

Singapore Resuscitation and First Aid Council

SYLLABUS OUTLINE for

Standard First Aid (SFA)

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From 1st June 2019

- 1) Standard First Aid topics will be standardised around 8 chapters with CPR(Hands-Only)+AED in the eighth chapter.
- 2) Upon completion of Standard First Aid Course, the learner will be issued with 2 certificates:
 - a. **CPR(Hands-Only)+AED Provider** certificate
 - b. **Standard First Aid Provider** certificate

Before 1 st June 2019	After 1 st June 2019	After 1 st August 2019
<p>Standard First Aid Course 18~20 Hrs (SFA+AED Certification)</p>	<p>Standard First Aid Course > Min 16 Hrs (Full) > Min 13 Hrs (Refresher) ✓ SFA Certificate ✓ CPR(HO)+AED Certificate</p>	<p>Child First Aid Course > Min 23 Hrs (Full) > Min 19 Hrs (Refresher) ✓ CFA Certificate ✓ BCLS+AED Certificate ✓ SFA Certificate</p>
<ul style="list-style-type: none"> > Adult-centric content > Includes CPR+AED > Course accreditation recognised by National Registry of Coaches (Sports SG) 	<ul style="list-style-type: none"> > Adult-centric content > Includes Hands-Only CPR+AED > Updated to include application of tourniquet and topic on poisoning > To be completed as 1 course with learners attaining 2 certificates > Course accreditation recognised by National Registry of Coaches (Sports SG) 	<ul style="list-style-type: none"> > A blend of Adult and Child/Infant content > Includes BCLS+AED > Updated to include administration of prescribed medication for known conditions > To be completed as 1 course with learners attaining 3 certificates > Course accreditation recognised by Early Childhood Development Agency (ECDA)
<p>Child First Aid Course 20~24 Hrs (CFA Certification)</p>		
<ul style="list-style-type: none"> > Child-centric content > Includes child specific topics > Course accreditation recognised by Early Childhood Development Agency (ECDA) 		

Chapter 1: Essentials of First Aid

No.	Topic	Outline/Remarks	Duration
1.0	Essentials of First Aid		
1.1	Definition and Aims of First Aid <ul style="list-style-type: none"> ➤ Preserve/Save life ➤ Promote recovery ➤ Prevent further injuries 	First Aid is a form of emergency care/treatment to anyone who is injured or suddenly ill , before arrival of a doctor, nurse or paramedic.	Theory: 1 hour
1.2	Roles/Limitations of a First Aider	A First Aider shall only perform non-invasive treatment and should not be providing any medication unless under the instructions of a qualified medical doctor. However, for appointed First Aiders with duty of care within the organisation/workplace, you may be required to administer prescribed medication, based on the organisation/workplace Standard Operation Procedures (SOPs) to the casualty with the diagnosed condition.	
1.3	Universal Precautions	Surgical mask, CPR mask, gloves, hand-washing technique, etc.	
1.4	First Aid Kit Contents and Maintenance	Identify the items for the correct use, check expiry date and record usage/replenishment. Introduce items commonly found in FA Kit.	
1.5	Primary Survey (DRSABC)	D – Emphasize on hazard identification. R – Check by tapping shoulders. S – Get help and call 995 for Singapore Civil Defence Force (SCDF). A – Get the AED if visibly nearby. B – Check for normal breathing. C – Continuous chest compressions.	
1.6	Secondary Survey	Basic history taking, Head-to-toe examination and vital signs Normal breathing and heart rate to be introduced. Use only AVPU to assess level of consciousness. Introduce basic reporting and recording.	

1.7	Record and Report	When Singapore Civil Defence Force (SCDF) officers arrive, you will be required to provide some basic information regarding the incident and the treatment provided. If in doubt, take que from the SCDF Officer's instructions. Additionally, your workplace may require you to provide a written report – follow your workplace's reporting process.	
1.8	SCDF MyResponder App	Introduce the app for awareness. Encourage to download.	
		Chapter 1 Duration	1 hour

Chapter 2: Unconscious Casualty (Non-Cardiac Arrest)

