



Instant Care Recruitment Agency



Standard 12

Basic Life Support

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The CARE CERTIFICATE

Basic Life Support

Last updated September 2021 v1.2

- What you need to know

Standard

THE CARE CERTIFICATE WORKBOOK

12

Legislation and basic life support



Introduction

The information in standard 12 provides knowledge about the administration of basic life support.

The information in standard 12 provides knowledge about the administration of basic life support.

You should also be provided with practical training by your employer to be able to put the knowledge from this workbook into practice in order to be able to carry out basic life support competently.

Basic Life Support (BLS)

Basic life support comprises the following elements:

- Initial assessment.
- Airway maintenance and breathing.
- Cardiopulmonary Resuscitation (CPR).






When approaching a casualty, an initial casualty assessment should be conducted; this initial assessment is called a **primary survey**. The primary survey is a systematic process of approaching, identifying and dealing with immediate and/or life-threatening conditions. The primary survey can be remembered by the acronym **DRABCD** (or the easy way to remember: **Doctor ABCD**).

Further training beyond the Care Certificate

Where an employer wishes to provide training that goes beyond these minimum requirements for the Care Certificate such as the use of an Automated External Defibrillator (AED) or an Emergency First Aid at Work course we would encourage this but these are not necessary in order to meet the requirements of the Care Certificate.

Completion of this standard will not provide you with the competence to become a first aider. In order to achieve this you would be required to undertake specific first aid qualifications within your workplace. Whether you need this qualification will be dependent on your job role and your employer's assessment of first aid needs.



| Danger | Response | Airways | Breathing | Call 999/Circulation | Defibrillation |
|---|--|--|---|---|---|
| <p>Prior to approaching the casualty, ensure the safety of the casualty, yourself and any bystanders.</p> | <p>If possible, approach the casualty from their feet as this prevents hyperextension of the neck from a responsive casualty. Use the AVPU scale when checking for a response.</p> | <p>Open the airway</p> <p>Place the casualty onto their back. Open the airway using the head-tilt-chin lift method</p> <p>(place your hand on their forehead and gently tilt back the head; with your fingertips under the point of the casualties chin, lift the chin to open the airway)</p> | <p>After opening the airway look, listen and feel for normal breathing for no more than 10 seconds</p>  <p>Helpful Hint Noisy Gasp In the first few minutes after a cardiac arrest, a casualty may appear to fit and may be barely breathing or taking infrequent, slow noisy gasps. Do not confuse this with normal breathing. If in any doubt that breathing is normal, act as if not breathing normally and prepare to start CPR.</p> | <p><u>Call an ambulance (999/112)</u> Ask a helper to call otherwise call yourself, stay with the casualty when making the call if possible, activate speaker function on the phone to aid communication with ambulance service.</p>  <p>Send someone to get an AED if available and staff are trained to use it. If you're on your own do not leave the casualty. Start CPR</p>  <p>Casualty not breathing Commence CPR (30 compressions 2 breaths) Depth of compression 5-6cm at a rate of 100-120 compressions per minute.</p> | <p>If an AED arrives, switch it on and follow the spoken or visual prompts. An AED is used in conjunction with CPR.</p>  <p>Helpful Hint Compression only CPR. If you are unable, not trained to, or are unwilling to give breaths for a casualty who is not breathing, give chest compressions only. These should be continuous at a rate of 100– 120 per minute and to a depth of 5–6 cm.</p> |
| <p>A – Alert – Is the casualty moving/talking? - No – Proceed to V</p> <p>V – Voice – Do they respond to speech - No – Proceed to P</p> <p>P – Place – Place your hand on their shoulders and gently shake them asking ‘Are you alright?’, if NO response then proceed to U</p> <p>U – Unresponsive – Assume the casualty is unresponsive.</p> <p><i>(Provided there is no further danger, leave in the position found and try to find out what is wrong, get help if needed.)</i></p> | |  | | | |

Adult

The ‘P’ in the acronym AVPU is sometimes also referred to as ‘Pain’, meaning to cause a minor pain to see if the person responds. Examples include pinching the ear lobes or finger tips.

