2018

First Aid
INDUSTRY REFERENCE COMMITTEE
INDUSTRY SKILLS FORECAST

SKILLS**IQ**

CAPABLE PEOPLE MAKE CLEVER BUSINESS

Contents

Skills Forecast

Name of IRC:

First Aid

Name of SSO:

SkillsIQ Limited

About SkillsIQ:

SkillsIQ supports 18 Industry Reference Committees (IRCs) representing diverse 'people-facing' sectors. These sectors provide services to people in a variety of contexts such as customer, patient or client. The IRCs are collectively responsible for overseeing the development and review of training package products, including qualifications, serving the skills needs of sectors that comprise almost 50% of the Australian workforce.

Our qualifications deliver skilled people that are valued and make a difference to others.

- Cross Sector Skills Committee, February 2018

Executive Summary

The First Aid Industry Reference Committee (IRC) is responsible for ensuring nationally recognised competencies related to First Aid equip individuals with the skills and knowledge required to provide immediate treatment or care to a person suffering from an injury or illness until more advanced medical treatment is provided or the person recovers.

The First Aid IRC has responsibility for eight units of competency packaged within the HLT Health Training Package. These units do not align to particular job roles; rather, they are applicable across a broad range of industry settings where the First Aid units of competency are widely used. All organisations under law must meet their First Aid jurisdictional obligations relating to Work Health and Safety or Occupational Health and Safety.

The National Schedule details the training package review and development work commissioned by the Australian Industry and Skills Committee (AISC). The National Schedule is informed by this Industry Skills Forecast which outlines the proposed timing for updating existing training package products. This Forecast has been informed using a number of sources, including a range of literature and databases, IRC member input and expertise, public consultation feedback, and an industry analysis of both new and emerging workforce skills needs within the area of First Aid.

There are currently a number of challenges which impact the broad First Aid sector, including:

- Superseded First Aid units listed within qualifications
- Quality concerns around:
    - Inconsistent regulation across jurisdictions
    - Alignment between the Australian Resuscitation Council (ARC) protocols and training package products
    - The large number of RTOs with First Aid units on scope that are outsourcing the delivery of First Aid
    - The diversity of the recipients of First Aid and contextualisation of First Aid training to meet these different requirements
- Emerging technologies, such as mobile applications and their impact on the provision of First Aid
- The use of Automated External Defibrillators (AEDs) and public expectations surrounding these.

The endorsed HLT First Aid units of competency have been in place since 2013, which has provided sufficient time to identify components of the units which can be improved to reflect current industry practice. The IRC proposes an update to the eight HLT First Aid units of competency based on the following key areas, which have been identified as gaps in the requisite skills needs or areas that require clarification:

- Changes in best practice through technology, experience and evolving circumstances over time and consequent changes to the skills and knowledge required of people administering First Aid
- The prevalence of asthma and anaphylactic reactions, their part in the National Allergy Strategy and the suggested need for broader recognition of these conditions in the First Aid units
- Updates to units to reduce ambiguity in relation to the jurisdictional frameworks, which differ across various peak bodies and states
- Increased emphasis on the importance of mental health support for distressed individuals and its potential inclusion within the First Aid units.

The update to current HLT First Aid units of competency will address these key areas and seek to ensure that training in the critical skills of First Aid continues to reflect industry best practice and current regulation.

Sector Overview

The First Aid sector is broad and far-reaching in range and scope and has universal application across all industries.

Definitions

First Aid is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.

A **First Aider** is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given him or her the competencies required to administer First Aid.[1]

The importance of First Aid is recognised globally. World First Aid Day was established in 2000 by the International Federation of Red Cross and Red Crescent Societies (IFRC) to raise awareness of the importance of First Aid in saving lives. This is held on the second Saturday in September each year. Global statistics can be difficult to source. However, campaigns regularly highlight where lives can be saved with First Aid.

First Aid skills and knowledge may be required to address a range conditions, including:[2]

- Anaphylaxis
- Acute asthma
- Bites and stings
- Bleeding
- Burns and scalds
- Cardiac arrest/heart attack
- Choking
- Concussion
- Diabetic emergency
- Dislocations
- Electric shock
- Epileptic seizures
- Eye injuries
- Febrile convulsions
- Fractures and dislocations
- Heat-induced conditions
- Hypothermia
- Poisoning
- Shock
- Spinal injuries
- Sprains and strains
- Stroke.

Surf Life Saving Australia reports 11,245 situations requiring First Aid intervention so far this season (2017/18 season).[3]

More than 30,000 Australians suffer from sudden cardiac arrest every year, of whom only 5% survive. Immediate access to a defibrillator can lead to a 70% survival rate if applied quickly.[4]

The environments in which First Aid support may be called upon can vary as extensively as the conditions which are required to be treated, with examples of six key settings including:

- Public spaces (e.g. parks and outdoor recreation areas, beaches)
- Community activities, including events
- Private residencies/homes
- Workplaces
- Extended care facilities
- Schools.

Commonwealth and State/Territory Legislation

It is generally mandated under legislation that employers acknowledge a duty of care in providing a safe workplace. Roles and responsibilities in relation to what this means in practice is set out in Work Health and Safety (WHS) laws and regulations, which collectively refer to requirements for First Aid in the workplace.

The *Safe Work Australia Model Code of Practice: First Aid in the Workplace* provides practical guidance for those under the WHS Act and WHS regulations ('the regulations') required to provide adequate First Aid facilities in the workplace. The regulations place significant obligations on 'persons conducting a business or undertaking' (PCBUs).

Clause 42 of the *Work Health and Safety Regulations 2011* specifies the 'Duty to Provide First Aid' and the First Aid in the Workplace Model Code of Practice sets out guidance for implementation.

This framework was established as part of the harmonised WHS laws implemented across Australia under the national policy body, Safe Work Australia, in January 2012. The model law drafted by Safe Work Australia has formed the basis for each state's laws.

Victoria and Western Australia have indicated a commitment to the harmonised WHS laws but have not yet transitioned to them. In July 2017, Western Australia initiated the process for modernised WHS legislation based on the national Act.

> **First Aid in the Workplace – Code of Practice (February 2016)**
>
> Regulation 42: When considering how to provide First Aid, a person conducting a business or undertaking must consider all relevant matters, including:
>
> - the nature of the work being carried out at the workplace
> - the nature of the hazards at the workplace
> - the size, location and nature of the workplace
> - the number and composition of the workers at the workplace.

While First Aid requirements are guided by regulation, employers are responsible for ensuring that employees have access to First Aid equipment and facilities, and trained First Aiders.[5]

For example, the following standards are recommended regarding the number of First Aiders required for a workplace:

Low-risk workplaces

Generally no exposure to hazards that could result in a serious injury/illness requiring immediate medical attention:

- one First Aider for 10 to 50 workers
- two First Aiders for 51 to 100 workers, and
- an additional First Aider for every additional 100 workers.

