



HLT Health Training Package First Aid Companion Volume Implementation Guide V3.2

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First Aid Guide Modification History

Version	Release date	Comments	Section
3.2	December 2021	<p>This release is to address</p> <ul style="list-style-type: none"> • FAQs which have been revised to meet current industry expectations • Grammatical changes to the Application and Performance Evidence in HLTAID012 • Grammatical changes to the Performance Evidence in HLTAID015. 	<p>FAQs</p> <p>Mapping table</p>
3.1	December	<p>This release was to address</p> <ul style="list-style-type: none"> • The use of tourniquets • The application of HLTAID012 	FAQ
3.0	August 2020	<p>This release was based on the superseded HLTAID Units to meet the National Skills Standards Council's <i>Standards for Training Packages</i>, released in November 2012. The new HLTAID units addressed updated regulatory and compliance requirements, added clarity and addressed the needs of broader learner cohorts.</p>	Throughout (format changes and updated links)
2.0	March 2018	<p>This release updated the document to the SkillsIQ template with minor modifications to wording to reflect the fact the HLTAID Units were no longer 'new' and were now supported by SkillsIQ. Hyperlinks were updated. First Aid Industry Reference Committee advice was given to RTOs in respect to <i>recent updates to ANZCOR Guideline 9.1.1 First Aid for Management of Bleeding</i> and the First Aid Units of Competency. References to adrenaline auto-injectors were clarified. The reference to <i>Anapen</i> was removed in the mapping table as this brand was no longer applicable in Australia.</p>	<p>Throughout (format changes and updated links)</p> <p>FAQs</p> <p>Mapping table – assessment conditions HLTAID003 and HLTAID004</p>
1.3	January 2015	Links to the NSSC and information on assessor requirements were updated.	Throughout Assessor Requirements
1.2	October 2014	Mapping was updated for the newly released versions of the HLTAID Units.	CPR and First Aid Assessor requirements Resources

1.1	April 2014	The definition of a 'health professional' was clarified as well as terminology relating to 'basic wound care'.	CPR and First Aid Assessor Requirements
1.0	November 2013	This release meets the National Skills Standards Council's Standards for Training Packages, released in November 2012	

Acknowledgements

This document has been produced by SkillsIQ Limited.

Date of Publication

December 2021

Training Package Overview

Background to Companion Volumes

In November 2012 the former National Skills Standards Council (NSSC)¹ developed a set of *Standards for Training Packages*, to ensure training packages would be of high quality and meet the workforce development needs of industry, enterprises and individuals. These *Standards for Training Packages*² apply to the design and development of training packages for endorsement consideration.

Standard 1 identifies the products that must comprise a training package. These includes:

- Endorsed components:
 - Units of Competency
 - Assessment Requirements (associated with each Unit of Competency)
 - Qualifications
 - Credit Arrangements
- Non-endorsed components:
 - Companion Volume Implementation Guide (mandatory)
 - Other guides required by stakeholders.

On 01 January 2016, SkillsIQ was appointed as the Skills Service Organisation (SSO) with responsibility for supporting the Industry Reference Committees responsible for the HLT Health Training Package.

