

Singapore Resuscitation and First Aid Council

SYLLABUS OUTLINE for

Child First Aid (CFA)

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From 1st June 2020

- 1) Child First Aid topics will be embedded into the Standard First Aid Syllabus and enhanced with BCLS+AED content to form the Child First Aid course
- 2) Training Centres applying for new or renewal accreditation for CFA from **1st April 2020** onwards are to align their course materials with the respective new syllabus outlines. The rest of the TCs will need to align and implement the new syllabus for CFA by **1st June 2020**.
- 3) TCs offering to provide E-learning packages for Standard First Aid and Child First Aid courses are recommended to seek approval with Skillsfuture Singapore (SSG) for the E-learning track to ensure consistency in the delivery of the course.
- 4) Learners enrolled in the E-learning packages can complete the theory lesson component but must complete the remaining hands-on practice, practical and theory assessment which must be conducted in the presence of the instructor for all SRFAC accredited courses.
- 5) Upon completion of Child First Aid Course, the learner will be issued with 3 certificates:
 - a. **Child First Aid Provider** certificate
 - b. **BCLS+AED Provider** certificate
 - c. **Standard First Aid Provider** certificate

Standard First Aid Course		Child First Aid Course	
Current	After 1st June 2020	Current	After 1st June 2020
<ul style="list-style-type: none"> ➢ Min 16 Hrs (Full) ➢ Min 13 Hrs (Refresher) ✓ SFA Certificate ✓ CPR(Hands-Only)+AED Certificate 	<ul style="list-style-type: none"> ➢ Min 16 Hrs (Full) ➢ Min 12 Hrs (Refresher) ✓ SFA Certificate ✓ CPR(Hands-Only)+AED Certificate 	20~24 Hrs (CFA Certification)	<ul style="list-style-type: none"> ➢ Min 20 Hrs (Full) ➢ Min 16 Hrs (Refresher) ✓ CFA Certificate ✓ BCLS+AED Certificate ✓ SFA Certificate
<ul style="list-style-type: none"> ➢ Adult-centric content ➢ Includes Hands-Only CPR+AED ➢ 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"> ➢ Adult-centric content ➢ Includes Hands-Only CPR+AED ➢ 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"> ➢ Child-centric content ➢ Includes child specific topics ➢ Course accreditation recognised by Early Childhood Development Agency (ECDA) 	<ul style="list-style-type: none"> ➢ A blend of Adult and Child/Infant content ➢ Includes BCLS+AED ➢ To be completed as 1 course with learners attaining 3 certificates ➢ Course accreditation recognised by Early Childhood Development Agency (ECDA)

Chapter 1: Essentials of First Aid

No.	Topic	Outline/Remarks
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.
1.2	Roles/Limitations of a First Aider	<p>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.</p> <p>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.</p>
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.		
1.9	Differences Between Child and Adult Casualties	Highlight differences between child and adult anatomy / physiology – with clinical significance Handling the paediatric casualty and the parents		
Chapter 1 Duration		Theory	Practical	
		Full Course	75 mins	-
		Refresher Course	20 mins	-

Chapter 2: Unconscious Casualty (Non-Cardiac Arrest)

No.	Topic	Outline/Remarks		
2.0	Unconscious Casualty (Non-Cardiac Arrest)			
2.1	Head/Spinal Injuries	DRSABC – Do not move the casualty and minimise body movements.		
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	Fever	Facts and myths about fever Management of fever - Pharmacological methods - Non pharmacological methods		
2.4	Fits	Assess DRSABC after spasms stopped – Note duration and wait for EMS.		
2.5	Fainting	DRSABC – Supine position is sufficient.		
2.6	Low Blood Sugar	DRSABC – Give sugar if conscious or wait for EMS if unconscious.		
2.7	Stroke	DRSABC – Place in Recovery Position and wait for EMS.		
2.8	The Recovery Position (and Lateral Position for Infant)	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		Theory	Practical	
		Full Course	60 mins	30 mins
		Refresher Course	30 mins	30 mins

Chapter 3: Respiratory Problems

No.	Topic	Outline/Remarks									
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>									
3.2	Infant Foreign Body Airway Obstruction	<p>Infant FBAO (Conscious): 5 back blows and 5 chest thrusts</p> <p>Infant 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>									
3.3	Asthma	<p>Introduce bronchodilators and spacers.</p> <p><i>Administration of MDI with spacer and facemask</i></p>									
3.4	Hyperventilation	<p>Use of paper/plastic bag is not recommended. Reassurance may be sufficient to help the casualty.</p>									
3.5	Fumes Inhalation	<p>Personal protection, evacuation and prepare for CPR(MTM)+AED in case of Respiratory Arrest.</p>									
3.6	Allergic Reaction	<p>Remove from immediate area if due to suspected allergen in the environment. Assist with personal medication. Adrenaline Auto-Injector to be taught.</p> <p><i>Administration of Adrenaline Auto-Injector</i></p>									
Chapter 3 Duration		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Theory</th> <th style="width: 35%; text-align: center;">Practical</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Full Course</td> <td style="text-align: center;">60 mins</td> <td style="text-align: center;">90 mins</td> </tr> <tr> <td style="text-align: center;">Refresher Course</td> <td style="text-align: center;">20 mins</td> <td style="text-align: center;">90 mins</td> </tr> </tbody> </table>		Theory	Practical	Full Course	60 mins	90 mins	Refresher Course	20 mins	90 mins
	Theory	Practical									
Full Course	60 mins	90 mins									
Refresher Course	20 mins	90 mins									