High-risk workplaces

Potential exposure to hazards that could result in a serious injury/illness requiring immediate medical attention:

- one First Aider for up to 25 workers
- two First Aiders for 26 to 50 workers, and
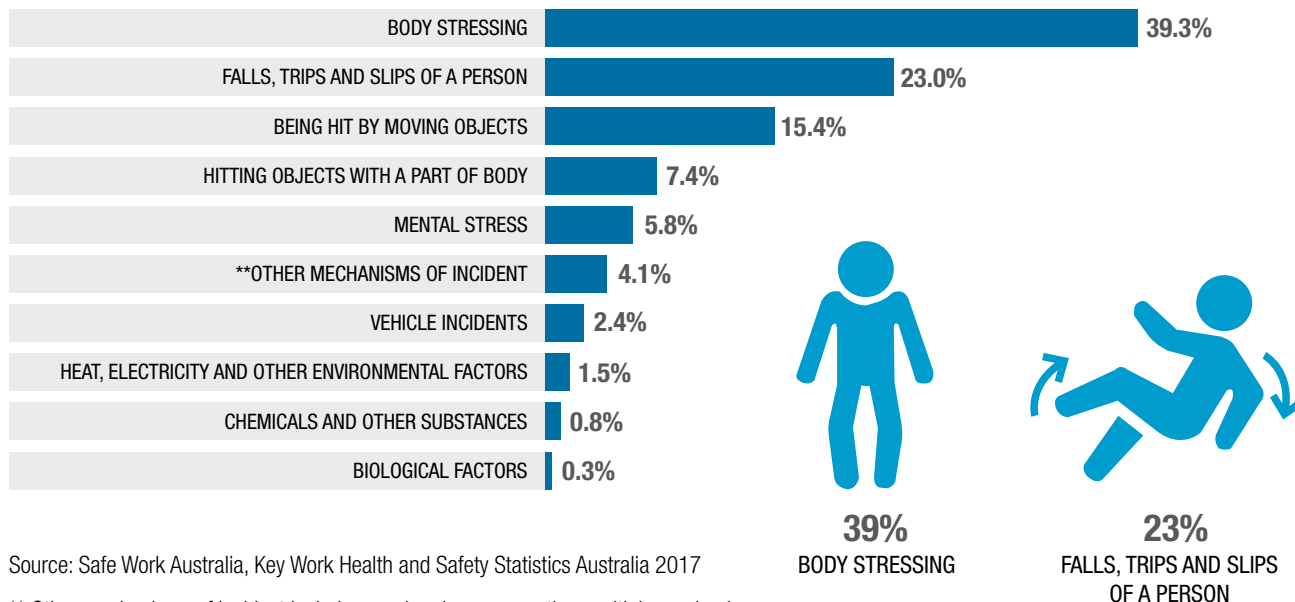- an additional First Aider for every additional 50 workers.

The First Aid in the Workplace Model Code of Practice identifies the level of training expected for First Aiders. In naming the appropriate course to be completed, it identifies the names of the units of competency in the Health Training Package. It also requires that 'First Aiders should attend training on a regular basis to refresh their First Aid knowledge and skills and to confirm their competence to provide First Aid. Refresher training in CPR should be undertaken annually and First Aid qualifications should be renewed every three years.'[6] The First Aid units from the Health Training Package are generally used for both the initial training and the refresher training of First Aiders.
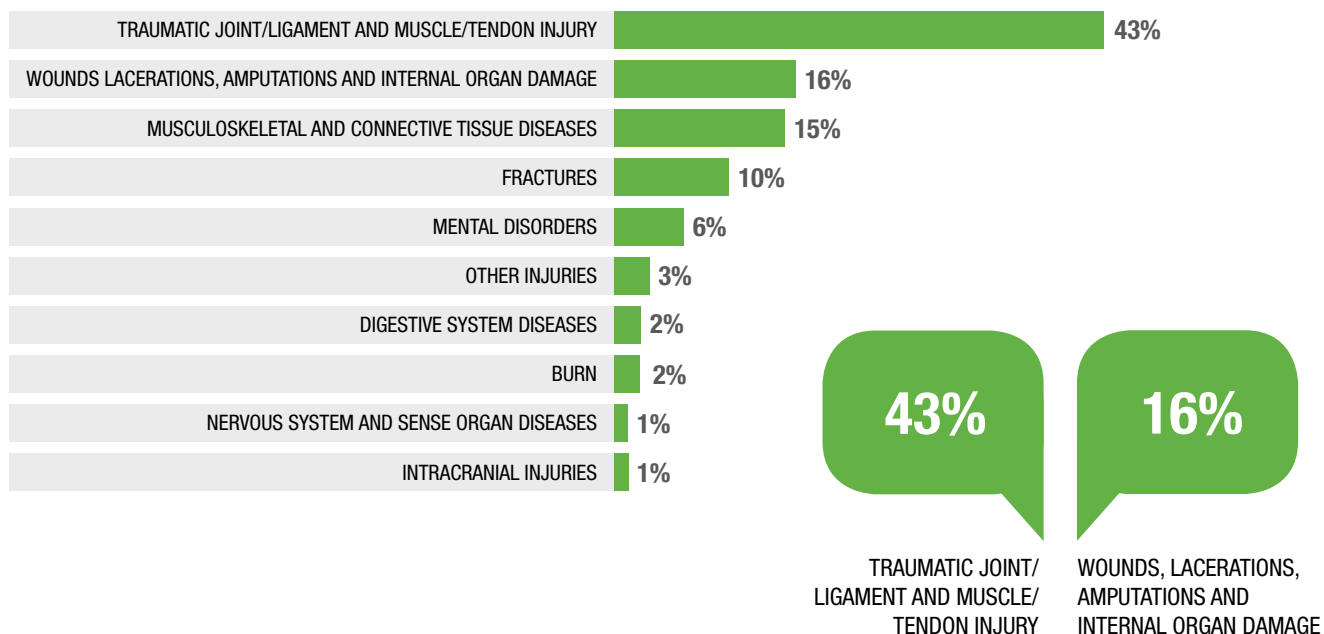
Workplace injury statistics

Safe Work Australia publishes annual statistics relating to Work Health and Safety. The following statistics, based on workers' compensation data, illustrate the mechanism and nature of workplace injuries. Most of the injuries would require First Aid treatment. First Aid providers have a role in a much broader range of circumstances and contexts. For example, the Safe Work statistics do not capture First Aid provided in respect to illness, disease, allergies and health and welfare issues outside of a workplace reportable incident. Broader data can be used with the following statistics (see **Figure 1**) to compile a more representative indication of the application of First Aid.

FIGURE 1 National statistics on work-related injury and disease – Safe Work Australia 2017

MECHANISM OF INCIDENT

Category	Percentage
BODY STRESSING	39.3%
FALLS, TRIPS AND SLIPS OF A PERSON	23.0%
BEING HIT BY MOVING OBJECTS	15.4%
HITTING OBJECTS WITH A PART OF BODY	7.4%
MENTAL STRESS	5.8%
**OTHER MECHANISMS OF INCIDENT	4.1%
VEHICLE INCIDENTS	2.4%
HEAT, ELECTRICITY AND OTHER ENVIRONMENTAL FACTORS	1.5%
CHEMICALS AND OTHER SUBSTANCES	0.8%
BIOLOGICAL FACTORS	0.3%

39%
BODY STRESSING

23%
FALLS, TRIPS AND SLIPS
OF A PERSON

Source: Safe Work Australia, Key Work Health and Safety Statistics Australia 2017

** Other mechanisms of incident include sound and pressure, other multiple mechanisms of incident, roll over, slide or cave-in and unsuspected mechanisms of incident.

