

This information sheet reinforces the details found in the participant products. Participants are not required to demonstrate this skill for certification.

Steps

- 1. Remove any jewellery from the hands and wrists.
- 2. Turn on the faucet to run warm water.
- 3. Wet the hands with water and apply some mild soap.
- 4. Rub the hands together for at least 30 seconds.
- 5. Rinse with water.
- 6. Dry hands.

- When rubbing your hands together, clean under your fingernails by rubbing them against the palms of your hands. Be sure also to scrub your palms and wrists, the skin between your fingers, and the backs of your hands.
- If you are in a public washroom, turn off the faucet using a paper towel and use the paper towel to open the door.



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
✓	✓	✓	✓	✓	✓	✓	✓	✓

Part	icipant Name:	
Ste	ps	Step Successfully Demonstrated?
	CHECK the Scene	
1.	Stop and look at the scene.	
2.	Check to see if the scene is safe and if there are any hazards.	
3.	What happened and how did it happen?	
	CHECK the Person (Primary Assessment)	
1.	Check if the person is responsive.	
2.	Does the person want your help? (I.e., get consent.)	
3.	Check the person's ABCs (Airway, Breathing, and Circulation). Check Airway Make sure the person has an open airway. If the person is unresponsive, perform a head-tilt/chin-lift. Check Breathing Check for normal breathing for 5 to 10 seconds. Check Circulation Look quickly at the person from head to toe for signs of life-threatening bleeding.	
1.	If the person is responsive, find out if there is a need to call EMS/9-1-1.	
2.	If the person is unresponsive or has a life-threatening condition, shout for help and call EMS/9-1-1.	
	CARE	
1.	Get a first aid kit and an AED if they are available.	
2.	Wear personal protective equipment, such as disposable gloves.	
3.	If the person has a life-threatening condition, always care for that condition first.	
4.	Stay with the person until help arrives.	
5.	Help the person with his or her medication, if required	
6.	If necessary, roll the person into the recovery position.	

С	PR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
7.	Conduct	a secondary ass							
			LE questions. vital signs.						
			n injury check.						
8.	Provide (continual care:							
			e person's breathi			verall condition.			
			erson rest in a cor person from gettin	·					
			he person.	J					
Sk	ill Notes								
•	When o	checking the sce	ne, look for signs	that explain wh	hat happened a	nd how, or ask b	ystanders.		
•	When o	checking if the p	erson is responsiv	ve, talk to the p	erson and/or ta	p him or her on t	he shoulders to	see if he or sh	ne responds.
	CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
•	When	checking if a ba	by is responsive,	clap loudly and	gently flick the	bottom of the b	aby's feet.		
•	-	orm a head-tilt/ontil the chin is p	chin lift, place one pinting upward.	e hand on the p	erson's forehea	d and 2 or 3 fing	ers under the ch	nin. Gently tilt	the head
•		_	mal breathing, pu th while you wat	•	•	n's face so you c	an hear and fee	el air coming o	ut of the
•		•	t a bystander. If r ou are able to ca		-	•		one as quickly	as you can
Com	ments								
Eirct	Aid Inc	tructor Nam	e:						
			e: ature:						
		M/YYYY):							



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
✓	✓	✓	✓	✓	✓	✓	✓	✓

Part	icipant Name:			
Ste	ps	Step Successfully Demonstrated?		
1.	Support and protect the head while rolling the person.			
2.	Try to roll the person as one unit (roll the head, back, and legs at the same time).			
3.	Roll the person into a position where his or her body will stay safely on its side.			
4.	Check the ABCs after you complete the roll.			
•	You may use different ways to perform the recovery position (for example, you can roll the person toward o long as you complete the above steps.	r away from you), as		
	t Aid Instructor Name:			
	Aid Instructor Signature:			
Date	- (DD/MM/YYYY)·			



Rolling a Person From Face-Down to Face-Up Skill Sheet

CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Part	cicipant Name:	
Ste	ps	Step Successfully Demonstrated?
1.	Support and protect the head while rolling the person.	
2.	Try to roll the person as one unit (roll the head, back, and legs at the same time).	
3.	Open the airway with a head-tilt/chin-lift once the person is facing upward.	
4.	Check the person's ABCs.	
S •	kill Notes You may use different ways to roll a person from a face-down to face-up position (e.g., you can r from you), as long as you complete the above steps.	oll the person toward or away
Con	nments	
First	t Aid Instructor Name:	
	t Aid Instructor Signature:	
Date	e (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
		✓	✓	✓	✓	✓	✓	✓

