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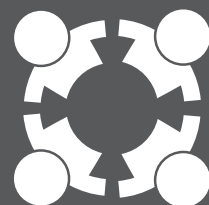
INTEGRITY



BOLDNESS



TEAMWORK



First Aid

**INDUSTRY REFERENCE COMMITTEE
INDUSTRY SKILLS FORECAST**

REFRESHED APRIL 2017

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Executive summary

First aid is the treatment provided to a casualty suffering from an injury or illness until more advanced care arrives, or the person recovers. There are many causes of injury, the most common include work accidents, road accidents and accidents as a result of alcohol, drugs and violence. A quick response to an injury or illness can have a substantial positive effect for a situation which requires first aid. A significant number of Australians complete first aid training every year, whether it be for work purposes or for their own personal development.

The First Aid Industry Reference Committee (IRC) has responsibility for eight units of competency, packaged in the HLT Health Training Package. The units of competency are specifically designed to meet first aid requirements in Australia.

The First Aid IRC commits to thorough and inclusive national consultation to ensure training package products under its remit are reflective of current industry skills needs and provide opportunities for workforce development that actively contributes to the variability and productivity of the sector/s. Recognition is given to the need for training package related decisions to be made based on appropriate levels of industry engagement and input.

Further, the IRC acknowledges the COAG Industry and Skills Ministers' priorities and will utilise consultation activities, through the support of SkillsIQ, to gain a national perspective on:

- opportunities to identify and remove obsolete training package products from the system
- industry expectations for training delivery and assessment to be documented within Implementation Guides
- opportunities to enhance portability of skills from one related occupation to another
- opportunities to remove unnecessary duplication within the system and create training package products that may have application to multiple industry sectors
- opportunities for the development of skill sets.

Where available the IRC will seek and maximise opportunities to work collaboratively with other IRCs.

An analysis of the sector and industry consultation has identified a number of challenges and opportunities having direct impact on the sector, including:

- organisations attaining Work Health and Safety (or Occupational Health and Safety) standards

- meeting the needs of demographic changes and vulnerable groups.

In addition, the sector has identified the following factors as having direct impact on the composition and skills needs of the workforce:

- changes to international standards
- increasing incidence of asthma and allergy conditions
- technological advances.
- increasing awareness of mental health considerations and subsequent requirement to respond appropriately

This Industry Skills Forecast identifies a number of international and national trends in workplace design that will impact on the skills needs of the sector. This information, along with industry identified skills priorities, will directly inform the coming review of relevant training package products.

Information contained within the Industry Skills Forecast has been sourced from a variety of methods, including:

- desktop research to develop an understanding of existing research and views on skill requirements in the sector;
- an industry workforce survey which was available to all stakeholders across all industries;
- validation was sought from the IRC to confirm the information properly reflected industry views.

The Industry Skills Forecast proposes a schedule for the ongoing review, of relevant training package products, to inform the development of the four-year rolling National Schedule.

The training products allocated to this IRC have undergone significant review since 2012. The training products in this sector have been scheduled for review in year three (2018–2019). It is envisaged that the above challenges and workforce skills needs will be taken into account when developing the case for change for review of these units.

Although not skills related, the First Aid IRC has recommended the Australian Industry and Skills Committee (AISC) consider strategies to ensure qualifications are quickly updated to reflect the most current units in the system. This is essential to ensure that the workforce has the most current skills and knowledge, and is especially important in the area of first aid which has implications for meeting WHS requirements.

A. Administrative information

Name of IRC

First Aid Industry Reference Committee

Name of Skills Service Organisation (SSO)

SkillsIQ Limited (SkillsIQ)

This document details the proposed four year schedule of work from 1 July 2016 to 30 June 2020 as agreed between the First Aid IRC and SkillsIQ.

This version of the Industry Skills Forecast was refreshed in April 2017.

About SkillsIQ

As a Skills Service Organisation (SSO), SkillsIQ is funded by the Department of Education and Training to support its allocated IRCs, which are responsible for the development and maintenance of the following training packages:

- Community Services
- Health
- Local Government
- Public Sector
- Floristry
- Hairdressing and Beauty Services
- Funeral Services
- Retail Services
- Sport, Fitness and Recreation
- Tourism, Travel and Hospitality

B. Sector overview

First aid is the immediate treatment or care provided to a person suffering from an injury or illness until more advanced care is given, or the person recovers. The importance of integrating first aid skills within the general population is well known and recognised internationally.¹ While first aid is not a replacement for emergency services' intervention, it is a vital initial step that can reduce the severity of injury and improve the chances of survival.² Hundreds of thousands of people complete first aid training every year, whether it be for personal development (for example, a parent), or to meet job role specifications or Work Health & Safety (WHS) requirements.

Many countries today face growing health challenges with an increase in their ageing populations, together with an increase in the number of road accidents, the incidence of heart disease; chemical and environmental hazards; lifestyle diseases; abuse of alcohol and other drugs, as well as violence related incidence. Commentary by leading associations around the world

on the effectiveness of timely administration of first aid is compelling. The American Heart Association, for example, states that 'statistics prove that if more people knew Cardiopulmonary Resuscitation ('CPR'), more lives could be saved' as immediate CPR can double or even triple a victim's chance of survival.³

Research undertaken by the Victorian Ambulance Cardiac Arrest Registry (VACAR) supports the view that the likelihood of survival is greatly associated with the presence of a bystander who can provide CPR. VACAR has reported that when an cardiac arrest is witnessed by a bystander, the proportion of patients who survive the event is higher than that observed for all out-of-hospital cardiac arrest (OHCA) events combined (41% vs 30%, respectively). Similarly, when an cardiac arrest is witnessed by a bystander, the proportion of patients who have been discharged alive from hospital has been higher than for all OHCA events combined (16% vs 10%, respectively).