If casualty is breathing normally but still unresponsive, place into the recovery position if safe to do so, check for further injuries (conduct a secondary survey). Check breathing regularly, if the casualty deteriorates or stops breathing normally, be prepared to commence CPR immediately.

Cardiopulmonary resuscitation (CPR)

Cardiopulmonary resuscitation (CPR) should be administered to a casualty who is not breathing normally and who shows no signs of life. CPR is a method of combining chest compressions with 'effective rescue breaths' in order to artificially circulate blood and to put air into the lungs. The depth of compressions is as follows:

- Adult: 5–6 centimetres (similar to the short side of a credit card) using both hands.
- Child (1 year to onset of puberty): – compress at least one third of the chest's depth (5cm), using one hand.
- Infant (0–1 years of age) – compress at least one third of the chest's depth (4cm), using two fingers.




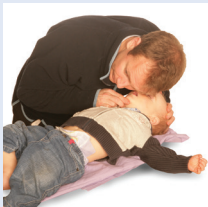


The rate of compression should be 100–120 compressions per minute. 30 chest compressions should be administered prior to moving on to breaths (called 'expired air ventilation').

After completing 30 chest compressions, two effective breaths should be administered directly into the casualty's mouth, or in the case of an infant, into their mouth and nose. Each breath should take one second to complete and the casualty's chest should rise as in normal breathing; this is known as 'effective rescue breathing'. Turn your head and watch the chest rise and fall, then administer the second breath.

Please note: CPR must be practiced in a simulated environment as part of the Care Certificate training arranged by your employer. The use of this workbook alone is not sufficient to provide you with the skills to perform CPR, and is not sufficient to achieve the competences required for award of the Care Certificate.





| Danger | Response | Airways | Breathing | Call 999/Circulation | Defibrillation |
|---|---|--|--|---|---|
| <p>Prior to approaching the child or infant, ensure their safety, your safety and the safety of any bystanders.</p>  | <p>INFANT</p> <ol style="list-style-type: none"> 1. Talk to the infant. 2. Gently stimulate the infant. 3. If a response is gained, check for further injuries (secondary survey) and contact the emergency services if required. <p>CHILD</p> <ol style="list-style-type: none"> 1. Talk to the child 2. Gently stimulate the child and ask loudly 'Are you alright?'. 3. If a response is gained, check for further injuries (secondary survey) and contact the emergency services if required.  | <p>Open the airway</p> <p>Place the infant/child onto their back. Open the airway using the head-tilt-chin lift method</p> <p>(place your hand on their forehead and gently tilt back the head; with your fingertips under the point of the infants/child's chin, lift the chin to open the airway)</p>  | <p>After opening the airway look, listen and feel for normal breathing for no more than 10 seconds</p>  <p>Helpful Hint Noisy Gasps In the first few minutes after a cardiac arrest, a casualty may be barely breathing or taking infrequent, slow noisy gasps. Do not confuse this with normal breathing. If in any doubt that breathing is normal, act as if not breathing normally and prepare to start CPR.</p> | <p><u>Call an ambulance (999/112)</u> Ask a helper to call otherwise call yourself. If you are on your own perform CPR for 1 min before going for help (5 initial rescue breaths before starting chest compressions). Stay with the casualty when making the call if possible or if able to carry the infant or child whilst summoning help, activate speaker function on the phone to aid communication with ambulance service. <u>Send someone to get an AED if available</u></p> <p>Casualty not breathing Commence CPR, 5 initial rescue breaths (30 compressions 2 breaths) Depth of compression 4 cm for an infant, 5 cm for a child at a rate of 100-120 compressions per minute.</p>  | <p>If an AED arrives, switch it on and follow the spoken or visual prompts. An AED is used in conjunction with CPR.</p>  |
| <p>If the infant or child is breathing normally but still unresponsive, place into the recovery position if safe to do so, check for further injuries (conduct a secondary survey). Check breathing regularly, if the casualty deteriorates or stops breathing normally, be prepared to commence CPR immediately.</p> | | | | | |

Infant and child

Helpful hint

The free emergency telephone number across the UK is 999. It can be used to request ambulance, police or fire service help, and in some places also HM Coastguard and/or local mountain rescue services (the 999 operator will ask you which service you want to be put through to). If you need to use a locked mobile 'phone whose unlock number you don't know, you should still be able to dial 999 on it. The European emergency number, 112, also works in the UK—calls to it automatically divert to the 999 service.