Part	icipant Name:	
Ste	ps	Step Successfully Demonstrated?
1.	Interview the person or a bystander using the acronym SAMPLE to guide your questions:	
	S = Signs and symptoms A = Allergies M = Medications P = Past medical history L = Last oral intake (food or drink) E = Events leading up the emergency	
2.	Check the person's vital signs: Check the person's level of responsiveness. Check the person's breathing. Check the person's skin.	
3.	Perform an injury check: • Look for injuries that were not identified during the primary assessment by doing either a focused examination or a hands-on check.	
	Focused Examination	
1.	Explain that the purpose of the examination is to identify injuries.	
2.	 Ask the person if anything hurts or feels uncomfortable. If the person indicates an area of pain, discomfort, or concern, look at the area for signs of injury, including bruising and deformities. Ask focused questions about how the person feels to identify any symptoms. 	
3.	Check for a medical identification product and be sure to read it carefully if the person has one.	
4.	Use your findings to decide whether you need to call EMS/9-1-1, and provide the appropriate first aid care needed.	
	Hands-On Check	
1.	Look and feel for signs of injury (e.g., bumps, bruising, and bleeding) starting at the person's head and working downward, focusing on the chest, abdomen, and legs before checking the arms.	
2.	When checking the chest, feel the ribs for signs of deformity and check the expansion of the ribcage: If the person is unresponsive, watch the rib cage as the person breathes. If the person is responsive, ask him or her to take a deep breath (if it doesn't cause any pain).	
3.	When checking the abdomen, check to see if it's soft to the touch by pressing on it gently. If it feels hard or gentle pressure is painful, check carefully for bruising.	

- When checking the person's vital signs, consider the following:
 - Is the person alert, sleepy, or confused? Is the person's responsiveness changing?
 - Is the breathing fast or slow? Shallow or deep? Painful?
 - Is the skin dry or wet? An unusual colour or temperature?
- When doing any kind of injury check, keep watching the person's vital signs. If the person's condition deteriorates, stop the injury check and give first aid immediately.
- If the person is responsive and able to answer questions, do a focused examination.
- If a person is breathing but unresponsive, or is otherwise unable to communicate what is wrong, do a hands-on check.
- For privacy reasons, do not remove any of the person's clothing during a focused examination, unless it makes providing first aid difficult. During a hands-on check, you might need to move or remove the person's clothing to check the abdomen for bruising.
- If a focused examination doesn't reveal signs and symptoms of any injuries, ask the person to rest for a few minutes in a comfortable position. Check the quality of the person's vital signs and ensure his or her ABCs are still present. If there is no visible problem, help the person to stand up slowly when he or she is ready.
- When doing a hands-on check, also look at the ground around the person for signs of blood or other bodily fluids.
- During a hands-on check, do not reach underneath the person because there might be glass or other objects that could injure you.
- Do not touch the person's pelvis during a hands-on check since doing so can cause serious injury or worsen an existing condition.
- There may be situations where the person is responsive but you still need to touch the person to properly assess an injury. If so, do a hands-on check but only on the injured area rather than the whole body.