Further research in the area of first aid examines the rise of alcohol related violence, especially among young adults; resulting in physical injuries, falls and possible coma due to intoxication. Teaching them effective first aid intervention procedures, as well as educating them on the dangers of such behaviours, may help reduce the number of serious medical consequences and death.⁴

Having skills in first aid is not only important in the event of traffic accidents or workplace incidents, but also for incidents that take place at home. Research from the United Kingdom highlights that 41.4% of accidents happen at home, while 19.5% are on roads and 15.2% at work.⁵ Emergency services in Europe report that there is a general lack of basic first aid knowledge among parents which places unnecessary and avoidable pressure on an already-congested emergency services network.⁶ The research from Europe also highlights a need for providing compulsory systematic first aid training and education in schools in order to equip children with the basic skills they can use in the event of an emergency.⁷

First aid in Australia

In January 2012 harmonised WHS laws were implemented across Australia under the national policy body, Safe Work Australia, and each jurisdiction developed their own State or Territory WHS laws. However, these have been largely based on the model laws drafted by Safe Work Australia. The exceptions here are Western Australia and Victoria, who have yet to transition to the harmonised WHS laws. These two States have committed to the harmonised WHS laws but have yet to implement them, and as a result still work within jurisdictional Occupational Health and Safety (OHS) laws. For the purposes of this Industry Skills Forecast this national harmonised approach has been adopted, with reference only being made to WHS.

As part of the harmonised WHS laws, Safe Work Australia launched a harmonised *First Aid in the Workplace Code of Practice*. This Code provides information to assist organisations implement a risk management approach which they can adapt to suit the requirements of their workplace. Safe Work Australia does not regulate WHS practices. The Commonwealth, States and Territories

each have a role in regulating and enforcing WHS in their jurisdictions. It is, however, the person conducting a business or undertaking who has the primary duty under the WHS Act to ensure, so far as is reasonably practicable, that workers and other persons are not exposed to health and safety risks arising from the business or undertaking.

This duty includes a requirement to ensure, so far as is reasonably practicable, that adequate facilities are provided for the welfare of workers at the workplace and others within the workplace. Adequate facilities include first aid arrangements. The WHS regulations place specific obligations on a person conducting a business or undertaking in relation to first aid, including requirements to:

- provide first aid equipment and ensure each worker at the workplace has access to the equipment
- ensure access to facilities for the administration of first aid, and
- ensure that an adequate number of workers are trained to administer first aid at the workplace or that workers have access to an adequate number of other people who have been trained to administer first aid.

First aid requirements will vary from one workplace to the next, depending on the nature of the work, the type of hazards, the workplace size and location, and the number of people at the workplace. The requirements are in place to reduce the risk to the business, the employees and their customers. For example, in early childhood education and care, a first aider will not only have a duty of care to other employees but also to the children within their centre. This would also be the case for many organisations where a person has a duty of care to provide a safe service to clients, for example tour guides and beauty therapists.

First aid in the workplace can be provided either by an employee trained to administer aid, or by another person who is qualified to administer first aid.⁸ First aiders should hold a nationally recognised statement issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit(s) of competency.⁹ Generally speaking most first aiders are trained in *HLTAID003 Provide First Aid*. Jurisdictional and industry sector requirements will require first aiders to regularly refresh their first aid

knowledge and skills and to confirm their competence to provide first aid. Generally speaking, this is a 12-month refresher for cardiopulmonary resuscitation (CPR) and three-yearly refresher for general first aid training.

Following are the generally accepted number of trained first aiders required for workplaces.

- 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.

Training products for this IRC

There are no specific VET qualifications in first aid. However, eight first aid units of competency are available and housed within the HLT Health Training Package. They include:

- 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 units are used broadly across all Training Packages in the VET system and would be categorised as 'generic units' as they are used across all industries.

- HLTAID001 is used across 5 Training Packages and is listed within 72 qualifications
- HLTAID002 is used across 7 Training Packages and is listed within 35 qualifications
- HLTAID003 is used across 23 Training Packages and is listed within 354 qualifications
- HLTAID004 is used across 2 Training Packages and is listed within 4 qualifications
- HLTAID005 is used across 6 Training Packages and is listed within 32 qualifications
- HLTAID006 is used across 8 Training Packages and is listed within 82 qualifications
- HLTAID007 is used across 2 Training Packages and is listed within 9 qualifications
- HLTAID008 is used across 3 Training Packages and is listed within 17 qualifications.

As identified above, there are requirements for first aiders to regularly refresh their first aid knowledge and skills and to confirm their competence to provide first aid. It is important to note that the *First Aid Workplace Code of Practice* will provide guidance on the regularity of refresher training, as this is not specified within the training products. In addition, other regulatory bodies may specify the type of training that is accepted within that particular industry. 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. Following is a summary of the different requirements for centre-based, school-based and family day care services.

Centre-based services - regulation 136(1)

The approved provider of a centre-based service must ensure that the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency at all times that children are being educated and cared for by the service:

- a) at least one educator who holds a current approved first aid qualification
- b) at least one educator who has undertaken current approved anaphylaxis management training
- c) at least one educator who has undertaken current approved emergency asthma management training.

