



SKILLSIQ

CAPABLE PEOPLE MAKE CLEVER BUSINESS

First Aid Companion Volume Implementation Guide

Version 3.1 November 2020

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First Aid Guide Modification History

Version number	Release date	Comments	Section
3.1	December	<p>This release was to address</p> <ul style="list-style-type: none"> • The use of tourniquets • The application of HLTAID012 	FAQ
3.0	August 2020	<p>This release based on the superseded HLTAID units meets the National Skills Standards Council's Standards for Training Packages, released in November 2012. The new HLTAID units address updated regulatory and compliance requirements, add clarity and address the needs of a broader learner cohorts.</p>	Throughout (format changes and updated links)
2.0	March 2018	<p>This release updates the document to the SkillsIQ template with minor modifications to wording to reflect the fact the HLTAID units are no longer "new" and now supported by SkillsIQ. Links have been updated.</p> <p>First Aid Industry Reference Committee advice to RTO's in respect to <i>recent updates to ANZCOR Guideline 9.1.1 First Aid for Management of Bleeding and the first aid units of competency.</i></p> <p>Adrenaline auto-injectors – clarification.</p> <p>Removal of reference to "anapen" in the mapping table – this brand is no longer applicable in Australia.</p>	<p>Throughout (format changes and updated links)</p> <p>FAQ</p> <p>FAQ</p> <p>Mapping table – assessment conditions HLTAID003 and HLTAID004</p>
1.3	January 2015	<p>Updated links to NSSC</p> <p>Updated assessor requirements information</p>	<p>Throughout</p> <p>Assessor Requirements</p>
1.2	October 2014	<p>Updated mapping for the new release version of the HLTAID units</p>	<p>CPR and First Aid</p> <p>Assessor requirements</p> <p>Resources</p>
1.1	April 2014	<p>Clarified definition of "health professional"</p> <p>Clarification of terminology of "basic wound care"</p>	<p>CPR and First Aid</p> <p>Assessor Requirements</p>
1.0	November 2013	<p>This release meets the National Skills Standards Council's Standards for Training Packages, released in November 2012</p>	

Acknowledgements

This document has been produced by SkillsIQ

Date of Publication

December 2020

Overview

Background to Companion Volumes

In November 2012 the former National Skills Standards Council (NSSC)¹ developed a set of Standards for Training Packages, to ensure training packages are of high quality and meet the workforce development needs of industry, enterprises and individuals. The Standards for Training Packages² apply to the design and development of training packages for endorsement consideration.

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

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

On 1 January 2016, SkillsIQ was appointed as the Skills Service Organisation (SSO) with responsibility for supporting the Industry Reference Committees responsible for the HLT Health Training Package.