Comments	
First Aid Instructor Name:	
First Aid Instructor Signature:	
Date (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Part	icipant Name:	
Ste	ps	Step Successfully Demonstrated?
1.	With one hand, pinch the glove at the wrist of your other hand, being careful to touch only the glove's outer surface.	
2.	Pull the glove down and off your hand.	
3.	Form the removed glove into a ball and hold it in the palm of your gloved hand.	
4.	Insert your gloveless fingers under the rim of the glove of your other hand, near your wrist.	
5.	Pull the glove down and off the hand. The glove will turn inside out and trap the balled glove inside.	
SI.	xill Notes After removing the gloves, discard them appropriately into the nearest garbage.	
	Wash your hands properly with soap and water for at least 30 seconds.	
First	Aid Instructor Name:	
	Aid Instructor Signature:	
Date	e (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Ste	ps	Step Successfully Demonstrated?
1.	Try to dislodge the object by alternating between any two of the following methods until the object comes out: back blows, abdominal thrusts, and chest thrusts.	
2.	Continue alternating between the two methods until the object comes out, the person begins to breath, or the person becomes unresponsive.	
3.	If the choking person becomes unresponsive, ensure that EMS/9-1-1 has been called and begin CPR, starting with chest compressions.	
	Back Blows	
1.	Stand or kneel behind the person and place your arm across the person's chest.	
2.	Bend the person forward at the waist and deliver up to 5 firm back blows between the shoulder blades.	
Abd	ominal Thrusts	
1.	Stand or kneel behind the person.	
2.	Wrap your arms around the person's waist, make a fist, and place it just above the belly button.	
3.	Cover your fist with your other hand and give up to 5 quick, inward and upward thrusts.	
	Chest Thrusts	
1.	Stand or kneel behind the person and wrap both of your arms around the person's chest.	
2.	Make a fist and place it in the middle of the person's chest with your thumb facing inward, and place your other hand over your fist.	
3.	Give up to 5 chest thrusts by pulling straight back toward you.	
SI	xill Notes	
•	If you are alone, immediately begin providing care for choking. Call EMS/9-1-1 as soon as you are able to do	O SO.
•	When doing chest thrusts, your arms should be wrapped around the person's chest, just below his or her un	derarms.
•	If the first chest thrusts aren't effective, pull more sharply and deeply.	

Comments		
First Aid Instructor Name:		
First Aid Instructor Signature:		
Date (DD/MM/VVVV)		



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Ste	ps	Step Successfully Demonstrated?	
1.	Dial EMS/9-1-1 and leave the phone off the hook.		
2.	If there are people nearby, move to a place where you can be noticed.		
3.	Attempt to dislodge the object by performing abdominal thrusts against a safe object with no sharp edges or corners.		
SI	xill Notes		
•	It is best to call EMS/9-1-1 from a landline phone. Some 9-1-1 services may be able to find your location from it is not always accurate. The accuracy of locating a call made from a VOIP system depends on how the system depend		
:	Leaving the phone off the hook will tell the dispatcher to send help. While calling EMS/9-1-1 is important, it is equally important that you move to a public area or any other pla	aco whoro you aro likely	
	to be seen.	ace where you are likely	
•	You can use any safe object to perform abdominal thrusts, such as the back of a chair or the edge of a table	2.	
First	Aid Instructor Name:		
First	Aid Instructor Signature:		
Date	e (DD/MM/YYYY):		



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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icipant Name:	
ps	Step Successfully Demonstrated?
CPR	
Do chest compressions:	
 Put 2 hands in the middle of the person's chest. 	
 Push down at least 5 cm (2 in.), pushing deep and pushing steady. 	
Give 2 breaths:	
Open the airway.	
 Place your barrier device over the person's mouth and nose. 	
 Give just enough air to make the chest start to rise. 	
If both breaths go in, repeat the cycle of 30 compressions and 2 breaths.	
Continue chest compressions until:	
EMS personnel or another person takes over.	
You are too tired to continue.	
The scene becomes unsafe.	
 The person shows an obvious sign of responsiveness (e.g., movement). 	
	CPR Do chest compressions: Put 2 hands in the middle of the person's chest. Push down at least 5 cm (2 in.), pushing deep and pushing steady. Give 2 breaths: Open the airway. Place your barrier device over the person's mouth and nose. Give just enough air to make the chest start to rise. If both breaths go in, repeat the cycle of 30 compressions and 2 breaths. Continue chest compressions until: EMS personnel or another person takes over. You are too tired to continue. The scene becomes unsafe.

- Pinch the person's nostrils when giving rescue breaths if you're using a flat plastic shield as your barrier device.
- Do between 100 to 120 chest compressions per minute (or 30 compressions in 15 to 18 seconds).
- Allow the chest to fully recoil between compressions.
- When doing compressions on a adult, do not exceed a compression depth of 6 cm (2 in.).
- If the chest does not rise after the first breath, resposition the person's head by doing a head-tilt/chin-lift and then give another breath. If that doesn't work, begin CPR again but instead of giving rescue breaths after 30 chest compressions, look in the person's mouth. If you see an object, carefully remove it by sweeping one finger behind the object and lifiting it out. Once breaths go in, continue CPR normally.

