

HLTAID001

Provide cardiopulmonary resuscitation



Housekeeping

- Introductions
- Session overview
- WHS procedures
- Break times
- Overview of assessments

First aid

- Aims of first aid:
 - Preserve **life**
 - Protect the **unconscious**
 - Prevent condition from **worsening**
 - Promote **recovery**
 - Seek **medical assistance**
- Reassurance and TLC

First aid guidelines

- Australian Resuscitation Council
 - Guidelines for standardised resuscitation techniques
- Australian national peak clinical bodies:
 - National Asthma Council of Australia
 - National Stroke Foundation
 - Australian Society of Clinical Immunology and Allergy
 - Epilepsy Foundation

Legal issues

- Good Samaritan Law – offers protection to first aiders where care is provided ‘in good faith’
- Consent:
 - Gain consent prior to treatment
 - Injured person has right to refuse assistance
 - Consent implied if unconscious

Legal issues (cont'd)

- Duty of care:
 - Provide standard of care appropriate to training
 - Stay within own skills and limitations
 - ‘Reasonable’ care and skill
 - Generally no legal duty of care to provide first aid except in some circumstances
 - Once started, cannot abandon

Legal issues (cont'd)

- Negligence:
 - Standard of care breached and further injury sustained
 - Care provided recklessly
 - Established first aid principles not used

Legal issues (cont'd)

- Record keeping:
 - Record all assistance given
 - Clear, accurate observations only (let the medical personnel diagnose!)
 - Keep secure and confidential

Legal issues (cont'd)

- Privacy Act 1988 protects people's rights to privacy and confidentiality
 - Reduce number of bystanders to a minimum
 - Set up barricade (eg blankets) to screen the area if it is public
 - Report only to those who need to know: eg medical personnel
 - Be sensitive to the casualty's privacy when debriefing
 - Keep records secure

Workplace first aid

- First Aid in the Workplace – Code of Practice
- Employer is responsible for the health, safety and wellbeing of employees. They must:
 - Provide first aid equipment
 - Ensure access to first aid facilities
 - Have trained first aiders in place
 - As far as is reasonably practical

Workplace first aid procedures

- Ensure workers understand first aid in their workplace
- Assign first aid responsibilities
- Minor and major incidents in the workplace
- Specify requirements:
 - Training for first aiders
 - Reporting/record keeping requirements
 - Debriefing/counselling
- Infection control

Workplace risk management

- Medication not included in first aid kit.
- Identify hazards
- Assess type, severity and likelihood
- Provide appropriate first aid equipment, facilities and training
- Review requirements regularly
- Consider hazards and risks in your workplace: how can these be prevented?

Risk management

- Common risks of providing first aid:
 - Infection control
 - Manual handling
 - Aggressive people
- What other risks can you think of?

Manual handling

- Be aware of the risk
- Plan the lift
- Consider weight of casualty: use additional help if available
- Lift without twisting: flex at the hips and bend the knees
- Maintain firm grip
- Watch for hazards

Infection control

- Standard precautions
- Hand hygiene
- Handling and disposal of sharps
- Cleaning of surfaces and reusable equipment
- Management of spills and contaminated laundry
- Handling and disposal of waste
- PPE



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Respectful behaviour

- Show respect to your casualties at all times
- Cultural considerations
- Consent
- Keep advised of all that is going on that relates to them
- Privacy and confidentiality
- Be non-judgmental and non-discriminatory

Basic anatomy

- Skeletal system
- Muscular system
- Cardiovascular system
- Respiratory system
- Anatomy of the chest

Debriefing

- Should be offered following a critical incident
- Formal or informal process
- Group and/or personal therapy
- Assists people to deal with trauma
- Consider confidentiality during debriefing