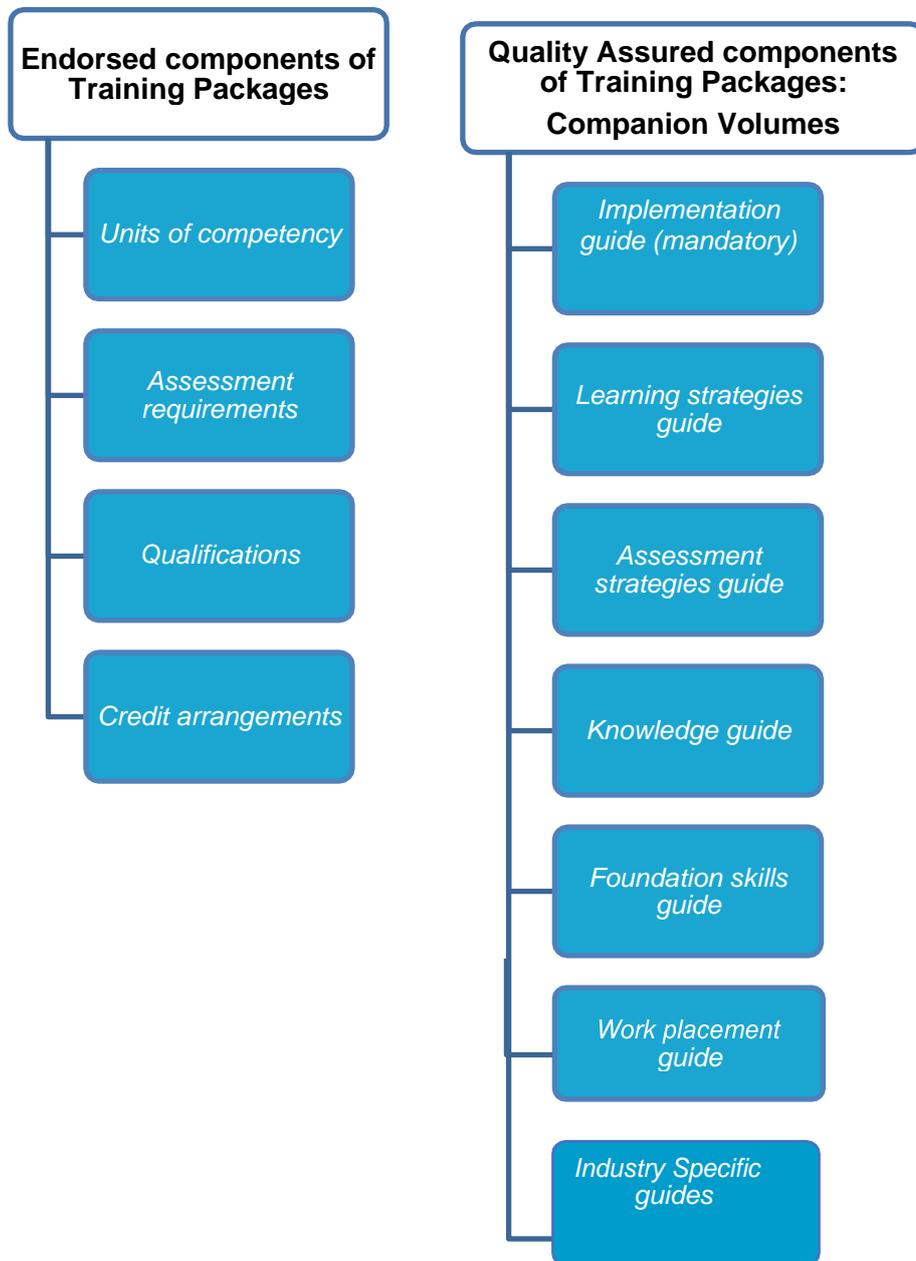
Much of original content of this document, originally developed by the former Community Services and Health Industry Skills Council, remains and amendments to this document are limited to the revisions made as outlined in the Modification History table. In addition, revisions have been made to update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

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

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

Endorsed and non-endorsed components

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



The endorsed components can be found on the national register: www.training.gov.au. Under the *Standards for Training Packages*, the non-endorsed components have been expanded to include companion volumes, including this First Aid Guide and are available to download on VETNet.

Overview of Changes

The 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 duty of care for vulnerable clients, child care educators, teachers, emergency services personnel, workers in hazardous environments and nominated workplace first aiders.

In these instances, the Statement of Attainment for completion of units of competency provides evidence to the employer and the community that the worker has the skills and knowledge to be able to provide a first aid response and sustain life in the event of an emergency.

Updates to HLTAID Units of Competency - 2020

The units were updated as a result of research used to develop the 2018 industry skills forecast. The findings from the forecast indicated that the eight First Aid units required updates in the following:

- Updating current Units of Competency to reflect industry best practice and current regulation.
- Updating current Units of Competency to ensure their scope and breadth are reflective of industry expectations.
- Consideration of the skills requirements in specific areas, such as asthma and anaphylaxis; and
- Consideration of the need for additional criteria to address First Aid in relation to mental health.

