidelines/>

Make notes to keep for future reference.

As you will have heard in the video, anaphylaxis is also a type of severe allergic reaction and can be life threatening.



Severe allergic reactions require emergency first aid.

Emergency first aid should include:

- laying the person flat
- not allowing them to stand or walk
- administering adrenaline with an autoinjector (such as an EpiPen®)

You should also immediately call 000 for an ambulance.

In some cases, a person may have their own action plan for anaphylaxis which you should review and follow. An example is included in the link below.



Activity: Watch and read



Watch the video about how to use an EpiPen®.

Video: <https://allergyfacts.org.au/allergy-anaphylaxis/what-is-allergy> (04:11)

See the link for a sample anaphylaxis plan:

https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Red_2020.pdf

Make notes to keep for future reference.



Adrenaline autoinjectors

Make sure you check the instruction on the autoinjector. For example, EpiPen® is prescribed for children over 20kg and EpiPen® Jr is prescribed for children 7.5 to 20kg.

Asthma

Asthma is a long-term lung condition of the airways (the passage that transports air into our lungs). There is no cure for asthma currently but the condition can be successfully controlled.



Activity: Watch and read



Watch the short, informative video about asthma at the following link:

<https://asthma.org.au/about-asthma/understanding-asthma/asthma/>

Read about asthma triggers at:

<https://asthma.org.au/about-asthma/triggers/>

Also review the ARC guidelines on first aid management of asthma at:

<https://resus.org.au/guidelines/>

Read about asthma action plans at:

<https://www.nationalasthma.org.au/health-professionals/asthma-action-plans>

Make notes to keep for future reference.

A severe asthma attack requires emergency first aid. If a person has their own asthma action plan with them, you should follow the instructions in the plan but if not, you should follow the asthma action plan as follows:

- Immediately call 000 for an ambulance.
- Sit the person comfortably upright.
- Be calm and reassuring and do not leave the person on their own.
- Give them four separate puffs of their own inhaler or one from the first aid kit or another person. Make sure you shake it before use.
- If there is a spacer device available, it is best to use this and give one puff at a time via the device. Ask the person to take four breaths from the spacer after each puff of medication.
- Wait four minutes and if there is no or little improvement, give four more puffs.
- Keep doing this every four minutes until the ambulance arrives.



Image by [coltsfan](#) on [Pixabay](#)

Bleeding

As a first aider, a lot of the time you will come across minor bleeds such as from minor wounds (see the section on minor wounds). However, you may need to manage severe bleeding which can be life threatening.

The obvious sign of severe bleeding is a lot of blood coming from a wound. However, other signs and symptoms can include, for example:

- loss of consciousness
- a fast heart rate
- pale, cool, clammy skin
- light headedness (also fainting, dizziness, confusion).

**Activity: Read**

Review the ARC guidelines on first aid management of bleeding at:

<https://resus.org.au/guidelines/>

You can also review this useful website about different types of bleeding and how to manage each:

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/bleeding>

Make notes to keep for future reference.

Burns

Burns are damage to body tissue that are caused by heat, too much sun, chemicals or electricity. Burns are different to scalds which are caused by hot water or steam.

Burns can be superficial, have a partial thickness or a full thickness.

Superficial burns cause damage to the first or top layer of skin only and the place where the burn occurred will be red and painful.

A burn of partial thickness causes damage to the first and second skin layers. In this case, the place where the burn is will be red, peeling, blistered and swelling with clear or yellow-coloured fluid leaking from the skin. It will usually be very painful.

A burn of full thickness means there is damage to both the first and second skin layers, as well as to the underlying tissue. The place where the burn is will usually be black or charred with white exposed fatty tissue. In some cases, there may even be damage to the underlying muscle or bone. As the nerve endings are generally destroyed with this type of burn, there can be little or no pain but the surrounding partial thickness burns will be very painful.