	AED	
1.	Open and turn on the AED.	
2.	Apply the AED pads: Remove any clothing, jewellery, and medical patches that could come in contact with the pads. Use the appropriate size of pads for an adult and place the pads at least 2.5 cm (1 in.) apart.	
3.	Follow the AED's automated prompts.	
4.	When the AED prompts you to do so, deliver a shock: • Ensure that you nor anyone else is touching the person. • Press the "shock" button to deliver a shock.	
5.	Resume CPR, starting with compressions.	
6.	Continue to follow the AED's automated prompts.	
•	If AED pads for an adult are unavailable, use the pads that are available (child or baby). If there is not enough space on the chest, place one pad on the chest and one on the back. The chest must be dry for the pads to properly adhere to the skin. If the chest is wet, dry it before applying to the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a parangement of the person has a parangement of the pe	cemaker.
Com	ments	
First	Aid Instructor Name:	
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CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
	✓		✓		✓	✓	✓	

Par	ticipant Name:	
Ste	eps	Step Successfully Demonstrated?
	CPR	
1.	Do chest compressions:	
	 Put 2 hands in the middle of the child's chest. 	
	 Push down at least one-third of the chest's depth, pushing deep and pushing steady. 	
2.	Give 2 breaths:	
	Open the airway.	
	 Place your barrier device over the child's mouth and nose. 	
	Give just enough air to make the chest start to rise.	
3.	If both breaths go in, repeat the cycle of 30 compressions and 2 breaths.	
4.	Continue chest compressions until:	
	EMS personnel or another person takes over.	
	 You are too tired to continue. 	
	The scene becomes unsafe.	
	 The child shows an obvious sign of responsiveness (e.g., movement). 	

- If you are alone, do 5 cycles (2 minutes) of CPR before taking the child with you to call EMS/9-1-1 and get an AED.
- Pinch the child's nostrils when giving rescue breaths if you're using a flat plastic shield as your barrier device.
- You should do between 100 to 120 chest compressions per minute (or 30 compressions in 15 to 18 seconds).
- You should allow the chest to fully recoil between compressions.
- When doing compressions on a child, do not exceed one-half of the chest depth.
- If the chest does not rise after the first breath, resposition the child's head by doing a head-tilt/chin-lift and then give another breath. If that doesn't work, begin CPR again but instead of giving rescue breaths after 30 chest compressions, look in the child's mouth. If you see an object, carefully remove it by sweeping one finger behind the object and lifiting it out. Once breaths go in, continue CPR normally.

	AED	
1.	Open and turn on the AED.	
2.	Apply the AED pads: Remove any clothing, jewellery, and medical patches that could come in contact with the pads. Use the appropriate size of pads for a child and place the pads at least 2.5 cm (1 in.) apart.	
3.	Follow the AED's automated prompts.	
4.	When the AED prompts you to do so, deliver a shock: • Ensure that no one is touching the child. • Press the "shock" button to deliver a shock.	
5.	Resume CPR, starting with compressions.	
6.	Continue to follow the AED's automated prompts.	
•	If AED pads for a child are unavailable, use the pads that are available (adult or baby). If there is not enough space on the chest, place one pad on the chest and one on the back. The chest must be dry for the pads to properly adhere to the skin. If the chest is wet, dry it before applying to the child has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a pace. You must remove a child from water before using an AED. It is safe to use an AED on ice or snow. Using a phrase such as "I'm clear, you're clear, everybody's clear" can help you ensure that no one is touching push the "shock" button.	emaker.
Com	ments	
First	Aid Instructor Name:	
	Aid Instructor Signature:	
Date	(DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Participant Name:	
Steps	Step Successfully Demonstrated?
 Do chest compressions: Put 2 hands in the centre of the person's chest. Push down at least 5 cm (2 in.), pushing deep and pushing steady. 	
 Continue chest compressions until: EMS personnel or another person takes over. You are too tired to continue. The scene becomes unsafe. The person begins to show obvious signs of responsiveness (e.g., movement). 	
 Skill Notes Do between 100 to 120 chest compressions per minute (or 30 compressions in 15 to 18 seconds). Allow the chest to fully recoil between compressions. When doing compressions, do not exceed 6 cm (2 in.). 	
Comments	
First Aid Instructor Name:	
First Aid Instructor Signature:	
Date (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Part	icipant Name:	
Ste	ps	Step Successfully Demonstrated?
1.	Do chest compressions: • Put 2 hands in the centre of the child's chest. • Push down at least one-third of the chest's depth, pushing deep and pushing steady.	
2.	 Continue chest compressions until: EMS personnel or another person takes over. You are too tired to continue. The scene becomes unsafe. The child begins to show obvious signs of responsiveness (e.g., movement). 	
•	If you are alone, do 5 cycles (2 minutes) of CPR before taking the child with you to call EMS/9-1-1 and get ar Do between 100 to 120 chest compressions per minute (or 30 compressions in 15 to 18 seconds). Allow the chest to fully recoil between compressions. When doing compressions on a child, do not exceed one-half of the chest's depth.	n AED.
Con	iments	
	Aid Instructor Name: Aid Instructor Signature:	
Date	- (DD/MM/YYYY)·	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Parti	cipant Name:	
Ste	os	Step Successfully Demonstrated?
1.	Sit or kneel with the baby face down along your forearm, holding the jaw in your hand but keeping the mouth clear.	
2.	Deliver 5 firm back blows between the shoulder blades.	
3.	If the object does not come out, flip the baby face up, ensuring you support the head.	
4.	Place 2 fingers in the middle of the chest and deliver 5 firm chest compressions, pushing down one-third of the chest's depth.	
5.	Repeat the 5 firm back blows and 5 chest compressions until the object comes out, the baby begins to breath normally or cry, or the baby becomes unresponsive.	
6.	If the baby becomes unresponsive, immediately begin CPR, starting with chest compressions.	
Com	ments	
First	Aid Instructor Name:	
First	Aid Instructor Signature:	
Date	(DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
	✓		✓		✓	✓	✓	