In addition, feedback submissions from peak associations, employers and training providers indicated a need to improve the quality and consistency of first aid training, particularly for workers and volunteers who have responsibility and duty of care for co-workers, clients and members of the community.

Assessment of these units must:

- meet the requirements of the training package
- be conducted in accordance with the principles of assessment and rules of evidence
- meet workplace, community and regulatory requirements
- be systematically validated.

RTOs must determine and develop the learning and assessment strategies appropriate to their course. RTOs must also ensure that assessment meets the requirements of NVR/AQTF standards. Compliance issues should be discussed directly with the relevant VET Regulator:

- Australian Skills Quality Authority (ASQA)
- Victorian Registration and Qualifications Authority (VRQA)

HLTAID Units of Competency and Skill Set

The HLTAID suite of first aid Units of Competency and the skill set were endorsed and first released on training.gov.au on 1 July 2013. They are listed below.

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

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

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

Transition

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

If a student has completed a first aid course through a third party provider and the Statement of Attainment they have received does not match the unit required to meet the packaging rules of the qualification they are undertaking, the RTO issuing the vocational qualification must:

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

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

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

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

Advice for First Aid RTOs

Foundation skills essential to performance are explicit in the performance criteria of all units and the HLT training package implementation guide should be referenced for further detail. The First Aid Units of Competency have been developed specifically for a workplace/community context and apply to those who have a duty of care as a First Aider under the *Workplace Health and Safety Act 2011* and *Safe work Australia Model Code of Practice - First Aid in the Workplace*. These Units of Competency may be used by RTOs for training for the wider community, however, all aspect of the competency must be met by participants, where this is not possible, for health or other reasons, RTOs cannot and should

not issue a Statement of Attainment. A Certificate of Attendance for the course could be issued.

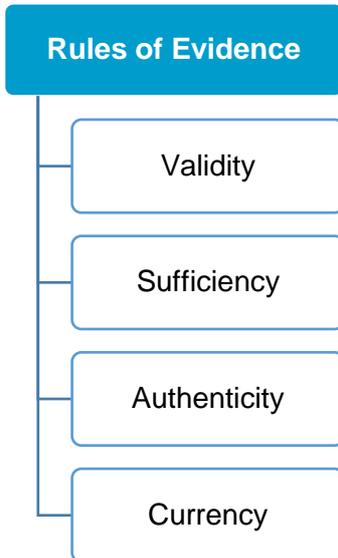
It is the responsibility of each provider to monitor training packages relevant to its scope of registration and to identify when a qualification or unit of competency on scope has been revised and a new version published. The national register, training.gov.au, has the capacity to notify users of changes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

For Further information:

- ASQA Info line (Ph. 1300 701 801) or email enquiries@asqa.gov.au.
- VRQA +61 3 9637 2806 or email vrqa@edumail.vic.gov.au
- Training Accreditation Council of Western Australia Phone: 08 9441 1910 General Enquires: tac@dtwd.wa.gov.au

Assessment

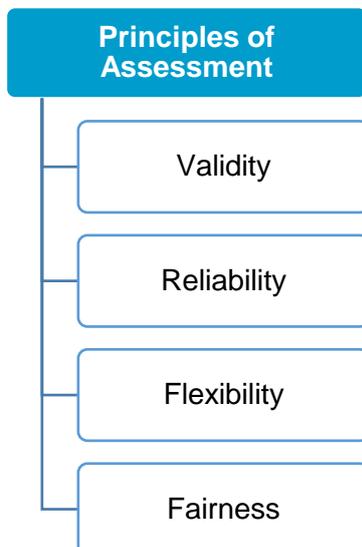
Assessment of the first aid units must be in line with the *Rules of Evidence* and *Principles of Assessment*.



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

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

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



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

Reasonable Adjustment

Reasonable adjustment refers to measures or actions taken to provide a student with the same educational opportunities as everyone else. To be reasonable, adjustments must be appropriate for that person, must not create undue hardship for an RTO and must be allowable within rules defined by the training package.

