LEARNER GUIDE

UETDRRF004 Perform rescue from a live LV panel

Contents

Welcome

Welcome to UETDRRF004 Perform rescue from a live LV panel Participant Guide.

The Guide is designed in a way to provide simple, relevant and useful first aid information. It will not only meet the requirements of this unit of competency, but also assist you beyond this course as your own quick reference guide to first aid.

The topics are presented in an easy to follow and user-friendly format, so you **understand**, **remember** and **find** first aid information quickly.

Each topic is presented in traffic light colours:

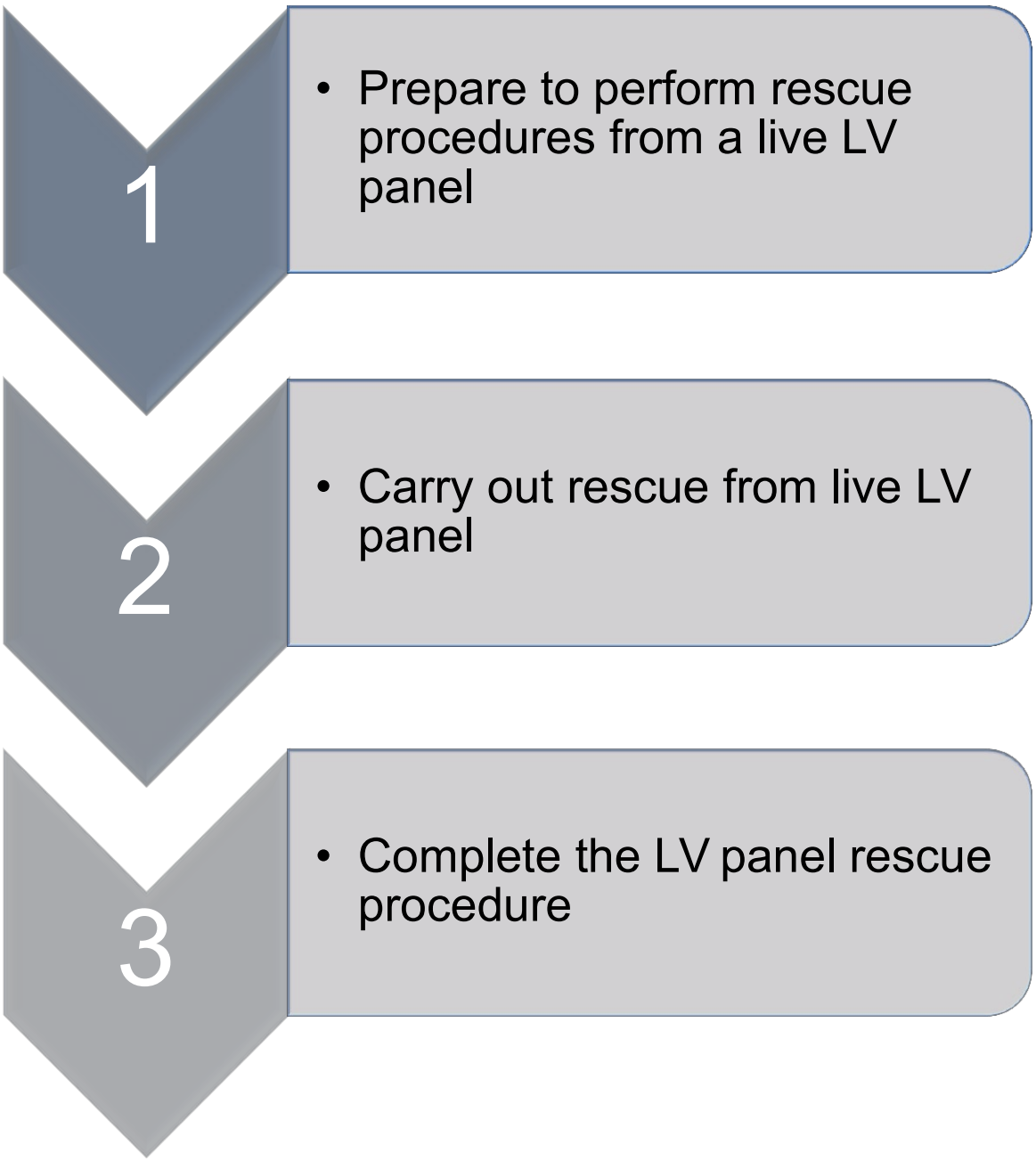
RED section explains what you need to remember/know.

AMBER section explains what you need to do/manage.

GREEN section explains your Plan "B"/contingency.

UETDRRF004 Perform rescue from a live LV panel

To provide rescue from a live LV panel please follow the steps below:



Basic Life Support
DRSABCD Action Plan

D — Dangers?

Ensure area is safe to you, others and the casualty

R — Responsive?

NO RESPONSE	RESPONSE
Send for help	Check for injuries, make comfortable, monitor

S — **Send** for help

Send for help: Call or ask someone to call Triple Zero
(000) for an ambulance.
If on your own place casualty in Recovery Position before making a call.

