



Australian Government

PUAEME004A Provide emergency care for suspected spinal injury

Release 3

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Modification History

Release	TP Version	Comments
3	PUA12 V2.1	Editorial changes.
2	PUA12 V2	Layout adjusted.
1	PUA00 V8.1	Primary release.

Unit Descriptor

This unit covers the competency required to minimise further injury to a casualty when applying first aid and waiting for emergency medical aid.

Application of the Unit

The application of this unit in the workplace covers recognition and management of suspected spinal injuries while waiting for emergency medical aid.

The unit is typically relevant for personnel from emergency services and/or volunteer organisations or organisations which provide a first aid service in an environment where there is a risk of spinal injuries.

Licensing/Regulatory Information

Not applicable.

Pre-Requisites

HLTFA211A Provide basic emergency life support

OR

HLTFA311A Apply first aid

Employability Skills Information

This unit contains employability skills.

Elements and Performance Criteria Pre-Content

Elements describe the essential outcomes of a Unit of Competency.

Performance Criteria describe the required performance needed to demonstrate achievement of the element. Where ***bold italicised*** text is used, further information is detailed in the Range Statement. Assessment of performance is to be consistent with the Evidence Guide.

Elements and Performance Criteria

ELEMENT	PERFORMANCE CRITERIA
1. Identify suspected spinal injury	1.1 Signs and symptoms from a conscious casualty that may suggest a spinal injury are identified. 1.2 Signs of life in an unconscious casualty are confirmed. 1.3 Basic life support protocols are followed with care for casualty's spine where casualty exhibits no signs of life. 1.4 Likely causes of unconsciousness that may suggest a spinal injury are identified. 1.5 Emergency medical aid is requested.
2. Immobilise cervical spine	2.1 Casualty is communicated with to provide reassurance and to explain the need to minimise movement of their spine. 2.2 Casualty is measured and appropriately sized cervical collar is selected. 2.3 Cervical collar is applied ensuring correct location and tension is applied. 2.4 Conscious standing casualty is assisted to supine position in accordance with organisational procedures and availability of personnel.
3. Evaluate need to move casualty	3.1 Potential hazards to first aider and to casualty are identified. 3.2 Risk of not moving the casualty while waiting for medical aid to arrive is evaluated. 3.3 Plan to move casualty is developed.
4. Prepare casualty for transport	4.1 Casualty is communicated with to provide reassurance and the need to immobilise the casualty for transport is explained. 4.2 Equipment to immobilise the casualty's spine is selected. 4.3 Immobilisation equipment is applied in accordance with manufacturer's instructions and organisational procedures.
5. Transport and monitor casualty	5.1 Casualty is transported away from hazards ensuring smooth movements are used by team. 5.2 Team is directed in coordinated lifting movement and lowering of casualty. 5.3 Casualty is monitored during transport.
6. Perform casualty	6.1 Details of incident are communicated to medical

ELEMENT	PERFORMANCE CRITERIA
handover	personnel. 6.2 Assistance is given to medical personnel as requested. 6.3 Debriefing with supervisor or other operational staff is undertaken. 6.4 Relevant log books are completed according to organisational requirements.

Required Skills and Knowledge

This describes the essential skills and knowledge and their level, required for this unit.

Required Skills

- assess casualty
- communicate effectively with casualty to provide reassurance
- use safe manual handling skills

Required Knowledge

- common causes of spinal injuries relevant to the work environment
- risks associated with moving a casualty with a suspected spinal injury
- safe manual handling techniques
- signs and symptoms of suspected spinal injury
- techniques for manual stabilisation
- types of spinal immobilisation equipment available

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

Assessment must confirm the ability to:

- identify casualty with a suspected spinal injury
- evaluate the need to move casualty with a suspected spinal injury
- immobilise casualty prior to moving

Consistency in performance

Competency should be demonstrated in a range of first aid incidents or scenarios requiring management of suspected spinal injuries.

Context of and specific resources for assessment

Context of assessment

Competency should be assessed by managing suspected spinal injuries during first aid scenarios.

Specific resources for assessment

Access is required to:

- equipment used in managing suspected spinal injuries

Method of assessment

In a public safety environment assessment is usually conducted via direct observation in a training environment or in the workplace via subject matter supervision and/or mentoring, which is typically recorded in a competency workbook.

Assessment is completed using appropriately qualified assessors who select the most appropriate method of assessment.

Assessment may occur in an operational environment or in an industry-approved simulated work environment.

Forms of assessment that are typically used include:

- direct observation
- interviewing the candidate
- journals and workplace documentation
- third party reports from supervisors
- written or oral questions

Range Statement

The Range Statement relates to the Unit of Competency as a whole. It allows for different work environments and situations that may affect performance. ***Bold italicised*** wording in the Performance Criteria is detailed below.

<i>Signs and symptoms of a suspected spinal injury</i> may include:	• back or neck pain • dilated pupils • head injuries • headache or dizziness • increased muscle tone • loss of bladder/bowel control • loss of function in hands or feet • prioprism • tingling or lack of feeling in upper or lower limbs
<i>Signs of life</i> may include:	• breathing • consciousness • movement
<i>Basic life support protocols</i> include:	• Australian resuscitation council guidelines
<i>Likely causes of unconsciousness that may suggest a spinal injury</i> may include:	• diving accident • fall from a height • industrial accident • motor vehicle accident • severe penetrating wounds (impaled, gunshot) • significant blow to the head • sporting accident
<i>Hazards</i> may include:	• fire • traffic • water
<i>Transport</i> may include:	• carrying casualty • using a vehicle
<i>Equipment</i> may include:	• cervical collars • scoop stretchers • spine boards and strapping • stokes baskets
<i>Monitoring casualty</i> may include:	• Assessing vital signs such as: level of consciousness breathing rate pulse rate skin colour and temperature • Remaining with casualty

- Details*** may include:
- casualty injuries
 - treatment provided
- Assistance*** may include:
- carrying casualty
 - performing cardiopulmonary resuscitation (CPR)

Unit Sector(s)

Not applicable.