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CPR

Training Manual

Easy-to-learn vital steps in providing
Cardiopulmonary Resuscitation

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Learning made easy!

*This **CPR Training Manual** aims to help people to learn the life saving skill of Cardiopulmonary Resuscitation (CPR). The information presented follows the advice outlined in the Australian Resuscitation Council guidelines and is current at time of publication.*

*The Australian Resuscitation Council guidelines clearly state **“any attempt at resuscitation is better than none”**.*

If you see a person who may need resuscitation you are encouraged to provide CPR to the best of your ability provided it is safe to do so.

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Disclaimer

This manual is not intended to be a substitute for professional medical advice, diagnosis or treatment. In the event of any first aid or medical emergency you should immediately contact the emergency services or seek advice from a medical professional.

The contents of this manual are intended for informational purposes only. The author and publisher have taken all care to provide information that is accurate at time of publication. This information may change over time.

The author and publisher accept no liability for any loss or damages suffered by any person as a result of any information provided in this manual.

Introduction to First Aid

First aid is the initial care of a sick or injured person.

Prompt first aid can save lives in the critical time before emergency services or medical aid arrive.

First aid can also prevent an injury or illness from becoming worse and provide comfort and reassurance to a casualty.

The key aims of first aid:

- Preserve life of anyone involved in incident
- Protect any unconscious person
- Prevent any further injury or existing injury becoming worse
- Promote recovery of casualty



First aid legal obligations

As a first aider you may be concerned that if you provide first aid to a casualty you could be legally liable if they do not make a full recovery. As long as you follow accepted first aid guidelines and act as a "reasonable person" you need not be concerned.

Consent

Before providing first aid care to a casualty, you must obtain consent from that casualty or their parent/guardian/carer.

Say to the casualty "I am a first aider, can I help you?"

If the casualty is reluctant to accept your help but it appears obvious they are seriously unwell or injured then you should consider calling an ambulance or other emergency assistance

In an emergency if a casualty is unconscious or unable to communicate the law assumes that the casualty would give their consent

Duty of Care

As a first aider you do not automatically have a legal obligation to provide first aid care to any person unless you already have a "duty of care" for that person. People who may have an existing "duty of care" can include workplace first aiders, teachers or carers and family members

If you start to provide first aid care for a casualty then you have established a voluntary "duty of care" and you should do all that you can safely do to care for the casualty until emergency or medical assistance arrives.

As a first aider it is important to be respectful of the casualty and remember that first aid care records are confidential and information about the casualty should only be released if requested by an authorised person.

Negligence

As a first aider it is unlikely that you would be considered to be negligent when you provide first aid care to a casualty if you follow accepted first aid guidelines

The following would need to be established for negligence to be proven:

- The first aider owed a duty of care to the casualty and did not provide any care
- The expected level of first aid care was not provided to the casualty
- The casualty suffered further injury as a result of the care given
- There was some direct relationship between the first aider's actions and the injuries sustained

Assessing a sick or injured person

The ability to quickly gather information about the condition of a casualty can help you to make an accurate assessment. This will help to make sure that the correct first aid care is provided as quickly as possible. Collecting as much information as possible about the history, signs and symptoms that relate to an incident will help in deciding what has actually happened and how best to care for the casualty.

History

You may be able to work out the history of what happened by carefully observing the scene of the incident and by questioning the casualty and any witnesses or bystanders.

Casualties tend to fall into one of three categories; conscious, unconscious and breathing; and unconscious not breathing.

Signs

Signs are things that you can observe when carefully assessing the casualty's condition. These signs can include:

- Breathing rate, depth and effort required
- Speed, strength and evenness of pulse
- Skin colour or temperature
- Level of consciousness
- Visible wounds, injuries or deformities



Symptoms

A symptom is something the casualty tells you they are feeling.

Symptoms can include:

- Nausea
- Discomfort
- Pain or tenderness
- Feeling hot or cold
- Loss of sensation or feeling
- Dizziness

If the casualty is unconscious you must rely on signs/your observations

Medical history

A person with an existing medical condition may have information with them about their condition.

Medical history information could be:

- SOS bracelet or pendant
- MEDIC ALERT bracelet or medallion
- Other written information
- Information from colleagues, family members or witnesses
- Any medications they are taking



Secondary assessment

When assessing a casualty look for and deal with any life threatening injury or illness first. You should follow the steps in the Basic Life Support flow chart on page 14.

You should then undertake a secondary assessment of the casualty to identify any other injury or illness you may need to care for until an ambulance or medical aid arrives.