Part	cicipant Name:	
Ste	eps	Step Successfully Demonstrated?
	CPR	
1.	Do chest compressions:	
	 Put 2 fingers in the middle of the baby's chest. 	
	 Push down at least one-third of the chest's depth, pushing deep and pushing steady. 	
2.	Give 2 breaths:	
	Open the airway.	
	 Place your barrier device over the baby's mouth and nose. 	
	Give just enough air to make the chest start to rise.	
3.	If both breaths go in, repeat the cycle of 30 compressions and 2 breaths.	
4.	Continue chest compressions until:	
	 EMS personnel or another person takes over. 	
	You are too tired to continue.	
	The scene becomes unsafe.	
	 The baby shows an obvious sign of responsiveness (e.g., movement). 	

- If you are alone, do 5 cycles (2 minutes) of CPR before taking the baby with you to call EMS/9-1-1 and get an AED.
- Pinch the baby's nostrils when giving rescue breaths if you're using a flat plastic shield as your barrier device.
- If the baby is very small, you may need to cover the baby's mouth and nose with your mouth when giving rescue breaths.
- Do between 100 to 120 chest compressions per minute (or 30 compressions in 15 to 18 seconds).
- Allow the chest to fully recoil between compressions.
- When placing 2 fingers on the baby's chest, you can use the nipple line as a landmark, placing your 2 fingers just below the nipple line.
- When doing compressions on a baby, do not exceed one-half of the chest depth.
- If the chest does not rise after the first breath, resposition the baby's head by doing a head-tilt/chin-lift and then give another breath. If that doesn't work, begin CPR again but instead of giving rescue breaths after 30 chest compressions, look in the baby's mouth. If you see an object, carefully remove it by sweeping one finger behind the object and lifiting it out. Once breaths go in, continue CPR normally.

	AED						
1.	Open and turn on the AED.						
2.	Apply the AED pads: Remove any clothing, jewellery, and medical patches that could come in contact with the pads. Use the appropriate size of pads for a baby and place the pads at least 2.5 cm (1 in.) apart.						
3.	Follow the AED's automated prompts.						
4.	When the AED prompts you to do so, deliver a shock: • Ensure that no one is touching the baby. • Press the "shock" button to deliver a shock.						
5.	Resume CPR, starting with compressions.						
6.	Continue to follow the AED's automated prompts.						
•	 The chest must be dry for the pads to properly adhere to the skin. If the chest is wet, dry it before applying the pads to the skin. If the baby has an implanted pacemaker, apply the AED pads approximately 2.5 cm (1 in.) away from a pacemaker. You must remove a baby from water before using an AED. It is safe to use an AED on ice or snow. 						
Com	ments						
First	Aid Instructor Name:						
	Aid Instructor Signature:						
Date	(DD/MM/YYYY):						