Obstructed airway (adult)

The main aim of the respiratory system is to supply oxygen to all parts of the body. Breathing is essential to life.

The airway can be obstructed in a variety of ways including foreign bodies (food or other items), allergic reactions, asthma, blood, vomit and infections. An obstruction can cause minor or major breathing difficulties and, in severe circumstances, may cause the casualty to become unconscious and unresponsive.

Someone who is choking will have either a partial or complete obstruction of the airway. The severity of the blockage will determine the difficulty in breathing.

Recognition

- Grasping at the throat area.
- Difficulty in breathing and speaking.
- Difficulty in crying or making a noise.
- Redness of the face.
- Eyes enlarged and watering.
- Displaying distress.

Treatment

- This should not be carried out by any worker who has not successfully completed formal practical training provided by their employer.
- Encourage the casualty to lean forward and cough.

If the obstruction remains:

- administer a maximum of 5 sharp blows between the shoulder blades.

If the obstruction still remains:

- administer a maximum of 5 abdominal thrusts (or chest thrusts for an infant).
- If the obstruction is still not relieved, call for help and continue alternating five back blows with five abdominal thrusts.
- Start CPR if the casualty becomes unresponsive:
 - Support the casualty carefully to the ground.
 - Immediately call the ambulance service.
 - Begin CPR with chest compressions.

Obstructed airway (infant and child)

An obstruction can cause minor or major breathing difficulties and, in severe circumstances, may cause the infant or child to become unconscious or unresponsive.

Recognising a choking infant or child

- Grasping at the throat area.
- Difficulty in breathing and speaking (in the case of a child).
- Difficulty in crying or making a noise.
- Redness of the face.
- Eyes enlarged and watering.
- Displaying distress.

With a complete obstruction the infant or child may show the above signs but also the skin colour may develop a blue/grey tinge; they will get progressively weaker and eventually they will become unconscious.



Treating a choking infant

Consider the safest action to manage the choking child:

- If the infant is coughing effectively, then no external manoeuvre is necessary, monitor continuously.
- If the infants' coughing is, or is becoming, ineffective, shout for help immediately and determine the infant's conscious level.

Conscious choking infant

- If the infant is still conscious but has absent or ineffective coughing, give back blows.
- If back blows do not relieve choking, give chest thrusts. These manoeuvres create an 'artificial cough' to increase intrathoracic pressure and dislodge the foreign body.

Back blows

- Support the infant in a head-downwards, prone position, to enable gravity to assist removal of a foreign body, a seated or kneeling first aider should be able to support the infant safely across their lap.
- Support the infant's head by placing the thumb of one hand at the angle of the lower jaw, and one or two fingers from the same hand at the same point on the other side of the jaw.
- Do not compress the soft tissues under the infant's jaw, as this will exacerbate the airway obstruction.
- Deliver up to 5 sharp back blows with the heel of one hand in the middle of the back between the shoulder blades.
- The aim is to relieve the obstruction with each blow rather than to give all 5.

Chest thrusts

- Turn the infant into a head-downwards supine position. This is achieved safely by placing your free arm along the infant's back and encircling the occiput with your hand.
- Support the infant down your arm, which is placed down (or across) your thigh.
- Identify the landmark for chest compression (lower sternum approximately a finger's breadth above the xiphisternum i.e. lowest part of the breastbone).
Deliver up to 5 chest thrusts. These are similar to chest compressions, but sharper in nature and delivered at a slower rate.
- The aim is to relieve the obstruction with each thrust rather than to give all 5.

Following chest thrusts reassess the infant:

- If the object has not been expelled and the infant is still conscious, continue the sequence of back blows and chest thrusts.
- Call out, or send, for help if it is still not available.
- Do not leave the child at this stage.

If the object is expelled successfully, assess the infant's clinical condition. It is possible that part of the object may remain in the respiratory tract and cause complications. If there is any doubt, seek medical assistance.