**Activity: Read**

Review the ARC guidelines on first aid management of burns at:

<https://resus.org.au/guidelines/>

Note down what the ARC classifies as a significant burn.

Chest pain and cardiac conditions

Chest pain can be caused by minor problems such as indigestion or stress. However, it can also be an indicator of angina or a heart attack. Angina symptoms and heart attack symptoms such as chest tightness or discomfort are very similar.

Angina is when the heart isn't getting enough blood, usually because of narrowed coronary arteries. In contrast, a heart attack is the result of blocked arteries.

**Activity: Read**

Read more about angina at:

<https://www.heartfoundation.org.au/conditions/angina>

Read more about heart attacks at:

<https://www.heartfoundation.org.au/Conditions/heart-attack>

Have a look at the heart attack warning action plan.

Choking

Choking can happen if a foreign object lodges in the throat or windpipe. Signs and symptoms of choking include:

- hands clutched to the throat
- the person can't talk or swallow
- squeaky sounds when trying to breath
- coughing, wheezing, gagging
- difficulty in breathing or noisy breathing
- blue lips, face, earlobes, fingernails
- loss of consciousness.

**Reminder!**

Again, as the body structure of adults, children and infants are very different, the procedure for choking is also different.

**Activity: Watch**

Watch the procedure for choking for adults and children over 1 year old.

Video: <https://www.youtube.com/watch?v=PA9hpOnvtCk> (02:25)

Watch the procedure for choking for infants.

Video: <https://www.youtube.com/watch?v=oswDpwzbAV8> (01:47)

Diabetes

Diabetes is a medical condition whereby there is too little or no insulin production in the pancreas. This means that the body can't properly process carbohydrates, fats and proteins. Most people with diabetes can successfully manage their condition with either their diet and/or insulin. However, sometimes the person's blood sugar can get too low or high and it constitutes an emergency.

Blood sugar that is too low is called hypoglycaemia. Blood sugar that is too high is called hyperglycaemia.



Activity: Read

Read Diabetes Australia information on hypoglycaemia and hyperglycaemia including what to do in an emergency:

<https://www.diabetesaustralia.com.au/living-with-diabetes/managing-your-diabetes/hypoglycaemia/>

Drowning

Sadly, each year in Australia there are many drownings. For example, during 1 July 2019 to 30 July 2020 there were 752 drowning incidents – 248 of these were fatal and 504 were non-fatal.

It is therefore important to be educated about how to provide first aid for drowning.



Activity: Read

Read the following information on what to do in the event of a drowning:

<https://www.stjohnvic.com.au/news/first-aid-for-drowning/>

Envenomation

Living in Australia makes snake bites a reality. Some snakes are poisonous and some are not. However, all snake bites should be treated as an emergency and the appropriate care given.



Image by [David Clode](#) on [Unsplash](#)



Activity: Read

Read the following information on first aid for snake bites:

<https://www.healthdirect.gov.au/snake-bites>

Also have a look at the link to the Red Cross guide on how to treat a snake bite:

<https://www.redcross.org.au/news-and-media/news/summer-first-aid>

Eye injuries

The eye is a very sensitive and delicate organ and can easily be injured. Eye injuries can occur, for example, through chemical eye burn, small particles getting into the eye, the eye being struck by an object and so on.

Correctly managing eye injuries helps to minimise the chances of partial or complete blindness.

Because of the range of possible injuries, eye injury first aid varies.



Activity: Read

Find out about how to provide first aid for eye injuries:

https://healthywa.wa.gov.au/Articles/F_/First-aid-for-eye-injuries

Fractures, dislocations, sprains and strains

It can sometimes be tricky to identify whether an injury is a fracture, dislocation, sprain or strain.



Fractures

Fractures happen when an incident causes a bone to break. Common symptoms can be pain around the area of the injury, swelling, deformity, bruising or discolouration, or the person finds it difficult to move the limb normally.