Vital steps

- Question casualty and any witnesses about history of incident
- Conduct a careful head-to-toe assessment of casualty (if casualty is conscious explain what you are doing and ask permission)
- Look for any signs or symptoms
- Care for most serious injury or illness first
- If there is more than one casualty care for casualty with most serious injury or illness first
- Get any bystanders to help if needed
- Monitor and record casualty's vital signs until ambulance or medical aid arrives



Vital signs

Checking, monitoring and recording a casualty's vital signs such as pulse, breathing, level of consciousness, skin colour and temperature and eyes can give a good indication of their overall wellbeing.

It can also help you work out whether their condition is stable, improving or deteriorating.

Checking a casualty's vital signs every few minutes and taking note of any changes can provide important information for ambulance or medical personnel when they take over caring for a casualty.



What to look for:

- **Pulse** Fast or slow?
Weak or strong?
Regular or irregular?
- **Breathing** Fast or slow?
Deep or shallow?
Easy or hard to breathe?
- **Consciousness** Fully alert and able to answer questions clearly?
Drowsy or confused?
Unconscious (ie no response to "talk and touch")?
- **Skin** Cold, sweaty, hot or dry?
Pale or flushed?
- **Eyes** Pupils react to light?
Both pupils react in same way?

Infection control

As a first aider you may be concerned you could catch an infectious disease. In any first aid incident there is a risk of “cross infection” (infection passing between people involved in the incident) However there are a number of simple steps you can take to make sure any risk is kept as low as possible.

There are recommended standard precautions that you should always follow to help reduce the risk of cross infection. You should always assume that all blood and bodily fluids are a potential source of infection.

Important standard precautions that will reduce the risk of cross infection:

- Always use any suitable Personal Protective Equipment (PPE), including:
 - Gloves
 - Resuscitation mask or face shield
 - Eye protection
 - Protective clothing
- Always treat every casualty as if there is infection present
- Use sterile or clean dressings whenever possible
- Wash hands before and as soon as possible after contact with casualty
- Take care when cleaning up any blood, bodily fluids and contaminated items
- Seek urgent medical advice if exposed to risk of infection



First Aid kits

First Aid Kits will vary according to need however they should provide basic equipment for administering first aid for injuries including:

- cuts, scratches, punctures, grazes and splinters (simple dressings, cotton bandages, gauze, tweezers)
- muscular sprains and strains (ice pack, crepe bandages, triangular bandages)
- minor burns (saline, non-stick dressings)
- amputations and/or major bleeding wounds (wound pads, bandages, zip sealed plastic bags)
- broken bones (bandages, triangular bandages)
- eye injuries, (eye pads, saline)
- shock (emergency rescue blanket)

Contents should also include PPE as well as a notebook and pen, first aid care record, dressing strips, antiseptic liquid/spray/wipe, tape, and an emergency rescue blanket. For a more comprehensive list of recommended items go to the First Aid Code of Practice on the Safe Work Australia website (safeworkaustralia.gov.au).

Communicating in an emergency

Being able to communicate clearly in an emergency is a vital skill. You need good communication skills to gather information about what has happened, provide advice and reassurance to a casualty and give accurate information to emergency services.

Vital steps

- Speak clearly, calmly and with confidence
- Introduce yourself to casualty and tell them you know first aid
- Ask casualty their name and use it when talking to them
- Keep your communications short and simple
- Avoid medical jargon or slang
- Listen carefully and watch for non-verbal clues
- **Do not** make assumptions – ask questions if you are not sure of anything
- Explain to casualty and any bystanders what you are going to do and why
- Follow any instructions given by emergency services
- Always be aware of casualty's feelings and feelings of any bystanders or family members



First aid care records

First aid care records are an important part of managing any first aid incident. Accurate care records and incident reports are often a legal requirement in workplaces and they can assist in investigations into an incident.

First aid care records should be:

- Clear and easy to read
- Written in ink – **do not** use correction fluid or tape
- Accurate and provide all relevant facts
- Signed and dated by first aider and casualty (if possible)

If available you should use an injury or incident report form.

If specific report forms are not available or if there is not enough space on forms, record all relevant details and make sure they are kept for future reference.

First aid care records should include at least the following information:

- Full name and date of birth of casualty
- Date, time and location of incident/assessment
- History of illness or injury
- Description of incident
- Description of illness or injuries
- Signs, symptoms and observations taken
- First aid care or advice given
- Method of referral and transport to medical aid
- Name and contact details of first aiders and any witnesses

First aid care records are confidential documents and information in them should only be released if requested by an authorised person.