Services must have staff with current approved qualifications on duty at all times and immediately available in an emergency. One staff member may hold one or more of the qualifications.

Premises on school site - regulation 136(2)

If children are being educated and cared for at service premises on the site of a school, suitably qualified staff must be in attendance at the school site and immediately available in an emergency.

Services must have staff with current approved qualifications on duty at all times and immediately available in an emergency. One staff member may hold one or more of the qualifications.

Family day care - regulation 136(3)

The approved provider of a family day care service must ensure that each family day care educator and family day care educator assistant engaged by or registered with the service:

- a) holds a current approved first aid qualification; and
- b) has undertaken current approved anaphylaxis management training; and
- c) has undertaken current approved emergency asthma management training.

Each family day care educator and educator assistant must hold all three qualifications.

Registered Training Organisations using the training products

The table below indicates the number of registered training organisations (RTOs) with the first aid units of competency on scope (current as at 13 April 2017).

REGISTERED TRAINING ORGANISATIONS WITH FIRST AID UNITS ON SCOPE (AS AT 13 APRIL 2017)

Code	Unit name	No of RTO on scope
HLTAID001	Provide cardiopulmonary resuscitation	984
HLTAID002	Provide basic emergency life support	793
HLTAID003	Provide first aid	2369
HLTAID004	Provide an emergency first aid response in an education and care setting	756
HLTAID005	Provide first aid in remote situations	567
HLTAID006	Provide advanced first aid	745
HLTAID007	Provide advanced resuscitation	233
HLTAID008	Manage first aid services and resources	163

First aid is listed in many qualifications, either as a core or an elective, and as a result that unit of competency will be reflected on that RTO's scope of registration. Although there are significant numbers of RTOs with the first aid units of competency on scope, not all will deliver the units. Many RTOs will outsource the first aid unit to be delivered by another RTO that specialises in this area.

Peak bodies and key industry players

The following list represents a range of organisations that perform a variety of key roles in this sector. These organisations, and their networks, are well placed to offer industry insights at the time of training package review. Industry engagement will include a broad and inclusive range of stakeholders beyond those included in this list, as relevant to the nature of training package product review.

- 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
 - Australian Council for Private Education and Training
 - TAFE Directors Australia
- Employee associations
 - Health Services Union
- Large and small employers across metropolitan, regional, rural and remote areas, including:
 - Australian Red Cross
 - Royal Life Saving Society Australia
 - St. John Ambulance Australia
 - Surf Life Saving Australia.

Challenges and opportunities for the sector

WHS is a requirement for every organisation across Australia. It seems that organisations are improving their overall WHS safety as there has been a decline in the number of overall work-related injuries and illnesses experienced. It is estimated that from July 2013 to June 2014 approximately 43 persons experienced a work-related injury or illness per 1,000,¹⁰ down from 53 people per 1,000 in 2009-2010. However, in a survey undertaken by St. John Ambulance in 2013, it was found that 87% of Australian businesses are failing first aid.¹¹ Training was not the sole factor in failing compliance. However, the study found that only 48% of Australian workplaces offer accredited first aid training to their employees. Given these statistics, improving first aid in the workplace is both a challenge and an opportunity for not only the first aid sector but for all organisations in Australia.

C. Employment

Enrolment and completion figures

The following section details enrolment and completion figures in the first aid units of competency. This data has been sourced from the National Centre for Vocational Education Research (NCVER). NCVER's VET data, used within this report, provides information on publicly funded training in public providers; publicly funded training in private providers; and fee-for-service training in public providers.

A number of other factors also influence the data. These factors should be taken into consideration when reviewing the data presented below:

- Government funding – declining enrolments and completions often directly correlate with a reduction in funding availability

- Timing of release of training product – the year in which the training product is released on the national register will impact when data becomes available
- Usage of current and superseded training products concurrently – in some years data will occur in both current and superseded qualifications
- Exemptions in reporting – some providers, for example, volunteer organisations, are exempt from reporting. Additionally, some courses are exempt from reporting, for example, short courses (taking one day or less) are not required to report data.

It is important to note, given that much of this data relates to government funding, that the data below represent these units as being packaged as part of a qualification. The data set does not include fee-for-service VET by private providers.

ALL STUDENTS - SUBJECT ENROLMENTS, 2014

All students - subject enrolments 2014	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Over seas	Not known	Total
HLTAID001 - Provide cardiopulmonary resuscitation	26,740	33,982	80,230	10,937	6,241	1,717	1,444	2,082	131	10,327	173,835
HLTAID002 - Provide basic emergency life support	7,266	4,854	14,067	3,813	2,085	925	118	69	35	820	34,045
HLTAID003 - Provide first aid	79,638	54,078	55,085	10,498	18,629	3,896	4,600	4,973	4,400	8,966	244,762
HLTAID004 - Provide an emergency first aid response in an education and care setting	16,494	14,004	12,517	3,096	1,984	724	333	1,102	1,197	1,990	53,441
HLTAID005 - Provide first aid in remote situations	179	248	116	21	42	88	63	216	-	33	1,001
HLTAID006 - Provide advanced first aid	1,135	869	2,277	189	324	69	147	111	144	212	5,482
HLTAID007 - Provide advanced resuscitation	1,435	967	2,578	65	442	89	304	236	110	357	6,578
HLTAID008 - Manage first aid services and resources	259	210	345	14	31	-	17	-	-	108	982
HLTFA1A - Apply basic first aid	81	13	58	37	-	-	-	-	-	33	219
HLTFA201A - Provide basic emergency life support	303	1,436	209	9	175	38	-	2	-	57	2,223

