



TRAINING PACKAGE
COMPANION VOLUME

HLT Health First Aid



HumanAbility



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Training package modification history

HLTAID units of competency and skill set

The following suite of HLTAID first aid units of competency and the skill set were endorsed and first released on training.gov.au on 01 July 2013.

Table 1

Unit Code	Unit Title
HLTAID001	<i>Provide cardiopulmonary resuscitation</i>
HLTAID002	<i>Provide basic emergency life support</i>
HLTAID003	<i>Provide first aid</i>
HLTAID004	<i>Provide an emergency first aid response in an education and care setting</i>
HLTAID005	<i>Provide first aid in remote situations</i>
HLTAID006	<i>Provide advanced first aid</i>
HLTAID007	<i>Provide advanced resuscitation</i>
HLTAID008	<i>Manage first aid services and resources</i>
HLTSS00027	<i>Occupational first aid skill set</i>

The first aid units of competency and skill set were subsequently reviewed, updated and released into the system on 16 October 2020. The list below shows the most current release number for these units as of April 2026.

Table 2

Unit Code	Unit Title	Release Number
HLTAID009	<i>Provide cardiopulmonary resuscitation</i>	Release 1
HLTAID010	<i>Provide basic emergency life support</i>	Release 1
HLTAID011	<i>Provide first aid</i>	Release 1
HLTAID012	<i>Provide first aid in an education and care setting</i>	Release 1
HLTAID013	<i>Provide first aid in remote or isolated site</i>	Release 1
HLTAID014	<i>Provide advanced first aid</i>	Release 1

<i>HLTAID015</i>	<i>Provide advanced resuscitation and oxygen therapy</i>	Release 1
<i>HLTAID016</i>	<i>Manage first aid services and resources</i>	Release 1
<i>HLTSS00068</i>	<i>Occupational first aid skill set</i>	Release 1

Introduction

This First Aid Companion Volume provides information to assist Registered Training Organisations (RTOs), trainers, assessors, employers and other stakeholders to implement, deliver and assess first aid training products.

It supports consistent interpretation of the unit(s) of competency and provides guidance on:

- industry expectations
- delivery and assessment requirements
- regulatory and legislative obligations
- application across diverse workplace and community contexts.

This guide must be read in conjunction with:

- the relevant unit(s) of competency
- the Standards for Registered Training Organisations (RTOs)
- applicable Commonwealth, state and territory legislation.

Overview of changes

The HLTAID first aid unit of competency standards were developed to provide a set of robust, industry-supported standards for people employed as first aiders and those with a duty of care to provide first aid to others. This includes workers with a duty of care for vulnerable clients, early childhood educators, teachers, emergency services personnel, workers in hazardous environments and nominated workplace first aiders.

In these instances, the Statement of Attainment for completion of units of competency provides evidence to the employer and the community that the individual has the skills and knowledge to be able to provide a first aid response and sustain life in the event of an emergency.

Updates to HLTAID units of competency - 2020

In 2018, Skills IQ undertook research and produced an industry skills forecast document. The findings from the forecast indicated that the 8 first aid units required revisions as follows:

- updating current units of competency to reflect industry best practice and current regulation
- updating current units of competency to ensure their scope and breadth are reflective of industry expectations.
- consideration of the skills requirements in specific areas, such as asthma and anaphylaxis
- consideration of the need for additional criteria to address first aid in relation to mental health.

In addition, feedback submissions from peak associations, employers and training providers indicated a need to improve the quality and consistency of first aid training, particularly for individuals who have responsibility and duty of care for co-workers, clients and members of the community.

Assessment of these units must:

- meet the requirements of the training package
- be conducted in accordance with the principles of assessment and rules of evidence
- meet workplace, community and regulatory requirements
- be systematically validated.

RTOs must determine and develop the learning and assessment strategies appropriate to their course. RTOs must also ensure that assessment meets the requirements of NVR (National VET Regulator)/AQTF (Australian Quality Training Framework) standards. Compliance issues should be discussed directly with the relevant VET Regulator:

- Australian Skills Quality Authority (ASQA)
- Victorian Registration and Qualifications Authority (VRQA).

1 Overview of first aid training

First aid training equips individuals with the skills and knowledge to recognise, assess and respond to medical emergencies, injuries and life-threatening situations until professional medical assistance is available.

First aid responses may be required in:

- workplaces across all industries
- education and care services
- healthcare and health support environments
- community and recreational settings
- remote, isolated or low-resource locations.

Training and assessment must reflect current industry practice and align with the Australian and New Zealand Committee on Resuscitation (ANZCOR) Guidelines, work health and safety (WHS) legislation and relevant sector-specific regulatory requirements.

<https://www.anzcor.org/>

2 Industry and regulatory alignment

Training and assessment for first aid units must reflect current industry practice and align with relevant regulatory and legislative frameworks. RTOs must ensure that training delivery, assessment tools and learning resources are consistent with the following requirements.

2.1 Australian and New Zealand Committee on Resuscitation (ANZCOR) Guidelines

Training and assessment must align with the current *ANZCOR Guidelines* applicable at the time of delivery and assessment. This includes, but is not limited to:

- cardiopulmonary resuscitation (CPR) techniques and performance standards
- use of automated external defibrillators (AEDs)
- airway management and breathing assessment
- management of medical emergencies within the first aider's role.

RTOs must have processes in place to:

- monitor updates and revisions to *ANZCOR Guidelines*
- review and update training and assessment materials in response to changes
- ensure trainers and assessors maintain knowledge of current ANZCOR recommendations.

2.2 Recognised peak bodies

In addition to ANZCOR guidance, first aid training may also reference and align with guidance issued by relevant recognised peak bodies, including but not limited to:

Australasian Society of Clinical Immunology and Allergy (ASCIA)

ASCIA provides nationally recognised guidance on the recognition and first aid management of anaphylaxis. ASCIA resources inform best practice in relation to:

- early recognition of anaphylaxis
- use of adrenaline devices
- emergency escalation and post-incident actions.

Where training includes anaphylaxis management, ASCIA guidance should be applied alongside ANZCOR principles and may take precedence for condition-specific response.

<https://www.allergy.org.au/>

National Asthma Council Australia

The National Asthma Council Australia is the authoritative source for asthma first aid guidance. Its resources support:

- recognition of asthma symptoms and deterioration
- appropriate first aid response during asthma attacks
- escalation when symptoms do not improve.

Asthma-specific guidance may be used in conjunction with ANZCOR frameworks and organisational emergency procedures.

<https://www.nationalasthma.org.au/>

Stroke Foundation

The Stroke Foundation provides nationally endorsed guidance for the recognition of stroke and transient ischaemic attack (TIA). First aid training should incorporate:

- early recognition of stroke signs (for example FAST)
- urgency of response and escalation to emergency medical services
- communication and handover considerations.