No.	Topic	Outline/Remarks	Duration
2.0	Unconscious Casualty (Non-Cardiac Arrest)		
2.1	Head/Spinal Injuries	DRSABC – Do not move the casualty and minimise body movements.	Theory: 1 hour Practical: 30 mins
2.2	Heat Disorders <ul style="list-style-type: none"> ➤ Heat cramps ➤ Heat exhaustion ➤ Heat stroke 	DRSABC – Initiate body cooling with normal water and hydrate if still conscious.	
2.3	Fits	Assess DRSABC after spasms stopped – Note duration and wait for EMS.	
2.4	Fainting	DRSABC – Supine position is sufficient.	
2.5	Low Blood Sugar	DRSABC – Give sugar if conscious or wait for EMS if unconscious.	
2.6	Stroke	DRSABC – Place in Recovery Position and wait for EMS.	
2.7	The Recovery Position	An unresponsive and breathing casualty may be placed in a lateral side-lying position. This position will help increase total airway volume and decrease stridor severity.	
		Chapter 2 Duration:	1.5 hours

Chapter 3: Respiratory Problems

No.	Topic	Outline/Remarks	Duration
3.0	Respiratory Problems		
3.1	Adult Foreign Body Airway Obstruction	<p>Adult FBAO (Conscious): Heimlich Manoeuvre for normal casualties and chest thrusts for obese/pregnant casualties.</p> <p>Adult FBAO (Unconscious): Provide continuous chest compressions, check mouth for foreign body and remove if visible. Check breathing and resume continuous chest compressions if absent.</p>	<p>Theory: 30 mins</p> <p>Practical: 1 hour</p>
3.2	Asthma	Introduce bronchodilators and spacers.	
3.3	Hyperventilation	Use of paper/plastic bag is prohibited. Reassurance may be sufficient to help the casualty.	
3.4	Fumes Inhalation	Personal protection, evacuation and prepare for CPR(HO)+AED in case of Respiratory Arrest.	
3.5	Allergic Reaction	Remove from immediate area if due to suspected allergen in the environment. Assist with personal medication. EpiPen to be introduced in theory.	
		Chapter 3 Duration:	1.5 hours

Chapter 4: Shock, Bleeding and Wounds

No.	Topic	Outline/Remarks	Duration
4.0	Shock, Bleeding and Wounds		
4.1	Shock	Explain Shock as a lack of circulation which may result in organ damage and eventual death. List common types of Shock (out-of-hospital context) – Hypovolemic, cardiogenic, etc.	Theory: 1 hour Practical: 1 hour
4.2	Bleeding	Management of bleeding to include: <ul style="list-style-type: none"> ➤ Direct Pressure 	
4.3	Wounds <ul style="list-style-type: none"> ➤ Bruises ➤ Laceration ➤ Incision ➤ Abrasion ➤ Amputation ➤ Bites and Stings (Bee Sting, Scorpion Sting, Snake Bite, Jellyfish Sting and Animal Bite) 	Cold compress to be taught for Bruises with emphasis on time limit and prevention of skin desensitisation due to prolonged cold. Tourniquets can be taught for the topic of amputation: <ul style="list-style-type: none"> ➤ Improvised tourniquet using triangular bandage ➤ Indicate time on forehead ➤ Align with SG Secure message 	
4.4	Bandaging <ul style="list-style-type: none"> ➤ Crepe/Roller ➤ Bandaging: <ul style="list-style-type: none"> ✓ Scalp ✓ Eyelid ✓ Arms/Legs ✓ Torso ➤ Application of Tourniquet 	Focus on ease of use and skills retention. Avoid complicated or sophisticated techniques.	
		Chapter 4 Duration:	2 hours

Chapter 5 Musculoskeletal Injuries

No.	Topic	Outline/Remarks	Duration
5.0	Musculoskeletal Injuries		
5.1	Fracture and Dislocation <ul style="list-style-type: none"> ➤ Fractured Skull ➤ Fractured/Dislocated Jaw ➤ Fractured Collar Bone ➤ Dislocated Shoulder ➤ Fractured Rib ➤ Fractured Arms ➤ Fractured Legs 	There is no evidence in the first aid setting for or against the straightening or gentle realignment of a suspected angulated long bone fracture before splinting.	Theory: 30 mins Practical: 1.5 hour
5.2	Soft Tissue Injuries	Muscular Cramps, Sprain and Strain – RICE therapy	
5.3	Immobilisation/Bandaging <ul style="list-style-type: none"> ➤ Upper Body Immobilisation: <ul style="list-style-type: none"> ✓ Arm ✓ Wrist ✓ Collarbone ✓ Shoulder ➤ Lower Body Immobilisation: <ul style="list-style-type: none"> ✓ Leg ✓ Ankle (Figure of Eight) 	In general, first aid providers should not move or try to straighten an injured extremity. Based on training and circumstance (such as remote distance from EMS or wilderness settings, presence of vascular compromise), some first aid providers may need to move an injured limb or person. In such situations, providers should protect the injured person, including splinting in a way that limits pain, reduces the chance for further injury, and facilitates safe and prompt transport.	
Chapter 5 Duration:			2 hours