Emergency services

- Ambulance, Fire, Police
- 000, 112



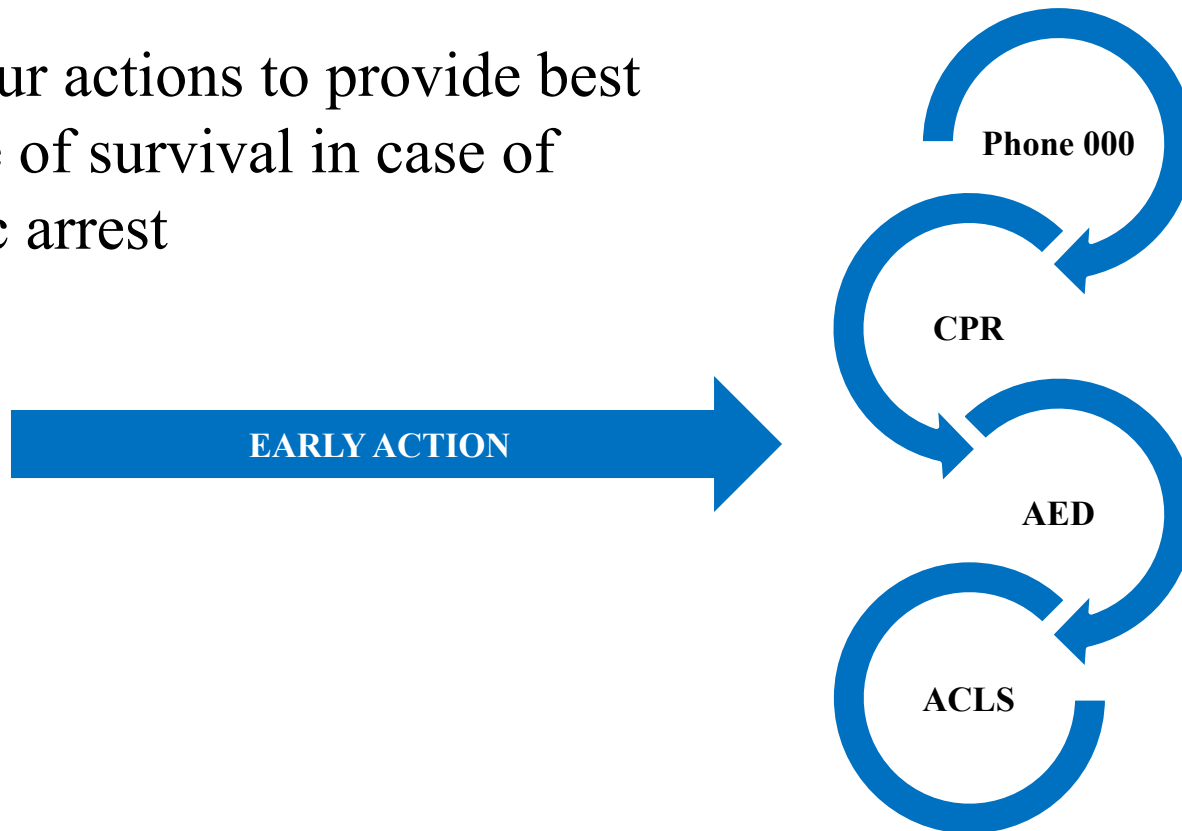
Priorities of first aid

Primary survey:

- D** Danger
- R** Response
- S** Send for help
- A** Airway
- B** Breathing
- C** Compressions
- D** Defibrillation

Chain of survival

The four actions to provide best chance of survival in case of cardiac arrest



DRS ABCD – Danger

- Is the situation dangerous for you or the casualty?
- Do NOT place yourself or others in danger
- Control dangers (where safe to do so)
- If danger is unable to be controlled – move casualty if safe to do so

DRS ABCD – Response

- Try to get a response from the casualty: are they moving, signs of life, conscious/unconscious
- Talk: ask for their name, ask what happened
- Touch: on the cheek, arm or shoulder; give a gentle shake

If no response treat as though unconscious

DRS ABCD – Send for help

- Ring 000 as soon as possible
- Ask a bystander to ring if possible
- Send for equipment if available:
 - First aid kit
 - Defibrillator
 - Blankets
 - Pillows

DRS ABCD – Airways

- Priority must be given to keeping airways open
- Vomit/regurgitation may block airways
- Look in mouth
- Feel for foreign matter (teeth, vomit, food)
- Clear mouth (finger sweep)

DRS ABCD – Airways (cont'd)

- Open airway
 - Head tilt and jaw support for adults
 - Neutral, horizontal position for infants
 - Effect of position change on upper airways



DRS ABCD – Airways (cont'd)

- Vomiting – noisy and active process
- Regurgitation – slow passage of juices from stomach
- Blocked airway
- Inhalation of vomitus/regurgitated matter
- During CPR – place immediately onto side to clear airway
- Unconscious patients always in recovery position

DRS ABCD – Breathing

- Check for normal breathing
- Watch for chest movements up and down
- Listen by putting ear near to face
- Feel by putting hand on lower part of chest
- Breathing normally: progress to secondary survey
- Not breathing normally: commence CPR
- Gasping or abnormal breathing in unresponsive casualty require immediate resuscitation