Stroke Foundation guidance supports rapid identification and response within the broader ANZCOR emergency response framework.

<https://strokefoundation.org.au/>

Where applicable, guidance from these peak bodies may be used in conjunction with ANZCOR Guidelines or may take precedence for specific conditions where they represent the authoritative source of current best practice.

2.3 Work health and safety (WHS) legislation

Training and assessment must align with Commonwealth, state and territory WHS legislation, including:

- duties of care for workers and employers
- requirements for workplace emergency preparedness
- obligations relating to risk management and hazard control
- reporting and documentation of workplace incidents and injuries.

Where first aid training is delivered for specific industries or jurisdictions, RTOs must ensure content reflects local legislative requirements and relevant regulatory guidance.

2.4 Industry codes of practice

Training and assessment should reflect relevant industry codes of practice, standards and guidelines, including those relating to:

- emergency response and incident management
- infection prevention and control
- safe work practices and use of personal protective equipment (PPE).

Where applicable, training should be contextualised to meet the expectations of specific sectors, such as:

- education and care services
- healthcare and health support environments
- community and volunteer organisations
- remote or high-risk workplaces.

2.5 Organisational emergency procedures

Training and assessment must acknowledge and align with organisational emergency procedures, where these are available and relevant to the learner cohort. This may include:

- emergency response plans and evacuation procedures
- communication and escalation pathways
- roles and responsibilities during emergencies
- documentation and reporting requirements.

Learners should be trained to apply first aid skills in a manner consistent with workplace policies and within their authorised scope of role.

3 Employability and workplace application

Successful completion of first aid units supports employability by enabling individuals to apply practical emergency response skills across a range of workplace and community contexts.

Learners who have achieved competency are able to:

- recognise and assess emergency situations
- respond promptly and appropriately to injury, illness or life-threatening events
- provide initial care in line with current guidelines and workplace procedures
- communicate effectively with casualties, colleagues and emergency services
- manage incidents until professional assistance is available.

3.1 Workplace safety and compliance

First aid competency contributes to safer workplaces and communities by supporting:

- compliance with WHS legislative requirements
- implementation of workplace emergency response procedures
- reduction of risk through early intervention and appropriate escalation
- effective incident response and reporting.

First aid skills are commonly required by employers to meet:

- regulatory obligations
- industry standards
- organisational health and safety policies.

3.2 Application across work and community contexts

First aid skills may be applied in a wide range of environments, including:

- general workplaces across all industries
- education and care services, including early childhood and school settings
- healthcare and health support environments
- community, sporting and volunteer settings
- remote, isolated or low-resource locations.

Training should prepare learners to apply skills appropriately within the specific context, recognising environmental factors, available resources and organisational procedures.

3.3 Education and care contexts

In education and care settings, first aid competency supports employability by enabling individuals to:

- respond to emergencies involving infants and children
- meet regulatory requirements for approved providers and services
- support duty of care obligations
- communicate effectively with families, colleagues and emergency services.

3.4 Healthcare and health support contexts

In healthcare environments, first aid skills support employability by enabling individuals to:

- provide an immediate response to emergencies within their scope of role
- support escalation pathways and clinical response teams
- contribute to patient safety and risk management processes
- operate effectively within organisational policies and procedures.

3.5 Remote and isolated work contexts

In remote or isolated workplaces, first aid competency supports employability by enabling individuals to:

- manage emergencies where access to medical assistance may be delayed
- provide ongoing casualty monitoring and care
- adapt responses to limited resources and environmental conditions
- communicate effectively with emergency services during extended response times.

3.6 Transferability of skills

First aid skills are transferable across roles and industries and may support:

- increased workplace responsibility
- participation in emergency response or first aider roles
- enhanced readiness for roles in health, community services and education sectors.

4 Trainer and assessor requirements

Trainers and assessors delivering and assessing first aid units must meet the requirements of the Standards for Registered Training Organisations (RTOs) and hold competencies relevant to the unit(s) being delivered. In addition, trainers and assessors must:

- hold current first aid and CPR certification aligned with the ANZCOR Guidelines
- demonstrate vocational competency relevant to emergency response and first aid provision
- maintain industry currency, including knowledge of current ANZCOR Guidelines, WHS requirements and sector-specific practices.

RTOs must ensure evidence of trainer and assessor currency is maintained and reviewed regularly.

5 Implementation advice for RTOs

RTOs should:

- engage with industry and sector stakeholders
- ensure trainers and assessors hold current first aid and CPR certification aligned to *ANZCOR Guidelines*
- contextualise delivery and assessment appropriately
- regularly review training and assessment resources for currency and compliance.

5.1 Target learners

First aid units are suitable for learners who may be required to:

- provide an initial emergency response in the workplace or community
- manage casualties until help arrives
- support the health and safety of others.

Learners may include:

- workers across all industries
- volunteers
- supervisors and team leaders
- education and care workers
- health and community service workers.

No prior qualifications are typically required; however, learners must have the physical capability to perform CPR on the floor, and other first aid techniques.

5.2 Entry requirements

There are no formal entry requirements unless specified in the unit of competency. RTOs should ensure learners:

- have sufficient language, literacy and numeracy (LLN) skills to understand instructions and emergency information
- are physically able to perform required practical tasks, including CPR on the floor.

Reasonable adjustments may be made in line with the *2025 Standards for RTOs*.

5.3 Reasonable adjustment

Reasonable adjustment refers to measures or actions taken to provide a student with the same educational opportunities as everyone else. To be reasonable, adjustments must be appropriate for that person, must not create undue hardship for an RTO and must be allowable within rules defined by the training package.

While adjustments can be made to assessment procedures, the integrity of the unit of competency and/or qualification must be upheld. Students still need to achieve the standards that employers and training providers expect. A student with a disability can have training and assessment that is fair depending on the RTO's approach/position, preparation and application of adjustments. Reasonable adjustment measures must be considered on a case-by-case basis. It is the responsibility of the RTO to consult with students to establish what reasonable adjustments may be appropriate. The Australian Skills Quality Authority provides a range of advice and guidance for reasonable adjustment including information when training and assessing students with a disability. HumanAbility does not provide general or specific advice on reasonable adjustments measures for the first aid units of competency.

It is important to note that the HLTAID unit of competency standards do require a level of physical ability to meet the evidence requirements for assessment. These standards relate to the level of performance required to provide resuscitation and respond to an emergency situation where there may be risk to life.

CPR practices, including performing compressions on a firm surface such as the floor, are guided by evidence-based recommendations developed by the Australian and New Zealand Committee on Resuscitation (ANZCOR). These guidelines prioritise patient outcomes and specify that effective chest compressions require the patient to be positioned on a firm surface to achieve adequate depth and recoil.