An example of a First Aid Care Record form is shown on page 11.

FIRST AID CARE RECORD

Details of the person receiving first aid care:

Surname: _____ Given Names: _____ Date of Birth: _____ Sex: M F X

Address: _____ Contact Numbers: _____

City/Town _____ State: _____ Postcode: _____

Details of the illness or injury

Date: _____ and Time: _____ am/pm

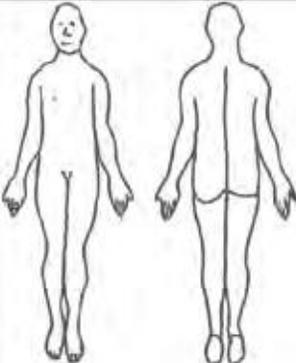
Location where event happened? Be specific, e.g. address / room / building _____

Name of any Witnesses: _____ Contact Nos. _____

History of illness or injury

Allergies

Medication

Observations	Time	Time	Time	Assessment
Level of Consciousness				<div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Abrasion Burn Contusion Deformity Fracture Hæmorrhage Laceration Pain Rigidity Swelling Tenderness </div>  </div>
Fully Conscious				
Drowsy				
Unconscious				
Pulse				
Rate				
Description				
Breathing				
Rate				
Description				
Skin				
Colour				
Other Observations				

Assessment of problem

First aid care provided

Follow Up/Referral - None Nurse Doctor Ambulance Hospital Other

Comments

First Aider (Print): Signature: _____	Time: Date: _____	Casualty Signature: _____	Date: _____
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Reviewing an incident

You should review all first aid incidents to see how well they were managed and what can be learnt to help manage future incidents. You should focus on a constructive review of what happened and not to be looking to place blame for anything that might not have worked as well as it should or could have.



You should try to identify:

- What worked well and what could be improved?
- Was help easy and quick to get and did you have first aid supplies or equipment needed?
- Is a formal debrief or review needed. What follow up may be needed and who should do it?

Your limitations and managing stress

Emergency incidents can cause physical, emotional and mental stress for people involved in or witnessing them. This can result in stress, anxiety or depression as well as other emotional responses.

You should always seek professional support or counselling if you feel you have been affected by a first aid incident.

Lifeline 13 11 14
Beyond blue 1300 22 4636
Kids Helpline 1800 55 1800



- Don't take unnecessary risks
- Provide the best first aid care you can given the situation
- Always follow accepted first aid guidelines
- Follow Basic Life Support steps
- Remember that first aid will not always have a successful outcome



Basic Life Support

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D

Check for **Danger**

R

Check for **Response**

S

Send for help - **Call 000**

A

Open **Airway**

B

Check for normal **Breathing**

C

Start **CPR** - 30 chest compressions: 2 rescue breaths
If unwilling/unable to do rescue breaths continue chest compressions

D

Attach **Defibrillator (AED)** - as soon as available and follow its instructions

Continue CPR - until qualified help arrives or signs of life (responsiveness, normal breathing) return

Danger

Before you start to provide any first aid care you **must** make sure the scene is safe for you, the casualty and any bystanders.

You **must** assess the scene for any **dangers** and take note of any information that may assist you to manage the incident safely and effectively.



Dangers that you may find at the scene of an incident include:

- Traffic hazards
- Fire risks
- Dangerous chemicals or substances
- Toxic gases, smoke or fumes
- Electrical hazards
- Weather or temperature extremes
- Risks posed by witnesses or bystanders
- Animals
- Infection risks
- Collapsed buildings, unstable structures or vehicles

If you observe any dangers:

- Make the area **safe** by removing or containing any dangers
- If you cannot **safely** remove the dangers carefully move any casualty to a safer area if it is possible and **safe** to do so
- If you cannot **safely** remove the dangers or move the casualty:
 - Remain a safe distance from any dangers
 - **Call 000** for emergency services assistance
 - Warn approaching people or vehicles of the dangers

Response

Once it is safe to do so **immediately** check for a response from any collapsed casualty to see if they are conscious.

You should check for a response to “talk and touch” by asking some simple questions and giving some basic commands:

- **C**an you hear me?
- **O**pen your eyes if you can hear me
- **W**hat is your name?
- **S**queeze my hand and let go if you can hear me

If the casualty **does not respond** grasp and firmly squeeze the casualty’s shoulders to see if they respond.

If the casualty **does not respond** (or gives only a minor response) manage them as an unconscious casualty and give necessary Basic Life Support care.

