

# Emergency First Response (EFR) First Aid at Work (Asia Pacific Version)



## Errata to the Participant Manual Version 3.0 (06/09)

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	<b>DRABCD'S – Patient's Lifeline</b> 1. check for Danger 2. check for Response 3. 'A' directs rescuers to open the Airway 4. 'B' directs rescuers to deliver two rescue breaths 5. 'C' directs rescuers to perform 30 Chest Compressions to victims who are unresponsive and not breathing normally, followed by 2 breaths 6. 'D' directs rescuers to attach an AED if it is available 7. 'S' directs rescuers to treat for Serious Bleeding, Shock or Spinal Injury	<b>DRSABCD'S – Cycle of Care</b> 1. 'D' check for Danger 2. 'R' check for Response 3. 'S' has been added for Send for help 4. 'A' directs rescuers to open the Airway 5. 'B' directs rescuers to quickly check for normal Breathing ( <i>no longer give two rescue breaths</i> ) 6. 'C' directs rescuers to perform 30 Chest Compressions to victims who are unresponsive and not breathing normally, followed by 2 breaths 7. 'D' directs rescuers to attach an AED as soon as it is available 8. '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 = Breathing</b> (give 2 initial breaths if not breathing normally)	Important Note <b>B = Breathing</b> (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 non-breathing patient. Your rescue breaths contain more than enough oxygen to support a non-breathing patient.	Delete
1.48	<b>B = Breathing</b> check and rescue Breathing	<b>B = Breathing</b> check (breathing normally?)	

	If you find that the patient isn't breathing, you begin giving rescue breaths. If the patient has no heartbeat, begin CPR and continue until relieved by Emergency Medical Service personnel.	If you find that the patient isn't breathing normally, begin CPR (chest compressions followed by rescue breaths) and continue until relieved by Emergency Medical Service personnel.
1.49	<p>After assessing the scene and putting on gloves, you should:</p> <ul style="list-style-type: none"> <li>Check for breathing (rescue breaths)</li> <li>Use an AED</li> <li>Alert Emergency Medical Services</li> <li>Open the airway</li> <li>Begin CPR</li> <li>Apply pressure to the bleeding leg</li> </ul> <p><b>Correct Sequence:</b> 1. Alert Emergency Medical Services 2. Open the airway 3. Check for breathing (rescue breaths) 4. Begin CPR (chest compressions) 5. Use an AED 6. Apply pressure to the bleeding leg. You should only attend to the bleeding leg if the patient started breathing and shows signs of life. Otherwise, you would continue CPR until relieved by Emergency Medical Services.</p>	<p>After assessing the scene and putting on gloves, you should:</p> <ul style="list-style-type: none"> <li>Check for normal breathing</li> <li>Use an AED</li> <li>Send for help</li> <li>Open the airway</li> <li>Begin CPR</li> <li>Apply pressure to the bleeding leg</li> </ul> <p><b>Correct Sequence:</b> 1. Send for help 2. Open the airway 3. Check for normal breathing 4. Begin CPR (chest compressions) 5. Use an AED. You would continue CPR until relieved by Emergency Medical Services. 6. Apply pressure to the bleeding leg. You should only attend to the bleeding leg if the patient started breathing and shows signs of life. Otherwise, you would continue CPR until relieved by Emergency Medical Services.</p>
1.52	If you don't detect breathing, you must immediately commence Rescue Breathing – 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.	Delete
1.53	Therefore, most resuscitation councils no longer encourage a pulse check as a means for lay rescuers to identify victims of cardiac arrest in the CPR sequence.	Therefore, most resuscitation councils do not encourage a pulse check as a means for lay rescuers to identify victims of cardiac arrest in the CPR sequence.
	After initial rescue breaths, quickly scan the patient for signs of life.	Quickly scan the patient for responsiveness and normal breathing.
1.55	During skill development, you'll progress from opening the patient's airway and checking for breathing, to providing CPR (rescue breaths and chest compressions).	During skill development, you'll progress from opening the patient's airway and checking for normal breathing, to providing CPR (chest compressions followed by rescue breaths).
1.57	Or, you can learn to use an Automated External Defibrillator (AED), which allows you to provide defibrillation to an adult patient quickly.	You will also learn how to use an Automated External Defibrillator (AED), which allows you to provide defibrillation to an adult patient quickly.
1.69	<p>5. State what each letter stands for:</p> <p>D _____</p> <p>R _____</p> <p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>S _____</p>	<p>5. State what each letter stands for:</p> <p>D _____</p> <p>R _____</p> <p>S _____</p> <p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>S _____</p>