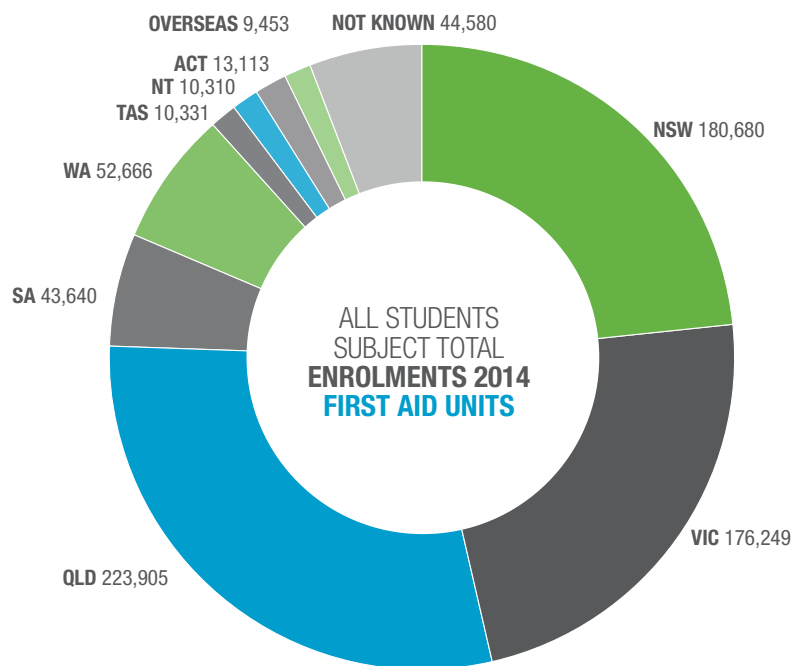
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All students - subject enrolments 2014	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Over seas	Not known	Total
HLTFA201B - Provide basic emergency life support	268	128	156	17	19	-	-	-	-	73	665
HLTFA211A - Provide basic emergency life support	6,191	10,443	10,645	2,669	3,205	402	435	159	178	7,460	41,776
HLTFA301C - Apply first aid	6,419	4,493	5,583	1,314	3,712	251	314	183	212	717	23,192
HLTFA302A - Provide first aid in remote situation	-	93	-	-	-	-	-	-	-	-	93
HLTFA302B - Provide first aid in remote situation	-	-	-	-	16	-	-	-	-	24	40
HLTFA302C - Provide first aid in remote situation	206	289	169	4	33	16	35	105	2	54	900
HLTFA311A - Apply first aid	31,571	48,876	37,249	9,549	14,763	1,992	2,142	3,631	2,943	12,679	165,390
HLTFA402B - Apply advanced first aid	90	243	62	13	11	1	1	3	3	8	448
HLTFA402C - Apply advanced first aid	133	46	216	57	41	-	14	1	30	23	557
HLTFA403A - Manage first aid in the workplace	3	-	-	-	-	-	-	-	-	-	3
HLTFA403C - Manage first aid in the workplace	314	40	35	10	48	-	12	-	25	16	496
HLTFA404A - Apply advanced resuscitation techniques	-	93	209	-	104	-	-	-	-	20	432
HLTFA404B - Apply advanced resuscitation techniques	-	7	26	22	11	-	-	-	10	27	107
HLTFA404C - Apply advanced resuscitation techniques	1,374	391	1,456	663	375	88	289	220	9	446	5,307
HLTFA412A - Apply advanced first aid	596	448	618	650	370	40	41	22	17	138	2,940
Total	180,680	176,249	223,905	43,640	52,666	10,331	10,310	13,113	9,453	44,580	764,919

Source: NCVER VOCSTATS,TVA Subject enrolments 2014 by Industry Skills Council and State/territory of residence, accessed July 2016

In 2014 there was a total of 764,919 student enrolments in first aid units of competency.¹² It is important to note that during this period a new set of first aid units had been endorsed, so RTOs were transitioning from the old HLTF A coded units to the new HLT AID coded units.

The unit commonly required to meet WHS requirements is now coded *HLTAID003 Provide first aid*. Total enrolments in this unit (433,314) make up over half of the total enrolments.

