

Module 1

Cardiopulmonary Resuscitation & the Airway



Online Module Overview

This document has been provided for participants completing a Revive2Survive First Aid Training course.

Please use this material to complete the Course Pack and answer the online multiple-choice theory assessment/s.

There are no assessments in these module packs, please use the link and attachment provided in your course confirmation email.

This information is to be used as a learning tool and while information contained in this online learning is frequently updated, medical advice should be sought from a practitioner in an emergency.

Module 1- CPR Resuscitation & the Airway

Module 2- Medical Emergencies

Module 3- Bleeds, Burns & Wounds

Module 4- Environmental Emergencies

Module 5- Anaphylaxis

Module 6- Asthma

Module 7- Assessment of a Casualty

Please note-

**HLTAID009 Provide CPR is recommended to be renewed every 12 months

**HLTAID011 Provide First Aid is recommended to be renewed every 3 years



Module 1 Overview

Consent to Act

Duty of Care

Confidentiality

Documentation

Skills and Limitations

Stress Management

Primary Survey

DRSABCD

Choking



Legalities

The legalities of CPR & First Aid encompasses a range of topics including:

- Consent
- Good Samaritan
- Duty of Care
- Confidentiality
- Skills and Limitations



Legalities- Consent

Do we need consent to act on a conscious causality?

Yes, if conscious. Without consent, you cannot assist directly but you could call 000 if concerned.

Do we need consent to act on an unconscious causality?

No, Implied Consent means you can help without obtaining consent because it is unable to be given. This is implied under Common Law & Statute Law in several circumstances.

At what age can a child consent to medical treatment?

In Australia, consent is governed by the individual states/territories. Consent for medical treatment is 18 years of age but various states have laws regarding "mature minors" making informed decisions at a younger age.

Please be considerate and mindful of a person's cultural beliefs.



Legalities- Good Samaritan

A Good Samaritan is protected as a first responder under the Wrongs Act 1958 (Victoria).

“ A Good Samaritan is an individual who provides assistance, advice or care to another person in relation to an emergency or accident in circumstances in which—

(a) He or she expects no money or other financial reward for providing the assistance, advice or care; and

(b) As a result of the emergency or accident the person to whom, or in relation to whom, the assistance, advice or care is provided is at risk of death or injury, is injured, is apparently at risk of death or injury, or is apparently injured.

(2) A Good Samaritan is not liable in any civil proceeding for anything done, or not done, by him or her in good faith—”

Wrongs Act 1958 (Vic)

You must always act within the limitations of what you have learnt, or on the advice triple zero (000) operator.



Legalities- Duty of Care

Do you have a Duty of Care as a First Aider?

Out on the street:

- Legally a member of the public or a first aider in the community, has no duty of care requiring them to stop and render assistance in Victoria, this may be different if you reside in another state.
- This is a legal viewpoint, not a moral one.

In the workplace:

- An employee, has a responsibility to the staff, children and visitors of the workplace to render assistance whilst on the property.
- When danger is present, assistance includes dialling triple zero (000) and keeping a safe distance.

Negligence:

Is a failure to take reasonable care to avoid causing injury or loss to another person.



Legalities- Skills & Limitations

Skills:

Skills learnt in a First Aid course can be used in a real-life situation.

Limitations:

Know your limitations and only attempt procedures for which you are trained or under the direct instruction of triple zero (000) operator.

First aid is *primary care* for the injured person until advanced help arrives.



Legalities- Confidentiality

Confidentiality:

Personal information regarding the injured person must only be shared with those at the scene, management and emergency services.

Incident Reports:

Must accurately depict what you observed - no estimations, no assumptions.
Fill in the report the same day as the incident occurs.

If you didn't do it, don't write it!
If you didn't write it, you didn't do it!



After an Emergency Situation

Stress management

In the case of deaths, serious injuries, major disasters;

- Talk to others that were there - debrief
- Look for the positives and remember what you did well
- Seek support from your manager/or counsellor
- Seek medical Assistance from your GP if you do not improve

Physiological Signs & Symptoms of severe stress:

- Tension
- Sleep disturbance
- Flashbacks
- Mood swings
- Depression and guilt

SEEDS:

SEEDS is a mnemonic that can help reduce feelings of sadness & boost self-esteem after a stressful situation.