NATURE OF INJURY OR DISEASE

Category	Percentage
TRAUMATIC JOINT/LIGAMENT AND MUSCLE/TENDON INJURY	43%
WOUNDS LACERATIONS, AMPUTATIONS AND INTERNAL ORGAN DAMAGE	16%
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISEASES	15%
FRACTURES	10%
MENTAL DISORDERS	6%
OTHER INJURIES	3%
DIGESTIVE SYSTEM DISEASES	2%
BURN	2%
NERVOUS SYSTEM AND SENSE ORGAN DISEASES	1%
INTRACRANIAL INJURIES	1%

43%
TRAUMATIC JOINT/
LIGAMENT AND MUSCLE/
TENDON INJURY

16%
WOUNDS, LACERATIONS,
AMPUTATIONS AND
INTERNAL ORGAN DAMAGE

Safe Work Australia / Key Work Health and Safety Statisitics, Australia 2017

2018 First Aid Industry Reference Committee Industry Skills Forecast

Incidences of Disease and Chronic Conditions Statistics

Across the community, incidences of disease and chronic conditions have become more prevalent, consequently heightening the likeliness of unexpected health incidents and accidents to occur.

The latest figures collected by the Australian Bureau of Statistics (ABS) via the National Health Survey (2014–15) show that the most dominant conditions include allergies (among over 4 million Australians), back conditions (3.8 million), arthritis (3.5 million), hypertension (2.6 million) and asthma (2.5 million) (see **Figure 2**).

FIGURE 2 Summary of selected current long-term conditions - number of persons ('000) 2014–15

Condition	Number of persons ('000)	% CHANGE 2004–05 TO 2014–15
HAYFEVER AND ALLERGIC RHINITIS	4,460.4	41%
BACK PROBLEMS (DORSOPATHIES)	3,729.8	14%
ARTHRITIS	3,517.4	16%
HYPERTENSION / HYPERTENSIVE DISEASE	2,593.9	23%
ASTHMA	2,485.3	23%
HEART, STROKE AND VASCULAR DISEASE	1,196.6	59%*
DIABETES MELLITUS (INCL TYPE 1, TYPE 2 AND UNKNOWN)	1,178.4	31%**
OSTEOPOROSIS	801.8	37%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	600.3	2%

Source: Australian Bureau of Statistics (ABS) National Health Survey: First Results, 2014–15 – Australia (Released December 2015), Table 1.1 Summary health characteristics — 2001 to 2014–15, Persons (estimate)

Note: *Limited comparability with previous years due to a change in derivation methodology. Caution is therefore advised when interpreting trends over time.
** Comparison is between 2007–08 and 2014–15, as data for 2004–05 was not available for the revised definition.

Diabetes has been growing exponentially, and while figures show that there are approximately 1.2 million Australians with diagnosed **diabetes**, estimates indicate that there are an additional 500,000 with undiagnosed Type 2 diabetes. This means that up to 1.7 million Australians have the condition.[7] Over the last 10 reported years (see Figure 3), the incidence of Type 1 diabetes has increased across all age groups, with the largest increase noted in the 25 years and over cohort (a rise of 24%).

1.2 million Australians have some form of **heart disease** (i.e. heart, stroke and vascular disease), and this number has increased significantly over the years. Hospitalisations due

FIGURE 3 Number of incidences of type 1 diabetes, by age, 2005–2015
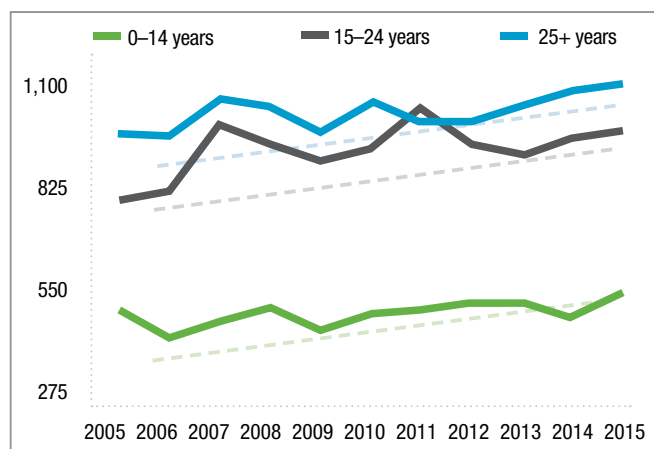
Source: Australian Institute of Health and Welfare (AIHW) Diabetes web pages data tables (Table 1.3: Trends in incidence) of Type 1 diabetes , by age 2000–2015

to **cardiovascular disease (CVD)** remain common, with 1.1 million hospitalisations in 2014–15 associated with CVD (representing 11% of all hospitalisations in Australia).[8]

A Monash University study undertaken by the Australian Resuscitation Outcomes Consortium (Aus-ROC) and published in Resuscitation compares regional differences in the characteristics and outcomes of out-of-hospital cardiac arrest across Australia and New Zealand.

An estimated 24,373 Australians and 5,048 New Zealanders suffer an out-of-hospital cardiac arrest every year, according to the new research. The research incorporates correlations between bystander cardiopulmonary resuscitation (CPR) and significant opportunities to improve the public's response to cardiac arrest with the aim of improving survival.[9]

Epilepsy is also a significant condition across the community, with approximately 235,000 Australians living with it and an estimated 1 in 26 Australians expected to develop the condition.[10]

The growing presence of these illnesses and conditions in the population raises the need to not only increase awareness of what they entail, but also equip individuals with basic skills to provide initial care and support when accidents and/or situations resulting from conditions occur. Learning First Aid can prepare individuals with basic and fundamental skills to ensure immediate treatment can be given to an individual in any setting (e.g. public spaces, workplaces, events, etc.) before medical assistance arrives. Such actions in the long run can be beneficial to reduce and/or prevent hospitalisation and treatment needs and reduce the potential long-term health implications for an individual.

Australian data indicates that not only is the prevalence of allergies increasing in Australia (1 in 10 infants,[11] 4–8% of children up to 5 years of age,[12] approximately 5% of 10–14 year olds[13] and 2% of adults),[14] but hospital admissions for anaphylaxis are also increasing and have increased fivefold in the last 20 years.[15] Deaths from anaphylaxis have increased by 7% per year for the last 7 years.[16]

Nationally Recognised First Aid Training Products – Current as at June 2018

There are no specific qualifications in First Aid packaged within the HLT Health Training Package. First Aid training is covered through eight units of competency in the HLT Health Training Package. The current units are:

- 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.

The HLT units are generally categorised as 'generic units' as, while they are housed in the HLT Health Training package, they are applicable across all industries, and are used across all training packages in the VET system (i.e. not restricted to the Health Training Package). The status of the use of HLT units across training packages is summarised in **Table 1**.

Table 1 Summary status of the use of the HLT units across training packages.

Units	Inclusion of Unit in
HLTAID001 - Provide cardiopulmonary resuscitation http://training.gov.au/Training/Details/HLTAID001	5 training packages 72 qualifications 1,051 RTOs
HLTAID002 - Provide basic emergency life support http://training.gov.au/Training/Details/HLTAID002	8 training packages 37 qualifications 856 RTOs
HLTAID003 - Provide First Aid http://training.gov.au/Training/Details/HLTAID003	26 training packages 375 qualifications 2,422 RTOs
HLTAID004 - Provide an emergency First Aid response in an education and care setting http://training.gov.au/Training/Details/HLTAID004	2 training packages 4 qualifications 773 RTOs
HLTAID005 - Provide First Aid in remote situations https://training.gov.au/Training/Details/HLTAID005	6 training packages 32 qualifications 534 RTOs
HLTAID006 - Provide advanced First Aid http://training.gov.au/Training/Details/HLTAID006	8 training packages 83 qualifications 764 RTOs
HLTAID007 - Provide advanced resuscitation http://training.gov.au/Training/Details/HLTAID007	2 training packages 9 qualifications 255 RTOs
HLTAID008 - Manage First Aid services and resources http://training.gov.au/Training/Details/HLTAID008	3 training packages 17 qualifications 173 RTOs

Source: Training.gov.au. Accessed 27 June 2018.