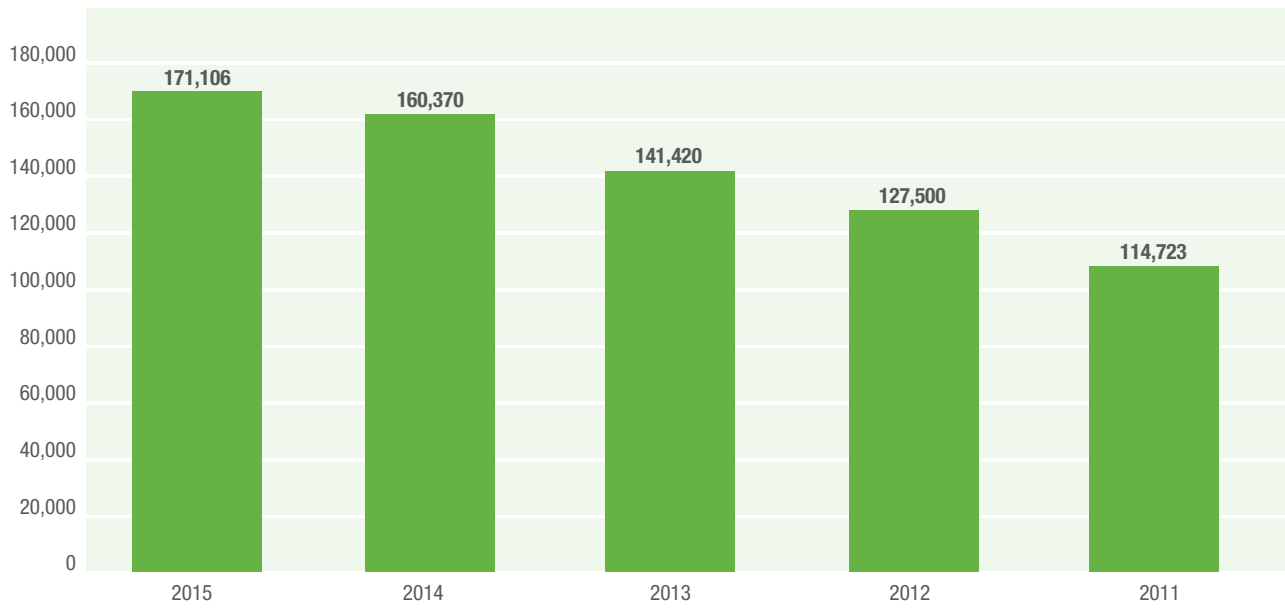


Government-funded subject enrolments 2011 – 2015 in first aid units

Government-funded subject enrolments in first aid units	2015	2014	2013	2012	2011	Total
HLTFA1A - Apply basic first aid	0	19	92	376	674	1167
HLTFA201A - Provide basic emergency life support	834	1093	1928	5165	7797	16825
HLTFA201B - Provide basic emergency life support	88	318	672	4861	163	6104
HLTFA211A - Provide basic emergency life support	7557	9132	5691	94	0	22474
HLTFA2A - Apply advanced first aid	0	0	38	8	167	212
HLTFA301B - Apply first aid	1291	3975	18281	39804	97763	161117
HLTFA301C - Apply first aid	1878	7322	20710	69701	5094	104713
HLTFA302A - Provide first aid in remote situation	0	0	27	134	457	624
HLTFA302B - Provide first aid in remote situation	0	0	0	425	16	446
HLTFA302C - Provide first aid in remote situation	62	440	612	37	0	1152
HLTFA311A - Apply first aid	27578	58736	88761	4637	0	179706
HLTFA3A - Maintain First aid equipment and resources	0	0	0	0	1	1
HLTFA402B - Apply advanced first aid	2	64	232	340	1237	1879
HLTFA402C - Apply advanced first aid	13	302	410	1373	939	3044
HLTFA403A - Manage first aid in the workplace	0	1	12	22	125	161
HLTFA403B - Manage first aid in the workplace	0	0	0	8	0	8
HLTFA403C - Manage first aid in the workplace	22	56	168	5	0	253
HLTFA404A - Apply advanced resuscitation techniques	0	0	44	103	282	425
HLTFA404B - Apply advanced resuscitation techniques	0	45	94	342	7	487
HLTFA404C - Apply advanced resuscitation techniques	40	256	672	29	0	992
HLTFA412A - Apply advanced first aid	497	802	886	38	0	2225
HLTFAIA - Apply basic first aid	0	0	0	0	3	3
HLTAID001 - Provide cardiopulmonary resuscitation	19857	6003	53	0	0	25920
HLTAID002 - Provide basic emergency life support	8380	3163	693	0	0	12237
HLTAID003 - Provide first aid	69942	47287	1192	0	0	118427
HLTAID004 - Provide an emergency first aid response in an education and care setting	31147	19932	26	0	0	51109
HLTAID005 - Provide first aid in remote situations	389	281	0	0	0	674
HLTAID006 - Provide advanced first aid	1055	603	116	0	0	1769
HLTAID007 - Provide advanced resuscitation	454	508	0	0	0	962
HLTAID008 - Manage first aid services and resources	7	11	0	0	0	19
Total	171106	160370	141420	127500	114723	715124

Source: NCVER VOCSTATS, Subject enrolments 2003 - 2015 by Industry Skills Council and year, accessed July 2016

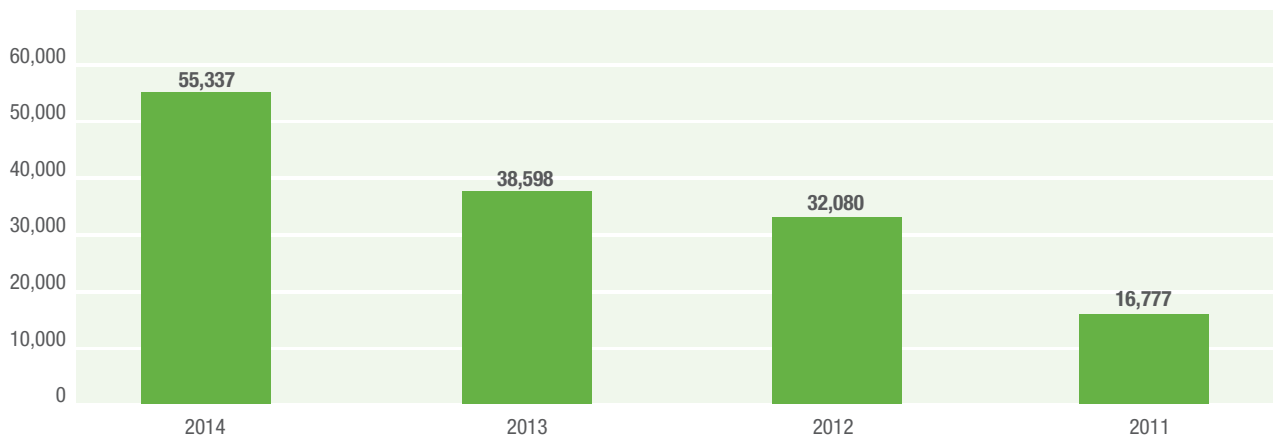
GOVERNMENT-FUNDED SUBJECT ENROLMENTS IN FIRST AID UNITS



Vocational Education and Training in School (VETiS) - Subject enrolments in first aid units

