Emergency First Response (EFR)

First Aid at Work (Asia Pacific Version)



Brings manual to Version 3.1 (05/11) and up-to-date with 2010 CPR guidelines



Page	Old Text	New Text		
All references in the FAW materials	 DRABCD'S – Patient's Lifeline check for Danger check for Response 'A' directs rescuers to open the Airway 'B' directs rescuers to deliver two rescue breaths 'C' directs rescuers to perform 30 Chest Compressions to victims who are unresponsive and not breathing normally, followed by 2 breaths 'D' directs rescuers to attach an AED if it is available 'S' directs rescuers to treat for Serious Bleeding, Shock or Spinal Injury 	 DRSABCD'S – Cycle of Care 'D' check for Danger 'R' check for Response 'S' has been added for Send for help 'A' directs rescuers to open the Airway 'B' directs rescuers to quickly check for normal Breathing (no longer give two rescue breaths) 'C' directs rescuers to perform 30 Chest Compressions to victims who are unresponsive and not breathing normally, followed by 2 breaths 'D' directs rescuers to attach an AED as soon as it is available 'S' directs rescuers to check for Serious bleeding, Shock and Spinal Injuries on responsive patients 		
1.4	Breathing. Check the patient's Breathing and if necessary, begin rescue Breathing	Breathing. Check if patient is breathing normally.		
1.5	Important Note B = B reathing (give 2 initial breaths if not breathing normally)	Important Note B = B reathing (breathing normally?)		
1.17	Chain of Survival: Early Recognition and Call for help	Chain of Survival: Early Recognition and Send for help		
1.18	Early Recognition and Call for help	Early Recognition and Send for help		
1.19	In some countries, however, use of AEDs is reserved for Emergency Medical Service personnel. A recommended skill you may be taught in this course is Automated External Defibrillator (AED) Use. More on AEDs later.	Training in AED use is part of Basic Life Support (BLS) education unless you are in a country where the use of AEDs is reserved for Emergency Medical personnel.		
1.25	The ARC (Australian Resuscitation Council) recommends that "all those trained in CPR undertake at least annual competency assessment in CPR".	The ARC (Australian Resuscitation Council) recommends that "all those trained in CPR should refresh their CPR skills at least annually".		
1.32	After opening the airway as a first step, you'll learn to provide rescue breaths – a technique allowing you to actually breathe for the patient. The air you take in contains 21 percent oxygen but you use only around five percent. This leaves approximately 16 percent oxygen for the nonbreathing patient. Your rescue breaths contain more than enough oxygen to support a nonbreathing patient.	Delete		
1.48	B = B reathing check and rescue B reathing	B = B reathing check (breathing normally?)		