Helpful Hint

Under no circumstances should abdominal thrusts be performed on an infant. These must be replaced with chest thrusts.

Treating a choking child

Consider the safest action to manage the choking child:

- If the infant is coughing effectively, then no external manoeuvre is necessary, monitor continuously.
- If the infants' coughing is, or is becoming, ineffective, shout for help immediately and determine the infant's conscious level.

Conscious choking child

- If the child is still conscious but has absent or ineffective coughing, give back blows.
- If back blows do not relieve choking, give abdominal thrusts. These manoeuvres create an 'artificial cough' to increase intrathoracic pressure and dislodge the foreign body.

Back blows (In a child over 1 year)

- Back blows are more effective if the child is positioned head down.
- A small child may be placed across the rescuer's lap as with an infant.
- If this is not possible, support the child in a forward-leaning position and deliver the back blows from behind.
- Give 5 sharp blows between the shoulder blades with the heel of the other hand.

If back blows fail to dislodge the object, and the child is still conscious, use abdominal thrusts.

Abdominal thrusts for children over 1 year:

- Stand or kneel behind the child. Place your arms under the child's arms and encircle their torso.
- Clench your fist and place it between the umbilicus (naval) and the ribcage.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to 4 more times.
- If the obstruction is still not relieved continue alternating 5 back blows with 5 abdominal thrusts.

Start CPR if the child becomes unresponsive

- Support the child carefully to the ground.
- Immediately call the ambulance service.
- Begin CPR with chest compressions.

Confidentiality

Anyone who is responsible for the storage of records and information must be aware of their responsibilities under the General Data Protection Regulation 2016 and, if relevant, the Freedom of Information Act (FOI) 2000.

Record keeping

Depending on your specific job role, there will be information and records that will require completion should an infant, child or adult be involved in an accident, or become ill whilst in the health or social care setting.

This recorded information in the accident book can:

- help to identify trends
- help to control health and safety risks
- be used for reference in future first aid needs assessments
- prove useful for investigations.

Please refer to your employer's policy and procedures and forms. If you need further clarity, speak with your manager.

Refresher training

Refresher training should be conducted regularly. It is good practice to complete a refresher session on basic life support annually. This is not a condition of completion for the Care Certificate.

The CARE CERTIFICATE

Basic Life Support

- What do you know now?

Standard

12

Activity 12.1a



Basic life support

Complete the following sentence with the missing words.

knowledge

competently

practical

practice

employer

You should be provided with training by your
to be able to put this into and in order to be
able to carry out basic life support

Activity 12.2

Basic life support consists of four elements. From the **list** below can you find two of them? (Place ticks beside the two.)



List - This term means to identify the main points which can be written as bullet points

Initial assessment (*primary survey*)

Expired air ventilations

Secondary survey

Airway maintenance and breathing

CPR

Activity 12.3



Link the word on the left to the correct description on the right.

Danger

We need to open this to check for breathing.

Response

We need to check for no more than 10 seconds for this.

Defibrillation

This should be used alongside CPR.

Airway

Prior to approaching the casualty visually check the area for

Breathing

If not breathing commence

Call 999/Circulation

Use the 'AVPU' scale when checking for this.

Activity 12.4



Answer the question by filling in the blanks using the numbers provided.

20

10

100-120

999

30

2

1. Seconds to take to check normal breathing

.....

2. Rate of compressions given per minute during CPR

.....

3. Number of breaths given in a cycle of CPR

.....

4. Number dialled for ambulance services

.....

Activity 12.5



Regarding a choking casualty (adult): please place the following in order of action by labelling them 1–4.

☐

Give up to five back blows

☐

Start CPR if the casualty becomes unresponsive

☐

Encourage the casualty to cough

☐

Give up to five abdominal thrusts

Change log

| Date of change | Location in document | Original content | Amended content |
|----------------|--|---|---|
| September 2021 | Page 6, Treatment section, Fifth bullet point. | If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts and call for help. | If the obstruction is still not relieved, call for help and continue alternating five back blows with five abdominal thrusts. |

Care Certificate *progress log, mapping and sign-off document*

Standard Number: 12

Standard Title: Basic Life Support

Document guidance

This document provides an overview of the outcomes and assessment criteria for Standard 12: Basic Life Support. It identifies the criteria within the Standard that should have been achieved upon successful completion of the underpinning knowledge within the Care Certificate workbook. Employees must demonstrate their competence in practice in order to fully achieve this Standard of the Care Certificate.