Chapter 6: Burn Injuries

No.	Topic	Outline/Remarks	Duration
6.0	Burn Injuries		
6.1	Burns Depth and Severity of Burns	Burns Depth: 1 st , 2 nd and 3 rd degree (superficial, partial and Full thickness). Severity of Burns: Threats to airway, breathing and vital body parts.	Theory: 30 mins
6.2	Classification and Treatment of Burns: <ul style="list-style-type: none"> ➤ Scalding ➤ Radiation/Sunburn ➤ Chemical ➤ Electrical ➤ Thermal 	Cooling can reduce risk of injury and depth of injury. Cool thermal burns with cool or cold potable water as soon as possible and for at least 10 minutes.	
		Chapter 6 Duration:	0.5 hour

Chapter 7: Other First Aid Knowledge

No.	Topic	Outline/Remarks	Duration
7.0	Other First Aid Knowledge		
7.1	Eye Injuries <ul style="list-style-type: none"> ➤ Chemical ➤ Foreign Bodies ➤ Blunt-force Trauma 	Chemicals: Flush with water Foreign bodies: Flush with water (minor) or stabilise the object (major) Blunt-force trauma: Cold compress	Theory: 30 mins Practical: 30 mins
7.2	Poisoning	Poisoning can be acute (sudden or over a very short period of time) or chronic (over a prolonged period of time). Depending on the length of exposure and dose, effects may range from temporary to irreversible damage or death. DO NOT force the casualty to vomit unless it is a natural body reaction. DO NOT force the casualty to drink more water unless advised by SCDF or a Doctor.	
7.3	Transportation of Casualty <ul style="list-style-type: none"> ➤ One Rescuer carry ➤ Two Rescuer Carry ➤ Improvised methods 	Generally, a casualty should not be moved, especially if he/she is suspected to have a pelvic or spine injury. The casualty should be moved to a safe location if the area is unsafe for the first aid provider or the casualty.	
		Chapter 7 Duration:	1 hour

Chapter 8: CPR(Hands-Only)+AED

No.	Topic	Outline/Remarks	Duration
8.0	CPR(Hands-Only)+AED		
8.1	Theory of CPR+AED	Refer to SRFAC published CPR(HO)+AED manual. Includes demonstration.	Theory: 1 hour Practical: 1.5 hours
8.2	Practice of CPR+AED	Ratio of instructor:learner = 1:6 (~15 mins practice per learner) Specific manikins* are required to be used for all BCLS+AED and CPR(MTM/HO)+AED practical assessment of one rescuer CPR by 1st June 2019. <i>* See "SRFAC BCLS+AED and CPR+AED Manikin Specification" document</i>	
		Chapter 8 Duration:	2.5 hours

Topics	Remarks	Minimum Content Hours			
		Full Course		Refresher Course	
		Theory	Practical	Theory	Practical
Chapter 1 Essentials of First Aid		60 mins	-	30 mins	-
Chapter 2 Unconscious Casualty (Non-Cardiac Arrest)		60 mins	30 mins	30 mins	30 mins
Chapter 3 Respiratory Problems		30 mins	60 mins	15 mins	60 mins
Chapter 4 Shock, Bleeding and Wounds		60 mins	60 mins	30 mins	60 mins
Chapter 5 Musculoskeletal Injuries		30 mins	90 mins	15 mins	90 mins
Chapter 6 Burn Injuries		30 mins	-	15 mins	-
Chapter 7 Other First Aid Knowledge		30 mins	30 mins	15 mins	30 mins
Chapter 8 CPR(HO)+AED		60 mins	90 mins	30 mins	90 mins
		360 mins (6 hours)	360 mins (6 hours)	180 mins (3 hours)	360 mins (6 hours)
Content Duration		12 hours		9 hours	
Assessment	Practical: <ul style="list-style-type: none"> • CPR(HO)+AED • Bandaging (1 X Bleeding and 1 X Fracture) • Application of Tourniquet • Conscious and Unconscious FBAO 	210 mins (3.5 hours)			
	Theory: Minimum of 20 question on Standard First Aid and 10 questions on CPR(HO)+AED	30 mins (0.5 hours)			
Course Duration		16 hours		13 hours	