A — Open **Airway**

Open mouth:

NO FOREIGN MATERIAL	FOREIGN MATERIAL
Leave on the back	Place in Recovery Position and clear airway

B — Normal **Breathing?**

Check for breathing: look, listen and feel

NOT BREATHING NORMALLY	BREATHING NORMALLY
Place on back, start CPR	Place in Recovery Position and monitor

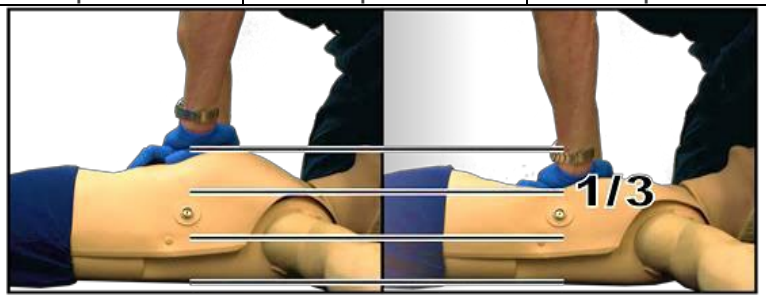
C — Start **CPR**

30 compressions **2** breaths

D — Attach **Defibrillator (AED)**

Apply defibrillator and follow the prompts

Cardiopulmonary Resuscitation Chart

CPR	Adult	Child (1-8)	Infant (up to 1)
Opening the Airway - Chin Lift, Head Tilt	Full 	Slight 	Neutral to slight 
Ratio Compressions to Breaths	30:2 30 compressions and 2 breaths	30:2 30 compressions and 2 breaths	30:2 30 compressions and 2 breaths
Compressions	1/3 chest depth  Should be smooth Controlled - the same time to compress and release the chest. The First Aider should minimise interruptions of chest compressions, CPR should not be interrupted to check for response or breathing. Interruptions to chest compressions are associated with lower survival rates.	1/3 chest depth	1/3 chest depth
Pressure	**Adult** Heels of 2 hands 	**Child (1-8)** Heels of 2 hands 	**Infant (up to 1)** 2 fingers 
Hand Positioning	Lower half of breastbone in the centre of the chest	Lower half of breastbone in the centre of the chest	Lower half of breastbone in the centre of the chest

1. Conduct Workplace Risk Assessment

WHAT
is it?

The purpose of performing a workplace risk assessment is to identify hazards risks to employees in order to create and maintain a safe work environment.

REMEMBER
Know

What is a Hazard?

The meaning of the word hazard is any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work.

What is a Risk?

A Risk is the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard. It may also apply to situations with property or equipment loss.

Risk Assessment

A risk assessment is performed in accordance with Occupational Health and Safety Legislation and relevant Commonwealth/State/Territory Regulations or approved Codes of Practice for the control of hazards in the workplace.

Depending on the type of workplace, potential hazards could include:

- Incorrect storage of materials;
- Wet or uneven floor surfaces;
- Blocked exits;
- Lack of access to fire extinguishers;
- Badly maintained equipment or improper use of equipment;
- Faulty/overloaded electrics;
- Inappropriate noise levels; and
- Hazardous substances.

Hazardous substances generally affect the skin, eyes, respiratory system or body. Contact with chemical substances may result in burns to the skin or eyes. Dangerous vapours may harm the eyes or the respiratory system. Substances handled without protection may result in contact dermatitis.

Provision of personal protection equipment (PPE) is essential.

Developing and communicating emergency procedures and evacuation procedures for the workplace.

REMEMBER Continued

Know

Risk Assessment Matrix

A risk assessment matrix is a method for evaluating both the probability of an incident occurring and the severity of the consequences, if the incident was to occur.

Activities that are considered to be both frequent and catastrophic would be considered extremely high risk, while activities that are both unlikely and negligible would be considered low risk.

RISK ASSESSMENT MATRIX					
LIKELIHOOD / *MOST LIKELY* CONSEQUENCE	Almost Certainly Will Occur	Good Chance it Could Occur	Likely to Occur	Unlikely to Occur	Extremely Unlikely to Occur
	Consequence expected to occur on a weekly basis or more frequently	Consequence expected to occur more than once in 3 months, but less than once a week	Consequence expected to occur more than once a year, but less than once in 3 months	Consequence expected to occur more than once in 3 years, but less than once a year	Consequence has not occurred and is expected to occur less then once in 3 years
Disastrous Fatality/Extensive damage	HIGH 25	HIGH 24	HIGH 22	MODERATE 19	MODERATE 15
Critical Amputation/ Major damage	HIGH 23	HIGH 21	MODERATE 18	MODERATE 14	MODERATE 13
Serious More than 1 week off normal duties/serious damage	HIGH 20	MODERATE 17	LOW 12	LOW 9	VERY LOW 6
Significant Less than 1 week off normal duties/negligible damage	MODERATE 16	LOW 11	LOW 8	VERY LOW 5	VERY LOW 3
Minor First Aid Injury / No damage	LOW 10	LOW 7	VERY LOW 4	VERY LOW 2	VERY LOW 1

In order to determine the risk, use the matrix and:

- Determine the most likely consequence of the risk (Consequence Assessment);
- Determine the likelihood of the consequence happening (Likelihood Assessment);
- Line up the Likelihood and the Consequence Assessments to determine the risk score; and
- Use the score to determine the appropriate actions to take in addressing the risk.