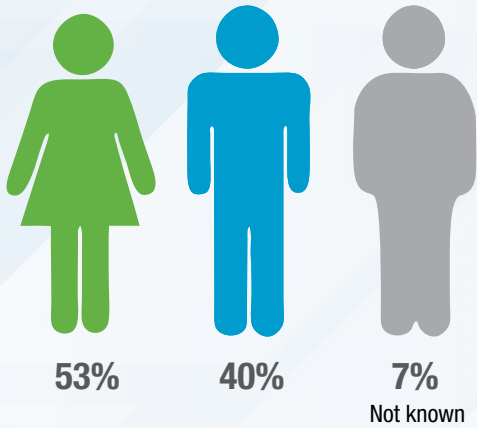In addition, there are First Aid units of competency in industry-specific training packages:

- CHCECE002 - Ensure the health and safety of children
- AVIF0002 - Provide First Aid in an aviation environment
- MARF013 - Provide medical First Aid on board a vessel
- MEM13001B - Perform emergency First Aid
- MSAPMOHS220A - Provide initial First Aid response
- PMAWHS221 - Maintain First Aid resources and records
- PMAWHS321 - Provide First Aid response in remote and/or isolated area
- PMAWHS320 - Provide advanced First Aid response
- PMAWHS420 - Develop First Aid procedures and manage resources
- PUAEME001B - Provide emergency care (Release 3)
- PUAEME002C - Manage injuries at emergency incident (Release 2)
- PUAEME003C - Administer oxygen in an emergency situation (Release 2)
- PUAEME004A - Provide emergency care for suspected spinal injury (Release 3)
- PUAEME005A - Provide pain management (Release 3)
- RIIERR205D - Apply initial response First Aid
- SISOOPS305A - Provide First Aid in a remote location
- UEENEEE101A - Apply Occupational Health and Safety regulations, codes and practices in the workplace
- UETTDRRF10B - Provide First Aid in an ESI* environment

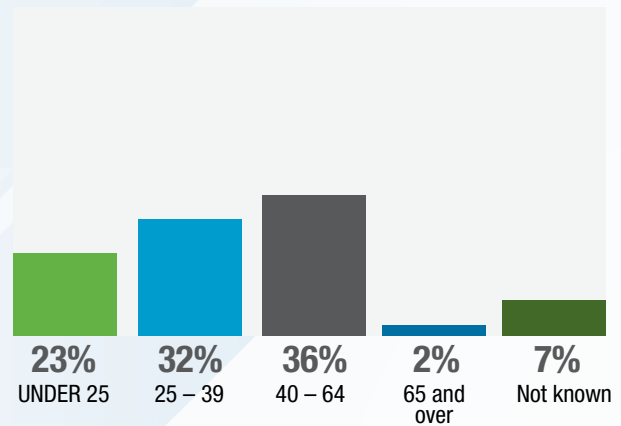Note: *Electricity Supply Industry.

2016 ENROLMENT SNAPSHOT

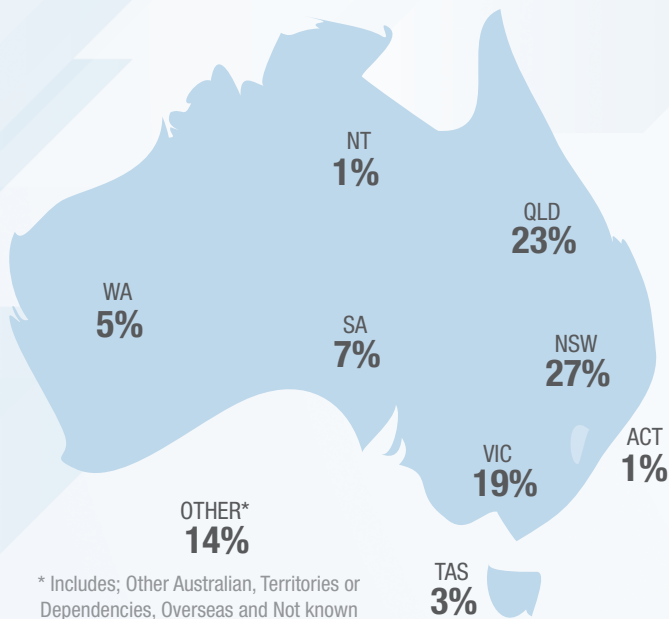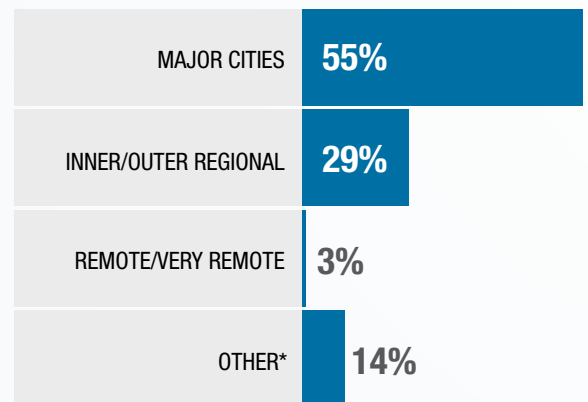## HLT FIRST AID TRAINING PACKAGE PRODUCTS

GENDER

53%

40%

7%
Not known

AGE

Percentage Years of age

23%	32%	36%	2%	7%
UNDER 25	25 – 39	40 – 64	65 and over	Not known

STATE/TERRITORY OF RESIDENCE

NT
1%

QLD
23%

WA
5%

SA
7%

NSW
27%

ACT
1%

VIC
19%

OTHER*
14%

TAS
3%

* Includes; Other Australian, Territories or Dependencies, Overseas and Not known

STUDENT REMOTENESS REGION
(2011 ARIA+)

MAJOR CITIES	55%
INNER/OUTER REGIONAL	29%
REMOTE/VERY REMOTE	3%
OTHER*	14%

* Includes; Outside Australia and Not known

Source: NCVER VOCSTATS (Unit enrolments 2016 by various breakdowns)

Base count n = 2,647,906

Note: Please refer to Table 1 for a list of qualifications that are included in the enrolment summary. Due to the way in which enrolment data is currently registered, superseded units are included in the total enrolment count to provide a more representative picture of volume. The superseded units are as follows:

HLTFA1A - Apply basic First Aid
HLTFA201A - Provide basic emergency life support
HLTFA201B - Provide basic emergency life support
HLTFA211A - Provide basic emergency life support
HLTFA301B - Apply First Aid
HLTFA301C - Apply First Aid
HLTFA302A - Provide First Aid in remote situation
HLTFA302B - Provide First Aid in remote situation
HLTFA302C - Provide First Aid in remote situation
HLTFA311A - Apply First Aid

HLTFA3A - Maintain First Aid equipment and resources
HLTFA402B - Apply advanced First Aid
HLTFA402C - Apply advanced First Aid
HLTFA403A - Manage First Aid in the workplace
HLTFA403C - Manage First Aid in the workplace
HLTFA404A - Apply advanced resuscitation techniques
HLTFA404B - Apply advanced resuscitation techniques
HLTFA404C - Apply advanced resuscitation techniques
HLTFA412A - Apply advanced First Aid.

HLT Unit Enrolments

In 2016, there were over 2,647,000 enrolments registered across all HLT First Aid units. The most popular units in 2016 included *HLTAID001 Provide cardiopulmonary resuscitation* (approximately 1.1 million enrolments) and HLTAID003 Provide First Aid (839,000 enrolments).

An overview of key traits regarding the learner cohort enrolled in First Aid units for 2016 is provided below, followed by a breakdown of enrolments for individual units (see **Table 2**).

