**PURPOSE**

This policy will provide guidelines for the administration of first aid at DNMK.

**POLICY STATEMENT**

1. **VALUES**

DNMK is committed to:

- providing a safe and healthy environment for all children, educators, staff and others attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

2. **SCOPE**

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of DNMK, including during offsite excursions and activities.

3. **BACKGROUND AND LEGISLATION**

**Background**

First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an Approved Provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the *Education and Care Services National Law Act 2010*, the Australian Children’s Education and Care Quality Authority (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at [www.acecqa.gov.au/qualifications/approved-first-aid-qualifications](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications). As a demonstration of duty of care and best practice DNMK aims to ensure all educators have current approved first aid qualifications. All educators must update their CPR and Anaphylaxis certificates annually and their Asthma certificate every 3 years.

It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the *Occupational Health and Safety Act 2004*. WorkSafe Victoria has developed a compliance code *First aid in the workplace* that provides guidance on how these obligations can be met.

**Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 87, 89, 136, 137(1)(e), 168(2)(a), 245
- Standard 2.3: Each child is protected
- Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury

- Occupational Health and Safety Act 2004

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.

**Approved first aid qualification:** A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

**First aid:** The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: [www.acecqa.gov.au/qualifications/approved-first-aid-qualifications](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications)

**First aid kit:** The Compliance Code *First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit. *First aid in the workplace* is available at [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

**Incident, Injury, Trauma and Illness Record:** Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:
- name and age of the child
- circumstances leading to the incident, injury, trauma or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

These details need to be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

**Medication record:** Contains details for each child to whom medication is to be administered by the service. This includes the child’s name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.


**Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be
accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident will be documented in the DNMK Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

5. SOURCES AND RELATED POLICIES

Sources
- Australian Red Cross: [www.redcross.org.au](http://www.redcross.org.au)

Service policies
- Administration of Medication Policy
- Anaphylaxis Policy
- Asthma Policy
- Emergency and Evacuation Policy
- Excursions and Service Events Policy
- Incident, Injury, Trauma and Illness Policy
- Staffing Policy

PROCEDURES

The Approved Provider is responsible for:
- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- assessing the first aid requirements for the service. A first aid risk assessment can assist with this process (refer to Attachment 1 – Sample first aid risk assessment form)
- ensuring that at least one educator with current approved first aid qualifications (refer to Definitions) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1)(a)). This can be the same person who has anaphylaxis management training and emergency asthma management training, also required under the Regulations
- appointing an educator to be the nominated first aid officer. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees
- advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- providing and maintaining an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards (refer to Definitions). The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit
- ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
- providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
• ensuring that first aid training details are recorded on each staff member’s record
• ensuring safety signs showing the location of first aid kits are clearly displayed
• ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements
• ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record (refer to Definitions)
• ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (refer to Incident, Injury, Trauma and Illness Policy)
• ensuring a resuscitation flow chart (refer to Definitions) is displayed in a prominent position in the indoor and outdoor environments of the service
• keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

The Nominated Supervisor is responsible for:
• ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
• ensuring that the prescribed educator-to-child ratios are met at all times (refer to Supervision of Children Policy)
• ensuring that all educators’ approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to Sources)
• ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
• ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to Excursions and Service Events Policy).

The nominated first aid officer is responsible for:
• maintaining a current approved first aid qualification (refer to Definitions)
• monitoring the contents of all first aid kits and arranging with the Approved Provider for replacement of stock, including when the use-by date has been reached
• checking Allergy Buddy Bags and completing a checklist to ensure that medication provided by parents/guardians (EpiPen, AnaPen, Zyrtec, Ventolin) is within the expiry date and that the pocket contains the child’s Action Plan
• disposing of out-of-date materials appropriately
• ensuring a portable first aid kit and individual child’s allergy medication is taken on all excursions and other offsite activities (refer to Excursions and Service Events Policy)
• keeping up to date with any changes in the procedures for the administration of first aid

Certified Supervisors and other educators are responsible for:
• implementing appropriate first aid procedures when necessary
• maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
• practicing CPR and administration of an auto-injection device at least annually (in accordance with other service policies)
• ensuring that all children are adequately supervised (refer to the Supervision of Children Policy) while providing first aid and comfort for a child involved in an incident or suffering trauma
• ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record (refer to Definitions)
• notifying the Approved Provider or Nominated Supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training
• conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101).