VETiS Subject enrolments in first aid units	2014	2013	2012	2011	Total
HLTAID001 - Provide cardiopulmonary resuscitation	3,332	-	-	-	3,332
HLTAID002 - Provide basic emergency life support	3,099	-	-	-	3,099
HLTAID003 - Provide first aid	19,695	7	-	-	19,702
HLTAID004 - Provide an emergency first aid response in an education and care setting	2,162	-	-	-	2,162
HLTAID006 - Provide advanced first aid	329	-	-	-	329
HLTAID007 - Provide advanced resuscitation	1	-	-	-	1
HLTFA1A - Apply basic first aid	129	77	484	671	1,361
HLTFA201A - Provide basic emergency life support	864	1,538	2,223	1,613	6,238
HLTFA201B - Provide basic emergency life support	78	174	530	6	788
HLTFA211A - Provide basic emergency life support	4,347	1,883	-	-	6,230
HLTFA2A - Apply advanced first aid	-	1	-	1	2
HLTFA301B - Apply first aid	4,825	17,788	18,372	14,259	55,244
HLTFA301C - Apply first aid	8,461	6,111	10,200	143	24,915
HLTFA302A - Provide first aid in remote situation	-	-	1	4	5
HLTFA302B - Provide first aid in remote situation	-	-	3	-	3
HLTFA302C - Provide first aid in remote situation	17	16	-	-	33
HLTFA311A - Apply first aid	7,852	10,864	151	-	18,867
HLTFA3A - Maintain first aid equipment and resources	-	-	-	-	-
HLTFA402B - Apply advanced first aid	3	4	2	57	66
HLTFA402C - Apply advanced first aid	2	1	4	-	7
HLTFA403B - Manage first aid in the workplace	-	-	2	-	2
HLTFA404A - Apply advanced resuscitation techniques	1	1	42	13	57
HLTFA404B - Apply advanced resuscitation techniques	-	51	58	-	109
HLTFA404C - Apply advanced resuscitation techniques	87	64	-	-	151
HLTFA412A - Apply advanced first aid	53	18	-	-	71
HLTFAIA - Apply basic first aid	-	-	8	10	18
Total	55,337	38,598	32,080	16,777	142,792

VETIS SUBJECT ENROLMENTS IN FIRST AID UNITS



Looking at this data it can be concluded that there has been a steady increase in enrolments for first aid units. It is expected that the demand for the first aid units will continue to increase. This could be contributed to by a number of factors, including:

- organisations becoming more aware of their WHS and first aid obligations;
- demand for workers in industries in which first aid is an essential prerequisite. For example, there is set to be a significant increase in the demand for workers in early childhood education and care;
- the fact that employers are increasingly expecting that first aid be a core requirement for employment. For example, in the aged and home and community care settings employers expect workers to have completed first aid training;
- the fact that the Australian population is set to increase steadily over the coming years, and this will simply increase the number of people employed within the economy and most likely the requirement for first aid skills;
- the increasing incidence of chronic illness, for example allergies and diabetes, across the Australian population.

Workforce supply-side challenges and opportunities

Changes in demographics

Australia has an ageing population with one in five Australians expected to be over 65 years old in 2035. Organisations need to explore options to ensure that new ways of working are accessible to all employees at varying life stages.¹³ While workplace hazards affect the health and safety of all workers, certain hazards, if not dealt with, may present added dangers to older workers leading to workplace incidents requiring the administration of first aid.¹⁴

Australia's increasing transition to a knowledge economy means that investing in training and development is more important than ever. Organisations need to maximise the value and leverage from training and development which will help develop the workforce of the future.¹⁵ In Russia for example, Red Cross society has developed a specific first aid training program for older industrial workers (aged between 40 and 60 years), especially those at risk from respiratory diseases and asthma.¹⁶

Vulnerable groups

First aid training is an essential skill transferable into everyday lives. First aid training reduces vulnerabilities and helps build stronger communities. First aid-trained members of a vulnerable community can play an active role in helping their community members through peer education.¹⁷

Red Cross/ Red Crescent National Societies in Europe have carried out projects incorporating first aid knowledge within vulnerable groups across Europe. For example, Armenian Red Cross has set up successful training programs within remote villages, providing first aid training to local residents so that they can help manage delays taken by emergency services to access remote areas.¹⁸ In France, with the objective to tackle social

issues and prevention of youth urban violence, Red Cross has developed a specific program integrating first aid education into school based curriculum, leisure centres and community youth centres.¹⁹

D. Skills outlook

International trends

First aid is a required task across all businesses in Australia and requirements are stipulated external to the sector. Implications which could affect the design of the units of competency are changes made by the International Liaison Committee on Resuscitation (ILCOR) or the Australian and New Zealand Committee on Resuscitation (ANZCOR). ILCOR is the international committee responsible for the coordination of all aspects of cardiopulmonary and cerebral resuscitation worldwide. ANZCOR is the Australian and New Zealand member organisation on the committee. ILCOR undertakes a global evidence-based review of resuscitation science which provides the material for regional resuscitation organisations to write their resuscitation guidelines. ANZCOR produces these guidelines to meet its objectives in fostering uniformity and simplicity in resuscitation techniques and terminology for Australia and New Zealand. ILCOR will periodically develop and publish a consensus on resuscitation science so any suggested changes to treatment recommendations for resuscitation could impact on the skill requirements for workers.