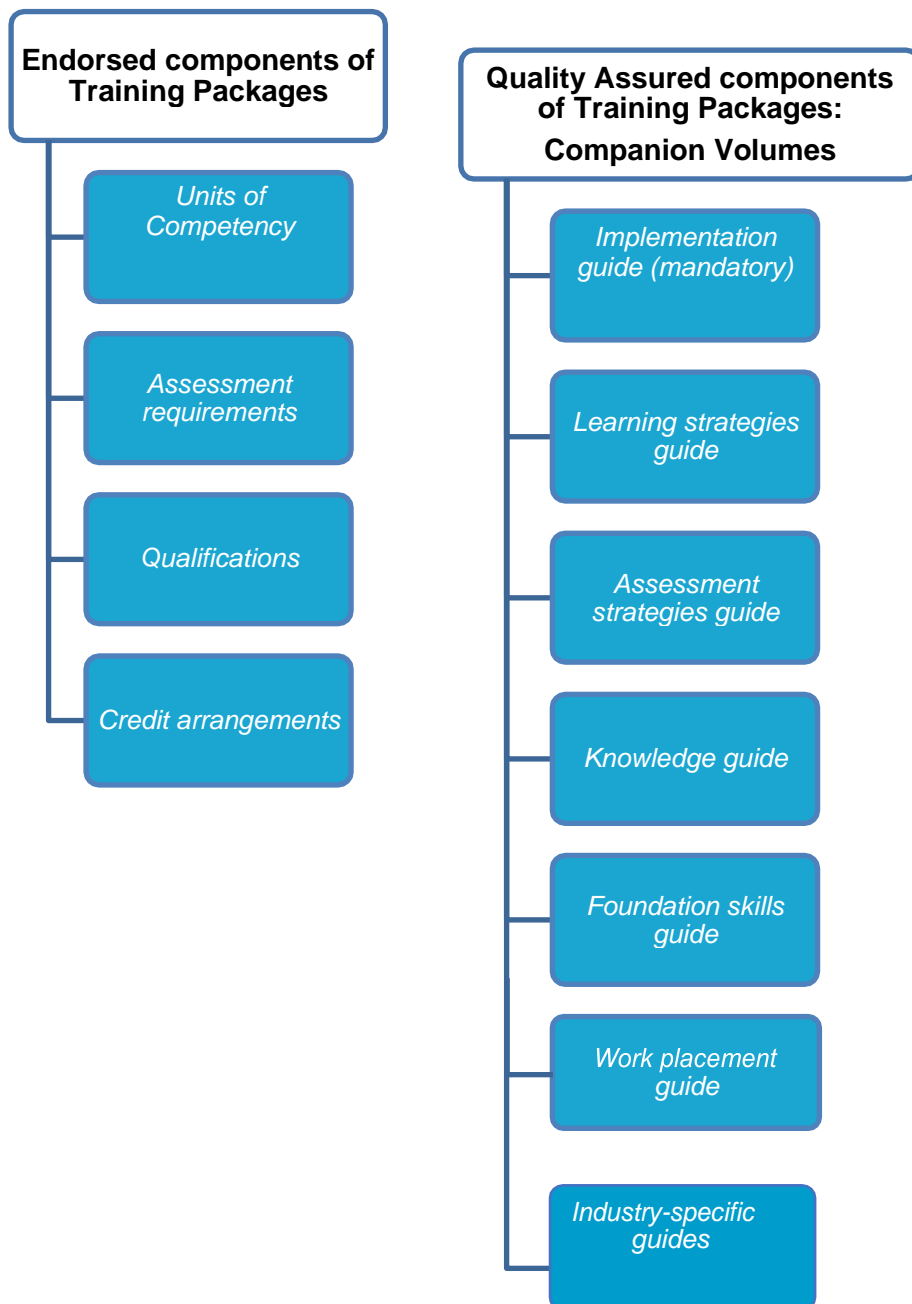
Much of original content of this document, originally developed by the former Community Services and Health Industry Skills Council, remains as written. Amendments to this document are limited to the revisions made as outlined in the Modification History table. In addition, revisions have been made to update outdated links and information.

¹ The functions of the National Skills Standards Council (NSSC) have been transferred to the Australian Industry and Skills Committee (AISC).

² The Standards for Training Packages were endorsed by the former Standing Council for Tertiary Education Skills and Employment (SCOTESE), replaced by the COAG Industry and Skills Council.

Endorsed and Non-endorsed Components

Training packages consist of both endorsed components and non-endorsed components.



The endorsed components can be found on the national register: www.training.gov.au.

Under the *Standards for Training Packages*, the non-endorsed components have been expanded to include companion volumes, including this First Aid Guide, and are available to download on VETNet.

Overview of Changes

The HLT AID First Aid 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, child care 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 worker 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 HLT AID Units of Competency - 2020

The Units were updated as a result of research used to develop the 2018 Industry Skills Forecast. The findings from the Forecast indicated that the eight 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 workers and volunteers 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).

HLTAID Units of Competency and Skill Set

The HLTAID suite of First Aid Units of Competency and the Skill Set were endorsed and first released on training.gov.au on 01 July 2013. They are listed below.

Unit Code	Unit Title
HLTAID001	Provide cardiopulmonary resuscitation
HLTAID002	Provide basic emergency life support
HLTAID003	Provide first aid
HLTAID004	Provide an emergency first aid response in an education and care setting
HLTAID005	Provide first aid in remote situations
HLTAID006	Provide advanced first aid
HLTAID007	Provide advanced resuscitation
HLTAID008	Manage first aid services and resources
HLTSS00027	Occupational First Aid Skill Set

The First Aid Units of Competency and Skill Set have subsequently been reviewed and updated. The list below shows the most current release number for these Units as of August 2020.