TABLE 2 Total number of enrolments (Total VET Activity [TVA]) by nationally recognised units of competency on scope – HLT First Aid units of competency, 2014–2016

FIRST AID UNIT (HLT)	2014	2015	2016	TOTAL
HLTAID001 - Provide cardiopulmonary resuscitation	173,061	599,804	1,106,657	1,879,522
HLTAID002 - Provide basic emergency life support	33,941	206,470	465,145	705,556
HLTAID003 - Provide First Aid	243,888	573,827	839,096	1,656,811
HLTAID004 - Provide an emergency First Aid response in an education and care setting	53,432	108,666	126,992	289,090
HLTAID005 - Provide First Aid in remote situations	1,000	2,838	4,639	8,477
HLTAID006 - Provide advanced First Aid	5,474	10,500	16,309	32,283
HLTAID007 - Provide advanced resuscitation	6,572	19,719	31,785	58,076
HLTAID008 - Manage First Aid services and resources	985	1,817	3,635	6,437

Source: NCVER VOCSTATS, accessed November 2017.

Stakeholders

National Peak Bodies and Key Industry Players

The following list represents a range of organisations involved in the regulation, promotion, training and/or support of First Aid. These organisations and their networks are well placed to offer industry insights at the time of training package review. Engagement and consultation activities will include a broad range of industry stakeholders beyond those included in this list.

- **Government departments and agencies**
  - Department of Defence
  - NT Worksafe
  - SafeWork NSW
  - SafeWork SA
  - Workplace Health and Safety Queensland, Office of Industrial Relations
  - WorkSafe ACT
  - WorkSafe Tasmania
  - WorkSafe Victoria
  - WorkSafe WA
- **Peak and industry associations**
  - Australian Emergency Care Providers

  - Australian Resuscitation Council
  - Australasian Society of Clinical Immunology and Allergy
  - Council of Ambulance Authorities
- **Employee associations**
  - Health Services Union
- **Large and small employers across metropolitan, regional, rural and remote areas.**

General notes on statistics

1. Enrolment data is sourced from NCVER VOCSTATS (subject enrolments 2014 – 2016), accessed November 2017.

2. It is important to note that not all training providers are currently required to submit enrolment and completion data, and some figures presented may therefore under-represent the true count of enrolments and completions for a unit. From 2018, all training providers will be required to submit data, and the current discrepancies noted between the national NCVER figures versus actual attendance should therefore be minimal in future releases. The data presented in this report is shown for indicative purposes.

3. Figures reflect public and private RTO data.

2018 First Aid Industry Reference Committee Industry Skills Forecast

Challenges and Opportunities

First Aid units of competency are extensively used. Under jurisdictional law, either relating to Work Health and Safety or Occupational Health and Safety, First Aid responsibilities are required to be met by every organisation. In the HLT Health Training Package, units coded HLTAID generally provide a framework for meeting those First Aid requirements (including refresher training at regular intervals) for a range of job roles.

The current HLT units have been in place since 2013. This has been sufficient time to enable the identification of content that could be improved in terms of quality and consistency in application, as well as determining how well the units cater to a diverse range of sectors.

Updating First Aid Units of Competency across Training Packages

There are instances where a person may be trained in First Aid, but his or her training does not align to the most up-to-date requirements. This may occur in instances where a qualification is conferred, but the listed First Aid unit of competency in that qualification is not the most current. When content changes are made to a unit of competency to align it with the most up-to-date industry requirements, and which require that unit to be given a new code and title, it is a failure of the system that the unit is not quickly updated across all qualifications where it is listed. This has been especially challenging within the First Aid sector. There are many occasions where a superseded unit is still listed within the qualification despite there having been multiple updates of the unit subsequent to the release of the qualification.

Table 3 shows enrolments from 2014–2016 in First Aid units of competency that were considered to be superseded at the time of enrolment, i.e. the unit in the HLT Training Package had been updated, but training package products using these units had not yet been updated to include the new and up-to-date unit.

There remain a number of training package products that continue to use superseded versions of HLT First Aid units, which are not meeting current industry best practice requirements and are potentially not in line with current regulation.

Quality of First Aid Training

Quality can be a challenge due to the breadth and diversity of both the recipients of First Aid and the settings in which it is performed, as well as the variations within the jurisdictional framework.

1. Regulations can be inconsistent

Despite there being a national jurisdictional framework there can be variations in both the legal implications of the state/territory laws and also the regulations relating to implementation.

These variations can lead to confusion in the marketplace when people don't have a clear understanding of the differences between the various training package products, or the knowledge to compare the different outcomes attributed to them. For example, it can be difficult for employers to determine which programs are best suited to their sector and which criteria are the best indicators of programs that meet their needs.

There is additional ambiguity surrounding medication administration in the First Aid setting which is not recognised in legislation and yet is sometimes required for the provision of First Aid.

Further anomalies exist in the sector. The Department of Defence, for example, is bound by Commonwealth law, and yet the locations of its training centres and workplace postings mean that state jurisdictional requirements are often also applicable.

Industry Best Practice

It is imperative that training package products keep pace with industry best practice. This is especially critical in the area of First Aid, in order to ensure the best possible responses and outcomes in terms of treatment and care.

The Australian Resuscitation Council (ARC) conducts a major review every five years, and these reviews often

Table 3: Total number of enrolments (Total VET Activity [TVA]) by nationally recognised units of competency on scope – superseded HLT First Aid units of competency, 2014–2016.

FIRST AID UNIT (HLT) SUPERSEDED - ENROLMENTS	2014	2015	2016	TOTAL
HLTFA1A - Apply basic First Aid	220	18	20	258
HLTFA201A - Provide basic emergency life support	2,224	2,411	860	5,495
HLTFA201B - Provide basic emergency life support	653	142	91	886
HLTFA211A - Provide basic emergency life support	41,757	13,148	11,521	66,426
HLTFA301B - Apply First Aid	12,808	2,701	1,283	16,792
HLTFA301C - Apply First Aid	23,189	4,627	2,076	29,892
HLTFA302A - Provide First Aid in remote situation	93	54	5	152
HLTFA302B - Provide First Aid in remote situation	41	0	2	43
HLTFA302C - Provide First Aid in remote situation	902	146	124	1,172
HLTFA311A - Apply First Aid	165,341	60,151	35,751	261,243
HLTFA3A - Maintain First Aid equipment and resources	0	0	-	0
HLTFA402B - Apply advanced First Aid	445	19	27	491
HLTFA402C - Apply advanced First Aid	556	59	4	619
HLTFA403A - Manage First Aid in the workplace	1	0	-	1
HLTFA403C - Manage First Aid in the workplace	502	94	41	637
HLTFA404A - Apply advanced resuscitation techniques	432	19	1	452
HLTFA404B - Apply advanced resuscitation techniques	107	72	15	194
HLTFA404C - Apply advanced resuscitation techniques	5,289	637	745	6,671
HLTFA412A - Apply advanced First Aid	2,944	1,418	1,082	5,444

Source: NCVER VOCSTATS, accessed November 2017.

lead to changes in protocols. The next review is scheduled for 2020. The ARC has announced that it will review guidelines when international research, particularly from the International Liaison Committee on Resuscitation (ILCOR), is released.

There can be areas of contention between the ARC protocols and other bodies' protocols in relation to more specific circumstances where First Aid is indicated, such as, for example, drowning, bleeding, and the use of compressions. This can create complications in defining industry best practice, as well as the knowledge and performance evidence required for the accurate assessment of units of competency.