ANZCOR guidance indicates that when a person is found unresponsive and not breathing normally, they should be placed supine on a firm surface—most commonly the floor—so that high-quality CPR can be performed. Performing CPR on a bed or soft surface can significantly reduce compression effectiveness unless appropriate supports (such as a backboard) are in place.

The requirement to move a person to the floor, where safe and practicable, is therefore not arbitrary but is based on clinical evidence and widely accepted resuscitation standards. It is a safety and quality measure designed to maximise the chance of survival.

In relation to claims of discrimination, it is important to note that this requirement is applied universally and is not directed at any individual or group. It is a standard clinical practice aligned with duty of care obligations and workplace health and safety requirements. Adjustments may be considered in situations where moving a person is not safe (for example, due to risk of injury to responders or environmental constraints), but the primary objective remains delivering effective CPR in accordance with *ANZCOR Guidelines*.

Organisations are encouraged to ensure staff are trained in these guidelines and to support safe manual handling practices when moving a person to the floor. Where individuals have specific concerns (for

example physical limitations), these should be managed through appropriate risk assessments and reasonable adjustments, without compromising the clinical effectiveness of emergency response.

Due to the potential risk to health and safety where a nominated first aider, or individual with duty of care, does not have the ability to perform resuscitation and/or first aid to the performance standard, it is not appropriate to issue a Statement of Attainment to students who are physically unable to meet the assessment requirements.

In cases where a student has attended a resuscitation or first aid course but is unable to meet the full requirements of the unit of competency, RTOs are encouraged to issue a Statement of Attendance and a transcript of any skills and knowledge that the student was able to achieve.

5.4 Language, literacy, numeracy (LLN) and communication considerations

First aid training requires learners to communicate effectively under pressure and interpret emergency information accurately.

RTOs should:

- consider learners' LLN needs during delivery and assessment
- provide support where required, without compromising the integrity of unit outcomes.

Training and assessment should include opportunities to demonstrate:

- clear verbal communication
- comprehension of emergency instructions and signage
- completion of basic incident documentation where required.

5.5 Delivery considerations

Training delivery should:

- incorporate practical, hands-on learning
- reflect current *ANZCOR Guidelines*
- use realistic scenarios relevant to the learner's workplace or community context
- emphasise risk assessment, communication and decision-making.

Delivery modes may include:

- face-to-face training
- blended delivery (for example, theory online with face-to-face practical assessment).

Full online delivery is not appropriate where practical skills such as CPR are required.

5.6 Cultural safety and inclusive practice

Delivery and assessment of first aid training should be conducted in a manner that is culturally safe and inclusive.

Training should:

- promote respectful communication and behaviour
- acknowledge diverse cultural perspectives relating to illness, injury and physical contact
- support learners to provide first aid in a non-discriminatory manner.

Where relevant, training should consider the needs of Aboriginal and Torres Strait Islander peoples and other culturally diverse communities, while ensuring emergency care remains appropriate and timely.

5.7 Ethical and legal considerations

First aid training must address the ethical and legal responsibilities associated with providing emergency care.

This includes:

- duty of care obligations
- principles of consent
- acting within the first aider's scope of role
- privacy and confidentiality requirements
- awareness of Good Samaritan principles where applicable.

Learners must be trained to follow organisational procedures and escalate incidents appropriately.

5.8 Assessment requirements

Assessment must:

- be conducted in a safe, simulated or real workplace environment
- require learners to demonstrate practical first aid skills
- include observed performance of CPR and emergency response techniques
- assess underpinning knowledge, including:
 - legal and ethical considerations
 - infection control
 - incident reporting
 - casualty management.

Assessment should be:

- valid, reliable, fair and flexible
- consistent with the unit assessment requirements.

5.9 Assessment conditions

Assessment must include access to:

- adult and infant CPR manikins compliant with *ANZCOR Guidelines*
- automated external defibrillator (AED) trainers
- first aid equipment and resources
- simulated casualties and emergency scenarios.

CPR performance must be demonstrated on the floor.

5.10 Currency, refresher and re-assessment guidance

Currency requirements for first aid and CPR are determined by:

- regulatory authorities
- industry standards
- employer or organisational policies.

RTOs should clarify to learners and employers that:

- refresher requirements may vary by workplace or jurisdiction
- CPR is commonly refreshed more frequently than full first aid training.

RTOs are responsible for issuing certification in accordance with unit requirements; ongoing currency is typically managed by employers or individuals.

6 Facilities, equipment and resources

RTOs must ensure access to appropriate equipment, facilities and resources to support the delivery and assessment of first aid units in accordance with current ANZCOR Guidelines, workplace expectations and regulatory requirements.

Resources must be sufficient to enable learners to develop, practise and demonstrate competence across a range of emergency scenarios, including time-critical and high-risk situations.

6.1 Core first aid training equipment

Training and assessment must be supported by access to equipment that enables realistic practice, including:

- adult CPR manikins
- infant CPR manikins, where relevant
- child CPR manikin, where relevant (HLTAID012 only)
- AED training devices
- first aid kits consistent with workplace and community settings
- disposable gloves and barrier devices, for example face shields
- simulated personal protective equipment (PPE).
- Adrenaline devices
- placebo asthma puffer and spacer
- items clean and dress minor wounds (for example, wound wipes, saline, swabs, non-adherent dressings, etc)
- blankets (such as an emergency blanket).

Manikins and training devices must be:

- maintained in accordance with manufacturer instructions
- clean and fit for purpose
- sufficient in number to allow effective participation and assessment.

6.2 Equipment for ANZCOR-aligned specific emergencies

Where training and assessment includes ANZCOR-aligned guidance for specific emergencies, RTOs should provide access to appropriate simulated resources.

6.2.1 Button battery ingestion

Resources may include:

- sample button batteries or realistic replicas (non-operational)
- age-appropriate first aid reference materials
- emergency response flowcharts or decision-support tools.

These resources support learner understanding of recognition, urgency and escalation.

6.2.2 Suspected opioid overdose

Where included in the unit or delivery context, resources may include:

- naloxone training devices or simulators, where permitted
- airway management training aids
- PPE appropriate to overdose response scenarios.

Use of naloxone training devices must align with the *ANZCOR Guidelines*, jurisdictional requirements and organisational policies.

6.3 Facilities

Facilities must:

- provide sufficient space for CPR to be performed on the floor
- allow safe movement during scenario-based training
- support observation and assessment without compromising learner safety
- enable privacy where sensitive scenarios are simulated.

Facilities should be adaptable to reflect:

- workplace environments
- education and care settings
- healthcare or community contexts
- remote or low-resource situations.