Unit Code	Release Number	Unit Title
HLTAID009	Release 1	Provide cardiopulmonary resuscitation
HLTAID010	Release 1	Provide basic emergency life support
HLTAID011	Release 1	Provide First Aid
HLTAID012	Release 1	Provide First Aid in an education and care setting
HLTAID013	Release 1	Provide First Aid in remote or isolated site
HLTAID014	Release 1	Provide Advanced First Aid
HLTAID015	Release 1	Provide advanced resuscitation and oxygen therapy
HLTAID016	Release 1	Manage first aid services and resources
HLTSS00068	Release 1	Occupational First Aid Skill Set

Advice for First Aid RTOs

Transition

RTOs issuing qualifications for vocational courses must ensure they meet the packaging rules of the qualification they are delivering. In addition, they must ensure the First Aid Unit being delivered and assessed is the one listed in the qualification, whether in the core or electives. SkillsIQ recommends consulting with your first aid training provider for advice on any mapping or documentation you need to ensure compliance to the standards, and whether gap training will be required.

If a student has completed a first aid course through a third-party provider and the Statement of Attainment does not match the Unit required to meet the packaging rules of the corresponding qualification, the RTO issuing the vocational qualification must:

1. undertake a mapping exercise to confirm elements, performance criteria and assessment requirements have been addressed and identify any gaps
2. conduct gap training and assessment as necessary
3. issue the required statement of attainment.

Note: The mapping tools to assist RTOs in this process are provided in this Guide in the [Mapping](#) section.

Normal transition and teach-out periods apply. If you have questions regarding transition and teach-out arrangements, you must contact your relevant VET Regulator:

- ASQA: <http://www.asqa.gov.au>
- VRQA: <http://www.vrqa.vic.gov.au>
- WATAC: <http://www.tac.wa.gov.au>.

General

Foundation skills essential to performance are explicit in the performance criteria of all Units and the HLT training package implementation guide should be referenced for further detail. The First Aid Units of Competency have been developed specifically for a workplace/community context and apply to those who have a duty of care as a first aider under the *Workplace Health and Safety Act 2011* and *Safe Work Australia Model Code of Practice: First Aid in the Workplace*. These Units of Competency may be used by RTOs for training for the wider community. However, all aspect of the competency must be met by participants. Where this is not possible, for health or other reasons, RTOs cannot and should not issue a Statement of Attainment. A Certificate of Attendance for the course could, however, be issued.

It is the responsibility of each provider to monitor training packages relevant to its scope of registration and to identify when a qualification or Unit of Competency on scope has been revised and a new version published. The national register, training.gov.au, has the capacity to notify users of changes to a training package through a subscription service. You can register to receive notifications by clicking on 'Notify me of changes' in the top right-hand corner of the screen displaying information about the training package you are interested in.

For further information:

- ASQA information line – (Phone: 1300 701 801) or email enquiries@asqa.gov.au.
- VRQA – (Phone: 03 9637 2806) or email vrqa@edumail.vic.gov.au
- Training Accreditation Council of Western Australia – (Phone: 08 9441 1910) or General Enquires: tac@dtwd.wa.gov.au

Online or Virtual Assessment Advice for RTOs

Recently, with the development of technology and the transmission of communicable diseases such as noted during the COVID-19 pandemic, it has become increasingly common for training and assessment to be delivered online or in a virtual environment. In the case of first aid training and assessment, this presents issues for the candidates demonstrating all the required performance evidence, and also poses resourcing issues for RTOs.

The First Aid IRC has provided some guidance for RTOs who need to perform assessments online or in a virtual environment, specifically highlighting the minimum number of resources required to ensure [Validity, Fairness, Reliability and Flexibility](#).

RTOs need to acknowledge that Units provide a benchmark for competency. There cannot be one standard for face-to-face and one for online or virtual assessment. **If the assessment conditions or resources are not suitable for assessment activities in a face-to-face classroom, they would not be suitable for online or virtual situations.** Those RTOs that conduct assessment online or virtually must ensure candidates are provided with all the relevant assessment resources and conditions that would be available in a face-to-face assessment.