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
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Ste	ps	Step Successfully Demonstrated?
1.	Do chest compressions: • Put 2 fingers in the middle of the baby's chest. • Push down at least one-third of the chest's depth, pushing deep and pushing steady.	
2.	Continue chest compressions until:	
s •	If you are alone, do 5 cycles (2 minutes) of CPR before taking the baby with you to call EMS/9-1-1 and get an A Do between 100 to 120 chest compressions per minute (or 30 compressions in 15 to 18 seconds). Allow the chest to fully recoil between compressions. When placing 2 fingers on the baby's chest, you can use the nipple line as a landmark, placing your two fingers just When doing compressions on a baby, do not exceed one-half of the chest's depth.	
Con	iments	
Firs	: Aid Instructor Name:	
Firs	Aid Instructor Signature:	
Date	e (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
✓	✓	✓	✓	✓	✓	✓	✓	✓

Part	icipant Name:						
Ste	ps	Step Successfully Demonstrated?					
1.	Apply firm, direct pressure to the wound.						
2.	Check circulation below the injury before applying a bandage.						
3.	While maintaining direct pressure, apply a dressing and bandage it in place.						
4.	Call EMS/9-1-1 if you have not already done so.						
5.	Check circulation below the injury after applying the bandage. If circulation is reduced, loosen the bandage.						
6.	Reassess the wound. If direct pressure does not control the bleeding, consider using a tourniquet if the wound is on a limb.						
•	 Skill Notes If you are alone, immediately begin providing care for life-threatening external bleeding. Call EMS/9-1-1 as soon as you are able to do so. Use clean, sterile dressings. Exposing a wound can help to assess the degree of bleeding. Do not delay applying direct pressure to instead expose a wound. If possible, expose the wound while maintaining direct pressure. If blood soaks through the bandage, apply another bandage on top instead of removing the soaked one. 						
Com	ments						
	Aid Instructor Name:						
	Aid Instructor Signature:						



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
		✓	✓	✓	✓	✓	✓	✓

Part	icipant Name:	
Ste	ps	Step Successfully Demonstrated?
1.	Apply a tourniquet 5 to 10 cm (2 to 4 in.) above the injury. If there is a joint within this range, apply the tourniquet above it, at least 2.5 cm (1 in.) away from the joint.	
2.	Tighten the tourniquet until the bleeding stops.	
3.	Secure the tourniquet in place.	
4.	Document the time the tourniquet was tightened.	
•	You should only apply a tourniquet in the following situations: • The person has life-threatening external bleeding that cannot be controlled using direct pressure of the person is in a physical location that makes it impossible to apply direct pressure (e.g., the injured limb is trapped in a confined space). • You must move the person and are unable to maintain direct pressure while doing so. A commercially manufactured tourniquet is preferred over an improvised device. Once a tourniquet is in place, you should not remove it for any reason.	
	Aid Instructor Name:	
	Aid Instructor Signature:	
Date	e (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
				✓	✓	✓	✓	✓

Participant Name:	
Steps	Step Successfully Demonstrated?
1. Check circulation below the injured area before splinting.	
2. Splint the injured part in the position in which it was found.	
3. Make sure the splint is long enough to extend above and below the injured area.	
4. Pad a rigid or anatomical splint to make the person more comfortable.	
5. Recheck circulation below the injured area after splinting.	
Skill Notes	
Remove any jewellery that the person is wearing below the site of the injury.	
Check for normal temperature and skin colour below the injured area before and after immobilizing	ng the limb:
 If the area is cold before immobilizing, call EMS/9-1-1. 	
 If the area is cold after immobilizing, or if the person feels numbness and/or tingling, 	gently loosen the splint.
Do not try to straighten or move the injuried body part.	
For bone injuries, immobilize the joint above and below the site of the injury.	
For joint injuries, immobilize the bones above and below the site of the injury.	
If you are not sure what is injured, splint both the bones and the joints above and below the injured.	
 Common items such as rolled newspapers, scarves, belts, and pillows can be used to improvise slin commercial ones are not available. 	ngs and splints if
Comments	
First Aid Instructor Name:	
First Aid Instructor Signature:	
Date (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
				✓	✓	✓	✓	✓