6.4 Simulated environments and scenarios

Training and assessment should include simulated scenarios that:

- reflect realistic emergency situations
- incorporate environmental hazards and distractions
- require learners to prioritise safety, recognition and escalation
- support application across different contexts and populations.

6.5 Learning and reference materials

RTOs must ensure access to:

- current *ANZCOR Guidelines* or authorised summaries
- organisational emergency procedures (where applicable)
- jurisdictional emergency service information
- culturally appropriate and accessible learning materials.

Materials must be reviewed and updated when *ANZCOR Guidelines* or legislative requirements change.

6.6 Accessibility and inclusivity

Equipment, facilities and resources must:

- support learners with diverse needs
- allow reasonable adjustments where required
- ensure all learners can demonstrate competence safely and fairly.

6.7 Maintenance and review

RTOs are responsible for ensuring that:

- equipment remains serviceable and hygienic
- facilities meet safety requirements
- resources remain current and aligned with ANZCOR guidance
- review processes are in place to address changes in best practice or regulation.

7 Assessment validation and quality assurance

RTOs must implement assessment validation and quality assurance processes consistent with the *2025 Standards for RTOs*. Validation activities should:

- confirm assessment tools align with unit requirements and *ANZCOR Guidelines*
- involve individuals with current industry and vocational expertise
- ensure assessment outcomes are consistent, reliable and defensible.

Outcomes of validation activities must be documented and used to inform continuous improvement.

7.1 Simulation and scenario design

Assessment of first aid skills should be conducted using realistic scenarios that reflect workplace or community settings relevant to the learner cohort. Scenarios should:

- require learners to assess hazards and ensure scene safety
- include communication with casualties, bystanders and emergency services
- require decision-making and appropriate escalation
- reflect realistic constraints, such as limited resources or delayed assistance where applicable.

Assessors must avoid excessive prompting and ensure that competence is demonstrated independently.

7.2 Risk management in training and assessment

RTOs must manage risks associated with practical first aid training and assessment. This includes:

- ensuring learners are physically capable of performing required tasks
- monitoring fatigue during CPR practice and assessment
- applying infection prevention and control measures
- managing incidents or injuries that occur during training.

Risk management strategies should be documented and reviewed regularly.

8 Pathways

First aid units may:

- contribute to vocational qualifications and skill sets
- support workplace induction and compliance requirements
- provide pathways into health, community services and education sectors.

8.1 Relationship to other units of competency and skill sets

First aid units may be packaged with, or contribute to, other units of competency or skill sets across training packages.

RTOs should:

- identify related units to support coherent training pathways
- avoid unnecessary duplication where learners hold current, equivalent competencies
- recognise credit transfer and recognition of prior learning where applicable.

9 ANZCOR-aligned guidance for specific emergency situations

Delivery and assessment of first aid training products must align with the current *ANZCOR Guidelines* applicable at the time of training and assessment. The *ANZCOR Guidelines* represent the authoritative, evidence-based national reference for resuscitation and emergency response practices in Australia.

RTOs are responsible for ensuring that training and assessment materials, delivery practices, and assessment tools align with current ANZCOR recommendations and are reviewed and updated in response to changes in guidelines or related regulatory requirements.

9.1 Button battery ingestion

Training and assessment must address ANZCOR-aligned guidance for the recognition and urgent response to suspected or confirmed button battery ingestion, particularly in infants and young children.

Learners must be trained to:

- recognise signs and symptoms consistent with possible button battery ingestion, including unexplained distress, drooling, difficulty swallowing, coughing or vomiting
- treat all suspected ingestions as medical emergencies requiring immediate activation of emergency services
- understand that injury may occur rapidly and without obvious external signs
- avoid inducing vomiting or giving food or drink unless advised by emergency services
- if advised to do so, encourage the person to swallow 10 mL (2 teaspoons) of honey every 10 minutes until they reach higher-level care, without delaying referral to medical care. If honey is not available, jam or sucralfate suspension should be used.
- follow organisational procedures and emergency instructions until advanced care arrives.

<https://www.anzcor.org/home/first-aid-for-bites-stings-and-poisoning/guideline-9-5-1-first-aid-management-of-poisoning>

9.2 Suspected opioid overdose

Training and assessment must reflect ANZCOR guidance for the first aid management of suspected opioid overdose, including situations where naloxone is available. Learners must be trained to:

- recognise signs of opioid overdose, including unresponsiveness, slow or absent breathing and cyanosis
- prioritise airway and breathing assessment and immediate activation of emergency services
- provide basic life support in accordance with ANZCOR principles

- administer naloxone, where authorised and available, in line with ANZCOR guidance and organisational procedures
- continue monitoring and supportive care until emergency services arrive.

Training must emphasise that naloxone administration does not replace emergency care and that ongoing observation is required due to the risk of relapse.

<https://www.anzcor.org/home/first-aid-for-bites-stings-and-poisoning/guideline-9-5-2-first-aid-management-of-opioid-overdose>

9.3 Recognition and first aid management of the seriously ill person, including shock and sepsis

This guidance supports first aiders to recognise when a person is **seriously unwell and at risk of shock** and to respond appropriately within the scope of first aid practice.

Purpose and scope

First aiders are **not expected to diagnose shock or sepsis**. Training must emphasise that the first aider's role is to:

- recognise indicators of serious systemic illness or injury
- identify early and progressive deterioration
- prioritise urgent escalation to emergency medical services
- provide supportive first aid care until advanced assistance arrives.

Early recognition and escalation are critical to improving outcomes.

Recognition of serious illness, shock and sepsis

Training and assessment must address recognition of combinations of signs and symptoms that may indicate serious illness, shock or sepsis. Learners must be trained to understand that risk increases with the number, severity and progression of indicators present.

Indicators may include:

- **Breathing changes:** rapid, laboured or shallow breathing; difficulty speaking
- **Circulatory and skin changes:** rapid or weak pulse; pale, cool, clammy, mottled or discoloured skin
- **Neurological changes:** confusion, agitation, dizziness, collapse or reduced responsiveness
- **Systemic features:** fever or abnormally low temperature, shivering, nausea, vomiting, reduced urine output
- **Subjective red flags:** expressions such as “I don't feel right”, severe discomfort, or a sense of impending doom.

Learners must be trained that deterioration can occur rapidly or progressively, including after an initial period of apparent stability.

Children, infants and vulnerable populations

Training must address that infants, children and vulnerable individuals may present differently and deteriorate quickly.

Indicators of serious illness in infants and children may include:

- abnormal breathing patterns
- lethargy or altered responsiveness
- significant skin colour changes
- persistent vomiting or feeding difficulties
- reduced urine output (for example no wet nappies).

Concerns expressed by parents or caregivers must be treated as significant warning signs requiring escalation.