Dislocations

Dislocations are where a joint is forced out of position because of an incident. Dislocations can be recognised, for example, through swelling or where the casualty is reporting pain or reduced movement.



Sprains

A sprain is a stretched or torn ligament. Sprains are identifiable through pain, swelling, bruising and being unable to move the joint following an incident.



Strains

A strain is a stretched or torn muscle or tendon and are identifiable through pain, muscle spasms, swelling and difficulty with movement.

So, you can see from the above how it can be difficult to identify whether an injury is a fracture, dislocation, sprain or strain. Current advice is to provide first aid assuming that the injury is a fracture.



Activity: Read

Find out about how to provide first aid for fractures and dislocations:

https://healthywa.wa.gov.au/Articles/F_/First-aid-for-fractures-and-dislocations

Head, neck and spinal injuries

Head, neck and spinal injuries are fairly common and can happen because of incidents such as motor vehicle accidents or sporting incidents.

The brain is a soft and delicate organ and a hard blow to the head can injure the brain or spinal cord even when there are no visible signs of trauma to the scalp or face.



Activity: Read

Read more about head and spinal injuries and what first aid to provide at the following link. Find out too what to look out for with regard to children and head injuries:

<https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/head-and-spinal-injuries-first-aid>

Do your own research about neck injuries, including signs and symptoms and how to manage these. Make notes for future reference.

Hypothermia and hyperthermia

Hypothermia is when the body's temperature drops to a dangerous level and hyperthermia is when the body's temperature is too high.



Heat exhaustion is a good example of hyperthermia and signs and symptoms including, for example, dizziness, weakness, nausea, thirst and a headache.

Hypothermia in contrast is when a person is exposed to very cold temperatures for a long period of time. Signs and symptoms can include shivering, tiredness, drowsiness and confusion. In babies, they will have very bright red cold skin and low energy.



Activity: Read

Read more about hypothermia and hyperthermia:

- <https://www.stjohnvic.com.au/news/first-aid-hypothermia-treatment/>
- <https://royallifesavingwa.com.au/your-safety/first-aid/hyperthermia-and-heatstroke>

Minor wounds and non-life-threatening bleeding (and nosebleeds)

We covered severe bleeding earlier. This section is about non-life-threatening bleeding, minor wounds and nosebleeds.

Minor wounds are usually small cuts or grazes with no or very little blood. Therefore, the bleeding is non-life threatening and this type of injury can easily be managed at home or wherever you are.

The procedure for minor wounds is as follows:

- Clean the wound with sterile gauze soaked in normal saline or clean water. It's best not to use cotton wool or any material that will leave fray or fluff in the wound.
- Put a band aid or a non-adhesive dressing held in place with a hypoallergenic tape over the wound.
- Change the dressing frequently.
- If you can't remove the dirt from the wound, visit your GP as otherwise the wound may become infected.

A nosebleed is commonly recognised by blood coming from the nose. The bleed can be light or heavy.

Nose bleeds are also not usually severe and should be managed as follows:

- Sit the person upright and ask them to tilt their head forward.
- Use your thumb and forefinger to squeeze their nostrils shut and hold for at least 10 minutes.
- After 10 minutes, release your hold and see if there is still bleeding.
- If the bleeding has stopped, tell the person to avoid blowing or touching their nose.
- If after 20 minutes the nose is still bleeding, you should seek medical help.



Poisoning

Poisoning is a common occurrence with each year hundreds of people from all age groups requiring medical attention for poisoning. Usually, the poisoning comes from common household items such as medicines (prescription, over-the-counter and veterinary), cleaning products, bleaches, swimming pool products, insecticides, herbicides, radiator coolants, petrol and cosmetics.

A large percentage of people who are poisoned are children, particularly children aged 1 to 3 years who are more likely to put things in their mouth and have no understanding of what they are ingesting.



Activity: Read

Read this handy guide about poisoning:

https://healthywa.wa.gov.au/Articles/N_R/Poisoning-first-aid



Reminder!