If the casualty **does respond** they are conscious and you will need to carefully assess the reason for their collapse and provide appropriate first aid care.



Send for help

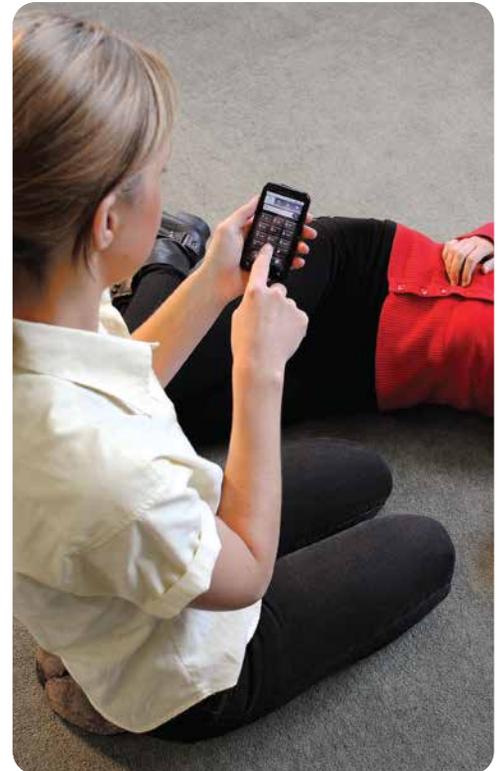
If the casualty is unconscious or needs CPR you **must** send for or call for help as soon as possible.

If there are any bystanders ask them to call for help while you care for the casualty.

If you are alone call for help as soon as you know the casualty is not responding.

Calling an ambulance

- Dial **000** (on your phone keypad or through the EmergencyPlus app)
- Ask for **ambulance**
- Be ready to answer the following questions:
 - What is the exact address of the incident?
 - What phone number are you are calling from?
 - What is the problem? What exactly happened?
 - Is the casualty conscious?
 - Is the casualty breathing?
 - What is the casualty's name, age and gender?
 - Are there hazards at the scene or in the area?
- Answer any other questions you are asked
- **Do not** hang up until told to do so
- Call again if the casualty's condition becomes worse or changes



000
Stay Calm



Airway

Everyone needs to have a clear airway to be able to breathe.

An unconscious casualty is unable to cough or swallow to keep their airway clear. In addition their tongue can also block their airway.

Therefore it is vital to **immediately** check that the casualty's airway is clear and open.

Check if the casualty's airway is clear and open **without** rolling them onto their side (it takes less time and avoids moving the casualty unnecessarily.)

Only turn them onto their side to check their airway if you already suspect there may be water, vomit, or other foreign material in their mouth.



Vital steps

- Look in casualty's mouth and check for anything that may block their airway
- Clear out any foreign material from casualty's mouth
- **Take care:** If there is water, vomit or blood in casualty's mouth turn them onto their side to assist in clearing this out
- **Take care:** Tilt casualty's head back while lifting and supporting their chin to open their airway
- Check for normal effective breathing

Breathing

Normal and effective breathing is vital to maintain life. A casualty who is gasping or breathing abnormally and is **not** responsive needs resuscitation.

Gasping and breathing at irregular intervals is **not** normal breathing. Abnormal gasping (agonal gasps) is not uncommon when cardiac arrest occurs.

Movement of the lower chest and upper abdomen **does not** automatically mean the casualty is breathing normally and effectively.



Vital steps

- Look for regular movement of lower chest or upper abdomen
- Listen for any sounds of breathing from mouth or nose
- Feel for any air leaving mouth or nose
- Feel for any regular movement of lower chest or upper abdomen
- If casualty is breathing normally and effectively place them on their side in a stable position
- If **not** breathing normally and effectively **start CPR immediately**

Breathing unconscious casualty

Care of an unconscious casualty's airway takes precedence over any other injury, even a possible spinal injury.

If the casualty is unconscious but breathing normally place them on their side and monitor their condition until the ambulance or medical aid arrives. This will help to establish and maintain a clear airway, assist to drain any fluids from their mouth and reduce the risk of them inhaling foreign material.

Take care: Handle the unconscious casualty carefully and avoid twisting or forward movement of the head and spine.