2.19	After delivering two initial breaths, if you still see 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.	Delete
2.21	After delivering two initial breaths, if you still see 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.	Delete
2.23	After delivering two initial breaths, if you still see 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.	Delete
2.25	If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions (Skill # 5 – CPR: Part Two – Chest Compressions).	Delete
2.27	If there are no signs of life (i.e. unconscious, unresponsive, not moving and no normal breathing), commence chest compressions. This is practised in Skill #5, CPR - Part Two: Chest Compressions.	Delete
2.29	Begin rescue breaths.	Delete
2.30	Maintaining this position, press down on sternum with enough force to depress it between 4-5 centimetres or 1 -2 inches	Maintaining this position, press down on sternum with enough force to depress it at least 5 cm
	2. Conduct a breathing check. If no normal 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”.]	2. Conduct breathing check. If unresponsive and 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	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.	3. If child is unresponsive and not breathing normally, commence chest compressions.
2.34	Position shoulder over hand and compress sternum about 1/3 depth	Position shoulder over hand and compress sternum about 5 cm

2.35	<p>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.</p> <p>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 compressions.</p>	4. If infant is unresponsive and not breathing normally, commence chest compressions.
2.36	<p>Compress sternum about 1/3 depth of chest</p> <p>9. Next, give two rescue "puffs" of air.</p>	<p>Compress sternum about 4 cm</p> <p>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.</p>
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 <b>BREATHS</b> each lasting about 1 second.	Delete
3.7	<p>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</p> <p>7. Position ventilation barrier (as appropriate), seal your mouth over child's mouth and pinch nose.</p> <p>8. Give two slow and effective rescue <b>BREATHS</b>.</p>	<p>Using the heel of one hand, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 5 cm</p> <p>7. Position ventilation barrier (as appropriate).</p>
3.10	<p>With two fingers, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 1/3 depth of chest</p> <p>Give two slow, effective and gentle rescue <b>BREATHS</b> - "puffs" of air, just enough to make the chest rise.</p>	<p>With two fingers, perform 30 compressions at a rate of 100 compressions per minute – compress sternum about 4 cm</p> <p>Delete</p>
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 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.
8.34	<i>Under tropical jellyfish stings add:</i> 8. Apply a cold pack or ice in a dry plastic bag to help reduce pain and swelling.	
	<b>For non-tropical bluebottle stings:</b> 5. Pick off any adherent blue tentacles with fingers (this is not shown harmful to the rescuer). 6. Rinse stung area well with seawater (not fresh water). 7. Place stung area in hot water (no hotter than the rescuer can comfortably tolerate). If local pain is not relieved by heat or if hot water is not available, applying cold packs or wrapping in ice may be effective. 8. If local pain is not relieved, if generalised pain develops, or if sting area is large (half a limb or more), call an ambulance or seek help from lifeguard.	<b>For non-tropical stings (including bluebottle stings):</b> 5. Keep patient at rest; do not allow rubbing the stung area, reassure patient. 6. Pick off any adherent tentacles with fingers (this is not shown harmful to the rescuer). 7. Rinse stung area well with seawater (not fresh water). 8. Place stung area in hot water (no hotter than the rescuer can comfortably tolerate) for 20 minutes. If local pain is not relieved by heat or if hot water is not available, applying cold packs or wrapping in ice may be effective. 9. If local pain is not relieved, if generalised pain develops, or if sting area is large (half a limb or more), call an ambulance or seek help from lifeguard.
	<b>For other non-tropical jellyfish stings:</b>	Delete paragraph
3.85	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.