While adjustments can be made to assessment procedures, **the integrity of the unit of competency and/or qualification must be upheld**. Students still need to achieve the standards that employers and training providers expect. A student with a disability can have training and assessment that is fair depending on the RTO's attitude, preparation and application of adjustments. This may include:

- allowing additional time or the use of a computer in a written test to complete responses for a candidate who is physically impaired, and that impairment contributes to the time to complete the test;
- asking a candidate to record responses on a video or audio tape where they have difficulty writing;
- using an Auslan interpreter during assessment tasks; and
- varying an assessment task to produce the same outcomes, but via different methods.

It is important to note that the HLTAID competency standards do require a level of physical ability to meet the evidence requirements for assessment. These standards relate to the level of performance required to provide resuscitation and respond to an emergency situation where there may be risk to life.

Due to the potential risk to health and safety where a nominated first aider, or worker with duty of care, does not have the ability to perform resuscitation and/or first aid to the performance standard it is not appropriate to issue a Statement of Attainment to students who are physically unable to meet the assessment requirements.

In cases where a student has attended a resuscitation or first aid course but is unable to meet the full requirements of the competency, Registered Training Organisations are encouraged to issue a Statement of Attendance and a transcript of any skills and knowledge that the student was able to achieve.

Frequently Asked Questions

HLTAID012 Provide First Aid in an education and care setting

Is HLTAID012 sufficient for staff working in education and care settings to treat adults?

HLTAID012 was developed as a 'child focused unit' in response to feedback received during the consultations when developing the revised units of competency. As stated in the application, this unit covers 'providing a first aid response to infants, children and adults'. The performance criteria and the performance evidence of HLTAID012 are very similar to HLTAID011. It is expected that a person who completes HLTAID012 has the skills and knowledge to provide first aid to an adult or infant and not just children.

First Aid for Management of Bleeding

How do recent updates to ANZCOR Guideline 9.1.1 First Aid for Management of Bleeding affect the first aid Units of Competency?

Updates to the ANZCOR Guideline 9.1.1 First Aid for Management of Bleeding in July 2017 has caused some discussion within the sector regarding how the guideline affects the first aid Units of Competency.

For this reason, the First Aid Industry Reference Committee (IRC) is providing the following advice to RTOs.

The first aid Units of Competency include the following statement regarding bleeding:

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

Applied first aid procedures for the following

Bleeding control

The ANZCOR Guideline 9.1.1 states the following:

- *“If there is severe, life threatening bleeding from a limb, not controlled by pressure, apply an arterial tourniquet above the bleeding point, if trained in its use and one is available. (CoSTR 2015: weak recommendation/low quality evidence)”*
- *“If there is severe, life-threatening bleeding from a wound site not suitable for tourniquet, or from a limb when a tourniquet is not available or has failed to stop the bleeding, apply a haemostatic dressing, if trained in its use and one is available. (CoSTR 2015: weak recommendation/low quality evidence)”*

The important information from these two statements is 'if trained in its use and one is available'.

Suitably trained instructors and training resources are needed to ensure that the training and assessment of these skills are conducted effectively (tourniquets, tourniquets trainers, haemostatic dressings, wound trainers etc). In addition, instructors of these skills must ensure that they are suitably trained and experienced before delivering such content.

As a guide:

Unit of Competency	Advice
HLTAID010 Provide basic emergency life support	Not required unless industry engagement for the particular learner cohort has identified the need
HLTAID011 Provide First Aid	Not required unless industry engagement for the particular learner cohort has identified the need
HLTAID012 Provide emergency First Aid in an education and care setting	Not required unless industry engagement for the particular learner cohort has identified the need
HLTAID013 Provide First Aid in a remote or isolated site	RTOs must teach and assess the use of Tourniquets and Haemostatic Dressing in the management of bleeding as per ANZCOR guideline 9.1.1. It is a requirement that the trainers and assessors are also trained in these procedures.
HLTAID014 Provide Advanced First Aid	RTOs must teach and assess the use of Tourniquets and Haemostatic Dressing in the management of bleeding as per ANZCOR guideline 9.1.1. It is a requirement that the trainers and assessors are also trained in these procedures.
HLTAID015 Provide Advanced Resuscitation and Oxygen Therapy	RTOs must teach and assess the use of Tourniquets and Haemostatic Dressing in the management of bleeding as per ANZCOR guideline 9.1.1. It is a requirement that the trainers and assessors are also trained in these procedures