REMEMBER Continued
Know

Eliminating and/or Minimising Risks

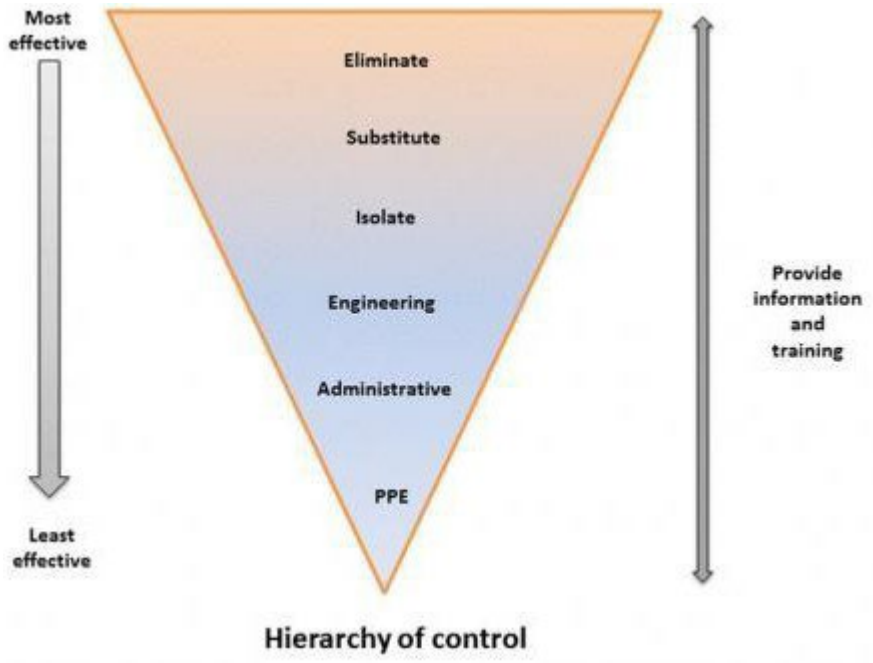
The most important step in managing risks in the workplace involves eliminating them as is reasonably practicable, or if that is not possible, minimising them.
Employers are obliged to establish appropriate procedures to minimise or eliminate the hazard/risk.

These could include:

- Control methods;
- Employee training;
- Establishing First Aid facilities including safety showers and eye wash stations;
- Provision of PPE; and
- Developing and communicating emergency procedures and evacuation procedures for the workplace.

Hierarchy of Control

Many workplaces require that risk control measures are selected based on the hierarchy of control. The hierarchy of control ranks risk control measures in decreasing desirability and effectiveness; as seen in the diagram below.



Hierarchy of control

REMEMBER Continued
Know

Eliminate

Eliminate the hazard. Completely remove the hazard from the workplace.

Substitute

Substitute the hazard with something safer. Change a work practice, substance or piece of equipment to provide a safer environment.

Isolate

Isolate the hazard from people or reduce the risk through engineering controls.

Engineering

Modify the workplace or isolate equipment.

Administrative

Reduce the level of harm using administration. Develop procedures, work instructions and systems. Provide training.

Personal Protective Equipment (PPE)

Use personal protective equipment. Using personal protective equipment to prevent physical contact between the hazard and the person.

Conducting a Risk Assessment in the Workplace The steps in conducting a

Risk Assessment are:

- Step 1 – Identify Hazards
- Step 2 – Identify the Risk
- Step 3 – Assess the Risk
- Step 4 – Control the Risk
- Step 5 – Document the Process
- Step 6 – Monitor and Review

DO
Manage

Step 1 – Identify Hazards

1. Examine each work area by walking around and looking at what could reasonably be expected to cause harm.
2. Examine work tasks that could be a hazard, such as driving.
3. Discuss hazards with other employees and the Health and Safety Representative.

Step 2 – Identify the Risk

1. Once hazards are identified, examine the factors contributing to the risk.
2. Review any existing health and safety information; such as Incident Forms.

Step 3 – Assess the Risk

1. Once a review of the identified hazards has been conducted using the Risk Assessment Matrix.
2. Determine the likelihood of the hazard causing an incident.
3. Determine the consequences if the incident occurred.

Step 4 – Control the Risk

If it has been determined that a hazard is assessed as being a high risk:

1. Use the Hierarchy of Control to decide on appropriate control measures for that hazard.
2. If necessary isolate the hazard until a solution can be implemented.

Step 5 – Document the Process

1. Documenting the process will help ensure that the assessment process has been conducted properly, including information about the hazards, associated risks and control measures that have been implemented.

Information should include:

1. Hazards identified.
2. Assessment of the risks associated with those hazards.
3. Decisions on control measures to manage exposure to the risks.
4. How and when the control measures are implemented.
5. Evidence of monitoring and review of the effectiveness of the controls; and
6. Any checklists used in the process.