DRS ABCD – Compressions/CPR

- Place casualty on back
- Locate centre of chest
- Place one hand over the other and interlock fingers



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DRS ABCD – Compressions/CPR (cont'd)

- Compress breastbone rhythmically approximately 1/3 depth of chest using heel of bottom hand
- 30 compressions to two rescue breaths at a rate of 100 compressions per minute



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DRS ABCD – Compressions/CPR (cont'd)

- Compressions for infants: use two fingers only
- Compressions for children: use either one or two hands



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DRS ABCD – Compressions/CPR (cont'd)

Two rescue breaths to 30 compressions

- Mouth to mouth Ensure a good seal
- Mouth to nose Inflate lungs
- Mouth to mask Give two breaths

DRS ABCD – Compressions/CPR (cont'd)

- Single rescuer CPR
- Positions can be changed
- Position changes should be smooth and well coordinated

DRS ABCD – Compressions/CPR (cont'd)

Bag valve mask ventilation:

- Consist of self-inflating bag and one-way valve
- May be attached to oxygen supply or use without
- E-C technique to form mask seal
- Squeeze bag to create ventilation
- One squeeze = one breath
- Ventilation rate = 2 squeezes to 30 compressions



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DRS ABCD – Defibrillation

- If an AED is available, attach and follow the prompts
- Many public places have AEDs: shopping centres, airports, sports venues
- Paediatric AEDs best for children aged 1-8 or modify adult AED pads (chest-back) if adult pads too large
- Defibrillation is not suitable for infants under 1 year old



Duration and cessation of CPR

Once CPR has commenced it should continue until:

- The patient starts breathing
- No longer physically able to continue (ie exhausted)
- Hand over to more qualified person (eg emergency services)

Unconsciousness

- Unroutable unresponsiveness
- Caused by:
 - Blood oxygenation problems
 - Blood circulation problems
 - Metabolic problems (diabetes, overdose)
 - Central nervous system problems (eg head injury, stroke)

Unconsciousness (cont'd)

- Four levels of consciousness:
 - Responds to voice
 - Responds to touch
 - Responds to pain
 - Responds to nothing



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Unconsciousness (cont'd)

- Person who is unresponsive or only minor response must be managed as if unconscious
- Care of airways takes precedence over any injury (including spinal)
- Handle gently: avoid twisting or forward movement of head and spine



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Unconsciousness (cont'd)

- Place into recovery position (on their side) to:
 - Establish clear airway
 - Facilitate drainage
 - Reduce risk of inhaling foreign material, vomit etc
- Recovery position:
 - As close to true lateral position as possible
 - Stable position
 - Able to turn from side to back easily and safely
 - Observation and access to airway

Unconsciousness (cont'd)

RECOVERY POSITION

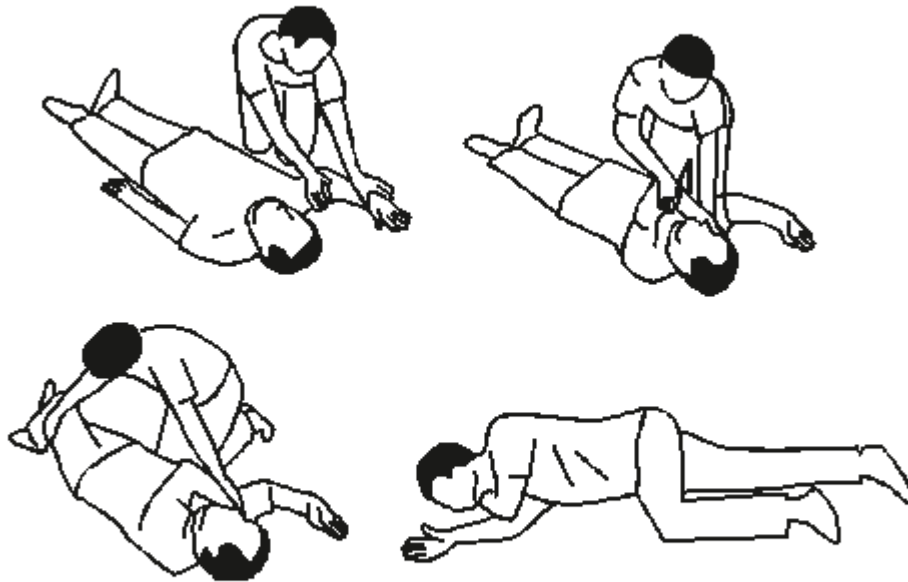


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