Adrenaline auto-injectors

Adrenaline auto-injectors are automatic injectors that contain a single, fixed dose of adrenaline.

The disassembling of an auto-injector to obtain an extra dose of adrenaline is dangerous, even in an emergency situation, and is NOT recommended by industry. This type of practice is extremely risky and dangerous.

Firstly, there is the danger that the first aid provider does not closely monitor the patient whilst disassembling the auto-injector. Secondly, to disassemble an auto-injector a sharp knife is needed to cut through the tough plastic, therefore there is a danger that the first aid provider may end up injured as well. Thirdly, when cut open, the auto-injector no longer has the needle protected, increasing the risk of needle-stick injury. And finally, first aid providers are not qualified to administer an intramuscular injection, checking the dosage is correct and

it is in fact being administered into the muscle and not a vein. Intravenous adrenaline must be administered following a strictly titrated protocol. This type of practice should not be part of any training delivered as part of the first aid Units of Competency within the HLT Health Training Package.

Effective June 2015, Anapens are no longer distributed in Australia. As a result, Anapens cannot be used as training devices to meet the requirements of the first aid units of competency, and associated assessment requirements. EpiPen remains in use in Australia.

Cardiopulmonary Resuscitation (CPR) and First Aid

What is meant by “uninterrupted CPR”?

The intent of the statement within the Units of Competency for “*two minutes uninterrupted CPR*” is for each candidate to demonstrate a sustained duration of compressions and ventilations for at least 5 cycles (each cycle is the compressions to breath ratio outlined by the ARC). In addition, the candidate needs to demonstrate the specific items listed in the performance evidence for CPR.

The intent of this requirement is that the candidate is assessed performing the normal pre-resuscitation checks, performing CPR, and then handing over to another rescuer. How your RTO decides to structure your assessment tasks to collect this evidence and how much evidence is deemed sufficient is dependent on your learning and assessment strategy, provided it meets the competency standard and the Rules of Evidence. SkillsIQ is unable to validate individual assessment scenarios or assessment strategies. We recommend consulting with industry to ensure your learning and assessment strategies meet the needs of your student cohort. We also recommend that you contact the VET Regulator to confirm you are meeting the *Standards for RTOs 2015*.

General Questions

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

Oxygen devices could include:

- Simple face mask, Hudson mask
- Non re-breather face mask (mask with oxygen reservoir bag and one-way valves which aims to prevent/reduce room air entrainment)
- Nasal prongs (low flow)
- Tracheostomy mask.
- Tracheostomy HME connector.

- Isolette - neonates (usually for use in the Neonatal Intensive Care Unit only)

What is meant by “basic wound care”?

The term “basic” refers to the level of care/response provided by the first aider, not the level of the wound. These wounds may be minor or major.

The care of a wound refers to basic cleaning of the wound before any dressing is applied to the wound to reduce the risk of infection prior to further treatment.

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

In other words, each candidate must demonstrate the skills as identified in the unit.

In a classroom, several students may be demonstrating skills at the same time.

The assessor must position themselves and the candidates to ensure the demonstration of skills can be viewed. It is not expected that an assessor must assess only one candidate at a time.

What does the requirement “responded to ... simulated emergency scenarios contextualised to the candidate’s workplace/community setting” mean?