DO Continued
Manage

Step 6 – Monitor and Review

The hazard identification and risk assessment process should be constantly monitored and reviewed. Reviews should also be conducted when:

1. Changes occur in the workplace.
2. New work processes are implemented.
3. New equipment is purchased or changes are made to current equipment.
4. When any changes are made from the initial hazard and risk assessment or from proceeding reviews, employees should be informed and training conducted if necessary to ensure the safety of employees.

General:

1. Develop a checklist for a hazard identification and risk assessment, including requirements for first aid.
2. Complete the hazard identification and risk assessment for the workplace.
3. Consult the employer, employees, health and safety representatives when conducting the risk assessment.
4. Ensure that any identified hazards are controlled using the Hierarchy of Control.
5. Use the results of the risk assessment to determine the number of first aid kits, the type of and any extra equipment required.

Before any work can commence on a live LV panel, it is imperative certain procedures need to be followed; this may vary according to the employer. Additional detail is provided in 9.3 of this guide.

PLAN
"B"
Contingency

- Visit the WorkSafe website for more information.
- Visit the Safe Work Australia website for more information

1.1 Safety Observer

WHAT
is it?

A Safety Observer MUST be present when working on live LV panels or equipment.

REMEMBER
Know

Requirements of a Safety Observer:

- Specifically assigned the duty of observing and warning against unsafe approach to equipment and other potential hazards;
- They may also implement any control measures beforehand and respond to an incident when required;
- The safety observer must be competent in electrical rescue and CPR;
- The safety observer must be competent to perform the particular task involved; and
- The safety observer may assist the tester, but must be aware of the hazards present.

Safe Approach Distance (SAD)

The distance required to be kept between machinery and anything held by a person and the low voltage panel / electrical installation in order to prevent electricity arcing.

Electrically Qualified Person	Unqualified Person	General Public
500mm	1000mm	3000mm

DO
Manage

1. Visit the WorkSafe website
2. Ensure Safety Observer is always present when working on live LV panels or equipment.
3. Follow the safe distance approach requirements.

PLAN
"B"
Contingency

- Call Triple Zero (000) for an ambulance.

1.2 Personal Protective Equipment

WHAT
is it?

Employers have a duty of care to provide Personal Protective Equipment for employees to minimise risks that are identified.

REMEMBER
Know

Personal Protective Equipment (PPE)

- Must be suitable for the identified risk and suitable for the worker to use;
- The worker must be taught how to:
  - use the PPE;
  - store and maintain it;
  - keep it clean; and
  - Worker MUST use PPE provided for their protection.

Types of Personal Protective Equipment:

- **Face shield** — arc rated full face shield (may also be attached to the hardhat);
- **Eye protection** — metal spectacle frames should not be worn;
- **Gloves** — use gloves insulated to the highest potential voltage expected for the work being undertaken. leather work gloves may be considered for de- energised electrical work;
- **Clothing** — use high visibility non-synthetic clothing made of non-fusible material that is flame resistant. Clothing made from conductive material or containing metal threads should not be worn;
- **Footwear** — use non-conductive footwear, for example steel toe capped boots or shoes manufactured to a suitable standard;
- **Hardhat** — complies with safety standards, may also include a full arc rated face shield;
- **Safety belt/harness** — safety belts and harnesses should be checked and inspected each time before use with particular attention being paid to buckles, rings, hooks, clips and webbing;
- **Ladder** — made from fibreglass **not** aluminium (fibreglass will not carry an electrical current); and
- **Hand tools** — 1000 volt insulated hand tools.

DO Mana	**1.** Ensure PPE is suitable for the nature of the work. **2.** The PPE provided is a suitable size and fit for the person wearing it. **3.** PPE needs to be repaired, maintained or replaced as required.
PLAN "B" Contingency	• Call Triple Zero (000) for an ambulance.

1.3 Low Voltage Rescue Kit

WHAT
is it?

Used for safe rescue of casualties of electric shock or other injuries when working on LV switchboards in electricity supply and industrial substations.

REMEMBER
Know

Low Voltage Rescue Kits are a requirement when any work is being conducted on live LV Panels. The Safety Observer is the personnel responsible for the kit prior to any commencement of work, during the work being conducted and after the completion of any work. It is essential that the Safety Observer: is familiar with the equipment contained in the rescue kit; stringent with the checking requirements of the equipment; and places the kit in an accessible location to facilitate response and rescue.

Contents of kit and the checking requirements:

- **Bag**
  - Clearly marked;
- **Insulated gloves**
  - Approved, test date stamped no longer than 12 months old; and
  - Air tested to ensure no holes or tears;
- **Isolation tag**
  - Clearly marked;
- **Torch**
  - Operational; and
  - Non-conductive;
- **Insulated crook**
  - Complete coating with no cracks or chips; and
  - Test date tagged;
- **Fire blanket**
  - 1800mm X 1200mm;
- **Burns dressing**
  - In date; and
  - Packaging intact.

DO Manage	1. Visit the WorkSafe website for more information. 2. Maintain the contents of the rescue kit, at all times. 3. Check before commencing work for safety and functionality. 4. Ensure rescue kit is in an accessible location.
PLAN "B" Contingency	• Call Triple Zero (000) for an ambulance.

1.4 Identifying and Labelling Isolation Point

WHAT
is it?

The purpose of attaching labels ensures the correct isolation point has been identified.