The following are key performance evidence requirements from HLTAID009, HLTAID011 and HLTAID012 that need additional resources to be assessed online or in a virtual environment.

There must be evidence that the candidate has completed the following tasks in line with state/territory regulations, first aid codes of practice, Australian Resuscitation Council (ARC) guidelines and workplace procedures:

- managed, in line with ARC guidelines, the unconscious, breathing casualty including appropriate positioning to reduce the risk of airway compromise
- managed, in line with ARC guidelines, the unconscious, non-breathing adult, including:
 - performing at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on an adult resuscitation manikin placed on the floor
 - following the prompts of an automated external defibrillator (AED) to deliver at least one shock
 - demonstrating a rotation of single rescuer operators with minimal interruptions to compressions
 - responding appropriately in the event of regurgitation or vomiting
 - handing over to emergency services
 - providing an accurate verbal report of the incident
 - reviewing the incident
- managed, in line with ARC guidelines, the unconscious, non-breathing infant, including:
 - performing at least 2 minutes of uninterrupted single rescuer CPR (5 cycles both compressions and ventilations) on an infant resuscitation manikin placed on a firm surface.
- managed, in line with ARC guidelines, the unconscious, non-breathing child, including:
 - performing at least 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) (5 cycles of both compressions and ventilations) on a child resuscitation manikin placed on the floor
- managed casualties, with the following:
 - anaphylaxis
 - asthma
 - non-life-threatening bleeding
 - choking
 - envenomation, using pressure immobilisation
 - fractures, dislocations, sprains and strains, using appropriate immobilisation techniques
 - minor wound cleaning and dressing
 - nosebleed
 - shock
- responded to at least one simulated first aid incident contextualised to the candidate's workplace or site, where the candidate has no knowledge of the casualty's condition prior to starting treatment, including:
 - identifying the casualty's illness or injury through history, signs and symptoms
 - using Personal Protective Equipment (PPE) as required
 - providing appropriate first aid treatment
 - conveying incident details to emergency services or advising casualty on any required post incident action
 - providing an accurate verbal and written report of the incident

- reviewing the incident.

The following are minimum additional resources that should be sent to the student prior to assessment to ensure compliance with the Unit's assessment requirements if assessed online or in a virtual environment:

For RTOs who are assessing HLTAID009:

- An **adult** CPR manikin following ARC guidelines for the purpose of assessment of CPR procedures (capable of accurately facilitating ventilation and compressions)
- An **infant** CPR manikin following ARC guidelines for the purpose of assessment of CPR procedures (capable of accurately facilitating ventilation and compressions)
- Any face shields, masks or other consumables required for use on the CPR manikin
- An AED trainer that includes audible instructions and simulated analysis and shock through adhesive pads.

Note: ❖ In addition, another person will be required to act as a casualty
❖ Any AED trainer that does not simulate a live unit would not be suitable for this performance evidence (such as a cardboard dummy unit or laminated picture).

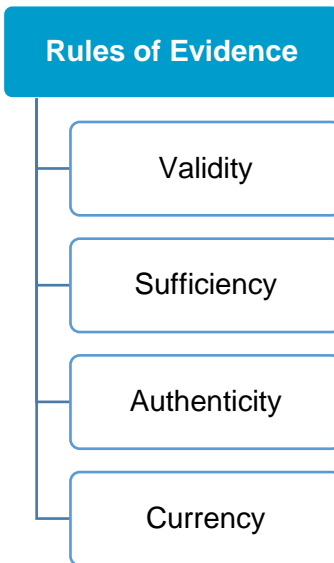
For RTOs who are offering HLTAID011 and HLTAID012:

- An **adult** CPR manikin following ARC guidelines for the purpose of assessment of CPR procedures (capable of accurately facilitating ventilation and compressions)
- An **infant** CPR manikin following ARC guidelines for the purpose of assessment of CPR procedures (capable of accurately facilitating ventilation and compressions)
- A **child** CPR manikin following ARC guidelines for the purpose of assessment of CPR procedures (capable of accurately facilitating ventilation and compressions) **HLTAID012 only**
- Any face shields, masks or other consumables required for use on the CPR manikin
- An AED trainer that includes audible instructions and simulated analysis and shock through adhesive pads.
- Adrenaline auto-injector (current training version of the real device)
- Placebo asthma puffer and spacer
- Range of dressings and bandages including compression bandages, triangular bandages, and items clean and dress minor wounds (for example, wound wipes, saline, swabs, non-adherent dressings, etc)
- Personal protective equipment
- Blanket (such as an emergency blanket)
- Incident report form.