Social	Maintain social contacts with friends and family
Exercise	Exercise regularly doing an activity you enjoy
Education	Keep learning including reading or learning something you enjoy
Diet	Eat a healthy balanced diet
Sleep	At least 7-8 hours of sleep each night



After an Emergency Situation

What Communication should take place?

- Accurately explain the incident details to the paramedics
- Report the incident details to an appropriate workplace manager
- Report the incident details to an appropriate governing body
- Ensure you debrief with staff involved

Review the first aid response:

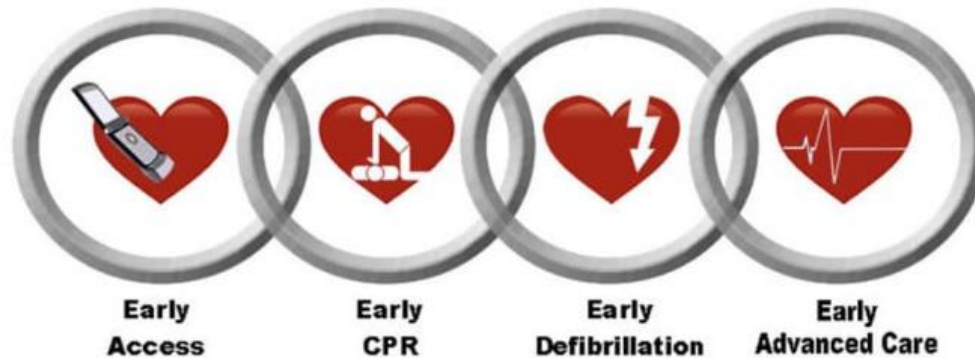
- **Did you have appropriate equipment/supplies?**
Replace and replenish any supplies used
- **Do you need more education and training?**
Book in for a First Aid course. Discuss what each person's 'role' would be and what is needed to support staff in an emergency.
- Review workplace procedures (First Aid plan) and update, if required



Primary Assessment

Chain of survival –

Following steps in the chain increases the chance of survival for casualties.



- Out of hospital cardiac arrest (OHCA) occurs to 19 Victorians every day
- 80% of OHCA happen in the home
- 10% will survive an OHCA
- Every minute that passes, the survival rate drops by 7-10%
- You can dramatically change this statistic, if you can call 000, start CPR and shock using an AED, those survival rates can increase by up to **72%**.



Primary Survey

- D** Danger : Fire / people / bleeding
- R** Response : Responsive / unresponsive
- S** Send for help :
Emergency - 000
Poisons - 13 11 26
- A** Airways : Clear solids and fluids
- B** Breathing : Yes - Recovery position
No - Start CPR
- C** Compressions : 30 : 2 Breaths
- D** Defibrillator : AED - Follow prompts



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Danger

Before we can assist in an emergency, we must first consider what dangers are present.

You are the most important person in an emergency, everyone else around you is the next most important and lastly the casualty is then checked for dangers.

We need to do:

- Identify types of hazards or danger
- Remove hazards if safe to do so
- Check who could be in danger.
- Ensure safety to you, then everyone around you and then the casualty

What can we do to protect ourselves?

Use appropriate Personal Protective Equipment (PPE) – gloves, face shields, eye protection



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Response

Check level of responsiveness- talk & touch.

There is a difference between being asleep and being unresponsive.

You can ask:

- COWS

- Can you hear me?

- Open your eyes

- What's your name?