First aid response and escalation principles

When serious illness, shock or sepsis is suspected, training must reinforce ANZCOR-aligned principles, including:

- ensuring scene safety
- immediate activation of emergency medical services (000)
- use of established frameworks such as **DRSABCD**, applied progressively
- positioning the conscious casualty safely and comfortably
- continuous monitoring and reassessment for deterioration
- control of significant bleeding where present
- maintenance of body temperature and comfort
- calm reassurance and observation until help arrives.

For an unresponsive and not breathing casualty, CPR must be commenced in accordance with *ARC Guidelines*.

Recognition of deterioration

Training and assessment must emphasise that recognition of deterioration is central to managing serious illness, shock and sepsis.

Learners must be trained to:

- reassess the casualty regularly
- identify worsening signs or new symptoms
- escalate or re-escalate care immediately when deterioration is observed
- communicate observed changes clearly during handover.

<https://www.anzcor.org/home/new-guideline-page-2/guideline-9-2-3-shock-first-aid-management-of-the-seriously-ill-or-injured-person>

9.4 Progressive application of the DRSABCD action plan

In accordance with *ANZCOR Guidelines*, training and assessment must reflect the progressive and flexible application of the Danger, Response, Send for help, Airway, Breathing, CPR, and Defibrillation (DRSABCD) action plan. Learners must be trained to understand that:

- DRSABCD is applied dynamically, not as a one-time or strictly linear process
- steps may need to be revisited or repeated as a casualty's condition changes
- reassessment is required whenever new risks, symptoms or deterioration are identified
- progression through the action plan may accelerate in time-critical situations.

Training must reinforce that the DRSABCD framework supports early recognition, ongoing monitoring and timely escalation throughout the emergency response.

9.5 Ongoing monitoring and reassessment

In accordance with ANZCOR principles, training and assessment must emphasise that first aid is a dynamic and ongoing process. Learners must be trained to:

- continuously monitor consciousness, airway, breathing and circulation
- recognise worsening or abnormal signs, including changes in:
 - responsiveness
 - breathing rate or effort
 - skin colour
 - level of distress or agitation
- respond promptly when deterioration is identified.

Training must reinforce that deterioration may occur without obvious warning signs and that regular reassessment is required until the casualty is transferred to emergency services or higher-level care.

9.6 Escalation and emergency activation

ANZCOR guidance supports early and repeated escalation where deterioration is suspected. Training and assessment must reinforce that:

- emergency services should be activated immediately when deterioration is identified
- re-escalation is appropriate if a casualty's condition worsens after initial contact with emergency services
- clear communication of observed changes forms part of effective handover.

Escalation is an expected and appropriate action within the scope of first aid practice.

10 Safe and effective first aid practice

10.1 Scope of practice and duty of care

Training must reinforce that first aiders:

- act within their training, role, and organisational procedures
- provide care that is reasonable and proportionate
- do not perform clinical diagnosis or advanced medical interventions
- escalate promptly when the situation exceeds first aid scope.

10.2 Handover and continuity of care

Training must address:

- clear, concise handover to emergency services or other responders
- communication of deterioration, interventions, and observed changes
- continuation of care until formally relieved by higher-level assistance.

10.3 Psychological considerations

Training should acknowledge that:

- emergencies may cause distress to casualties, bystanders, and responders
- calm and reassuring communication supports effective care
- post-incident support mechanisms may be required for responders.

10.4 Cultural, environmental and contextual awareness

Training must reinforce that learners:

- communicate respectfully and effectively with diverse populations
- recognise cultural or communication barriers
- adapt responses according to environment, resources, and context
- prioritise safety in varied workplace, community, or remote settings.

10.5 Infection prevention and control

Training must address:

- standard precautions

- appropriate use of PPE
- hand hygiene and safe disposal of contaminated materials.

10.6 Prolonged care and delayed emergency response

Where care may be delayed, learners must be trained in:

- ongoing monitoring and reassessment
- prevention of deterioration
- communication with emergency services
- safe use of available resources.

10.7 Alignment with organisational emergency procedures

Training and assessment must reinforce that:

- ANZCOR-aligned first aid is applied in conjunction with organisational procedures
- policies may influence escalation, communication, and equipment use.

10.8 Currency and review

RTOs must ensure that:

- training and assessment reflect the current *ANZCOR Guidelines*
- trainers and assessors maintain currency
- materials are reviewed and updated when guidelines or legislation change.

Certification reflects competency at the time of assessment; ongoing currency requirements may be determined by regulators, employers, or industry standards.

10.9 Evidence-based practice

First aid training products are underpinned by evidence-based practice. Alignment with *ANZCOR Guidelines* ensures learners are trained in nationally consistent, contemporary emergency response practices, including:

- recognition of deterioration
- progressive application of DRSABCD
- scenario-specific emergencies
- dynamic monitoring and escalation.

11 Implementation tips for RTOs

11.1 Maintain currency

- Ensure all training and assessment materials are reviewed whenever *ANZCOR Guidelines* are updated.
- Assign responsibility to a qualified staff member to monitor guideline updates, workplace procedures, and legislative changes.
- Encourage trainers and assessors to maintain professional currency through refresher training and professional development.

11.2 Scenario design

- Use realistic scenarios to reflect a range of contexts, including education and care, healthcare, community, workplace, and remote or low-resource settings.
- Include opportunities for learners to recognise deterioration, escalating risk, and multiple casualty factors.
- Adapt scenarios to incorporate cultural, environmental, and communication considerations.

11.3 Equipment and facilities

- Ensure sufficient training equipment, including manikins, AED trainers, PPE, and first aid kits.
- Maintain equipment in good working order, clean and ready for use.
- Provide facilities with adequate space for CPR practice and safe scenario simulation.
- Replace out of date contents of first aid kits and AED pads

11.4 Assessment strategies

- Use direct observation, simulation, and scenario-based assessment to evaluate competence.
- Focus on recognition, response, monitoring, escalation, and application of organisational procedures, rather than detailed clinical technique.
- Include assessment of communication, handover, and safety considerations in all scenarios.

11.5 Learner support

- Provide guidance on stress management and post-incident support to address psychological impact of emergency situations.
- Support learners with diverse needs, ensuring accessibility and reasonable adjustments.
- Promote reflective practice and scenario debriefing to consolidate learning.

11.6 Integration with organisational procedures

- Encourage learners to apply first aid in conjunction with organisational emergency procedures.
- Ensure scenarios reflect the actual resources and escalation pathways available in the workplace or training context.

11.7 Documentation and record keeping

- Reinforce the importance of accurate, confidential incident reporting as required by organisational or regulatory frameworks.
- Include opportunities for learners to practice reporting and handover during scenario debriefs.