Note: ❖ In addition, another person will be required to act as a casualty
❖ Any AED trainer that does not simulate a live unit would not be suitable for this performance evidence (such as a cardboard dummy unit or laminated picture).

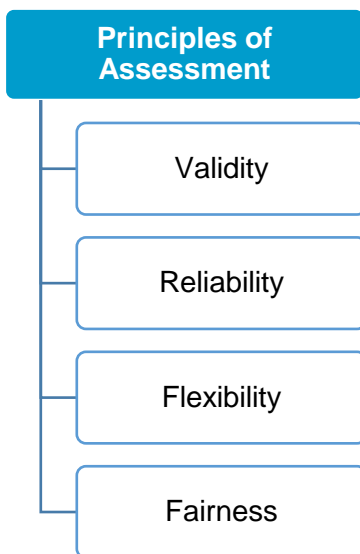
Assessment

Assessment of the First Aid Units must be in line with the *Rules of Evidence* and *Principles of Assessment*.



The **Rules of Evidence** still require that evidence is:

- **Valid:** the evidence being assessed clearly relates to the requirements of the Unit of Competency
- **Sufficient:** the evidence meets all of the requirements of the Unit, is gathered over a period of time, meets all of the dimensions of competency and is relevant to different work contexts
- **Authentic:** the evidence is the candidate's own work.
- **Current:** the evidence is current.



In addition, assessors must ensure that all assessment activity undertaken is:

- **Valid:** the methods of assessment relate to the elements, performance criteria and assessment requirements of the Unit
- **Reliable:** the assessment outcomes would consistently provide similar outcomes for candidates at different times and in different places
- **Flexible:** the assessor ensures that the candidate understands the assessment process and can negotiate the timing of the assessment and context of the assessment
- **Fair:** candidates are not disadvantaged and are given opportunities to ensure that they can perform to the standards outlined in the workplace and the Units of Competency being assessed (see also 'reasonable adjustment,' below).

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. SkillsIQ 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 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.

Due to the potential risk to health and safety where a nominated first aider, or worker 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, Registered Training Organisations are encouraged to issue a Statement of Attendance and a transcript of any skills and knowledge that the student was able to achieve.

Frequently Asked Questions

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

It is expected that candidates 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 candidate to perform CPR with two persons. The candidate 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 candidate to demonstrate a sustained duration of compressions and ventilations for at least five cycles (each cycle is the compressions-to-breath ratio outlined by the ARC). In addition, the candidate needs to demonstrate the specific items listed in the performance evidence for CPR.

What does the statement 'Each candidate to demonstrate skills...' mean?

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

What does 'reviewing the incident' mean?

Many of the First Aid Units require the candidate to undertake a simulated first aid incident. As part of this assessment, candidates must take part in a review of the incident. This review may take into account the following factors:

- Candidate'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 candidates 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 regards to the safety and maintenance procedures required for AEDs. For this reason a new assessment requirement was created.

It is expected that a candidate 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 candidate to demonstrate adult CPR on a table or other raised surface?

No, this is not allowable. Each Unit 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.

Examples of AED training devices can be found below.



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 candidate to apply an AED training device to a manikin as part of a resuscitation effort of an adult casualty. Candidates 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 candidate?

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, 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:

Unit of Competency	Knowledge Evidence	Performance Evidence
HLTAID010	Non-life-threatening Life-threatening	Non-life-threatening
HLTAID011	Non-life-threatening Life-threatening	Non-life-threatening
HLTAID012	Non-life-threatening Life-threatening	Non-life-threatening
HLTAID013	Non-life-threatening Life-threatening	Non-life-threatening Life-threatening
HLTAID014	Non-life-threatening Life-threatening	Non-life-threatening Life-threatening
HLTAID015	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.

Examples of suitable devices:



What is a candidate 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 candidate 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 purpose of 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 ARC 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 whilst 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 if they have completed HLTAID012?

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

HLTAID012 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, 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 is only appropriate where training and assessment for HLTAID011 has that explicit focus. RTOs must ensure they specifically address the requirements of the HLTAID011 Unit.

In HLTAID012 'pain' is listed as a condition in knowledge evidence. What does this mean?