In addition to providing evidence of the ability to perform first aid procedures listed in the performance evidence, a candidate needs to be assessed responding to a simulated emergency situation, in order to provide evidence of their ability to recognise an emergency situation, assess the casualty and select and apply the appropriate response.

How your RTO decides to structure your assessment tasks to collect this evidence and whether the decision is made to cluster this assessment with other activities is dependent on your learning and assessment strategy, provided it meets the competency standard and the Rules of Evidence. Skills IQ is unable to validate individual assessment scenarios or assessment strategies. Consider consulting with the candidate’s employer to develop simulations and role-plays that reflect the type of emergency situations common to their workplace.

What is meant by following the prompt of an AED?

Training AED device is used in conjunction with resuscitation manikin

- **Unpack** = removal of the AED cover and if required using the cover as a firm surface.
Unpacking the defibrillator pads and making sure the cable to the AED is connected
- **Activate** = power on the device and audible prompts are heard
- **Follow the prompts** = listening to the prompts and following all instructions including: application of defibrillator pads in correct position, continue following the audible prompts including giving CPR with defibrillator pads still in position and moving away from the manikin when instructed until someone takes over or the simulation session finishes.

How do the WA Coroner's recommendation of February 2019 and recent updates to ANZCOR Guideline 9.3.4 Heat Induced illness (Hyperthermia) affect the first aid Units of Competency?

The Western Australian Coroner recommended, following investigation of the death of a young rugby league player because of heatstroke, that the first aid guidelines for managing hyperthermia should be updated. The Australian Resuscitation Council released in April 2020 an updated guideline 9.3.4 covering management of heat induced illness (hyperthermia). In response, the First Aid Industry Reference Committee (IRC) is providing the following advice to RTOs.

All RTOs must ensure that the teaching of the management of hyperthermia is in accordance with the Australian Resuscitation Council guideline 9.3.4, particularly First Aiders should:

- Send for an ambulance early in the treatment of heat induced illness.
- Cool the person by the best means available whilst waiting for more advanced care. This may include immersion in a bath of cold water.
- Give cool/cold water to drink if fully conscious and able to swallow.

What is meant by established first aid principles?

Follow first aid principles endorsed by the Australian Resuscitation Council and other peak clinical bodies, as these are based on the best available research in first aid.

What is meant by other peak clinical bodies?

Examples of other peak clinical bodies include;

- Asthma Australia
- Anaphylaxis Australia

What is meant by workplace or site procedures?

In line with the code of practice on first aid in the workplace, many workplaces have established workplace procedures covering first aid, who to contact in a first aid emergency. These procedures may apply to a workplace or a specific site in a workplace. Where such procedures exist, first aiders are expected to follow those procedures.

What is meant by envenomation (all current treatments)?

The word envenomation applies in both land and water. When referring to all current treatments in the unit and would include current methods such as pressure immobilisation, cold pack, heat and vinegar.

What is meant by a workplace first aid kit?

Workplace first aid kits are expected to comply with the code of practice First Aid in the workplace.

First aiders should be familiar with the first aid kit in their workplace.

What is meant by secondary survey assessment of the casualty?

Primary Survey is Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillation (DRSABCD)

Secondary Survey often referred to as a head to toe assessment

- Starting at the top, examine the head and face for possible fractures, eye trauma or head injuries careful to not move the head if spinal injury is suspected.
- Open the casualty's eye if closed and check the pupil for size and if it reacts to light
- Check the chest movements (rise and fall, slow or fast breathing, gasping for breath and noisy breathing) and check for penetrating injuries (do not remove any penetrating objects)
- Visually observe all limbs to see if there is any spontaneous movements if conscious ask them to wriggle finger and toes. Ask the person to squeeze your hand with each arm.
- Look at the skin and note colour and then feel the skin for temperature and note if it is hot, cold or clammy
- Pat down the body and limbs to check for wetness that may suggest bleeding and deformities such as swelling, crooked limb, protruding bone to indicate area of injury
- Press gently against the chest and abdomen with flat palm of hand to assess pain response from casualty
- Note down all clinical findings and continue to monitor the patient's Airway, Breathing and Circulation (ABCs) and mental status.