Vital steps



1. Place furthest arm out beside casualty and nearest arm across casualty's chest



2. Lift up casualty's nearest knee



3. Support casualty at shoulder and thigh



4. **Take care:** Roll casualty onto side – avoid any twisting of spine



5. Place casualty's upper knee at right angle to body to stabilise them



6. Allow casualty's upper arm to rest in natural position



7. Ensure position of casualty's head allows any fluids to drain from mouth



8. Check for response and normal breathing at least every 2 minutes

Cardiopulmonary Resuscitation (CPR)

CPR is the process of providing chest compressions combined with rescue breathing to preserve brain function by temporarily maintaining circulation of blood and oxygen until ambulance or medical aid arrives.

Start CPR immediately

if the casualty is unresponsive and not breathing normally. This will dramatically increase the chance of survival for a casualty who needs resuscitation.

Signs and symptoms

- Collapsed and unresponsive
- Not breathing normally or effectively



Vital steps

- Give 30 chest compressions at rate of almost 2 per second
- Give 2 rescue breaths
- Continue to give regular cycles of 30 chest compressions then 2 rescue breaths at rate of 5 cycles every 2 minutes

If you are unwilling or unable to give rescue breaths, give continuous chest compressions at a rate of 100 to 120 per minute (almost 2 per second)

- Continue CPR until qualified medical help arrives or casualty starts breathing

Defibrillation - Using an AED

For a casualty needing CPR, **early defibrillation** using an Automated External Defibrillator (**AED**) has been proven to be a vital step in Basic Life Support.

Each minute that passes before an AED is used decreases a casualty's chance of survival.

AEDs are increasingly available to first aiders as they become more widely distributed throughout workplaces and the community. They consist of a control unit and two electrodes or pads that go on the casualty's chest. If an AED detects a "shockable" cardiac rhythm after a cardiac arrest occurs it can then deliver a measured electric shock to attempt to restore the heart to a normal effective rhythm.

Safe operation of an AED requires regular inspection of the AED to identify serviceability and to identify when pads and batteries need replacement

Signs and symptoms

- Collapsed
- No response to "talk and touch"
- Not breathing normally or effectively
- CPR is in progress

Vital steps when AED is available



1. Open or turn on AED and follow voice or visual prompts

2. Attach AED pads to casualty's bare chest as instructed

Vital steps when AED is available (continued)



3. Continue CPR until AED advises to stop



4. Stop CPR when advised by AED

- Make sure no one is touching casualty
- Wait for AED to analyse heart rhythm



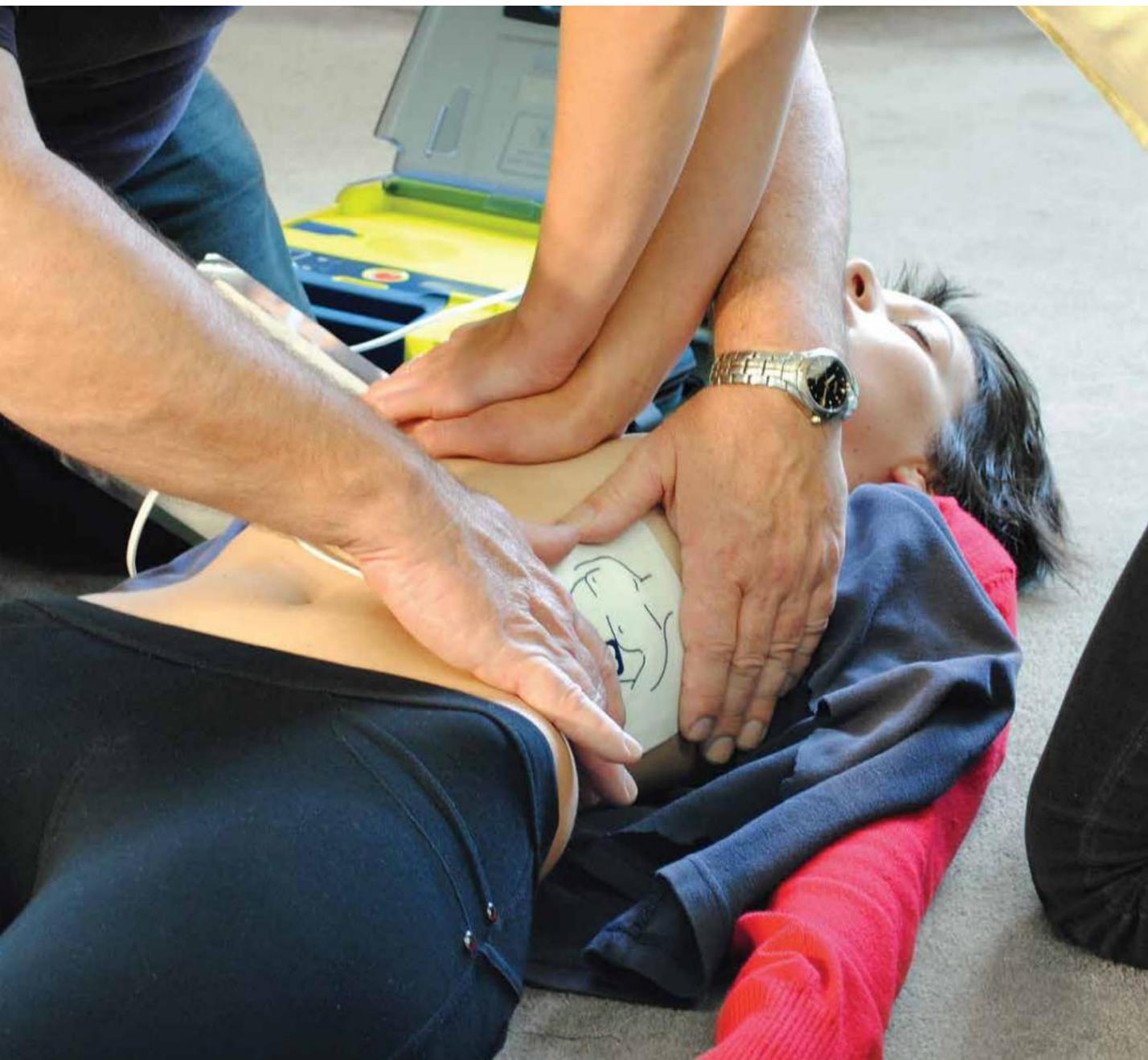
5. Deliver shock if AED instructs you to