Remember that the Poisons Information Line can be contacted on 13 11 26 and can help you with information.

Please note also that updated ARC first aid guidelines (April 2021) indicate that rescuers should perform chest compressions for persons who have been poisoned and who are unresponsive and not breathing normally and that, for those trained in their use, a self-inflating bag-valve mask apparatus is the safest way to provide ventilation. The guidelines also note that if there is poison on the person's lips, if corrosive chemicals have burnt the lips and chin, or if the rescuer isn't sure of the nature of the poison, they should continue to perform chest compressions without providing any ventilation. The guidelines also note that inhaled poisons are unlikely to pose a risk during mouth-to-mouth ventilation unless the person is contaminated with the liquid form of the inhaled poison.

Seizures

Seizures (also known as fits) arise because of rapid and uncoordinated electrical firing in the brain. As a result, stiffening and jerking of the arms and legs can occur, as well as a loss of consciousness or altered consciousness level.

The above signs and symptoms will allow you to recognise that the person is having a seizure. Other symptoms they may have also include confusion, headaches, aches and pains and tiredness.



Activity: Read

Read more about seizures and first aid management at:

- <https://www.healthdirect.gov.au/seizures>
- <http://www.epilepsyaustralia.net/seizure-first-aid/>

Shock

Some people think that shock is an emotional response to a traumatic event e.g., being frightened or upset. However, shock can be a life-threatening medical emergency as the person does not have enough blood circulating around their body.

A person in shock may exhibit a number of symptoms ranging from anxiety to vomiting to unconsciousness.



Image by [samer daboul](#) on [Pexels](#)



Activity: Read

Read more about shock and how to manage it at:

- <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/shock>

Sharps injuries

A sharps injury is a penetrating stab wound from a needle, scalpel, or other sharp object that may result in exposure to blood or other body fluids. Sharps injuries often occur in medical environments but can also occur in the home environment if you are using sharps.

If this occurs it's important to:

- wash the wound with soap and water or, if water and soap aren't available, use alcohol-based hand rubs or solutions.
- seek immediate medical assistance.

If this happens at work, you should also let a supervisor or WHS representative know and you will need to fill out an incident report form.

Stroke

A stroke happens because the brain can't get enough oxygen and important nutrients. This is usually because a blood clot or sudden bleed reduces blood supply.

Signs of a stroke include a drooping face, difficulty in moving arms or slurred speech.



Image by [Sharon McCutcheon](#) on [Unsplash](#)



Activity: Read

Read more about strokes and first aid management at:

<https://www.stjohnvic.com.au/news/stroke-first-aid/>

Reporting incidents

An incident report form is a formal document where you record the facts related to an accident or injury that occurred in the workplace.

It's important that, when filling out an incident report form, you only ever record what you actually witnessed happening, not what you thought might have happened. Always be objective – there's no need to add your own opinion of the incident. For example:

What you *saw*:

"I saw John fall down the stairs so I called 000."

What you *thought*:

"I saw John fall down the stairs; I think he was having a heart attack so I called 000."



Incident Report Form

This form is to be completed in the event of an incident or emergency.

Details of incident			
Date:	/ /	Time:	Location:
Name of person/s involved in incident:			
Location of incident:			
Provide details of the incident.		<div style="border: 1px solid green; padding: 5px; color: white; text-align: center;"> Only record what you saw happen and not what you <i>think</i> you saw. </div>	
Describe any injuries.		<div style="border: 1px solid green; padding: 5px; color: white; text-align: center;"> Did any injuries occur? </div>	
Outline actions taken as applicable.		<div style="border: 1px solid green; padding: 5px; color: white; text-align: center;"> What actions were taken in order to remedy or assist the situation? E.g., 000 called, wounded area was iced etc. </div>	
Describe hazards that may have contributed to or caused the injury.		<div style="border: 1px solid green; padding: 5px; color: white; text-align: center;"> What hazards impacted the incident? E.g., stairs, slippery floor etc. </div>	
Other notes and comments.		<div style="border: 1px solid green; padding: 5px; color: white; text-align: center;"> Is there any other important information relating to the incident that you feel should be included? </div>	
Signature of person completing report:			
Print name:		Date:	/ /