2. Number of RTOs
There are significant numbers of RTOs with First Aid units on scope. The combination of increased competition and the wide application of the competencies trainees acquire has led to the creation of an environment where RTOs have attempted to gain a competitive advantage by reducing their costs via the compression of both training and assessment periods. This means that there are now

significant numbers of short courses available with varying degrees of content and quality.

Where First Aid units are delivered as part of a broader qualification, many RTOs now outsource the training and assessment of those units to a RTO that specialises in this area.

This can be challenging in terms of managing quality and consistency in the application of standards.

3. Diversity in workplace application (Regulation 42)
The application of First Aid in workplaces must take into account:

- the nature of the work being carried out at the workplace
- the nature of the hazards at the workplace
- the size, location and nature of the workplace, and
- the number and composition of the workers at the workplace.

All of these factors, both on their own and collectively, present a plethora of possibilities.

The application of the First Aid units also applies to both a voluntary and remunerated workforce, from a small to a very large scale. For example, Surf Life Saving Australia has many thousands of volunteers, and St John Ambulance Australia is able to call upon 10,000 event health service volunteers.[17] The differences in environments, access to training, nature of contextualisation and specific areas of activity (such as water/surf or events) can be challenging in establishing consistent standards.

Impact of Broader Environments

Given the increasing incidence of major trauma, there is an expectation in some workplaces that First Aiders will be able to deal with people affected by traumatic events.

Psychological First Aid (PFA) is an approach to helping people affected by an emergency, disaster or traumatic event. It has application in Australia in disaster and emergency circumstances such as floods and bushfires.[18] It is humane, caring and compassionate and addresses emotional and practical needs and concerns above all else.[19]

In terms of broader international environments in which First Aid skills are required, there are several critical programs which deliver assistance to people in war zones, and which deal with the adverse consequences of various kinds of trauma, including human trafficking.[20]

4. Diversity of application (recipients of First Aid)

The recognition of different cohorts as the recipients of First Aid has also led to the recognition of different training needs, often targeted towards particular circumstantial factors or the characteristics of recipients. Training package products need to be reviewed regularly to determine whether the existing standards prescribed adequately accommodate these requirements. There is a question around whether the existing products can be contextualised to the cohorts evidenced in the operating environment, or whether additional units or references are needed to address specific skills and knowledge requirements for First Aiders. The nature of these risks requires the First Aider to be able to identify whether there is a need for intervention, and, if so, the

precautions that need to be taken (for example, in certain conditions, anaphylaxis/allergies and asthma, and particular community groups such as children and the elderly).

Regulatory bodies may specify the type of First Aid training that is accepted within a particular industry in relation to the characteristic of a cohort. For example, under the *Education and Care Services National Law*, the Australian Children's Education and Care Quality Authority (ACECQA) must publish a list of approved First Aid qualifications, anaphylaxis management training and emergency asthma management training.

In Australia, First Aid training delivery to vulnerable groups is recognised. The Red Cross, for example, has developed specific programs and delivery methods for young people and people with learning difficulties or language and literacy issues. There is also increased recognition of the effects of drug and alcohol and the consequences relating to overdoses. Additionally, programs to help normalise and reduce the stigma of mental health in the workplace have also been developed.[21]

Emerging Technologies

Automation is having an impact on the provision of First Aid. First Aid mobile applications ('apps') provide quick and easy-to-follow instructions for providing First Aid and may also have videos and images to assist in an emergency. The development of these apps gives any individual access to First Aid information anywhere, at any time. The integrity and quality of the information in different apps can be open to question and not readily verified without knowing who is supporting the material. As apps are a feature in the industry consideration needs to be given to guidance for users in identifying a good product.

It is also important to note that many practical hands-on elements remain essential to the practice of First Aid, and technological aids such as these apps should therefore be used to complement formal First Aid training rather than to replace it.

Use of Automated External Defibrillators (AEDs)

Automated External Defibrillators (AEDs) and other equipment used in the provision of First Aid have automated instructions for use and step-by-step instructions to assist users in times of emergency. Again, the use of these aids should not be considered as a replacement for formal training. It is also recommended that people trained in CPR should be on site where AEDs are located. Their training should include learning how to recognise cardiac arrest, when to call 000 (Triple Zero) and how and when to perform CPR (chest compressions and rescue breaths). Providing CPR helps maintain blood flow and the supply of oxygen to the brain and other vital organs, and can also contribute to helping restore an effective heartbeat during defibrillation.[22]

Key Generic Skills
– Ranked in Order of Importance

Note: The 12 generic skills listed below, including the descriptors, were provided by the Department of Education and Training for the purpose of being ranked by industry representatives. For the 2018 ranking exercise, an 'Other' generic skill option was included in the list to capture any additional key skills considered important for an industry. Please note that, in this case, no other generic skills were identified.

1	**COMMUNICATION / COLLABORATION / SOCIAL INTELLIGENCE**	Ability to understand/apply principles of creating more value for customers, and collaborative skills. Ability to critically assess and develop content with new media forms and persuasive communications. Ability to connect in a deep and direct way.
2	**CUSTOMER SERVICE / MARKETING**	Ability to interact with other human beings, whether helping them find, choose or buy something. Ability to supply customers' wants and needs. Ability to manage online sales and marketing. Ability to understand and manage digital products.
3	**TECHNOLOGY AND APPLICATION**	Ability to create/use technical means, understand their interrelation with life, society, and the environment. Ability to understand/apply scientific or industrial processes, inventions, methods. Ability to deal with mechanisation/ automation / computerisation.
4	**LEARNING AGILITY / INFORMATION LITERACY / INTELLECTUAL AUTONOMY / SELF-MANAGEMENT**	Ability to identify a need for information. Ability to identify, locate, evaluate, and effectively use and cite the information. Ability to develop a working knowledge of new systems. Ability to work without direct leadership and independently.
5	**DESIGN MINDSET/ THINKING CRITICALLY / SYSTEM THINKING / PROBLEM SOLVING**	Ability to adapt products to rapidly shifting consumer tastes and trends. Ability to determine the deeper meaning or significance of what is being expressed via technology. Ability to understand how things that are regarded as systems influence one another within a complete entity, or larger system. Ability to think holistically.
6	**MANAGERIAL / LEADERSHIP**	Ability to effectively communicate with all functional areas in the organisation. Ability to represent and develop tasks and processes for desired outcomes. Ability to oversee processes, guide initiatives and steer employees toward achievement of goals.
7	**STEM (Science, Technology, Engineering and Maths)**	Sciences, mathematics and scientific literacy.
8	**LANGUAGE, LITERACY & NUMERACY (LLN)**	Foundation skills of literacy and numeracy.
9	**DATA ANALYSIS**	Ability to translate vast amounts of data into abstract concepts and understand data-based reasoning. Ability to use data effectively to improve programs, processes and business outcomes. Ability to work with large amounts of data.
10	**FINANCIAL**	Ability to understand and apply core financial literacy concepts and metrics, streamlining processes such as budgeting, forecasting, and reporting, and stepping up compliance. Ability to manage costs and resources, and drive efficiency.
11	**ENTREPRENEURIAL**	Ability to take any idea and turn that concept into reality/make it a viable product and/or service. Ability to focus on the next step/move closer to the ultimate goal. Ability to sell ideas, products or services to customers, investors or employees, etc.
12	**ENVIRONMENTAL / SUSTAINABILITY**	Ability to focus on problem solving and the development of applied solutions to environmental issues and resource pressures at local, national and international levels.

Key Drivers for Change and Proposed Responses

The HLTAID 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 to 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 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.