11.8 Continuous improvement

- Use trainer and learner feedback to identify gaps in training or resources.
- Regularly review scenarios, equipment, and assessment tools for relevance and alignment with ANZCOR and legislative requirements.
- Document updates and improvements as part of RTO quality assurance processes.

Frequently asked questions

What does ‘demonstrating a rotation of single rescuer operators with minimal interruptions to compressions’ mean?

It is expected that learners are able to show a smooth rotation of operators during a resuscitation attempt. That is, they are able to show a changeover from one rescuer to another. It does not require the learner to perform CPR with 2 persons. The learner should perform both the compressions and breaths and then ensure that a changeover to another rescuer does not cause an interruption to compressions.

What is meant by ‘at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR)’?

The intent of the statement within the units of competency is for each learner to demonstrate a sustained duration of compressions and ventilations for at least 5 cycles (each cycle is the compressions-to-breath ratio outlined by the ANZCOR). In addition, the learner needs to demonstrate the specific items listed in the performance evidence for CPR.

What does the statement ‘Each learner to demonstrate skills...’ mean?

This means that each learner must demonstrate the skills as identified in the unit of competency. In a classroom, several students may be demonstrating skills at the same time. Assessors must position themselves and the learners to ensure the demonstration of skills can be viewed. It is not expected that an assessor must assess only one learner at a time.

What does ‘reviewing the incident’ mean?

Many of the first aid units of competency require the learner to undertake a simulated first aid incident. As part of this assessment, learners must take part in a review of the incident. This review may take into account the following factors:

- learner’s response to the incident
- identifying areas of improvement for future response
- identifying equipment needs for future response
- workplace policy or procedure changes required
- physiological impacts.

Can you provide examples of ‘potential incident hazards and risk minimisation processes’ when providing first aid?

Potential hazards will be dependent on the workplace and environment in which first aid skills are likely to be implemented. The same applies to risk minimisation processes. Workplace policies and procedures may help guide the RTO and learners on appropriate risk minimisation processes.

What does 'safety and maintenance procedures for an AED' mean?

During the most recent review of the first aid units of competency, it was identified that a gap in knowledge existed in regard to the safety and maintenance procedures required for AEDs. For this reason, a new assessment requirement was created.

It is expected that a learner will understand the safe use of an AED as well as the procedures to follow to ensure that the AED is ready for use. This includes checks such as battery status and expiry, electrode condition and expiry, items to be kept with the unit, including a preparation kit, storage and signage, as well as any servicing requirements.

Is it reasonable to allow a learner to demonstrate adult CPR on a table or other raised surface?

No, this is not allowable. Each unit of competency, in accordance with *ANZCOR Guidelines*, specifies that CPR on an adult must be completed on the floor. See notes under reasonable adjustment.

Can CPR on a child be demonstrated on an adult manikin?

No, adult CPR must be demonstrated on an adult manikin, infant CPR must be demonstrated on an infant manikin, and child CPR must be demonstrated on a child manikin.

Can CPR skills be performed on a real person if we do not have access to CPR manikins?

No, CPR skills must not be performed on other persons for the purpose of training or assessment. Only suitable, commercially manufactured CPR manikins must be used in line with the assessment conditions.

What AED training devices can be used?

An AED training device is one that is able to simulate the process of attaching a live AED, including delivering a simulated shock. Many live AEDs have training models which would be suitable. There are a range of generic AED trainers which also appropriately simulate a live unit. Any item that does not simulate a live unit would not be suitable.

What is meant by 'following the prompts of an automated external defibrillator (AED) to deliver at least one shock'?

The purpose of this performance evidence is for the learner to apply an AED training device to a manikin as part of a resuscitation effort of an adult casualty. Learners are expected to follow all prompts (verbal and visual) to safely and effectively apply the AED and deliver at least one shock.

The steps may include those shown below:

- remove/open unit from case
- follow written instructions/quick reference guide
- switch the unit on according to instructions
- follow audible and visual prompts
- attach electrodes per the diagram
- allow AED to analyse
- deliver shock when prompted

- continue to follow all verbal and visual instructions.

What personal protective equipment should be used for simulated first aid incidents and does this equipment need to be used or just mentioned by the learner?

This will depend on the type of incident and appropriate workplace policy. PPE must be used and worn during the relevant assessment activity. The following may be appropriate:

- disposable gloves
- face masks
- CPR barrier devices such as face shields and masks
- goggles
- disposable aprons/gowns
- respective PPE as required.

What does 'non-life-threatening bleeding' and 'life-threatening bleeding' mean?

In the updated first aid units of competency, bleeding is described as 'non-life-threatening bleeding' and 'life-threatening bleeding'. Generally, non-life-threatening bleeding is bleeding that can be controlled by direct pressure. Life-threatening bleeding is that which may require the use of additional measures such as tourniquet application and haemostatic dressing use. Within each unit of competency these items are covered in either knowledge evidence or knowledge and performance evidence. For example, in *HLTAID011 Provide First Aid*, non-life-threatening bleeding is contained in knowledge and performance evidence, but life-threatening bleeding is only a knowledge evidence requirement.

The table below details the requirements for each unit:

Table 3 Location in a unit of competency 'non-life threatening bleeding' and 'life-threatening bleeding'

Unit of competency	Knowledge evidence	Performance evidence
<i>HLTAID010 Provide basic emergency life support</i>	Non-life-threatening Life-threatening	Non-life-threatening
<i>HLTAID011 Provide First Aid</i>	Non-life-threatening Life-threatening	Non-life-threatening
<i>HLTAID012 Provide First Aid in an education and care setting</i>	Non-life-threatening Life-threatening	Non-life-threatening
<i>HLTAID013 Provide First Aid in remote or isolated site</i>	Non-life-threatening Life-threatening	Non-life-threatening Life-threatening
<i>HLTAID014 Provide Advanced First Aid</i>	Non-life-threatening Life-threatening	Non-life-threatening Life-threatening
<i>HLTAID015 Provide advanced resuscitation and oxygen therapy</i>	Non-life-threatening Life-threatening	Non-life-threatening Life-threatening

Trainers and assessors must ensure they are suitably trained to deliver and assess the skills and knowledge for both non-life-threatening and life-threatening bleeding and use the appropriate assessment resources as detailed in the unit of competency.

What can be used as a tourniquet trainer and haemostatic wound packing trainer?

It is expected that RTOs use commercially available tourniquet trainers and haemostatic wound packing trainers available from many Australian suppliers. DIY devices such as pool noodles are not appropriate for assessment of tourniquet skills.

What is a learner expected to demonstrate for 'minor wound cleaning and dressing'?

The purpose of this assessment is to show the correct management of a minor wound. This is a wound that is not actively bleeding and requires cleaning and dressing before seeking further medical assessment. An example would be a minor cut or abrasion.