6. Resume CPR after shock delivered or if shock not advised by AED

- Follow any further instructions given by AED
- Monitor casualty for any response or normal breathing

Cardiopulmonary Resuscitation (CPR)



CPR - Chain of Survival

The Chain of Survival highlights 4 key stages in the care of a casualty whose heart and breathing have stopped and needs resuscitation.

Each link in the chain represents a vital step in the care given to a casualty that needs CPR. If one link in the chain fails then the chance of a good outcome for the casualty decreases significantly.

Chain of Survival – 4 links:

1. Early Access – to get help as soon as you identify a problem
2. Early CPR – to buy time
3. Early Defibrillation – to re-start the heart
4. Early Advanced Care - to stabilise casualty in order to minimise the damage and increase the chance of a full recovery

As a first aider, you play a vital role in the Chain of Survival. Your actions in the first 3 links can increase the success of the final link.



**Early Access –
to get help**



**Early CPR –
to buy time**



**Early Defibrillation –
to re-start heart**



**Early Advanced Care –
to stabilise casualty**

DRSABCD - Step-by-step instructions



1. Check for danger –

Make sure it is safe to approach casualty

2. Check for response

- **C**an you hear me?
- **O**pen your eyes if you can hear me
- **W**hat is your name?
- **S**queeze my hand and let go if you can hear me



3. Send for help – Call 000 and ask for ambulance

4. Clear and open airway

- Look in casualty's mouth and check for anything that may block their airway
- Clear out any foreign material from casualty's mouth
- **Take care:** If there is water, vomit or blood in casualty's mouth turn them onto their side to assist in clearing this out
- **Take care:** Tilt casualty's head back while lifting and supporting their jaw to open airway



DRSABCD - Step-by-step *(continued)*



5. Check for normal breathing

- Look for regular movement of lower chest or upper abdomen
- Listen for any sounds of breathing from mouth or nose
- Feel for any regular movement of lower chest or upper abdomen

6. Start CPR – 30 chest compressions

- Place your hands on lower half of sternum in centre of chest
- Compress lower half of sternum approximately 1/3 of chest depth
- Give compressions at the rate of 100 to 120 per minute (almost 2 compressions per second)

7. Give 2 rescue breaths

- Ensure casualty's mouth and nose are sealed
- Blow gently into casualty's mouth until their chest rises
- Remove your mouth to allow air to be expired from casualty's chest
- Give 2nd rescue breath

8. Continue to give regular cycles

- 30 chest compressions then 2 rescue breaths at rate of 5 cycles every 2 minutes

DRSABCD - Step-by-step *(continued)*



9. **Attach defibrillator / AED (if available)**

- As soon as possible and follow its instructions
- Re-start CPR as soon as shock has been delivered or as soon as AED indicates that no shock is advised



10. **Continue CPR**

- Until casualty starts breathing
- Until ambulance or medical aid arrives and takes over
- Until it becomes dangerous to continue due to fatigue or other hazards



11. **Watch for any signs of recovery**

- Return of normal breathing and response
- Casualty starts breathing normally but is still unconscious (place them on their side in a stable position)

CPR - Chest compressions

This will compress the heart between the sternum (breastbone) and the spine so that blood circulates throughout the casualty's body, especially to the brain and other vital organs.