A widespread multichannel consultation involving the following stakeholders has been conducted to identify and validate the exact nature of the skills needs in the industry, and the respective training package product update requirements:

- All First Aid Industry Reference Committee (IRC) members representing the following key bodies:
  - St John Ambulance
  - Surf Life Saving Australia
  - Paramedical Services
  - Australian Emergency Care Providers
  - Council of Ambulance Authorities
  - Premium Health
  - Australian Red Cross
  - Royal Life Saving Society Australia
  - Department of Defence
  - National Institute of First Aid Trainers
  - TAFE SA
  - Health Services Union

- Members of networks of the First Aid IRC members.
- Additionally, a national online survey was distributed to stakeholders on the SkillsIQ database during November and December 2017 to identify top skills needs and industry issues.
- The draft Industry Skills Forecast, including the Proposed Schedule of Work, was made available on the SkillsIQ website for public consultation during March 2018.
- Notice of the consultation period was emailed to the SkillsIQ database of over 17,000 individuals, inviting comment.

Industry has identified key drivers for change in the First Aid training package products. These are:

Changes in Industry Best Practice

Considering the length of time since the previous review and the necessity for the content of these training package products to remain current and appropriate, an update of these units of competency has been scheduled for the 2018–19 year. Technology, experience and evolving circumstances over time lead to changes in best practice and, consequently, to changes to the skills and knowledge required of people administering First Aid.

Diversity in Scope and Breadth of First Aid

As the First Aid units are used so broadly across so many industries it is imperative that regular updates ensure that contextualisation remains appropriate. The incidence of asthma and anaphylaxis has had a rapid and continuing rise and is part of a National Allergy Strategy. Although existing First Aid units of competency explicitly refer to these conditions in the unit *HLTAID004 Provide an emergency First Aid response* in an education and care setting, recent and continuing trends suggest that there is a need for broader recognition in the First Aid units.

For example, 109 RTOs have the accredited course *22300 Victorian Course in First Aid Management of Anaphylaxis* on scope, and various training programs aligned to state education and health department recommendations and/or legislation are evidence of the need to consider the need to update the training package.

The Australasian Society of Clinical Immunology and Allergy (ASCIA) as the peak medical body for allergy and immunology in Australia and New Zealand has the most current, evidence-based, best-practice information in relation to anaphylaxis management, and has highlighted the increasing prevalence of food allergy and increasing number of hospital admissions for anaphylaxis. The organisation has indicated the need for consistency of information, standards and quality in training, and minimum standards in how to recognise and respond to allergic reaction and anaphylaxis, and has indicated its support for inclusion in First Aid training package products.
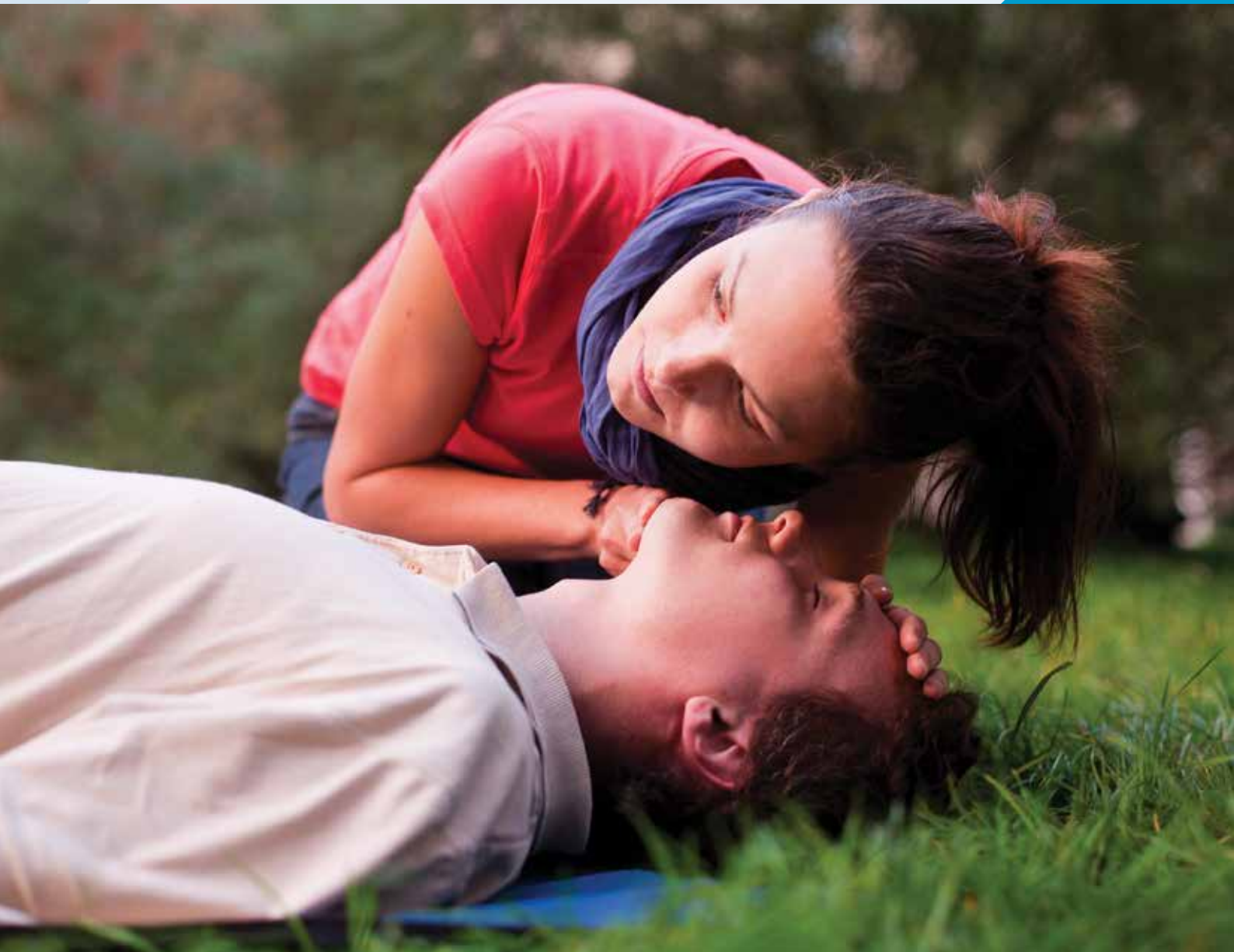
Increase Clarity and Uniformity Wherever Possible

Opportunities to reduce confusion resulting from ambiguity in jurisdictional frameworks or within industries need to be regularly investigated given that peak bodies have differing requirements. The Australian Resuscitation Council, Royal Life Saving and Surf Life Saving all have different intervention requirements around drowning and resuscitation, for example. We need to ensure that training package products keep pace with current industry best practice and ensure that all units are fit for purpose.

Increased Recognition of the Role of Mental Health Support in the Provision of First Aid

Skills in recognising and providing First Aid to those requiring mental health support are becoming increasingly important. Content around this area should be added to appropriate units, or consideration should be given to the development of a new unit to address this area.

The necessary skills would be those required to identify behaviours associated with acute mental health issues and those needed to provide appropriate responses. This is an evolving area of support. There is also the possibility that some complex physiological elements in some existing units should be removed and that content introducing the topic of mental health should instead be developed. It is important to ensure that all units can continue to be contextualised for different industry requirements.

Proposed Response

The First Aid IRC is proposing an update to current units of competency to reflect industry best practice and current regulation. This update would also include addressing skills requirements in specific areas, such as asthma and anaphylaxis, and taking into account aspects such as the role of mental health support in First Aid.