REMEMBER
Know

Identifying and Labelling Isolation Point

Before any work can commence on a live LV panel, there are certain procedures to be followed:

- Obtain a work order/permit which identifies the electrical problem and the work to be carried out; and
- Locate electrical schedule to determine which switch is required to be identified and labelled as the isolation point.

This may vary according to the employer.

DO
Manage

1. Visit the WorkSafe website for more information.
2. Ensure Safety Observer is always present when working on live LV panels or equipment.
3. Follow the safe distance approach (SAD) requirements.

PLAN "B"
Contingency

- Call Triple Zero (000) for an ambulance.

2. Rescue from a Live LV Panel

WHAT
is it?

The rescue of the victim from a live LV Panel as quickly as possible and the provision of treatment as necessary.

REMEMBER
Know

Rescue from a Live LV Panel

- Assess the situation and rescue the casualty as quickly as possible;
- Isolate supply if possible. If not possible, ensure all safety precautions are in place (i.e. rescue kit, SAD maintained);
- Remove the casualty without touching them using the insulated crook;
- Apply fire blanket if required:
  - Hold tabs with hands behind blanket;
  - Hold blanket between rescuer and casualty;
  - Place over casualty covering from head downwards; and
  - Pat down to ensure fire extinguished.

DO
Manage

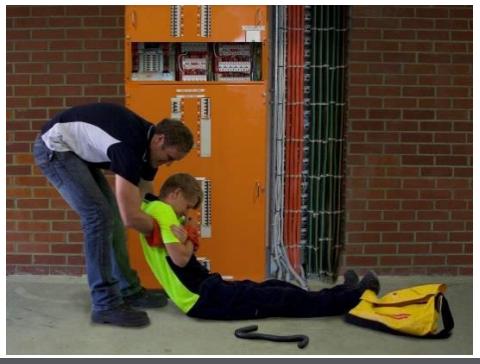
After casualty has been safely removed from the electrical source:

1. DRSABCD – if necessary, move the victim to a clear, safe entry-controlled area away from the live LV panel using the one man drag technique.
2. Perform CPR if required.
3. Manage burns.
4. Ensure emergency services have been called.
5. Remain with the casualty until help arrives, monitor airway and breathing.
6. Ask a bystander to meet and direct the medical professionals to the casualty.

One Man Drag Technique

Note: Ensure that you use safe manual handling techniques.

1. Crouch behind the casualty.
2. Position your arms around casualty's chest.
3. Securely grip both hands over the opposite wrists on the casualty.
4. Adopt correct lifting procedure (straight back).
5. Drag the casualty to a clear safe area.

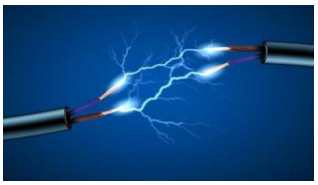


PLAN "B"
Contingency

- Call Triple Zero (000) for an ambulance.

3. Injury Management

WHAT
is it?



After the casualty has been safely removed from the power source, injury management commences immediately.

REMEMBER
Know

Electrical Burns

An electrical burn is a burn that results from electricity (either high voltage or prolonged current) passing through the body.

Electrical burns may be more serious than they appear:

- The burn maybe deep;
- There may be damage to the internal organs as the current travels through the body;
- Current flow through the heart may also cause cardiac arrest or cardiac arrhythmias;
- An entry and an exit wound may result.

DO
Manage

Electrical Burns Management:

After safe removal of casualty from power source:

1. DRSABCD.
2. Assess the casualty for both entrance and exit wounds.
3. Cool burned areas under running water for twenty (20) mins.
4. Cover the burn either with a non-adherent burns dressing, or loosely applied cling wrap. **Note** cling wrap must only be applied after twenty (20) minutes of cooling.
5. Reassure the casualty.
6. Always seek medical aid for electrical burns.

After the Incident
Authority to release a worksite after an accident:

1. If a minor injury the **employer** is the authority.
2. In the case of a **death,** emergency services e.g. Police will close the accident area and suspend use of equipment until their investigation has been completed.
3. Maintain the site security so that entry is controlled until Police have completed their investigations
4. WorkSafe may also issue an improvement notice which if not acted upon by the employer, can lead to prosecution.

DO Continued
Manage

Reporting Requirements:

All electric shocks, accidents and incidents must be reported to:

1. The employer.
2. The relevant network operator.

If any of the following injuries occur, they must also be reported to WorkSafe:

1. A fracture of the skull, spine or pelvis.
2. A fracture of the leg, other than a bone in the ankle or foot.
3. An amputation of an arm, a hand, finger, finger joint, leg, foot, toe or toe joint.
4. The loss of sight of an eye.
5. Any injury other than those referred to above which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days of the day on which the injury occurred.

PLAN
"B"
Contingency

- If running water is not available soak a dressing or cloth in saline or water and apply it to the burn, keep as wet and cool as possible. Replace regularly so that the dressing can absorb the heat.
- Call Triple Zero (000) for an ambulance.
- Ask bystanders to assist if they are trained First Aiders.

4. Capabilities of Emergency Management Services

WHAT
is it?

Emergency Management Services refers to organisations that maintain public safety and health by responding and assisting in emergency situations.