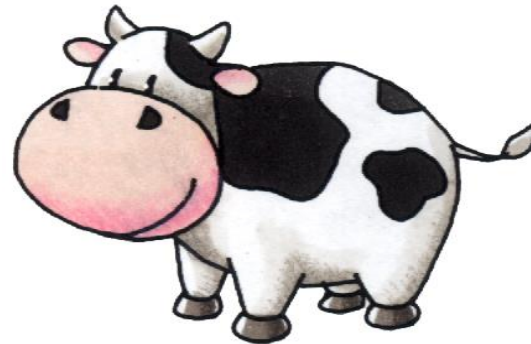
- Squeeze my hands

- Infant (birth – 12 months)

- Tickle feet

- Blow in face

- Tap in hands (grip reflex)



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Send for help

There are two emergency response numbers:

- Triple zero hero – 000 or 112 (international emergency number)
- For people with a speech or hearing impairment, 106 can be called from a teletypewriter and it becomes a texting service
- Emergency Plus App helps locate where you are by providing a street address and coordinates
- When talking to an operator, describe where you are, how many injured persons and any other relevant information
- What else do we send for? **Defibrillator!**

IN AN EMERGENCY



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Airway

- Airway takes precedence over any suspected spinal injury.
- If vomit, blood or fluid (drowning) is present, roll casualty into recovery position to clear.
- If solid matter can be easily removed, do so by scooping.
- When clear, open the adult or child airway by;
 - Supporting the jaw/chin lift
 - Tilt the head back
 - Open the mouth slightly
- Infants head position remain neutral. The upper airway of an infant can be obstructed if the head is tilted.
- Because Infants have a narrower airway, they are more likely to have airway obstructions.



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Breathing

After the airways have been assessed, the casualty may or may not be breathing.
It is our job to work this out.

How to assess for breathing:

- **Look** – Watch for the rise and fall of the Chest (adult), Diaphragm (child), Abdomen (infant)
- **Listen** – Listen for **effective** breathing coming from the nose and mouth
- **Feel** – Feel for the passing of air against your cheek and gently place one hand on casualty's diaphragm to feel for the rise and fall – at least 2 breaths should be felt in ten seconds.

*Please note infants will be predominantly nose breathers until at least 12 months old

If normal breathing is present...

- Roll into Recovery Position
- Commence secondary survey- head to toe assessment check for bleeding, fractures, shock and medic alert tags (Further detail in Module 7)



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Compressions

If abnormal or no breathing is present commence compressions

Abnormal breathing is considered less than 2 breaths in 10 seconds

Why do we compress the chest?

Compressions are performed to pump the heart and keep the blood circulating throughout the body.

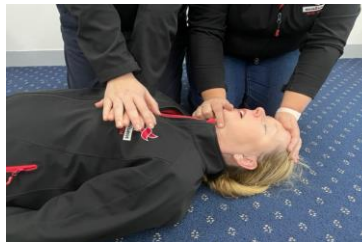
CPR for a child or adult must be completed on the floor

Effective CPR is dependent on:

Location - Place hands in centre of the chest (in line with armpits)

Depth - 1/3 deep

Rate - 30 compression to 2 breaths (adult/child) at a rate of 100-120 beats per minute. If not giving breaths, maintain rate and no need to count to 30.



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Compressions

Administering CPR for infants- 0-12months

- Place infant on a table / bench – firm surface
- Clear the nose
- Neutral head position
- 2 Fingers
- Location of fingers for compressions- centre of chest
- 1/3 depth
- 30:2 puffs
- 100-120 compressions per minute
- To give puffs – place your mouth over their mouth and nose



Common Compression Questions

Compressions

Compressions or breaths first?

Always start with 30 compressions followed by 2 breaths (if giving breaths).

What if the Good Samaritan is unwilling or unable to give breaths?

Give 100-120 compressions per minute (no need to count to 30).

What if the woman is pregnant?

If unconscious and breathing, put them into the recovery position on the left side. If unconscious and not breathing place something under their right hip and begin CPR.

What if the ribs fracture?

Reposition hands to the centre of the chest and keep performing CPR.

When can I stop CPR?

- When the casualty begins to breath
- When you physically or emotionally are unable to continue
- When there is danger
- When someone takes over



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Defibrillation

- If a casualty is not responsive and not breathing, please use the Automated External Defibrillator (AED) as soon as possible.
- CPR alone is unlikely to restart the heart - its main purpose is to restore partial flow of oxygenated blood to the brain and heart.
- Administration of electric shock to the heart is needed to restore a viable heart rhythm.
- Not all casualties will be in a shockable rhythm.