A number of key risks have been identified in the following table, should the update of the training package products (in line with addressing the skills needs voiced by industry) not take place.

STAKEHOLDER	RISK OF NO CHANGE
Employers	- **Risk of poor quality** or negative effects of treatment are heightened as First Aiders do not have up-to-date best practice skills and knowledge - **Cost implications** include time and resources allocated to conduct training that is not compliant with regulation or does not meet industry expectations for best practice
First Aiders (Employees, Volunteers)	- **Inability to conduct** all duties of role adequately and/or progress - **Patients' health risks** increased due to use of outdated practices - Poor and inadequate training is received that does **not meet current industry expectations**
First Aid Recipients	- **Risk of disease and chronic conditions** not being taken into account in treatments - **Negative impact on outcomes** (ability to sustain life) if First Aiders do not have the requisite skills
Students	- **Insufficient skills to graduate** means that students will require additional training to meet industry/job role requirements
Training Providers	- **Training offered does not match industry needs** and quality and reputation of course delivery is compromised - Delivery of superseded units means training is **not aligned with legislation**, regulation and industry best practice.

The proposed response aims to ensure that First Aid is delivered by a high quality, trained and skilled workforce. Improving the quality of the First Aid units of competency will promote greater consistency in the delivery of those units among the range of training providers.

Impact of Recommended Changes

RTOs

The implementation of new units of competency creates flow-on impacts and costs for RTOs in relation to administrative systems, training resources and assessment materials. In the short term, it is anticipated that there will be an administrative burden on RTOs as they transition to delivery of the new training package products and update their scope of registration, resources and assessment tools. This is, however, unavoidable. RTOs will be required to ensure the appropriate equipment and resources are available for the delivery of First Aid training package products.

Employers

The use of updated units of competency will allow employers to have access to more highly skilled First Aiders with the requisite skills and knowledge to provide a First Aid response and sustain life. This will, in turn, increase employers' confidence in their ability to provide a safe work environment and meet their obligations and duty of care in terms of Workplace Health and Safety.

Students, Employees, Volunteers – First Aiders

First Aiders will gain better outcomes from training with updated units of competency that reflect current industry practices and expectations. This will provide them with increased confidence in their skills and their ability to provide First Aid in a range of emergency and non-emergency situations.

First Aid Recipients

The greatest impact will be found in the case of First Aid recipients, who represent the Australian public at large and will benefit from receiving more effective First Aid treatment and care. Given the recognised importance of effective First Aid in improving patient outcomes, this is a significant positive consequence of the update of First Aid units of competency.

Proposed Schedule of Work

2018–19

YEAR	PROJECT TITLE	DESCRIPTION
2018–19	Update First Aid Training Package Products	Update eight HLT First Aid units of competency in accordance with changes in best practice, including consideration of the following factors: • Use of AEDs and associated responsibilities in various contexts – worksites, public spaces, shopping centres • Consideration of changes to the cohorts of First Aid recipients, taking into account the incidence of disease and chronic conditions • The potential need to cover asthma and anaphylaxis in the First Aid units as evidenced by the number of accredited courses and state regulations in respect to these conditions • The impact of changes in legislation and regulations • The tracking of trends in superseded HLT units that have been imported into other training packages. (see sections Sector Overview and Challenges and Opportunities)

2019–20

YEAR	PROJECT TITLE	DESCRIPTION
2019–20	First Aid	Develop new units where the need is identified in the 2018–19 update.

2020–21

YEAR	PROJECT TITLE	DESCRIPTION
2020–21	First Aid	Update First Aid units, including knowledge and performance evidence requirements, in accordance with the ARC (Australian Resuscitation Council) protocols. The ARC review is scheduled for completion in 2020.

2018-19 Project Details

PROJECT TITLE	FIRST AID
Description:	Update First Aid training package products in the HLT Training Package
Rationale:	The HLT First Aid units have not been the subject of a full review since 2013 and it is vital that the content remain current and appropriate. Existing units have been in place for sufficient time to have tested suitability and to have identified where improvements can be made. Advancements in treatments, increasing technological developments and changes in protocols (both national and international) have implications for the skills standards for First Aid. The units are used broadly across all training packages. Specific issues are as follows: These units have been intended for use across various industry sectors. The update should consider their application in both existing and additional or potentially new industries, and consider in what ways the units can be contextualised to meet specific needs. The units have been customised to enhance their potential use across training packages. Asthma and anaphylaxis need to be covered in the First Aid units and could potentially require a new unit or update to an existing unit with regard to content. There are a number of accredited courses and state regulations in respect to these conditions and the potential for a new unit will be investigated during the development phase, based on industry feedback. The ASCIA as the peak medical body for allergy and immunology in Australia and New Zealand has indicated the need for consistency of information, standards and quality in training and minimum standards in how to recognise and respond to allergic reaction and anaphylaxis. There remain superseded HLT First Aid units in use as evidenced in the enrolment statistics. This is an issue which needs to be addressed. The update of HLT First Aid units will look to identify mechanisms to strengthen the quality and consistency of the application of the First Aid training package products. The current HLT First Aid units of competency relate to Automated External Defibrillators (AEDs). We need to consider the impact of an expired accredited course in Victoria (22101VIC) which previously provided training in relation to the proper care and maintenance of AEDs to ensure they are operational when they are required for use. The potential gap that has been identified relates to the maintenance and checking of, as well as hazards and risks associated with, AEDs. Knowledge and performance evidence need to be updated to ensure contextualisation can address issues relating to mental health, vulnerable groups, and at-risk cohorts. Where justified, new units may be required. Best practice standards for inclusion in the CVIG (Companion Volume Implementation Guide) to promote quality in the outcomes of First Aid training need to be identified.
Ministers' Priorities Addressed:	This project is an opportunity to support the Council of Australian Governments (COAG) Industry and Skills Council to specifically address the following priorities: • Identify and remove obsolete training package products from the system, i.e. the jurisdictional framework • Enhance the portability of First Aid skills across multiple sectors and identify unnecessary duplication • Consider the role of additional skill sets in addressing specific industry needs.
Consultation Plan:	An update of the HLT First Aid training package products currently in use needs to be carried out. National consultation workshops need to be undertaken, including industry-specific forums where there are significant differences in requirements. Webinars and focus groups can be used to supplement the workshops. The use of an online feedback tool is well established and will be employed.

PROJECT TITLE	FIRST AID
Training Package to be Revised:	First Aid HLT units
Skill Set/s to be Developed/Updated:	One skill set to be updated: • HLTSS00027 Occupational First Aid Skill Set, which consists of: - HLTAID006 Provide advanced First Aid - HLTAID007 Provide advanced resuscitation - HLTAID008 Manage First Aid services and resources
Qualification/s to be Developed/Updated:	Nil
Unit/s of Competency to be Developed/Updated:	8 existing units of competency. The IRC notes that there is potential for new units as development progresses, based on industry feedback 1. HLTAID001 Provide cardiopulmonary resuscitation 2. HLTAID002 Provide basic emergency life support 3. HLTAID003 Provide First Aid 4. HLTAID004 Provide an emergency First Aid response in an education and care setting 5. HLTAID005 Provide First Aid in remote situations 6. HLTAID006 Provide advanced First Aid 7. HLTAID007 Provide advanced resuscitation 8. HLTAID008 Manage First Aid services and resources (as well as potential new units).

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STAKEHOLDERS

OUTCOMES

INTEGRITY

BOLDNESS

TEAMWORK

SKILLSIQ

CAPABLE PEOPLE MAKE CLEVER BUSINESS