	If you find that the patient isn't breathing, you begin giving rescue breaths. If the patient has no	If you find that the patient isn't breathing normally, begin CPR (chest compressions followed
	heartbeat, begin CPR and continue until relieved by Emergency Medical Service personnel.	by rescue breaths) and continue until relieved by Emergency Medical Service personnel.
1.49	After assessing the scene and putting on gloves, you should:	After assessing the scene and putting on gloves, you should:
	Check for breathing (rescue breaths)	Check for normal breathing
	Use an AED	Use an AED
	Alert Emergency Medical Services	Send for help
	Open the airway	Open the airway
	Begin CPR	Begin CPR
	Apply pressure to the bleeding leg	Apply pressure to the bleeding leg
	Correct Sequence: 1. Alert Emergency Medical	Correct Sequence: 1. Send for help 2. Open the
	Services 2. Open the airway 3. Check for	airway 3. Check for normal breathing 4. Begin CPR
	breathing (rescue breaths) 4. Begin CPR (chest	(chest compressions) 5. Use an AED. You would
	compressions) 5. Use an AED 6. Apply pressure to	continue CPR until relieved by Emergency Medical
	the bleeding leg. You should only attend to the	Services. 6. Apply pressure to the bleeding leg. You
	bleeding leg if the patient started breathing and	should only attend to the bleeding leg if the
	shows signs of life. Otherwise, you would con-	patient started breathing and shows signs of life.
	tinue CPR until relieved by Emergency Medical	Otherwise, you would continue CPR until relieved
	Services.	by Emergency Medical Services.
1.52	If you don't detect breathing, you must immedi-	Delete
	ately commence Rescue B reathing – the second	
	part of the B in DRABCD'S. With these initial	
	rescue breaths you are effectively starting to	
	provide CPR. By blowing air into the patient's	
	lungs, you provide oxygen. Remember, your	
	expired breath contains plenty of unused oxygen.	
	The air you take in contains 21 percent oxygen	
	and you use only around five percent. This means	
	your rescue breaths contain a very high level of	
	oxygen, which helps the patient when you provide CPR.	
1.53	Therefore, most resuscitation councils no longer	Therefore, most resuscitation councils do not
2.00	encourage a pulse check as a means for lay	encourage a pulse check as a means for lay
	rescuers to identify victims of cardiac arrest in	rescuers to identify victims of cardiac arrest in the
	the CPR sequence.	CPR sequence.
	After initial rescue breaths, quickly scan the	Quickly scan the patient for responsiveness and
	patient for signs of life.	normal breathing.
1.55	During skill development, you'll progress from	During skill development, you'll progress from
	opening the patient's airway and checking for	opening the patient's airway and checking for
	breathing, to providing CPR (rescue breaths and	normal breathing, to providing CPR (chest
	chest compressions).	compressions followed by rescue breaths).
1.57	Or, you can learn to use an Automated External	You will also learn how to use an Automated
	Defibrillator (AED), which allows you to provide	External Defibrillator (AED), which allows you to
	defibrillation to an adult patient quickly.	provide defibrillation to an adult patient quickly.
1.69	5. State what each letter stands for:	5. State what each letter stands for:
	D	D
	R	R
	A	S
	В	A
	C	B
	D	C
	S	D
		S

1.71	14. Match the words on the left with the letters on the right. There are only two correct responses in the left column. (<i>Draw lines to indicate your response.</i>) Expired Air Resuscitation a) CPR Expiry Air Revive b) EAR Cardio Pulmonary resuscitation				14. Match the words on the left with the letters on the right. There are only two correct responses in the left column. (<i>Draw lines to indicate your response.</i>) Automated External Defibrillator a) CPR Automatic Ear Destruction b) AED Cardio Pulmonary resuscitation			
	Cardiac Pull Removal				Cardiac Pull Removal			
1.91		Α	В	С		Α	В	С
	Adhesive plastic dressing strips, sterile, packets of 50	2	1	1	Adhesive plastic dressing strips, sterile, packets of 50	2	1	1
	Adhesive dressing tape, 2.5 cm 5 cm	1	1	_	Adhesive dressing tape, 2.5 cm 5 cm	1	1	_
	Bags, plastic, for amputated parts:				Bags, plastic, for amputated parts:			
	Small	2	2	2	Small	2	1	1
	Medium	1	1	1	Medium	2	1	1
	Large	1	1	_	Large	2	1	_
	Dressings, non-adherent, sterile, 7.5 cm 7.5 cm	5	2	_	Dressings, non-adherent, sterile, 7.5 cm 7.5 cm	5	2	_
	Eye pads, sterile	5	2	_	Eye pads, sterile	5	2	_
	Gauze bandages:				Gauze bandages:			
	5 cm	3	1	1	5 cm	3	1	1
	10 cm	3	1	_	10 cm	3	1	_
	Gloves, disposable, single	10	4	2	Gloves, disposable, single	10	4	2
	Rescue blanket, silver space	1	1	_	Rescue blanket, silver space	1	1	_
	Safety pins, packets	1	1	1	Safety pins, packets	1	1	1
	Scissors, blunt/short nosed, minimum length 12.5 cm	1	1	_	Scissors, blunt/short nosed, minimum length 12.5 cm	1	1	_
	Splinter forceps	1	1	_	Splinter forceps	1	1	_
	Sterile eyewash solution, 10 ml single use ampules or	12	6	_	Sterile eyewash solution, 10 ml single use ampules or sachets	12	6	_
	sachets Swabs, prepacked, antiseptic,	1	1	_	Swabs, prepacked, antiseptic, packs of 10	1	1	_
	packs of 10 Triangular bandages,	8	4	1	Triangular bandages, minimum 90 cm	8	4	1
	minimum 90 cm Wound dressings, sterile, non-	10	3	1	Wound dressings, sterile, non- medicated, large	10	3	1
	medicated, large First-aid pamphlet as	1	1	1	First-aid pamphlet as approved by WorkCover	1	1	1
	approved by WorkCover							
2.15	Give 2 initial breaths at approxi each. If no signs of life are press unresponsive, no moving and n breathing), commence Part Two Compressions (Skill #5).	onscious, I - Chest	Delete					
2.17	After delivering two initial brea no signs of life (unconscious, ur moving or normal breathing), co compressions (practised in Skill Two – Chest Compressions).	ive, no ce chest	Delete					