REMEMBER
Know

Emergency Management is the process of creating and implementing strategies to manage emergencies or disasters. Much of the effectiveness of emergency management lies in the ability to quickly and ably respond to a situation.
Creating a strong response plan is vital and includes clear, concise instructions for how emergency responders are to act in a crisis. Emergency responders include the fire, rescue and state emergency services, police, and ambulance.

The Department of Fire and Emergency Services

Hazard management agency capabilities include:

- Structural fires;
- Bushfires;
- Hazmat incidents; and
- Natural disasters such as flood, cyclone, storm, earthquake.

Support Services

- Marine, land, and air search and rescue;
- Urban search and rescue;
- Cliff, cave and confined space rescue;
- Road and rail transport emergencies; and
- Animal disease outbreaks.

State Emergency Management

- Development of State policy and plans; and
- Management of Disaster Relief and Recovery Arrangements.

Emergency management issues. Fire or life-threatening emergencies call Triple Zero (000);

REMEMBER Continued
Know

Police

The role of the police is wide and varied; in a first aid context they would be called for:

- Any situation where life or serious injury is threatened;
- A car accident where people are trapped or seriously injured;
- A serious air, rail or water incident;
- Any incident which poses an immediate threat of danger to people or property;
- An explosion or bomb incident or threat; and
- Control of the scene of the major incident.

Contact Numbers

- Emergency or life-threatening situations, when urgent police assistance is needed Triple Zero (000);

– Ambulance Service

The ambulance service provides pre-hospital ambulance care for the sick and injured, and transports patients to and from medical facilities.

The paramedics and ambulance officers constantly monitor and manage the patient's condition at all times and apply advanced life support and medications when required. They also triage multiple casualty scenes.

Contact Numbers

- Urgent Medical aid call Triple Zero (000); and

DO
Manage

In the event of an emergency situation a First Aider must:

1. Follow DRSABCD Action Plan.
2. Continue first aid until paramedics/ambulance officers arrive and take over.
3. Provide a verbal handover to paramedics when directed.
4. Comply with all directions from the Emergency Services.

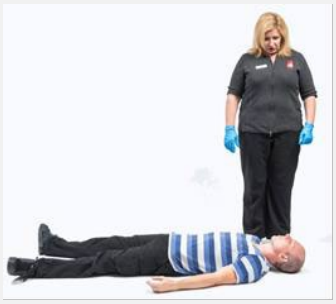
PLAN "B"
Contingency

- Learn first aid skills.

Quick Guides

1. DRSABCD Action Plan
2. Perform CPR – Child and Adult
3. Perform CPR – Infant
4. Perform CPR with an AED
5. Recovery Position

1. DRSABCD Action Plan

"WHAT?"	"HOW?"	"WHY?"	SHOW ME
D	**DANGER** 1. Check for danger **by:** • Observing • Listening • Using your sense of smell 2. Danger **from:** • Hazards and obstacles • Traffic • Fuel • Electrical wires • Poisonous gas fumes • Fire and so on **IF SAFE PROCEED**	For safety to: • **YOU** (if not safe you can get injured and become a casualty) • **OTHERS** (if not safe more casualties) • **CASUALTY** (if not safe the condition can worsen)	
R	**RESPONSE** 1. Ask for **NAME** 2. **Squeeze** shoulders	• Determining if the casualty is **CONSCIOUS**	
S	**SEND FOR HELP** 1. Call Triple Zero (**000**) for an ambulance 2. If on your own place casualty in **RECOVERY** position before making a call 3. Or ask bystander to make the call	• You may not know the extent of the injuries medical help extends the chances of survival.	 

DRSABCD Action Plan continued

"WHAT ?"	"HOW?"	"WHY?"	SHOW ME
A	**AIRWAY** 1. Open mouth by gently pulling chin down 2. Check mouth for foreign materials 3. If **YES** - place in **RECOVERY** position 4. Clear airway with fingers 5. If **NO** - Leave on back 6. Open airway by tilting head and lifting chin.	• To find obstructions to breathing • In order to survive, casualty must breathe	
B	**BREATHING** • Look • Listen • Feel Do this for ten **(10) seconds** only! • Place in **RECOVERY** position if breathing normally	• Without breathing brain will not get oxygen	
C	**CPR 30:2** 1. Start with thirty (30) compressions and two (2) breaths 2. Continue until help arrives	□ To pump oxygen to brain □ To increase chance of survival	
D	**DEFIBRILLATION** 1. Open defibrillator case and turn device **ON** 2. Automatic prompts will instruct you what to do 3. Place pads in correct position 4. You will be instructed when to give shocks	□ To re-start heart □ To establish normal heart rhythm	

2. Perform CPR – Child and Adult

"WHAT?"	"HOW?"	"WHY?"	SHOW ME
1. Action Plan	• Follow DRSA from DRSABCD Action Plan	• To preserve life	
2. Breaths Mouth to Mouth Breaths	• Thirty (30) chest compressions two (2) breaths • Tilt the head back, lift the chin (adult), child - slight, infant – neutral • Blow for one (1) second into casualty's mouth • Take a clear breath of fresh air • Blow a 2nd breath for one (1) second, the first aider is to turn their head and watch for the chest to begin to fall	• To provide oxygen to the brain • So the chest rising is visible	
Mouth to Nose	It may be used when: • Jaw and/or teeth are broken • Jaw is tightly clenched • Deep water resuscitation • Resuscitating an infant or child	• If casualty is severely injured in head area • To provide oxygen to the brain • So the chest rising is visible	
Mouth to Mask	Mouth to Mask (Avoids mouth-to- mouth contact): • Note: Resuscitation should not be delayed by attempts to obtain a mask	• Especially appropriate if the casualty has blood in their mouth, a facial injury, is inebriated or has vomited • So the chest rising is visible	
3. Chest Compressions	• Give thirty (30) chest compressions at a rate of about two (2) compressions a second • Should be smooth and controlled	• To pump oxygen to the brain	

2. Perform CPR – Child and Adult Continued

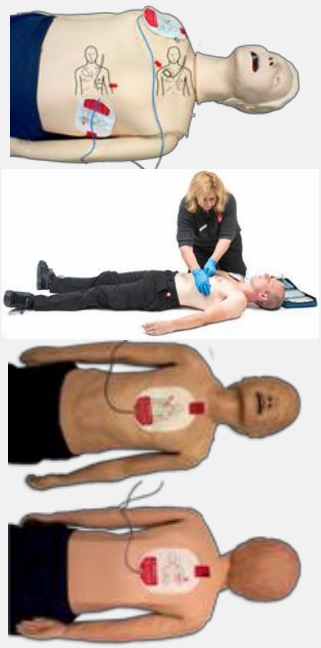
"WHAT ?"	"HOW?"	"WHY?"	SHOW ME
4. Hand position	• **Adult:** Heels of two (2) hands. Lower half of sternum (breastbone) in the centre of the chest • **Child 1-8:** Heels of two (2) hands. Lower half of sternum (breastbone) in the centre of the chest	• For the best outcome	
5. Ratio	• 30:2	• As per ARC Guidelines	

3. Perform CPR - Infant

"WHAT ?"	"HOW?"	"WHY?"	SHOW ME
1. Action Plan	• Follow DRSA from DRSABCD Action Plan	• To preserve life	
2. Breaths	• Clear the mouth of foreign material with your little finger • Place on the back on firm surface • Tilt head back very slightly to open airway • Lift chin to bring tongue from the back of the throat • Avoid pressure on the soft tissue under the chin.	• Due to delicate anatomy of an infant – small airway	 
3. Compressions	• Two (2) fingers (index and middle)	• Due to delicate anatomy of an infant • Soft bones	
4. Hand position	• Two (2) fingers • Lower half of breastbone in the centre of the chest	• Due to delicate anatomy of an infant • Soft bones	
5. Ratio	• 30:2	• As per ARC Guidelines	

4. Perform CPR with an AED Adult and Child Over 1 Year

"WHAT ?"	"HOW?"	"WHY?"	SHOW ME
1. Action Plan	• Follow DRSA from DRSABCD Action Plan	• To preserve life	
2. Breathing	• Look for the rise and fall of the chest - Normal? • Listen for sounds of breathing - Normal? • Feel for breathing and rise and fall of the chest – Normal?	• Greater chances of survival if breathing	
3. CPR	• Casualty is Not Responding and Not Breathing Normally - Commence CPR • Give thirty (30) chest compressions at a rate of about two (2) compressions a second approximately one hundred (100 to 120) a minute given on the lower half of the breastbone in the centre of the chest, followed by two (2) breaths each lasting for one (1) second	• Not breathing – the brain is not receiving oxygen (without oxygen brain damage/death)	
4. Defibrillation	• If the casualty is wearing a bra, remove it before applying the defibrillator pads • Remove any medication patches • Check for any pacemaker/defibrillation implanted devices (scar will be between the collar bone and the top of the breast – either left or right). Pads should be placed at least 8cm from these devices	• Removal of clothing - to attach pads properly so an AED can read the heart rate and rhythm • Defibrillation to restart normal heart rate and rhythm	

4. Defibrillation	• Apply pads to the casualty's bare chest:
	• **Adults and children over eight (8) years**:
	  • 1st pad to right chest wall, below the collarbone; and
	  • 2nd pad to left chest wall, below the left nipple
	• **Children 1-8 years**:
	  • a defibrillator with paediatric mode or paediatric pads should be used
	  • Pads should be placed one pad in the centre of the chest between the nipples and the second pad on the back between the shoulder blades; and
	• If only an AED without paediatric mode or pads is available, then it may be used. Adult pads are positioned as per the adult placement. Ensure the pads do not touch each other on the child's chest. If the pads are too large place as per paediatric (front and back)
	• Ensure both pads adhere to the skin
			

5. Stop CPR	• Follow voice prompts • If no shock advised, continue with CPR when prompted If shock advised: • Ensure that it is safe to defibrillate • Ensure that no one is touching the casualty • When advised by the defibrillator press the "shock" button; and follow prompts	• To commence defibrillation using an AED device	

6. If no Response	• Continue with CPR until the casualty regains consciousness or it is clear that there are signs of life, or medical aid arrives and takes over • Do not remove defibrillator pads even if the casualty is conscious • If the casualty starts breathing, regains consciousness then place into the Recovery Position and closely monitor the casualty's airway and breathing • Be prepared for the casualty to rearrest	• To re-establish the heart rhythm • To monitor the heart rhythm	
When performing CPR and another person is available to assist, complete a seamless change over every two (2) minutes, this will help stop the First Aiders suffering from exhaustion as CPR can be very physical and tiring.			