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When shouldn't you use an AED?

- Casualty is conscious and breathing normally
- Surroundings are saturated with water e.g. submerged in standing water on a wet oval
- Casualty is immersed in water
- Gas in the environment

How to operate an AED?

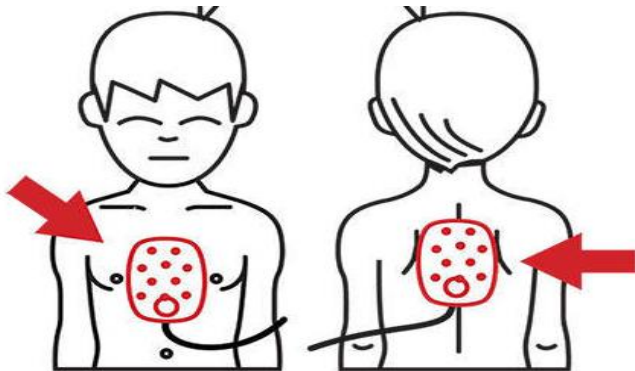
- Open the lid of the defibrillator OR press **ON** button (usually green) to start defibrillator
- Whilst AED turns on continue CPR until prompted
- Expose the casualty's chest using scissors provided with AED
- The chest needs to be dry and clean
- Shave excessively hairy chests where the pads need to go
- The defibrillator should come with scissors, razor and cloth/towel & alcohol wipes to help dry sweat
- Don't place pads over a pacemaker, medical ports, medication patches or visible piercings
- Ensure no one is touching casualty when shock is advised



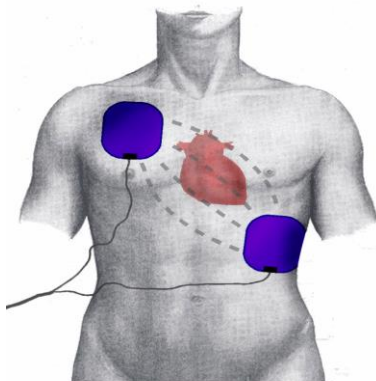
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AED Pad Position...

Infant and child

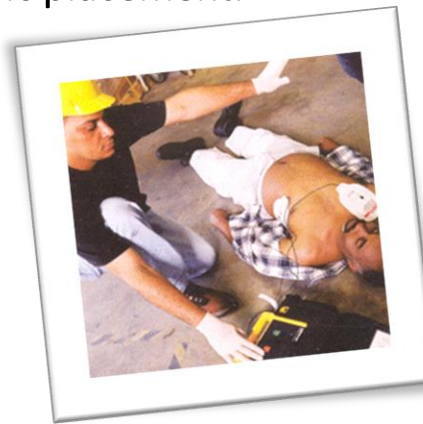


Adult



If casualty is 8 years and under or if pads will touch in adult placement, use paediatric pads front and back (if available).

If paediatric pads are unavailable, then use standard adult AED pads in the paediatric placement.



Choking

Choking is when something is lodged in the airway causing reduced airflow.

There are 2 types of obstructions:

1. **Mild Airway Obstruction** casualty will be able to cough or make noise. Encourage the casualty to cough and monitor, ensuring you stay with them.
2. **Severe Airway Obstruction** is when the casualty will make no noise. Immediately call 000 and commence back blows and chest thrusts as below.

Infant (0-12 months)

- Give up to **5 back blows** over rescuer's thigh, head in a downward motion,
- Followed by up to **5 chest thrusts** by turning infant over and using two fingers in the centre of the chest.
- Because Infants have smaller airways, they are more likely to have airway obstructions.

Child/Adult

- In a seated or standing position, give up to **5 back blows** followed by up to **5 chest thrusts**. For children and adults, the back blows and chest thrusts are administered with the palm/heel of the first aiders hand.
- Alternate until the blockage comes out or commence CPR if they fall unconscious.



5 Back Blows



5 Chest Thrusts



Module 1 Complete

Please continue to Module 2



For first aid supplies visit

www.firstaidgearaustralia.com.au