Chapter 4: Shock, Bleeding and Wounds

No.	Topic	Outline/Remarks		
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.		
4.2	Bleeding	Management of bleeding to include 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 ➤ Record the time of the application 		
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		Theory	Practical	
		Full Course	60 mins	60 mins
		Refresher Course	30 mins	60 mins

Chapter 5 Musculoskeletal Injuries

No.	Topic	Outline/Remarks		
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.		
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			Theory	Practical
		Full Course	30 mins	90 mins
		Refresher Course	20 mins	90 mins

Chapter 6: Burn Injuries

No.	Topic	Outline/Remarks		
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.		
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			Theory	Practical
		Full Course	30 mins	-
		Refresher Course	15 mins	-

Chapter 7: Other First Aid Knowledge

No.	Topic	Outline/Remarks
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
7.2	Foreign bodies (FB) <ul style="list-style-type: none"> ➤ Ear Nose Throat FB ➤ Swallowed FB ➤ Aspirated FB 	FB in Ear, Nose or Throat Use a tweezer to gently remove if clearly visible and within reach. If in doubt or not confident in removal, consult a doctor. Swallowed FB DO NOT force casualty to vomit. Aspirated FB Encourage to cough out if it is partially stuck in the airway. Apply FBAO relief techniques. If in doubt, always consult a doctor or call 995 for SCDF.
7.3	Vomiting and diarrhoea	Take a history of food intake over the past 24 hours. Consult a doctor as soon as possible. DO NOT force feed the casualty If fever and dehydration sets in, call 995 for SCDF.
7.4	Common Rashes	Tepid/cool water shower bath to temporarily relieve symptoms. Consult a doctor for an accurate diagnosis and appropriate treatment.
7.5	Epistaxis (Nose Bleeding)	DO NOT force casualty to tilt the head backwards.
7.6	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.

7.7	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			Theory	Practical
		Full Course	60 mins	30 mins
		Refresher Course	20 mins	30 mins

Chapter 8: CPR+AED

No.	Topic	Outline/Remarks		
8.0	CPR(Mouth-To-Mouth)+AED			
8.1	Theory of CPR+AED	Adult and Infant CPR and use of AED. Includes demonstration. Use of AED for Paediatrics – pads placement and application		
8.2	Practice of Adult 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 1 st June 2019. <i>* See “SRFAC BCLS+AED and CPR+AED Manikin Specification” document</i>		
8.3	Practice of Infant CPR	Ratio of instructor:learner = 1:6 (~10 mins practice per learner)		
Chapter 8 Duration			Theory	Practical
		Full Course	45 mins	180 mins
		Refresher Course	25 mins	180 mins

Topics	Remarks	Minimum Content Hours			
		Full Course		Refresher Course	
		Theory	Practical	Theory	Practical
Chapter 1 Essentials of First Aid		75 mins	-	20 mins	-
Chapter 2 Unconscious Casualty (Non-Cardiac Arrest)		60 mins	30 mins	30 mins	30 mins
Chapter 3 Respiratory Problems		60 mins	90 mins	20 mins	90 mins
Chapter 4 Shock, Bleeding and Wounds		60 mins	60 mins	30 mins	60 mins
Chapter 5 Musculoskeletal Injuries		30 mins	90 mins	20 mins	90 mins
Chapter 6 Burn Injuries		30 mins	-	15 mins	-
Chapter 7 Other First Aid Knowledge		60 mins	30 mins	20 mins	30 mins
Chapter 8 CPR(MTM)+AED		45 mins	180 mins	25 mins	180 mins
		420 mins (7 hours)	480 mins (8 hours)	180 mins (3 hours)	480 mins (8 hours)
Content Duration		15 hours		11 hours	
Assessment	Practical: <ul style="list-style-type: none"> • BCLS+AED • Bandaging (1 X Bleeding and 1 X Fracture) • Application of Tourniquet • Administration of Adrenaline Auto-Injector and MDI with Spacer and facemask 	240 mins (4 hours) <i>Split into SFA, BCLS+AED and CFA Assessment Papers to clock as 3 separate courses for audit and documentation purposes</i>			
	Theory: Minimum of 20 question on SFA and 20 questions on BCLS+AED and 10 questions on CFA	60 mins (1 hour) <i>Split into SFA, BCLS+AED and CFA Assessment Papers to clock as 3 separate courses for audit and documentation purposes</i>			
Course Duration		20 hours		16 hours	