This progress log and sign-off document should be completed jointly by the employee and the manager/supervisor/assessor to confirm that all outcomes and criteria have been achieved in practice in the work setting. Supplementary evidence can be attached to demonstrate achievement and it is suggested to do so as good practice.

This document also provides an outline of the suggested mapping of outcomes and criteria within Standard 11: Basic Life Support of the Care Certificate to the recommended Qualifications and Credit Framework (QCF) unit, the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England and the Common Induction Standards. This document does not necessarily indicate direct mapping of criteria and therefore assessors and/or managers should ensure they follow the guidance below. Please note that when the term assessor is used throughout this document this could be the manager, supervisor or assessor and will be decided by the employing organisation.

This document should always be used in conjunction with the guidance provided in the Care Certificate Framework Technical Document.

Guidance for assessors

Assessors must ensure that the learner has produced evidence for each assessment criterion that is valid, authentic, reliable, current and sufficient. Therefore assessors **must not assume** that if the mapping document indicates a criterion could have already been achieved, the mapped criteria within the QCF unit should automatically be awarded. Learners and assessors are responsible for ensuring that the outcomes and criteria within the QCF unit and standards below have been achieved to the required standard. For reference, within the column that refers to coverage of the relevant QCF unit, a **P** indicates that the Care Certificate criteria provides partial coverage of the relevant criteria within the QCF unit, whereas an **F** indicates full coverage.

The **Assessment method used** column is included to allow assessors to provide evidence of the type of assessment method that has been used to assess the Care Certificate criteria. This is likely to be noted as the Care Certificate Workbook, however, further evidence could include professional discussion, observation, question and answer, e-learning, witness testimony, etc. This column can also be completed to evidence competence using these example assessment methods.

The **Evidence location** column is included to provide a clear signpost to where the learner's evidence can be found. This may be within a portfolio of evidence, a continued professional development (CPD) file or electronically via e-learning or e-portfolio.

| Unit number | Unit title | Level | Credit |
|-------------|--|-------|--------|
| L/602/5058 | Basic adult life support and automated external defibrillation | 2 | 2 |

| Care Certificate Standard 12 Outcome | Care Certificate Standard 12 Criteria | Knowledge/ Competence | Question within workbook | QCF unit L/602/5058 Basic adult life support and automated external defibrillation | National Minimum Training Standards N/A | Common Induction Standards N/A | Assessment method used | Evidence location | Sign-off initials | Date |
|--------------------------------------|---|-----------------------|--------------------------|---|--|---------------------------------------|------------------------|-------------------|-------------------|------|
| 12.1 Provide basic life support | <p>Be able to carry out basic life support.</p> <p>Complete practical Basic Life Support Training that meets the UK Resuscitation Council guidelines.</p> <ul style="list-style-type: none"> • If working with adults in health and social care they will undertake training in adult basic life support. • If working with paediatric patients in health they will undertake training in paediatric basic life support. • If working with newborn patients in health they will undertake training in newborn life support. <p>Guidance:</p> <ul style="list-style-type: none"> • Resuscitation Council 2010 Resuscitation Guidelines • Cardiopulmonary Resuscitation – Standards for clinical practice and training joint statement | K&C | N/A | Learners are provided with basic life support underpinning knowledge within the Care Certificate Workbook in addition to completion of relevant training for their workplace. The knowledge and skills gained may provide mapping to the basic adult life support and automated external defibrillation unit. | | | | | | |

Declaration of completion

I confirm that the evidence provided by the employee meets the full requirements for **Standard 12: Basic Life Support**.

Employee signature:

Name of assessor*:

Assessor* signature:

Completion date:

*The Assessor can be your Manager, Supervisor or someone else authorised by your employing organisation. This individual provides confirmation that all learning outcomes and assessment criteria for the Care Certificate standard identified above have been completed and signed off by an authorising person.