The learner would be expected to clean the wound using suitable equipment found in workplace first aid kits and cover it using a suitable dressing such as a low-adherent pad or similar.

What is a sharps injury?

For the first aid units of competency, a sharps injury is an incident which causes a potentially contaminated object (such as a needle, blade, piece of glass or other similar object) to penetrate the skin. In the superseded units of competency this topic was covered under needle stick injury. The new terminology allows for other objects that may cause injury.

What does 'envenomation - all current treatments' mean?

This refers to envenomation by animals, which require different treatments. All current treatments should be covered according to ANZCOR and peak clinical body guidelines. Covering one animal with one treatment would not cover the assessment requirements. A range of animals and treatments is required.

What adrenaline auto-injector training device can be used?

Any training device for a currently approved adrenaline auto-injector can be used. An approved adrenaline auto-injector is one that is available and approved by the Therapeutic Goods Administration (TGA) for use in Australia.

Using any other object than a training adrenaline auto-injector is not appropriate for training and assessment purposes.

Live adrenaline auto-injectors should not be used for training and assessment.

The disassembling of an auto-injector to obtain an extra dose of adrenaline is dangerous, even in an emergency situation, and is **NOT** recommended by industry. This type of practice is extremely risky and dangerous.

Firstly, there is the danger that the first aid provider does not closely monitor the patient while disassembling the auto-injector. Secondly, to disassemble an auto-injector a sharp knife is needed to cut through the tough plastic, and there is therefore a danger that the first aid provider may end up injured as well. Thirdly, when cut open, the auto-injector no longer has the needle protected, increasing the risk of

needle-stick injury. And finally, first aid providers are not qualified to administer an intramuscular injection or check that the dosage is correct, and it is in fact being administered into the muscle and not a vein. Intravenous adrenaline must be administered following a strictly titrated protocol. This type of practice should not be part of any training delivered as part of the first aid units of competency within the *HLT Health Training Package*.

Is it appropriate to credit students for aspects of *HLTAID011 Provide First Aid* if they have completed *HLTAID012 Provide First Aid in an education and care setting*?

Firstly, it is important to remember that there are aspects of *HLTAID011 Provide First Aid* which are not covered in *HLTAID012 Provide First Aid in an education and care setting*. For example, stroke and chest pain are included as knowledge evidence in *HLTAID011 Provide First Aid* but not covered in *HLTAID012 Provide First Aid in an education and care setting*. A direct credit recognition would therefore not be possible.

HLTAID012 Provide First Aid in an education and care setting was developed as a child-focused unit in response to feedback received during consultations when developing the revised units of competency. As stated in the application, this unit covers ‘providing a first aid response to infants and children’.

Although aspects of the units are similar to those found in *HLTAID011 Provide First Aid*, it is expected that RTOs focus training and assessment activities on infants and children. As such, providing a credit towards the same activity in *HLTAID011 Provide First Aid* is only appropriate where training and assessment for *HLTAID011 Provide First Aid* has that explicit focus. RTOs must ensure they specifically address the requirements of the *HLTAID011 Provide First Aid* unit.

In *HLTAID012 Provide First Aid in an education and care setting* ‘pain’ is listed as a condition in knowledge evidence. What does this mean?

The purpose of this topic is for learners to identify and treat pain in children. This may include identifying different signs that infants and children show to indicate they are experiencing pain. Learners should understand how to gauge pain, including identifying common ways infants and children communicate their pain. In addition, learners should learn ways of assisting infants and children who are in pain and the first aid response, including age-appropriate distraction techniques which may be useful.

What does ‘referral and advice services including recognition of signs or symptoms requiring immediate ambulance response’ mean?

Referral and advice services may include GP, health direct, hospital, ambulance and other medical services. Infants and children may display a range of signs when very ill. These are often referred to as ‘red flags’. Learners should have a good understanding of these signs and symptoms so they can identify severe illness quickly and respond appropriately.

Can incident report forms be completed as part of a pre-course activity before the students attends any face-to-face training and assessment?

An incident report form should be completed once the learner has undertaken a simulated first aid incident per the performance evidence requirements. The purpose of the incident report is for the learner to accurately record the details of the incident which has been completed as part of the assessment.

What are immobilisation and extrication devices?

Immobilisation devices are those which immobilise part of the body, such as splints. Extrication devices are those which are used to extricate a person from one place to another, such as a stretcher or carry sheet.

What does the statement ‘responded to at least.....simulation first aid incident contextualised to the learner’s workplace or site, where the learner had no knowledge of the casualty’s condition prior to treatment’ mean?

In addition to providing evidence of the ability to perform first aid procedures listed in the performance evidence, a learner needs to be assessed responding to a simulated emergency situation, in order to provide evidence of their ability to recognise an emergency situation, assess the casualty and select and apply the appropriate response.

How your RTO decides to structure your assessment tasks to collect this evidence and whether the decision is made to cluster this assessment with other activities is dependent on your learning and assessment strategy, provided it meets the competency standards and the rules of evidence. HumanAbility is unable to validate individual assessment scenarios or assessment strategies. Consultation with the learner’s employer, where the context permits, to develop simulations and role plays that reflect the type of emergency situations common to the workplace or community setting is recommended.

During this assessment the learner must:

- have no knowledge of the casualty’s injuries or illness prior to responding to the incident
- identify the casualty’s injuries/illness through history, signs and symptoms
- use personal protective equipment (PPE) during the assessment
- provide the appropriate first aid treatment for the injury/illness
- convey details of the incident to emergency services or advise the casualty on any required post-incident action
- provide a verbal and written report of the incident
- review the incident.

What is meant by established first aid principles?

Follow first aid principles endorsed by the Australian and New Zealand Committee on Resuscitation (ANZCOR) and other peak clinical bodies, as these are based on the best available research in first aid.

What is meant by other peak clinical bodies?

Examples of other peak clinical bodies include:

- Asthma Australia
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Epilepsy Australia
- Diabetes Australia
- Heart Foundation.

What is meant by workplace or site procedures?

In line with the code of practice on first aid in the workplace, many workplaces have established workplace procedures covering first aid. These may include who to contact in a first aid emergency, how to complete documentation, risk-minimisation procedures, and first aid room and emergency response procedures. These procedures may apply to a workplace or a specific site in a workplace.

Where such procedures exist, first aiders are expected to follow those procedures.

What is meant by a workplace first aid kit?

Workplace first aid kits are expected to comply with Safe Work Australia's *Model Code of Practice: First aid in the workplace*.

First aiders should be familiar with the first aid kit in their workplace.

What is meant by conducting a secondary survey assessment?

The primary survey is **D**anger, **R**esponse, **S**end for help, **A**irway, **B**reathing, **C**PR, **D**efibrillation

(DRSABCD)

The secondary survey involves 3 main steps:

1. head-to-toe assessment
2. questioning and history taking
3. taking and recording vital signs.