Notifiable incidents

State and territory regulators for health and safety require workplaces to inform them of serious incidents with a certain period of time, usually 48 hours. Serious incidents are, for example, if a person dies, experiences a serious injury or illness or a potentially dangerous incident occurs. If you are completing this training because your workplace requires you to, it's important to understand this as the incident report you complete will form part of the information provided to the regulator.



Reporting requirements about children

If you work in an education and care setting, you are also required to report any serious incidents to the regulatory authority (usually the education department in your state or territory).

Read information about this at:

<https://www.acecqa.gov.au/resources/applications/reporting>

This link also includes an Incident, trauma and illness record that can be used to record incidents. The form also requires you to have received parental acknowledgement that they have been informed of the incident. This is an important part of an early childhood education worker responsibilities – to inform parents or caregivers about the incident that has occurred.



Additional information for working with children

This section of the training manual provides further information on signs and symptoms of dehydration, febrile convulsions, fever, vomiting and diarrhoea in infants and children, and how to manage these. This is relevant to you if you are completing the unit: HLTAID012 Provide First Aid in an education and care setting.

Dehydration

For all individuals, water is constantly evaporating from the body whether it be through breathing, sweating, crying or using the toilet. These factors are particularly apparent in the lives of children. This means that children (like all people) need to be consistently putting water back into their body in order to stay hydrated. But how can we recognise if children are dehydrated? Some warning signs include:

- dizziness
- dry, cracked lips
- headaches
- cold or dry skin
- dark yellow or brown urine
- no tears when crying.

How can we treat dehydration in children? The most effective way is to replenish the lost fluids. Gradually giving children small amounts of water until their urine is clear will usually do the trick. In more serious cases where it doesn't appear the child is recovering; they should be taken to a doctor to receive medical attention.

**Activity: Read**

Read more about dehydration and how to manage it at:

<https://www.healthline.com/health/parenting/signs-of-dehydration-in-toddlers#when-to-see-a-doctor>

**Febrile convulsions**

A febrile convulsion (also referred to as a febrile seizure) is often associated with fevers and are caused by a sudden change in the body temperature of a child. Though they may be alarming, they will not cause physical harm to the child. They are most common in children between the ages of 6 months and 6 years. Signs of febrile convulsions in children include:

- loss of consciousness
- muscles stiffen or jerk
- red or blue in the face.



The most important component to dealing with febrile convulsions is to stay calm. Nothing will come out of you panicking. If a convulsion occurs, place the child on their back or side on a nice soft surface so they feel comfortable. Watch exactly what happens and time how long the seizure lasts, if possible, so you can give a doctor as much information as possible. Never try to restrain the child or put them in cold water in an attempt to lower their temperature. If it's the child's first seizure, always call 000.



Activity: Read

Read more about febrile convulsions and how to manage them at:

https://www.rch.org.au/kidsinfo/fact_sheets/Febrile_Convulsions/

Fever

Fevers are what happens when the body reaches a temperature above 38°C. An infection in the body is the most common cause for a fever in infants and children and, though they may be uncomfortable, are often their body's attempt at fighting off infection. Signs and symptoms of fevers in infants and children can include:

- skin is hot to the touch
- shivering
- irritable or crying
- sleeper than usual
- refusing to drink
- vomiting
- in pain.

Thermometers can be used to check a child's or infant's temperature and providing them with extra water or milk should help to lower their fever. Wiping their forehead with a warm, damp cloth may also help to cool them down. If the fever doesn't cease after a few days, or the child is experiencing symptoms such as a stiff neck, vomiting, rashes, or trouble breathing, they should be taken to a doctor immediately.