Asthma and allergies

It is estimated that food allergy affects 10% of children up to 1 year of age and between 4-8% of children aged up to 5 years of age.²⁰ Hospital admissions for severe allergic reactions (anaphylaxis) have doubled over the last decade in Australia, USA and UK.²¹ In Australia, admissions for anaphylaxis due to food allergy in children aged 0 to 4 years are even higher, having increased five-fold over the same period. The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body for allergy and clinical immunology in Australia and New Zealand, as well as a member society of the World Allergy Organisation (WAO) and the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI). ASCIA sets the standards for asthma and anaphylaxis practices in Australia. It is important that this area continue to be monitored to ensure that adequate training is provided. There is one unit that is specific to early childhood education and care, *HLTAID004 Provide*

an emergency first aid response in an education and care setting, which specifies additional asthma and anaphylaxis skills required to work in this sector. With the increasing number of educators being trained to work in the early childhood education and care sector, it is important this unit continues to meet national and international industry requirements. At the time HLTAID004 is reviewed, further industry insight should be gathered on the need to have separate units in asthma and anaphylaxis. Specific courses for each of these areas have been developed, outside of the national Training Package, in some jurisdictions and have been widely adopted within the sector. Other components that should also be considered for inclusion in any update of this unit is the requirement for preparing medical action plans, as well as the ability to recognise early signs of a deteriorating child, which may assist in preventing an emergency situation.

Mental health

In the 2014-15 National Health Survey,²² four million Australians (17.5%) reported having a mental or behavioural condition, with anxiety-related conditions (11.2% of the population) being the most frequently reported condition followed by affective disorders, including depression (9.3% of the population). Around 1 in 4 (26%) young people aged 16-24 years experience a mental health condition with the most common being anxiety (15%) and substance use (13%) conditions.²³

With the increasing prevalence of mental health conditions, it has been recommended that a first aider have basic skills and knowledge in this area. It is proposed that in the next scheduled review, inclusion of mental health be considered in the following units of competency:

- All units at and above HLTAID003. Aspects of mental health may relate to:
 - Defining mental health/mental illness and an ability to identify related mental health supports.
- HLTAID008 (which is within the HLTSS00027 Occupational First Aid Skill Set). Aspects of mental health for inclusion in this advanced unit may relate to:

- Recognising, responding and referring when warning signs of an emerging or existing mental illness are identified
- Identifying warning signs of common mental illnesses including anxiety disorders, depression, substance misuse and psychotic conditions.

Digital change

The exponential rise in technological advances, including the rise in device connectivity; the introduction of automated systems and artificial intelligence; and advances in data volumes and computing speed, is transforming supply chains, reshaping the workforce and redefining jobs.²⁴ Computer-guided automation has become increasingly prevalent across numerous industries including manufacturing, planning and decision-making. In first aid there have been significant developments in first aid because of automation. Automated External Defibrillators (AEDs) are designed to assist a first aid responder deliver an electrical shock to a person in sudden cardiac arrest. This device has had significant advancements in previous years because of digital change. AEDs are now small, portable and can really be used by anyone, regardless of training. The device will instruct the user about how to apply the device to the person and whether or not to administer a shock. The AED will also advise the user with prompts for when to administer CPR. Future technological advancements may allow the AED to perform an electrical form of CPR. This would mean that all the first responder would have to do would be to attach the AED and the machine would do the rest.

First aid mobile apps are also a result of advancements in technology. Nowadays the majority of people carry a smart phone, and first aid apps provide a comprehensive pocket guide to first aid and CPR. Most apps will provide quick and easy-to-follow instructions for providing first aid, but may also have videos and images to assist in an emergency. The development of these apps gives any individual access to the most up-to-date first aid information anywhere, anytime. It is important to note that the provision of first aid has many practical elements,

apps should therefore be used to complement formal first aid training rather than replace formal first aid training.

Automated External Defibrillation

It is suggested that there is a significant knowledge and skill gap in the current HLT first aid units of competency relating to Automated External Defibrillation (AED). This has been exacerbated by the expiration (as of 31 December 2015) of an accredited course in Victoria (22101VIC), which previously provided training in this area.

Reference to AEDs, in the HLT first aid units units of competency is commonly:

- Performance Evidence - Followed the prompts of an AED
- Knowledge Evidence - Appropriate use of an AED.

There are many examples like this, including units coded HLTAID001, HLTAID003, HLTAID004, HLTAID005, HLTAID006 and HLTAID007.

The gap that has been identified relates to the maintenance and checking of, as well as hazards and risks associated with AEDs. These skills and knowledge were previously dealt with in 22101VIC:

- Appropriate routine care and performance checks of AED machine as per manufacturer instructions
- Hazards associated with the use of Automated External Defibrillators (AEDs)
- Risks associated with the use of AEDs.