2.19	After delivering two initial breaths, if you still see	Delete
	no signs of life (unconscious, unresponsive, no	
	moving or normal breathing), commence chest	
	compressions; this is practised in Skill # 5 – CPR:	
	Part Two – Chest Compressions.	
2.21	After delivering two initial breaths, if you still see	Delete
	no signs of life (unconscious, unresponsive, no	
	moving or normal breathing), commence chest	
	compressions; this is practised in Skill #5, CPR -	
	Part 2: Chest Compressions.	
2.23	After delivering two initial breaths, if you still see	Delete
	no signs of life (unconscious, unresponsive, no	
	moving or normal breathing), commence chest	
	compressions; this is practised in Skill # 5, CPR –	
	Part Two: Chest Compressions.	
2.25	If there are no signs of life (i.e. unconscious,	Delete
2.23	unresponsive, not moving and no normal	Delete
	breathing), commence chest compressions (Skill	
2 27	# 5 – CPR: Part Two – Chest Compressions).	Doloto
2.27	If there are no signs of life (i.e. unconscious,	Delete
	unresponsive, not moving and no normal	
	breathing), commence chest compressions. This	
	is practised in Skill #5, CPR - Part Two: Chest	
	Compressions.	
2.29	Begin rescue breaths.	Delete
2.30	Maintaining this position, press down on sternum	Maintaining this position, press down on sternum
	with enough force to depress it between 4-5	with enough force to depress it at least 5 cm
	centimetres or 1 -2 inches	
	2. Conduct a breathing check. If no normal	2. Conduct breathing check. If unresponsive and
	breathing is detected, give two initial breaths	not breathing normally, commence chest
	breathing is detected, give two initial breaths lasting approximately 1 second each.	not breathing normally, commence chest compressions. [Pulse checks no longer used in
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive,	not breathing normally, commence chest compressions. [Pulse checks no longer used in
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive,	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".]	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".]
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths – look, listen and feel	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths – look, listen and feel for escape of air.	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths – look, listen and feel for escape of air. 4. After delivering the initial breaths, check for	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths – look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e.	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths – look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions.	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions.
2.33	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths – look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions.	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions.
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress
	breathing is detected, give two initial breaths lasting approximately 1 second each. 3. After delivering two initial breaths, if you still see no signs of life (unconscious, unresponsive, no moving or normal breathing), commence chest compressions. [pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. Give two initial breaths lasting approximately once second - each sufficient to make the child's chest rise. Between breaths — look, listen and feel for escape of air. 4. After delivering the initial breaths, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. Position shoulder over hand and compress	not breathing normally, commence chest compressions. [Pulse checks no longer used in layman CPR; see note that follows on "recognising the need for compressions".] 3. If child is unresponsive and not breathing normally, commence chest compressions. Position shoulder over hand and compress

2.35	4. Seal your lips tightly around the infant's mouth and nose. Give two initial breaths gently into the infant with air from your cheeks. These breaths are more like "puffs" of air. Add air until the chest rises. Between breaths - look, listen and feel for escape of air. 5. After delivering the initial "puffs" of air, check for signs of life. If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest	4. If infant is unresponsive and not breathing normally, commence chest compressions.
2.36	compressions.	Company of the state of the sta
2.30	9. Next, give two rescue "puffs" of air.	Compress sternum about 4 cm 8. Next, give two rescue "puffs" of air. Seal your lips tightly around the infant's mouth and nose. Give two initial breaths gently into the infant with air from your cheeks. These breaths are more like "puffs" of air. Add air until the chest rises.
2.48	If a child loses consciousness or is found unconscious with a severe airway obstruction, open airway using head tilt/chin lift method, attempt initial breaths and begin CPR with a compression to ventilation ratio of 30:2.	If a child loses consciousness or is found unconscious with a severe airway obstruction, open airway using head tilt/chin lift method and begin CPR with a compression to ventilation ratio of 30:2.
2.50	If an infant loses consciousness or is found unconscious with a severe airway obstruction, open airway with head tilt / chin lift method (remember: do not use maximum head tilt in infants), attempt initial breaths and begin CPR with a compression to ventilation ratio of 30:2	If an infant loses consciousness or is found unconscious with a severe airway obstruction, open airway with head tilt / chin lift method (remember: do not use maximum head tilt in infants) and begin CPR with a compression to ventilation ratio of 30:2
2.61	Give 2 initial breaths and perform CPR at 30:2 as learnt earlier.	Perform CPR at 30:2 as learnt earlier.
3.4	Give two slow and effective rescue BREATHS each lasting about 1 second.	Delete
3.7	Using the heel of one hand, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 1/3 depth of chest	Using the heel of one hand, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 5 cm
	7. Position ventilation barrier (as appropriate), seal your mouth over child's mouth and pinch nose. 8. Give two slow and effective rescue BREATHS .	7. Position ventilation barrier (as appropriate).
3.10	With two fingers, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 1/3 depth of chest Give two slow, effective and gentle rescue BREATHS - "puffs" of air, just enough to make the chest rise.	With two fingers, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 4 cm Delete
3.75	For urgent advice regarding marine envenomation call the 24-hour Australian Venom Research Unit telephone number: 03 9483 8204 or 1300 760 451.	For urgent advice regarding marine envenomation call the 24-hour Australian Venom Research Unit telephone number: 1300 760 451.
3.80	9. Depending on the directions from Emergency Medical Services: a) clean the bite area with soap and water or rubbing alcohol, b) apply cold compress to area and elevate or c) apply pressure immobilisation.	9. Apply a cold compress to the area to help reduce pain and swelling

3.83	For urgent advice regarding marine	For urgent advice regarding marine envenomation			
	envenomation call the 24-hour Australian Venom	call the 24-hour Australian Venom Research Unit			
	Research Unit telephone number: 03 9483 8204	telephone number: 1300 760 451.			
	or 1300 760 451.				
8.34	Under tropical jellyfish stings add:				
	8. Apply a cold pack or ice in a dry plastic bag to h	cold pack or ice in a dry plastic bag to help reduce pain and swelling.			
	For non-tropical bluebottle stings:	For non-tropical stings (including bluebottle stings):			
	5. Pick off any adherent blue tentacles with	5. Keep patient at rest; do not allow rubbing the			
	fingers (this is not shown harmful to the	stung area, reassure patient.			
	rescuer).	6. Pick off any adherent tentacles with fingers (this is			
	6. Rinse stung area well with seawater (not	not shown harmful to the rescuer).			
	fresh water).	7. Rinse stung area well with seawater (not fresh			
	7. Place stung area in hot water (no hotter than	water).			
	the rescuer can comfortably tolerate). If local	8. Place stung area in hot water (no hotter than the			
	pain is not relieved by heat or if hot water is	rescuer can comfortably tolerate) for 20 minutes. If			
	not available, applying cold packs or wrapping	local pain is not relieved by heat or if hot water is			
	in ice may be effective.	not available, applying cold packs or wrapping in ice			
	8. If local pain is not relieved, if generalised	may be effective.			
	pain develops, or if sting area is large (half a	9. If local pain is not relieved, if generalised pain			
	limb or more), call an ambulance or seek help	develops, or if sting area is large (half a limb or			
	from lifeguard.	more), call an ambulance or seek help from			
		lifeguard.			
	For other non-tropical jellyfish stings:	Delete paragraph			
3.85	For urgent advice regarding marine	For urgent advice regarding marine envenomation			
	envenomation call the 24-hour Australian	call the 24-hour Australian Venom Research Unit			
	Venom Research Unit telephone number: 03	telephone number: 1300 760 451.			
	9483 8204 or 1300 760 451.				