What level of knowledge of physiology is required for "physiology relating to response/consciousness"?

Example: Choking is the **physiological response** to sudden airways obstruction. Consider airway obstruction if:

- Adult casualty is clutching his or her neck, or points to throat.
- Child casualty may have bluish lips; there may be clues, eg seen eating or playing with small items just before onset of symptoms. Child is not responding to verbal commands.

Example: Closed eyes and not responding to verbal commands when the shoulders are squeezed firmly is the **physiological response** to a neurological change in the level of consciousness due to airway obstruction, trauma to the head, trauma to the body incurring internal or external injuries and blood loss

- eyes are not opening
- may have bluish lips
- casualty is not responding to verbal commands
- casualty is not responding to painful stimuli

What is meant by immobilising principles?

Spinal injuries can occur in the following regions of the spine:

- the neck (cervical spine)

- the back of the chest (thoracic spine)
- the lower back (lumbar spine)

Refer to the following guidelines set by the Australian Resuscitation Council

Refer to *Guideline 9.1.6 Management of Suspected Spinal Injury*

<https://resus.org.au/guidelines/>

What are the types of burns to consider with First Aid?

Refer to the following guidelines set by the Australian Resuscitation Council

Refer to *Guideline 9.1.3 Burns*

<https://resus.org.au/guidelines/>

Assessor Requirements

What is required to train and assess the HLTAID suite of units? Why are there additional requirements?

The HLTAID units of competency state:

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

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

The Training Accreditation Council Western Australia (WA TAC) has also transitioned to the Standards for RTOs 2015.

For those training providers regulated by the Victorian Registration and Qualifications Authority (VRQA), the VRQA audits RTOs against the *2016 VRQA Guidelines for VET Providers* and the *Australian Quality Training Framework’s Essential Conditions and Standards for Continuing Registration* which can be found on the VRQA website:

<http://www.vrqa.vic.gov.au/registration/Pages/vetqualitydef.aspx>

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

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

What is meant by 'current first aid certificate'? How do I know that my first aid certificate is current?

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

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

Yes, because the first aid codes of practice require that first aid qualifications must be renewed every three years. So, in order to meet the assessment conditions of this unit, HLTAID011 must have been completed in the previous three years.

Mapping, Transition and Teach Out

If a worker has achieved HLTAID012 in a qualification and moves to another sector and trains in another qualification, can this be credited against HLTAID011?

While HLTAID011 and HLTAID012 are two separate units, there are areas of similarity. An RTO would need to conduct a mapping of the two units to identify any gaps, and address the gap through a formal training or RPL process. In addition, the RTO would need to ensure that any industry specific requirements regarding refresher training and currency are met. However, an RTO will still need to formally document this process in order to meet compliance requirements under NVR/AQTF. Please see the [mapping guides](#) for more information.

What is the transition and teach out for these units?

RTOs under the jurisdiction of ASQA who have the first aid units explicitly listed on scope must comply with the *General direction—transition and teach-out* in its entirety to ensure all requirements are met. ASQA has also produced a *Fact Sheet: Registering for revised training packages* to assist RTOs with the process.

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

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

[VRQA website: http://www.vrqa.vic.gov.au](http://www.vrqa.vic.gov.au)

[TAC WA website: http://www.tac.wa.gov.au](http://www.tac.wa.gov.au)