The IRC has proposed that these skills and knowledge be considered when the units are next reviewed, as it is important to exercise proper care and maintenance to ensure the AED is operational when required. Participants must be aware of scheduled maintenance tests, fault finding, cleaning and upkeep of the unit, as well as pad and battery expiration, to maintain the defibrillator in operational order.

Top five skills required within the next three to five year period

Current industry experience/qualifications

Communication

Leadership (teamwork)

Critical thinking

Language, Literacy and Numeracy

The top five skills were informed through a variety of methods, including:

- desktop research, to develop an understanding of existing research and views on skill requirements in the sector;
- an industry workforce survey, which was available to all stakeholders across all industries. The broad scope of the survey allowed a variety of responses from different industries, reflecting the wide-ranging use of these units;
- validation with the IRC, to confirm the findings properly reflected industry expectations on skill requirements within the next three to five year period.

GENERIC WORKFORCE SKILLS RANKED IN ORDER OF IMPORTANCE

Workforce Skill	Rank
Learning agility/Information literacy/Intellectual autonomy and Self-management	1
Communication/Virtual collaboration/Social intelligence	2
Design mindset/Thinking critically/System thinking/Solving problems	3
Managerial/Leadership	4
Language, Literacy and Numeracy	5
Customer service/Marketing	6
Technology	7
Data analysis	8
Science, Technology, Engineering and Mathematics (STEM)	9
Financial	10
Environmental and Sustainability	11
Entrepreneurial skills	12

E. Other relevant skills-related insights for this sector

Updating first aid units of competency across Training Packages

Although not specifically skills-related, this issue relates to individual and workplace safety, and ensuring that the first aid workforce has the ability to operate effectively. There are instances where a person may be trained in first aid, but that training does not align to the most up-to-date requirements. These are instances in which a qualification is issued, 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 which require the 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, but there have been multiple iterations of the unit. The First Aid IRC would like to bring this to the attention of the Australian Industry and Skills Committee (AISC). First aid is an important aspect of WHS, and it is therefore essential that the workforce has the most current and up-to-date skills and knowledge. It is recommended the AISC consider strategies to ensure qualifications can be quickly updated to reflect the most current unit that is available on the national register.

F. Proposed Schedule of Work: 2016-17 - 2019-20

Time critical issues

Considering the length of time since the previous review and the necessity for the content of these training products to continue to remain current and appropriate, review of these units of competency has been scheduled in year three (2018 – 2019). However, as these units are used so broadly across industries there may be instances that may arise which demands an earlier review or minor updates to be made.

Interdependencies

As has been identified, *HLTAID004 Provide an emergency first aid response in an education and care setting* is specific to early childhood education and care. Any review of these qualifications should consider this unit, as it has been designed specifically for the sector. It is also a core unit of the related qualifications and specifies the additional asthma and anaphylaxis skills required to work in the early childhood education and care sector.

It is the intent that all other HLT/AID units be used across all industry sectors, and they have been written broadly to facilitate this. A review of these units should therefore consider the impacts on these industries and how the units may be contextualised to meet their needs.

Where the IRC is advising that a training product will need to be reviewed more than once in the four-year period

The IRC notes that there may be instances of unforeseen change triggering a need to review training package products outside of where listed in the national schedule. Examples of unforeseen change include, but are not limited to, changes to legislation, regulation and industry licencing.

Where the review of a training product is expected to be contentious or involve lengthy work

As the first aid units are used across a broad range of industry sectors, agreement on changes can sometimes be difficult to achieve. This was experienced in the previous review of the units, with some industries still raising issue with the appropriateness of some amendments. For example, previous first aid units had always held the requirement to perform CPR on adult, child and infant. However, it was not explicit within the performance criteria. The new units now specify this as a performance requirement. Stakeholders within the construction industries are questioning this as their requirement to perform CPR on a minor in their workplace in negligible. However, for a lifesaver, the requirement to perform CPR on an infant is an essential component of his or her job role. All other aspects of this unit are relevant for both contexts. It is these slight differentials between job roles that continue to be contentious.

G. IRC sign-off

This Industry Skills Forecast and Proposed Schedule of Work was agreed to by:

Peter LeCornu, Chair of the First Aid IRC

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Signature of Chair

Date:

First Aid IRC Proposed Schedule of Work 2016-17 - 2019-20

Contact details: IRC – Peter LeCornu, Chair. SkillsIQ – Melinda Brown, General Manager. Date submitted to Department of Education and Training: 28 April 2017.

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency Code	Unit of competency name
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UNITS OF COMPETENCY

<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID001	Provide cardiopulmonary resuscitation
<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID002	Provide basic emergency life support
<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID003	Provide first aid
<p><i>Year 3: 2018 – 2019</i> The review of this unit is scheduled for Year 3 to align with the review of all first aid units of competency. This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will be most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID004	Provide an emergency first aid response in an education and care setting
<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID005	Provide first aid in remote situations
<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID006	Provide advanced first aid
<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID007	Provide advanced resuscitation
<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health			HLTAID008	Manage first aid services and resources

SKILL SETS

<p><i>Year 3: 2018 – 2019</i> This unit has had substantial review work undertaken since 2013 and has had multiple releases. Review of these units will most likely be contentious and lengthy due to the broad use of the units.</p>	HLT	Health	HLTSS00027	Occupational First Aid Skill Set		
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SkillsIQ Limited

Address GPO Box 4194 Sydney NSW 2001 | Level 1, 332 Kent Street, Sydney NSW 2000
Telephone 02 9392 8100 | Fax 02 9392 8199 | Web www.skillsiq.com.au

Find us on: