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Life Support Assessment Tool (Basic Life Support, BLS)

Participants must demonstrate basic life support techniques for adult, child and infant victims. Demonstration is required ANNUALLY, on an adult manikin. If child and infant manikins are unavailable, participants must state the differences in BLS for these age groups.

For a 30 minute update on BLS theory, go to HETI online e-learning 'Basic Life Support (adult)'
For further information: Australia New Zealand Council of Resuscitation

Mark each statement \checkmark = Observed OR x = Not Observed

Activity			adult	child	infant	
Danger	Check	eck area for D anger				
Response		Ascertain R esponse by appropriate verbal & tactile stimuli (Never shake a child or infant)				
Send for help	S ends for help and AED (if available) Notes time					
Airway	·	Open Airway head tilt, chin lift (child & adult), jaw thrust if suspected spinal injuries neutral position (infant)				
N		airway; suction / remove visible objects	 			
Normal		ssess B reathing for no more than 10 seconds: Look, listen & feel				
B reathing?	if brec	If breathing normally, place in recovery position				
Cardio-	Victim unconscious & not breathing normally: start Compressions					
pulmonary		ocate correct compression point – lower half of sternum, centre of chest				
Resuscitation	Depress 1/3 rd depth of chest with each compression					
		m chest compressions at a rate of 100 – 120 / minute				
	After 30 initial compressions, give 2 effective rescue breaths					
		es when to use pocket mask rather than mouth-to-mouth				
		ain CPR ratio of 30:2 (compression: ventilation)				
Defibrillation		urn AED to "ON"				
		ctly attach and position defibrillation pads				
		pads are connected to AED				
		compressions continue until AED alerts you to stop compressions				
		verbal prompts from the AED – allow AED to 'analyse'				
	If shock advised: ensure all staff are clear by loudly stating STAND CLEAR and ensure safety of self & others					
	Safely administer shock when advised					
	Follow verbal prompts until help arrives					
Assessor's initials —						
Comments						
Participant Name		Employee Number				
Participant Signature		Designation				
Ward/Department		Date				
Assessor's Name		Assessor's Signature				
Assessment Decision: Competent Not Yet Competent						
Plan of Action if Not Yet Competent:						