Parents/guardians are responsible for:
• providing the required information for the service’s medication record (refer to Definitions)
• providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required
• being contactable, either directly or through emergency contacts listed on the child’s enrolment record, in the event of an incident requiring the administration of first aid.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION
In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:
• regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
• monitor the implementation, compliance, complaints and incidents in relation to this policy
• review the first aid procedures following an incident to determine their effectiveness
• regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
• keep the policy up to date with current legislation, research, policy and best practice
• consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
• revise the policy and procedures as part of the service’s policy review cycle, or as required
• notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS
• Attachment 1: DNMK first aid risk assessment form
• Attachment 2: Completed first aid risk assessment form
• Attachment 3: DNMK first aid kit requirements and contents list form
• Attachment 4: Completed first aid kit requirements and contents list form
• Attachment 5: DNMK Allergy Buddy Bags check list
• Attachment 6: Resuscitation flowchart (DRSABCD Action Plan)

AUTHORISATION
This policy was adopted by the Approved Provider of DNMK in March 2014.

REVIEW DATE: APRIL 2015
ATTACHMENT 1
DNMK first aid risk assessment form

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved Provider and educators should use this as a guide only and may identify other areas specific to their service.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How many people work at the service (estimate for most days)?</td>
</tr>
<tr>
<td>2.</td>
<td>How many children are enrolled at the service (write the number)?</td>
</tr>
<tr>
<td>3.</td>
<td>Do people regularly work in the service after hours?</td>
</tr>
<tr>
<td>4.</td>
<td>Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?</td>
</tr>
<tr>
<td>5.</td>
<td>Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)</td>
</tr>
<tr>
<td>6.</td>
<td>Where is the nearest medical service and how long would it take to get an injured person to this service?</td>
</tr>
<tr>
<td>7.</td>
<td>Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?</td>
</tr>
<tr>
<td>8.</td>
<td>What type of, and how many, first aid kits are available at the service?</td>
</tr>
<tr>
<td>9.</td>
<td>Are the contents of first aid kits complete and up to date as per the contents list?</td>
</tr>
<tr>
<td>10.</td>
<td>Where are the first aid kits located?</td>
</tr>
<tr>
<td>11.</td>
<td>How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)</td>
</tr>
<tr>
<td>12.</td>
<td>Identify and list specific hazards and where they may be located</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heaving lifting</td>
<td>Storeroom</td>
</tr>
</tbody>
</table>
13. Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept

<table>
<thead>
<tr>
<th>Hazards /health concerns</th>
<th>Specific first aid requirements</th>
<th>Specific training required</th>
<th>Staff have appropriate training</th>
<th>Location of first aid equipment</th>
</tr>
</thead>
</table>

14. Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on?

**Recommendations**

<table>
<thead>
<tr>
<th>Reference number</th>
<th>Recommendation</th>
<th>Responsibility and time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. 3 &amp; 4</td>
<td>Develop safety procedures for staff working on their own/after hours</td>
<td>Approved Provider within 2 months</td>
</tr>
</tbody>
</table>

Completed by ________________________________ (first aid officer) on ______________ (date)

Signature: ________________________________

Nominated Supervisor: _______________________ Signature: _______________________

Date for next risk assessment:
**DNMK First Aid Risk Assessment Form**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How many people work at the service (estimate for most days)?</td>
<td>10 Staff in total. 6-7 on any given day.</td>
</tr>
<tr>
<td>2</td>
<td>How many children are enrolled at the service (write the number)?</td>
<td>87</td>
</tr>
<tr>
<td>3</td>
<td>Do people regularly work in the service after hours?</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)</td>
<td>General superficial bumps, bruises or grazes resulting from play to arms, legs and heads.</td>
</tr>
<tr>
<td>6</td>
<td>Where is the nearest medical service and how long would it take to get an injured person to this service?</td>
<td>Local Doctors office is situated at the corner of our street.</td>
</tr>
<tr>
<td>7</td>
<td>Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?</td>
<td>Epworth Hospital is minutes away from the Service.</td>
</tr>
<tr>
<td>8</td>
<td>What type of, and how many, first aid kits are available at the service?</td>
<td>2 medium sized portable green kits are in each room. I large kit is located in the Kitchen. I small portable kit is available for excursions.</td>
</tr>
<tr>
<td>9</td>
<td>Are the contents of first aid kits complete and up to date as per the contents list?</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>Where are the first aid kits located?</td>
<td>First Aid kits are located in each room, hanging on a hook near each exit door. The large kit is on a bench above the microwave in full view. The excursion kit is on top of the Kitchen kit.</td>
</tr>
<tr>
<td>11</td>
<td>How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)</td>
<td>All Staff have a current approved first aid certificate. The first aid officer is Joshua Miles.</td>
</tr>
<tr>
<td>12</td>
<td>Identify and list specific hazards and where they may be located</td>
<td><strong>Hazards</strong>  Heaving lifting of furniture and equipment.</td>
</tr>
</tbody>
</table>
13. Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept

<table>
<thead>
<tr>
<th>Hazards /health concerns</th>
<th>Specific first aid requirements</th>
<th>Specific training required</th>
<th>Staff have appropriate training</th>
<th>Location of first aid equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaphylaxis</td>
<td>Epipens – See children's health management plans)</td>
<td>First Aid including epipen training.</td>
<td>Yes</td>
<td>In “buddy bag” kits in each room. There is a spare Epipen and Ventolin pump and spacer in the Kitchen first aid kit.</td>
</tr>
<tr>
<td>Asthma</td>
<td>See children's health management plan.</td>
<td>Asthma Management training.</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

14. Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on?

| In progress. This is being updated and implemented at present. |

## Recommendations

<table>
<thead>
<tr>
<th>Reference number</th>
<th>Recommendation</th>
<th>Responsibility and time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Continue to assess the cause of these accidents and minimize risks.</td>
<td>Approved provider – on going.</td>
</tr>
<tr>
<td>9</td>
<td>Ensure that the First Aid Officer checks first aid kits before the start of each term, and keeps all contents up to date.</td>
<td>First Aid Officer – on going.</td>
</tr>
<tr>
<td>14</td>
<td>Include location of kits and first aid requirements in New Staff induction.</td>
<td>Approved provider – in progress.</td>
</tr>
</tbody>
</table>

Completed by ________________________________ (first aid officer) on ______________ (date)

Signature: ________________________________

Nominated Supervisor: ______________________ Signature: ________________________________

Date for next risk assessment: November, 2014
ATTACHMENT 3
DNMK first aid kit requirements and content form

First Aid Kit Container

The container needs to protect the contents of the first aid kit from dust and damage. If any additional first aid kit modules are to be included, the container needs to be large enough to hold them, preferably in separate compartments.

The container needs to be easily recognisable (e.g., with a white cross on a green or blue background prominently displayed on the outside and clearly marked as ‘First aid kit’, with clearly visible sign above) and should not be locked.

Contents

Appropriate first aid arrangements will vary from one workplace to the next. Employers need to ensure that first aid kits are adequately stocked for their workplace. A first aid kit needs to include:

<table>
<thead>
<tr>
<th>Required Contents</th>
<th>First Aid Kit 3 yr room</th>
<th>First Aid Kit 4 yr room</th>
<th>First Aid Kit Kitchen</th>
<th>Replaced or Re-stocked?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic first aid notes/book</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable gloves (2 pairs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitation mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individually wrapped sterile adhesive dressings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile eye pads (packet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile coverings for serious wounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triangular bandage &amp; safety pins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small sterile unmedicated wound dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium sterile unmedicated wound dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large sterile unmedicated wound dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-allergenic tape</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubber thread or crepe bandage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors &amp; a pen/pencil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checked by ________________________________ (first aid officer) on ____________ (date)

Signature: ________________________________

Nominated Supervisor: _______________________ Signature: __________________________

Date for next first aid kit contents check (start of each term): ______________________________
### DNMK First Aid Kit Checklist

<table>
<thead>
<tr>
<th>Required Contents</th>
<th>First Aid Kit 3 yr room</th>
<th>First Aid Kit 4 yr room</th>
<th>First Aid Kit Kitchen</th>
<th>Replaced or Re-stocked?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic first aid notes/book</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable gloves (2 pairs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitation mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individually wrapped sterile adhesive dressings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile eye pads (packet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile coverings for serious wounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triangular bandage &amp; safety pins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small sterile unmedicated wound dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium sterile unmedicated wound dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large sterile unmedicated wound dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-allergenic tape</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubber thread or crepe bandage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors &amp; a pen/pencil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checked by ________________________________ (first aid officer) on ______________ (date)

Signature: ________________________________

Nominated Supervisor: _______________________ Signature: ________________________________

Date for next first aid kit contents check (start of each term): ______________________________
DRSABCD action plan
In an emergency call triple zero (000) for an ambulance

D
DANGER
Ensure the area is safe for yourself, others and the patient.

R
RESPONSE
Check for response—ask name—squeeze shoulders
No response
• Send for help.
Response
• make comfortable
• check for injuries
• monitor response.

S
SEND for help
Call Triple Zero (000) for an ambulance or ask another person to make the call.

A
AIRWAY
Open mouth—if foreign material is present:
• place in the recovery position
• clear airway with fingers.
Open airway by tilting head with chin lift.

B
BREATHING
Check for breathing—look, listen and feel.
Not normal breathing
• Start CPR.
Normal breathing
• place in recovery position
• monitor breathing
• manage injuries
• treat for shock.

C
CPR
Start CPR—30 chest compressions : 2 breaths
Continue CPR until help arrives or patient recovers.

D
DEFIBRILLATION
Apply defibrillator if available and follow voice prompts.

Learn First Aid | 1300 360 455 | www.stjohn.org.au