Vital steps

- Place your hand/s or fingers on lower half of sternum in centre of chest
- Use 2 hands for an adult; 1 or 2 hands for a child; 2 fingers for an infant
- Compress lower half of sternum approximately 1/3 of chest depth each time (adult = more than 5cm; child 1 to 8 years = approximately 5cm; infants under 1 year = 4cm) (ANZCOR Guideline 6 April 2021)
- Maintain an even rhythm by allowing equal time for each compression and recoil of chest – allow chest to recoil completely before next compression
- Give compressions at a rate of 100 to 120 compressions per minute (almost 2 compressions per second)
- After every 30 chest compressions, give 2 rescue breaths to help maintain oxygen levels in casualty's body
- If you are unwilling or unable to do rescue breaths give continuous chest compressions at a rate of 100 to 120 per minute
- If more than one first aider is available swap the task of doing chest compressions every 2 minutes to prevent first aider fatigue and avoid possibility of a decrease in quality and depth of compressions



CPR - Rescue breaths

Rescue breathing is the process of blowing air from your lungs into a casualty who is not able to breathe for themselves. There is enough oxygen remaining in the air you breathe out of your lungs to provide some oxygen to a casualty who needs CPR.

There are several ways of performing rescue breaths. These include mouth-to-mouth, mouth-to-mask, mouth-to-nose, mouth-to-mouth and nose, and mouth-to-neck (through a laryngectomy stoma).

Mouth-to-mouth



- **Take care:**
Tilt casualty's head back and lift chin up



- Pinch casualty's nose closed or block their nostrils with your cheek



- Open your mouth and place it completely over casualty's mouth
- Blow air into casualty's mouth to inflate their lungs



- Remove your mouth, turn your head to watch for fall of chest, listen for expired air
- Give a second rescue breath then resume chest compressions

CPR - Rescue breaths *(continued)*

Mouth-to-mask



- Place mask over casualty's mouth and nose



- Grip mask to seal on casualty's face and maintain head tilt and chin lift



- Blow into mask mouthpiece to inflate casualty's lungs



- Remove your mouth, watch for fall of chest, listen for expired air
- Give a second rescue breath then resume chest compressions

Mouth-to-nose



- **Take care:**
Tilt casualty's head and lift their chin to maintain open airway



- Close and seal casualty's mouth



- Place your mouth over casualty's nose
- Blow into casualty's nose to inflate their lungs



- Remove your mouth, watch for fall of chest, listen for expired air
- Give a second rescue breath then resume chest compressions

CPR - Rescue breaths *(continued)*

Mouth-to-mouth and nose (usually used for an infant or small child)



- Maintain correct amount of head tilt and chin lift to suit casualty (for correct head tilt information see CPR - Summary Page 36)
- Place your mouth over casualty's mouth and nose
- Gently blow into casualty's mouth and nose to inflate their lungs
- Remove your mouth, watch for fall of chest, listen for expired air
- Give a second rescue breath then resume chest compressions

Mouth-to-neck stoma (a surgical opening in neck)



- **Take care:** Tilt casualty's head back to assist access to the opening
- Seal opening in casualty's neck with your mouth, blow air into opening to inflate their lungs
- If you hear air escaping from casualty's mouth or nose seal off their mouth and nose and try again

CPR for young children (1 to 8 years)

Vital Steps

Follow Basic Life Support steps - **DRSABCD**

Danger - check for any dangers

Response - check for response to talk or touch

Send for help - call ambulance 000

Airway - clear and open airway

Breathing - check for normal, effective breathing

CPR - If not breathing effectively, start CPR:

30 chest compressions followed by 2 rescue breaths

Five cycles of 30 compressions and 2 breaths every 2 mins

Defibrillator - attach defibrillator (AED) if available and suitable and follow instructions

Continue CPR as required

Chest Compressions

- Place hands on lower half of sternum, in centre of chest
- Compress lower half of sternum approx. 1/3 of depth of chest – about 5cm
- Use one or two hands as needed