5. Recovery Position

"WHAT ?"	"HOW?"	"WHY?"	SHOW ME
1. Position Arms	• Kneel beside the casualty • Position the casualty's furthest arm out at a right angle to the body • Place the other arm across the chest with fingers pointing to the shoulder; and • Support the arm with your knee/leg	• Ensuring unconscious casualty airway remains clear and open • Any vomit and fluid will not cause them to choke • To stop the arm falling back to the floor	
2. Position Legs	• Lift the nearest leg at the knee; ensure that it is fully bent upwards	• For easier lifting	
3. Prepare to Roll	• Place your hand on the casualty's knee • Support the head and neck; place your palm along the neck and support the back of the head with your fingers • Position your forearm under the casualty's shoulder blade	• Ensuring unconscious casualty airway remains clear and open • Any vomit and fluid will not cause them to choke	
4. Roll	• Roll casualty away from you minimising head and neck movement, until their knee is on the ground	• Safe way to move casualty	
5. Recovery Position	• Slide casualty's hand, palm down under the side of their face, without moving their head • Ensure that the casualty's airway is clear and open	• Airway remains clear and open	

Relevant Forms and Documents

Examples

1. Incident Report Form (Incident, Injury, Trauma and Illness Record Form)
2. Risk Assessment Matrix
3. Risk Management Context
4. WorkSafe – Injury Notification Example

1. Incident Report Form

Incident, Injury, Trauma and Illness Record Form

Company Name					
Casualty Name				**Age**	
Date of Birth		**Gender**		**Job Role**	
Incident, Injury, Trauma or Illness Details					
Date		**Time**		**Location**	
Witnesses					
Other Employees Involved *(For legal reasons – no names)*	☐ Yes ☐ No				

Please mark injuries on body diagram below

FRONT **BACK**

Injury Type:
- ☐ Scratch/Graze
- ☐ Cut/Laceration
- ☐ Bruise
- ☐ Swelling
- ☐ Bite/Sting
- ☐ Fracture
- ☐ Sprain/Strain
- ☐ ~~Unconscious/Altered~~ Consciousness
- ☐ Other

Cause:
- ☐ Slip/Trip/Fall
- ☐ Hazard/Environmental
- ☐ Equipment
- ☐ ~~Previous injury/illness~~
- ☐ ~~Peer Interaction~~
- ☐ Other:

Incident/Injury/Trauma (*Brief description of circumstances leading to the incident/injury/trauma)*

Illness *(Brief description of relevant circumstances surrounding the illness and symptoms)*

Incident, Injury, Trauma and Illness Record Form - continued

Treatment Details

First Aid Provided	Medication Given
☐ Ice Pack ☐ Wound cleaned ☐ Dressing applied ☐ Bandage applied ☐ Autoinjector ☐ Inhaler/Puffer ☐ CPR/AED ☐ Splint ☐ Spinal/Neck Collar ☐ Ambulance Called ☐ Other: _____	List all medications used in the management of the casualty and the dosage/amount given: _____ _____ _____ _____ _____ _____ _____ _____

Notification of Incident, Injury, Trauma or Illness

Who	Name of Person Notified	Time and Date Notification Given
Supervisor/Manager ☐ Written ☐ Verbal		
Organisation(s) Notified: such as: Health Department /WorkSafe. Not Applicable ☐ Written ☐ Verbal		

Notifier Name		**Signature**	

Signatures

First Aid Provider		**Signature**	
First Aid Qualified	☐ Yes ☐ No	**Other Qualification**	
Manager/Supervisor		**Signature**	
Casualty (if able)		**Signature**	

2. Risk Assessment Procedure Checklist Example

Checklist for Working on or Near Live Equipment		Yes ✓	No x
1.	Has the client supplied documented evidence satisfying the guidelines issued by the director and proving that isolating the equipment from the electricity supply is not practicable or would be detrimental to the safety or health of the users of the installation?		
2.	Has safe working procedure and plan been prepared?		
3.	Have all the electricians assessed the safe working procedures and plan, are satisfied that all safety issues have been addressed and have signed accordingly?		
4.	If the prospective fault current is greater than 10kA, has the plan been certified by an independent assessor?		
5.	Is the work clear of obstructions and is there a safe entry and exit?		
6.	Is test equipment appropriate to the task and is it functioning correctly?		
7.	Are workers wearing appropriate clothing and associated personal protective equipment?		
8.	Are appropriate insulating mats and sheeting in place?		
9.	Are the necessary first aid facilities provided and accessible, including resuscitation/defibrillation equipment?		
10.	Are workers competent to perform the required work scope?		
11.	Are safety observer/s in place?		
12.	Are all elements of the safe work plan in place?		

3. Risk Management Context