What are the types of burns to consider with first aid?

Refer to the ANZCOR *Guidelines* 9.1.3 Burn

<https://www.anzcor.org/home/first-aid-management-of-injuries/guideline-9-1-3-first-aid-for-burns>

Mapping Table

Note:

- units *HLTAID012 Provide First Aid in an education and care setting* and *HLTAID015 Provide advanced resuscitation and oxygen therapy* were created in *HLT Health Training Package* Release 4.3 and were revised in Release 7.0.

Table 4 Unit Mapping Guide: HLTAID012 & 015 Release 1 to HLTAID012 & 015 Release 2

HLT Health Training Package Release 4.3		HLT Health Training Package Release 7.0		Equivalent (E)/Non-Equivalent (N)	Notes
<i>HLTAID012</i>	<i>Provide First Aid in an education and care setting</i>	<i>HLTAID012</i>	<i>Provide First Aid in an education and care setting</i>	E	IRC upgrade Minor grammatical changes to unit application PE: Minor grammatical changes for clarity AC: Minor grammatical changes for clarity
<i>HLTAID015</i>	<i>Provide advanced resuscitation and oxygen therapy</i>	<i>HLTAID015</i>	<i>Provide advanced resuscitation and oxygen therapy</i>	E	PE: Minor grammatical changes for clarity

Table 5 Unit Mapping Guide: HLTAID001–008 to HLTAID009–016

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non- Equivalent (N)	Notes
<i>HLTAID001</i>	<i>Provide cardiopulmonary resuscitation</i>	<i>HLTAID009</i>	<i>Provide cardiopulmonary resuscitation</i>	N	New Unit based on HLTAID001 with changes as follows: Additional Element: 4. Evaluate the incident and own performance. PC: Changes to wording in 1.2, 1.3 and 3.3 and the addition of 4.1, 4.2 PE: Updated wording to provide clarity and address new element and PC KE: Updated wording to provide clarity and address new element and PC AC: Updated assessors' requirements.
<i>HLTAID002</i>	<i>Provide basic emergency life support</i>	<i>HLTAID010</i>	<i>Provide basic emergency life support</i>	N	New Unit based on HLTAID002 with changes as follows: Application: Minor changes to wording to provide clarity Additional Element: 4. Evaluate the incident and own performance. PC: Changes to wording in 1.2, 1.3, and 3.3 and the addition of 4.1, 4.2

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non-Equivalent (N)	Notes
					PE: Updated wording to provide clarity and address new element and additional information relating to how the assessment is to be carried out KE: Updated wording to provide clarity and address new element and PC AC: Updated assessors' requirements
<i>HLTAID003</i>	<i>Provide first aid</i>	<i>HLTAID011</i>	<i>Provide first aid</i>	N	New Unit based on HLTAID003 with changes as follows: Application: Minor changes to wording to provide clarity PC: Changes to wording in 1.2, 1.3 and 4.2 and the addition of 3.3 PE: Updated wording to provide clarity and address element 4 and additional information relating to how the assessment is to be done KE: Updated wording to provide clarity AC: Updated assessors' requirements
<i>HLTAID004</i>	<i>Provide an emergency first aid response in an</i>	<i>HLTAID012</i>	<i>Provide First Aid in an education and care setting</i>	N	New unit based on HLTAID004 with changes as follows: Title: Removed the word 'emergency'

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non-Equivalent (N)	Notes
	<i>education and care setting</i>				<p>Application: Reworded to include childhood workers and educators outside school hours, and minor changes made to wording to provide clarity</p> <p>PC: Changes to wording in 1.2 ,1.3, 3.6 and 4.2 and criterion 4.3 removed</p> <p>PE: Updated wording to provide clarity and address element 4, and additional information relating to how the assessment is to be carried out</p> <p>KE: Updated wording to provide clarity</p> <p>AC: Updated assessors' requirements</p>
<i>HLTAID005</i>	<i>Provide first aid in remote situations</i>	<i>HLTAID013</i>	<i>Provide First Aid in a remote or isolated site</i>	N	<p>New Unit based on HLTAID005 with changes as follows:</p> <p>Title: Added word 'isolated' and changed 'situations' to 'site'</p> <p>Application: Reworded to better reflect where the Unit should be applied</p> <p>Elements: All updated</p> <p>PC: All updated</p> <p>PE: Updated wording to provide clarity and address new elements and address new elements</p> <p>PC. Additional information relating to how the assessment is to be done</p>

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non-Equivalent (N)	Notes
					KE: Updated wording to provide clarity and address new elements and PC. AC: Updated assessors' requirements
<i>HLTAID006</i>	<i>Provide advanced first aid</i>	<i>HLTAID014</i>	<i>Provide advanced first aid</i>	N	New Unit based on HLTAID006 with changes as follows: Application: Minor changes to wording to provide clarity PC: Changes to wording in (1.2,1.3,1.4), (2.1), (4.3) and (5.2). PC: (3.3,3.4,3.5,3.6) and (5.3,5.4) all deleted PE: Updated wording to reflect changes in PC and provide clarity KE: Updated wording to reflect changes in PC and provide clarity AC: Updated assessors' requirements
<i>HLTAID007</i>	<i>Provide advanced resuscitation</i>	<i>HLTAID015</i>	<i>Provide advanced resuscitation and oxygen therapy</i>	N	New Unit based on HLTAID007 with changes as follows: Duplicated content from HLTAID009 and HLTAID011 removed where possible and prerequisite HLTAID011 added Title: Title expanded to include 'and oxygen therapy'

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non-Equivalent (N)	Notes
					<p>Application: Minor changes to wording to reflect oxygen therapy and to provide clarity</p> <p>Prerequisite: Prerequisite <i>HLTAID011 Provide First Aid</i> added</p> <p>Elements: Additional element 3: Deliver supplemental oxygen</p> <p>PC: Changes to all criteria to reflect the use of oxygen and provide clarity</p> <p>PE: Updated to reflect the use of oxygen and provide clarity</p> <p>KE: Updated to reflect the use of oxygen and provide clarity</p> <p>AC: Updated assessors' requirements</p>
<i>HLTAID008</i>	<i>Manage first aid services and resources</i>	<i>HLTAID016</i>	<i>Manage first aid services and resources</i>	E	Updated Unit based on HLTAID008 with minor grammatical changes.
<i>HLTSS00027</i>	<i>Occupational first aid skill set</i>	<i>HLTSS00068</i>	<i>Occupational first aid skill set</i>	N	<p>New Skill Set based on HLTSS00027 with changes as follows:</p> <p>Addition of prerequisite Unit <i>HLTAID011 Provide First Aid</i></p>



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