Reminder!

If a baby is under 3 months old and their temperature is reading above 38°C, they must be taken to a doctor.



Activity: Read

Read more about fevers and how to manage them at:

https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Vomiting and diarrhoea

Children between the ages of 1 and 5 will usually pass frequent, smelly, loose stools (poos) so it's important to be able to recognise when their faeces are no longer healthy and closer to diarrhoea. If a child is vomiting and you've noticed diarrhoea, these could be caused by a stomach bug, a virus, food poisoning or even from eating something their allergic to. In babies, diarrhoea and vomiting is a more serious issue as they can easily lose body fluids and become dehydrated. As they are smaller than adults and bigger children, they can become dehydrated very quickly. Similar to dehydration, signs and symptoms of vomiting and diarrhoea include:



Image by [CDC](#) on [Unsplash](#)

- dry mouth
- sunken eyes
- lethargy
- dark yellow urine.

Ensuring children and babies are drinking lots of fluids is the main treatment to vomiting and diarrhoea. Oral rehydration fluids can also be beneficial if necessary, though you should not give children or babies any medicines unless directly advised by a doctor. If you are at all concerned or the symptoms do not improve after a few days, if the child is not drinking, or the child is experiencing bad stomach pains, they should be taken immediately to a doctor.

Reminder!

If an infant is under 6 months and experiencing vomiting and diarrhoea, they should always be checked by a GP.

How to recognise acute illnesses in children and infants

Sometimes it can be difficult at first to identify whether a child or infant is sick or unwell, especially when they are unable to vocalise their issues. As highlighted above, some acute illnesses in infants and children can include dehydration, febrile convulsions, fevers, vomiting and diarrhoea, as well as:

- coughs, colds and sore throats
- chickenpox
- other illness like measles.

The symptoms for each of these will of course vary, depending on the illness, however, having an awareness of how to recognise the basic signs of these is an essential skill in childcare.



Activity: Research

Research the general signs and symptoms for the following illnesses:

- coughs, colds and sore throats
- chickenpox
- measles.

What actions should you take to manage each of these?

As discussed previously, if illnesses are demonstrating symptoms beyond the norm, advice services such as Health Direct can be contacted on 1800 022 222 to provide helpful assistance. If there are serious unusual issues such as a trouble breathing or consistent, frequent vomiting, take the child or infant to the hospital or contact 000 for an immediate ambulance response.

How to communicate with and distract a sick infant or child

Being sick is never easy, especially when it comes to babies and children, and when an accident or injury occurs, it can be especially frightening for children to understand what’s going on. It can be very helpful to stop babies and children from focusing on the incident or situation by using some common distraction techniques.

It’s also important to make sure that your communication techniques are at the right age-appropriate level. View the table below for common distraction and communication techniques for babies and children:

	Distraction Techniques	Communication Techniques
Infant	Use toys, brightly coloured objects or even car keys to make a noise so they move their focus and attention to what you are doing – rather than their injury or the incident.	Speak soothingly with a calm voice or sing them a song or nursery rhyme.
Child	Tell the child a story or ask them questions to distract them like who their favourite superhero is, who their favourite Disney character is, or what their favourite movie is.	Explain things in terms that the child will understand in an age-appropriate way. For example, explain what’s happening by saying: “Your mum is on her way and you are going to have a ride in an ambulance soon. But don’t worry, because I will be here the whole time until they arrive. Hey, who do you think is stronger: the Hulk or Superman?”



Consent for first aid

It's important to gain a person's consent for any type of first aid you want to administer. If the person is conscious and able to communicate, you would need to gain their consent to proceed with the first aid and stop if they ask you to. Of course, as we touched on earlier in the topic of CPR, if the person was unconscious, the law assumes that the person would have given their consent had they been able to.

Where the casualty is a minor, consent from the parent/carer needs to be obtained if they are available. If they are not, then it can be assumed that their consent would be given.