000
Stay Calm



emergencyplus



CPR for infants (younger than one year)

Vital Steps

Follow Basic Life Support steps - **DRSABCD**

Danger - check for any dangers

Response - check for response to talk or touch

Send for help - call ambulance 000

Airway - clear and open airway

Breathing - check for normal, effective breathing

CPR - If not breathing effectively, start CPR:

30 chest compressions followed by 2 rescue breaths

Five cycles of 30 compressions and 2 breaths every 2 mins

Defibrillator - attach defibrillator (AED) if available and suitable and follow instructions

Continue CPR as required



Chest Compressions

- Place fingers on lower half of sternum, in centre of chest
- Use two fingers to compress chest
- Compress lower half of sternum approx. 1/3 of depth of chest – about 4cm



Airway management

- Keep head in level or neutral position
- Support lower jaw at point of chin
- Keep mouth open



Rescue breaths

- Support head in neutral position
- Seal infant's mouth and nose
- Gently blow to inflate lungs
- Remove your mouth to watch for fall of chest and listen for expired air
- Give second rescue breath and then resume chest compressions



CPR - Pregnant casualty

Performing CPR on a pregnant casualty and caring for a pregnant unconscious, breathing casualty requires some small changes in technique. During the later stages of pregnancy the size of the baby in the womb may put increased pressure on the blood vessels returning blood to the woman's heart.

If a visibly pregnant woman is unconscious but breathing place her in a stable position lying on her **left** side – this will assist with blood circulation returning to her heart.

If a visibly pregnant casualty needs CPR, commence CPR immediately. Once CPR is in progress, if possible rescuers should raise and support her right hip in order to tilt her hips to the left at an angle of 15 to 30 degrees. Use any available padding or have a rescuer or bystander to raise and support her right hip. The reason for this is to move weight off the major blood vessels in the abdomen.



CPR - Summary

The Australian Resuscitation Council recommends that all those trained in CPR should refresh their CPR skills at least annually.

CPR steps	Adult & older child (9 years +)	Younger child (1 to 8 years)	Infant (Up to 1 year)
Head tilt	Fully tilted back	Fully tilted back	No – head level, in neutral position
Chin lift & jaw support	Yes	Yes	Yes
Breaths	2 full breaths	2 small breaths	2 puffs
Chest compressions	2 hands	1 or 2 hands	2 fingers
Compression depth	1/3 of chest depth – more than 5cm	1/3 of chest depth – approx 5cm	1/3 of chest depth – approx 4cm
Compression rate	100 to 120 per minute	100 to 120 per minute	100 to 120 per minute
Compression to breath ratio	30 compressions: 2 rescue breaths	30 compressions: 2 rescue breaths	30 compressions: 2 rescue breaths
Ideal CPR cycle rate	5 cycles of 30:2 every 2 minutes	5 cycles of 30:2 every 2 minutes	5 cycles of 30:2 every 2 minutes



Basic Life Support

D

Check for **Danger**

R

Check for **Response**

S

Send for help - **Call 000**

A

Open **Airway**

B

Check for normal **Breathing**

C

Start **CPR** - 30 chest compressions: 2 rescue breaths
If unwilling/unable to do rescue breaths continue chest compressions

D

Attach **Defibrillator (AED)** - as soon as available and follow its instructions

Continue CPR - until qualified help arrives or signs of life (responsiveness, normal breathing) return

About this Manual

The **Everyday Learning CPR Training Manual** provides current resuscitation information in a way that is easy to use in the classroom. It aims to support first aid trainers delivering first aid competencies using the nationally accredited Health Training Package.

This manual features up-to-date information on how to provide Cardiopulmonary Resuscitation (CPR) based on current Australian Resuscitation Council guidelines, presented using clear step-by-step visual and written instructions.

The manual covers:

- Introduction to first aid
- Basic life support steps
- Performing CPR

For comprehensive general first aid information please refer to the **Everyday Learning First Aid Training Manual**.

About the Author

John Morris taught first aid and worked in public safety and community education roles for over 30 years. He gained extensive experience in training delivery and management with a range of organisations including Australian Red Cross, Victoria State Emergency Service, University of Ballarat, St John Ambulance (Vic) and Ambulance Victoria. He also had extensive practical experience in providing first aid care in a number of roles.

At Everyday Learning we are passionate about encouraging everyone in the community to learn first aid skills, by providing a relevant easy-to-use training manual to help teach everyday people the vital steps to provide first aid care when needed.

For information about the full range of Everyday Learning products go to

www.everydaylearning.com.au