Ste	ps	Step Successfully Demonstrated?
1.	Check the person's circulation of the injured arm.	
2.	Have the person hold the injured arm across his or her body.	
3.	Slide a triangular bandage under the injured arm.	
4.	Bring the bottom end of the bandage over the shoulder of the injured side and tie the ends together behind the neck.	
5.	Secure the elbow by twisting, tying, or pinning the corner of the bandage.	
6.	Secure the arm to the body by applying a binder: Wrap a broad bandage around the injured arm and the body. Tie the bandage snugly at the uninjured side. 	
7.	Recheck circulation.	
•	Remove jewellery below the site of the injury, if possible. Check for normal temperature and skin colour below the injured area before and after immobilizing the lin If the area is cold before immobilizing, call EMS/9-1-1. If the area is cold after immobilizing, or if the person feels numbness and/or tingling, gently linearly for the person feels numbness and/or tingling, gently linearly for the bandage toward one side of the neck, and not at the back, can reduce discomfort caused by the Adjust the height of the sling before tying the ends together to make sure the sling is supporting the arm.	posen the bandages.
Com	iments	
	: Aid Instructor Name: : Aid Instructor Signature:	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
				✓	✓	✓	✓	✓

Part	cipant Name:	
Ste	ps	Step Successfully Demonstrated?
1.	Check the person's circulation of the injured arm.	
2.	Have the person hold the injured arm across the body, with the fingers touching the opposite shoulder.	
3.	Place a triangular bandage over the forearm and hand of the injured arm, with the point of the bandage extending past the elbow.	
4.	Tuck the base of the triangular bandage under the injured arm, from the hand to the elbow.	
5.	Twist the end of the bandage hanging below the elbow to secure the injured arm.	
6.	Tie the ends of the bandage together by bring the lower half of the bandage up the back to meet the other end near the person's neck.	
7.	Secure the arm to the body by applying a binder: Wrap a broad bandage around the injured arm and the body. Tie the bandage snugly at the uninjured side.	
8.	Recheck circulation.	
SI •	Remove jewellery below the site of the injury. Check for normal temperature and skin colour below the injured area before and after immobilizing the lin If the area is cold before immobilizing, call EMS/9-1-1. If the area is cold after immobilizing, or if the person feels numbness and/or tingling, gently loop Pad slings to increase comfort. Tying the bandage toward one side of the neck, and not at the back, can reduce discomfort caused by the Adjust the height of the sling before tying the ends together to make sure the sling is supporting the arm.	oosen the bandages.
Com	ments	
First	Aid Instructor Name:	
	Aid Instructor Signature:	
Date	e (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
		✓	✓	✓	✓	✓	✓	✓

Parti	cipant Name:	
Ste	ps	Step Successfully Demonstrated?
	Using an Inhaler	
1.	Rapidly shake the inhaler 3 or 4 times.	
2.	Remove the cap from the inhaler.	
3.	Bring the inhaler to the mouth.	
4.	Breathe out, and then close the mouth around the mouthpiece.	
5.	Press the top of the inhlaer while taking one slow, full breath.	
6.	Hold the breath for as long as is comportable (up to 10 seconds) and then breathe out.	
	Using an Inhaler with a Spacer	
1.	Rapidly shake the inhaler 3 or 4 times.	
2.	Remove the cap from the inhaler.	
3.	Remove the spacer's cap (if it has one) and put the inhaler into the spacer.	
4.	Bring the spacer to the mouth.	
5.	Press the top of the inhaler.	
6.	Take slow, deep breaths, holding each breath for several seconds.	
Sk	cill Notes	
•	There are many different types and styles of inhalers. The steps outlined here are for a Metered Dose Inhale and an MDI with a spacer.	r (MDI)
Com	ments	
First	Aid Instructor Name:	
	Aid Instructor Signature:	
	e (DD/MM/YYYY):	



CPR A	CPR C	EFA A	EFA C	SFA A	SFA C	ECCFA	SCCFA	MBFA
		✓	✓	✓	✓	✓	✓	✓

Part	ticipant Name:	
Ste	eps	Step Successfully Demonstrated?
1.	Remove the safety cap.	
2.	Firmly push the tip of the epinephrine auto-injector against the middle third of the outer thigh. A click should be heard.	
3.	Hold in place for up to 10 seconds.	
4.	Remove the epinephrine auto-injector.	
5.	Rub the injection site for 30 seconds.	
•	Before pushing the tip of the auto-injector in the person's outer thigh, quickly check for anything that injector needle from entering the skin (e.g., a mobile phone or a wallet in the pocket of the person's Give the used epinephrine auto-injector to the EMS personnel when they arrive.	
Con	nments	
	t Aid Instructor Name:	
	t Aid Instructor Signature:e (DD/MM/YYYY):	