Mapping

Summary Mapping Guide: HLTAID001-008 to HLTAID009-016

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		E/N	Notes
HLTAID001	Provide cardiopulmonary resuscitation	HLTAID009	Provide cardiopulmonary resuscitation	N	New unit based on HLTAID001 with changes to: Additional Element: 4. Evaluate the incident and own performance. PC: Changes to wording in (1.2,1.3) and (3.3) and the addition of (4.1, 4.2) PE: Updated wording to provide clarity and address new element and PC KE: Updated wording to provide clarity and address new element and PC AC: Updated assessors' requirements
HLTAID002	Provide basic emergency life support	HLTAID010	Provide basic emergency life support	N	New unit based on HLTAID002 with changes to: Application: Minor changes to wording to provide clarity Additional Element: 4. Evaluate the incident and own performance. PC: Changes to wording in (1.2,1.3,) and (3.3) and the addition of (4.1, 4.2) PE: Updated wording to provide clarity and address new element and additional information relating to how the assessment is to be done KE: Updated wording to provide clarity and address new element and PC AC: Updated assessors' requirements
HLTAID003	Provide First Aid	HLTAID011	Provide First Aid	N	New unit based on HLTAID003 with changes to: Application: Minor changes to wording to provide clarity PC: Changes to wording in (1.2,1.3), and (4.2) and the addition of (3.3) PE: Updated wording to provide clarity and address element 4 and additional information relating to how the assessment is to be done KE: Updated wording to provide clarity AC: Updated assessors' requirements
HLTAID004	Provide an emergency First Aid response in an education and care setting	HLTAID012	Provide First Aid in an education and care setting	N	New unit based on HLTAID004 with changes to: Title: Removed the word 'emergency' Application: reworded to include childhood workers and educators outside school hours, and minor changes made to wording to provide clarity PC: Changes to wording in (1.2,1.3), (3.6) and (4.2,) removed 4.3 PE: Updated wording to provide clarity and address element 4, and additional information relating to how the assessment is to be done KE: Updated wording to provide clarity

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.3		E/N	Notes
					AC: Updated assessors' requirements
HLTAID005	Provide First Aid in remote situations	HLTAID013	Provide First Aid in a remote or isolated site	N	New unit based on HLTAID005 with changes to: Title: added word 'isolated' and changed 'situations' to 'site' Application: Reworded to better reflect the where the Unit should be applied Elements: all updated PC: all updated PE: Updated wording to provide clarity and address new elements and PC. Additional information relating to how the assessment is to be done KE: Updated wording to provide clarity and address new elements and PC. AC: Updated assessors' requirements
HLTAID006	Provide Advanced First Aid	HLTAID014	Provide Advanced First Aid	N	New unit based on HLTAID006 with changes to: Application: Minor changes to wording to provide clarity PC: Changes to wording in (1.2,1.3,1.4), (2.1), (4.3) and (5.2). PC: (3.3,3.4,3.5,3.6) and (5.3,5.4) all deleted PE: Updated wording to reflect changes in PC and provide clarity KE: Updated wording to reflect changes in PC and provide clarity AC: Updated assessors' requirements
HLTAID007	Provide advanced resuscitation	HLTAID015	Provide advanced resuscitation and oxygen therapy	N	New unit based on HLTAID007 with changes to: Removed duplicated content added from HLTAID009 and HLTAID011 where possible, and added prerequisites HLTAID011 Title: addition 'and oxygen therapy' Application: Minor changes to wording to reflect oxygen therapy and to provide clarity Prerequisite: Additional prerequisites added: HLTAID011 Provide First Aid Elements: additional element 3: Deliver supplemental oxygen PC: Changes to all PC, to reflect the use of oxygen and provide clarity PE: Updated to reflect the use of oxygen and provide clarity KE: Updated to reflect the use of oxygen and provide clarity AC: Updated assessors' requirements
HLTAID008	Manage First Aid services and resources	HLTAID016	Manage First Aid services and resources	E	Updated unit based on HLTAID008 with minor grammatical changes

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

HLT Health Training Package Release 4.1		HLT Health Training Package Release 4.2		E/N	Notes
HLTSS00027	Occupational first aid skill Set	HLTSS00068	Occupational first aid skill Set	N	New Skill Set based on HLTSS00027 with changes to: Addition of prerequisite unit HLT AID011 Provide First Aid