The purpose of this topic is for candidates to identify and treat pain in children. This may include identifying different signs that infants and children show to indicate they are experiencing pain. Candidates should have an understanding of how to gauge pain, including identifying common ways infants and children communicate their pain. In addition, candidates 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'. Candidates 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 candidate has undertaken a simulated first aid incident per the performance evidence requirements. The purpose of the incident report is for the candidate 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 ... simulated first aid incident contextualised to the candidate's workplace or site, where the candidate 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 candidate 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. SkillsIQ is unable to validate individual assessment scenarios or assessment strategies. Consultation with the candidate'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 following points must be met:

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

What is meant by established First Aid principles?

Follow first aid principles endorsed by the Australian Resuscitation Council (ARC) 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 the 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 three 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 ANZCOR (Australian and New Zealand Committee on Resuscitation) Guideline 9.1.3 Burn www.resus.org.au/guidelines.

What does the requirement 'selection of oxygen masks and tubing' include?

Oxygen devices could include:

- Simple face mask, Hudson mask
- Non re-breather face mask (mask with oxygen reservoir bag and one-way valves which aims to prevent/reduce room air entrainment)
- Nasal prongs (low flow)
- Tracheostomy mask
- Tracheostomy HME connector
- Isolette for neonates (usually for use in the Neonatal Intensive Care Unit only).

When undertaking assessment of oxygen delivery, is it appropriate to deliver medical oxygen to a person who does not require it in a training environment?

All relevant safety precautions should be followed when handling medical oxygen in a training environment. To meet the assessment requirements for delivery of oxygen to a conscious casualty, the candidate would be expected to place a casualty on oxygen using the appropriate delivery device and flowrate. Once this has been demonstrated it would be appropriate to turn the oxygen off for the remainder of the scenario.

Mapping, Transition and Teach-out

What is required to train and assess the HLTAID suite of Units?

The HLTAID Units of Competency state:

‘Assessors must satisfy the *Standards for Registered Training Organisations*’ requirements for assessors and must hold this Unit or demonstrate equivalent skills and knowledge to that contained within this Unit.’

All RTOs/assessors of the HLTAID suite of Units that are registered with ASQA are required to satisfy the revised Standards. The ASQA website clearly outlines what requirements apply to trainers and assessors in the VET sector: <https://www.asqa.gov.au/news-publications/publications/fact-sheets/meeting-trainer-and-assessor-requirements>.

The Training Accreditation Council Western Australia (WATAC) has also transitioned to the *Standards for Registered Training Organisations 2015*.

For those training providers regulated by the Victorian Registration and Qualifications Authority (VRQA), the VRQA audits RTOs against the 2016 VRQA *Guidelines for VET Providers* and the Australian Quality Training Framework’s *Essential Conditions and Standards for Continuing Registration* which can be found on the VRQA website: <http://www.vrqa.vic.gov.au/registration/Pages/vetqualitydef.aspx>.

All of the units HLTAID009 – 015 require assessors to be competent in the Unit they are delivering or demonstrate equivalent skills and knowledge to that contained within the Unit.

The intent of this requirement is to ensure that trainers and assessors of these Units have the adequate skills, knowledge and/or experience in responding to life-threatening and emergency situations.

What is meant by ‘current First Aid certificate’? How do I know a First Aid certificate is current?

The Safe Work Australia model *Code of Practice: First Aid in the Workplace* requires employers to ensure that their nominated first aiders attend training on a regular basis to remain current. The Code of Practice recommends that refresher training in CPR should be undertaken annually from the date of issue and that First Aid qualifications should be renewed every three years from the date of issue to maintain currency.

Is a student required to have completed HLTAID011 within the last three years as a prerequisite to HLTAID015?

Yes, because the First Aid codes of practice require that First Aid qualifications must be renewed every three years. In order to meet the assessment conditions of this Unit, HLTAID011 must therefore have been completed in the previous three years.

What is the transition and teach-out for these Units?

RTOs under the jurisdiction of ASQA who have the First Aid Units explicitly listed on scope must comply with the *General Direction—Transition and Teach-out* in its entirety to ensure all requirements are met. ASQA has also produced a *Fact Sheet: Registering for revised training packages* to assist RTOs with the process.

You can access these documents on the ASQA website: <http://www.asqa.gov.au>.

RTOs under the jurisdiction of the Victorian Registration and Qualifications Authority (VRQA) or Western Australian Training Accreditation Council (WATAC) should contact their regulator directly.

- VRQA website: <http://www.vrqa.vic.gov.au>
- TACWA website: <http://www.tac.wa.gov.au>.

Can HLTAID003 and HLTAID007 continue to be delivered for stand-alone certification and recertification once the transition period has ended if my RTO is still obliged to deliver these Units as part of another qualification?

No. You can only deliver superseded Units of Competency if doing so as part of a qualification in which they are still named. Once the transition period has passed, you must deliver the new Units of Competency. If, however, you are delivering those Units to someone who is doing them as part of a pathway to that qualification, then it is permissible to deliver the superseded Units of Competency even if the learner is not completing the whole qualification at that time. The intention must, however, be that the learner is expecting to do so.

Mapping Table

Note:

- Units HLTAID012 and HLTAID015 were created in HLT R4.3 and were revised in R7.0.

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
HLTAID012	Provide First Aid in an education and care setting	HLTAID012	Provide First Aid in an education and care setting	E	IRC upgrade Minor grammatical changes to Unit application PE: Minor grammatical changes for clarity AC: Minor grammatical changes for clarity
HLTAID015	Provide advanced resuscitation and oxygen therapy	HLTAID015	Provide advanced resuscitation and oxygen therapy	E	PE: Minor grammatical changes for clarity

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: AC = Assessment Conditions, KE = Knowledge Evidence, PC = Performance Criteria, PE = Performance Evidence;
HLTAID001	Provide cardiopulmonary resuscitation	HLTAID009	Provide cardiopulmonary resuscitation	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.
HLTAID002	Provide basic emergency life support	HLTAID010	Provide basic emergency life support	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 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
HLTAID003	Provide first aid	HLTAID011	Provide First Aid	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

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non- equivalent (N)	Notes: AC = Assessment Conditions, KE = Knowledge Evidence, PC = Performance Criteria, PE = Performance Evidence;
HLTAID004	Provide an emergency first aid response in an education and care setting	HLTAID012	Provide First Aid in an education and care setting	N	New unit based on HLTAID004 with changes as follows: Title: Removed the word 'emergency' Application: Reworded to include childhood workers and educators outside school hours, and minor changes made to wording to provide clarity PC: Changes to wording in 1.2 ,1.3, 3.6 and 4.2 and criterion 4.3 removed PE: Updated wording to provide clarity and address element 4, and additional information relating to how the assessment is to be carried out KE: Updated wording to provide clarity AC: Updated assessors' requirements
HLTAID005	Provide first aid in remote situations	HLTAID013	Provide First Aid in a remote or isolated site	N	New Unit based on HLTAID005 with changes as follows: Title: Added word 'isolated' and changed 'situations' to 'site' Application: Reworded to better reflect where the Unit should be applied Elements: All updated PC: All updated PE: Updated wording to provide clarity and address new elements and PC. Additional information relating to how the assessment is to be done KE: Updated wording to provide clarity and address new elements and PC. AC: Updated assessors' requirements

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		Equivalent (E)/Non- equivalent (N)	Notes: AC = Assessment Conditions, KE = Knowledge Evidence, PC = Performance Criteria, PE = Performance Evidence;
HLTAID006	Provide advanced first aid	HLTAID014	Provide Advanced First Aid	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
HLTAID007	Provide advanced resuscitation	HLTAID015	Provide advanced resuscitation and oxygen therapy	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' Application: Minor changes to wording to reflect oxygen therapy and to provide clarity Prerequisite: Prerequisite <i>HLTAID011 Provide First Aid</i> added Elements: Additional element 3: Deliver supplemental oxygen PC: Changes to all criteria to reflect the use of oxygen and provide clarity PE: Updated to reflect the use of oxygen and provide clarity KE: Updated to reflect the use of oxygen and provide clarity AC: Updated assessors' requirements
HLTAID008	Manage first aid services and resources	HLTAID016	Manage First Aid services and resources	E	Updated Unit based on HLTAID008 with minor grammatical changes.

Skill Set Mapping Guide: HLTAID release 4.1 to HLTAID release 4.2

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.2		E/N	Notes
HLTSS00027	Occupational first aid skill Set	HLTSS00068	Occupational First Aid Skill Set	N	New Skill Set based on HLTSS00027 with changes as follows: Addition of prerequisite Unit <i>HLTAID011 Provide First Aid</i>