

Singapore Resuscitation and First Aid Council

SYLLABUS OUTLINE for

Standard First Aid (SFA)

From 1st June 2020

- 1) Standard First Aid topics will be standardised around 8 chapters with CPR(Hands-Only)+AED in the eighth chapter.
- Training Centres applying for new or renewal accreditation for SFA 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 SFA 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 Standard First Aid Course, the learner will be issued with 2 certificates:

a.	CPR(Hands-Only)+AED	Provider certificate
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- STANDARD FIRST AID COURSE **CHILD FIRST AID COURSE** After 1st June After 1st June Current Current 2020 2020 Min 16 Hrs (Full) Min 16 Hrs (Full) Min 20 Hrs (Full) Min 13 Hrs (Refresher) Min 12 Hrs (Refresher) Min 16 Hrs (Refresher) 20~24 Hrs SFA Certificate CPR(Hands-Only)+AED SFA Certificat (CFA Certification) CPR(Hands-Only)+AED 3CLS+AED Certificate Certificate Certificate SFA Certificate Adult-centric content Adult-centric content A blend of Adult and Child-centric content Includes Hands-Only Includes Hands-Only Child/Infant content Includes child specific Includes BCLS+AED CPR+AED CPR+AED topics Course accreditation To be completed as 1 To be completed as 1 To be completed as 1 course with learners course with learners course with learners recognised by Early attaining 2 attaining 2 attaining 3 Childhood certificates certificates certificates **Development Agency** Course accreditation Course accreditation (ECDA) Course accreditation recognised by recognised by recognised by Early National Registry of National Registry of Childhood Coaches (Sports SG) Coaches (Sports SG) Development Agency (ECDA)
- b. Standard First Aid Provider certificate

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Chapter 1: Essentials of First Aid

No.	Торіс	Outline/Remarks
1.0		ssentials of First Aid
1.1	 Definition and Aims of First Aid ➢ 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	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			Theory	Practical	
		Full Course	60 mins	-	
		Refresher Course	15 mins	-	



Chapter 2: Unconscious Casualty (Non-Cardiac Arrest)

No.	Торіс	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 → 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 pos	ition is sufficien	t.			
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.					
			Theory	Practical			
	Chapter 2 Duration	Full Course	60 mins	30 mins			
		Refresher Course	15 mins	30 mins			



Chapter 3: Respiratory Problems

No.	Торіс	Outline/Remarks				
3.0	F	Respiratory Probler	ns			
		Adult FBAO (Conscio	us): Heimlich M	anoeuvre for		
		normal casualties and	d chest thrusts f	or		
	Adult Foreign Body Airway	obese/pregnant casu	alties.			
3.1	Obstruction	Adult FBAO (Unconse	c ious): Provide d	continuous		
	Obstruction	chest compressions,	check mouth for	⁻ foreign body		
		and remove if visible.	Check breathin	g and resume		
		continuous chest con	npressions if abs	sent.		
3.2	Asthma	Introduce bronchodilators (Metered Dose Inhalers)				
5.2		and spacers.				
3.3	Hyperventilation	Use of paper/plastic bag is prohibited. Reassurance				
5.5		may be sufficient to help the casualty.				
3.4	Fumes Inhalation	Personal protection, evacuation and prepare for				
		CPR(HO)+AED in case				
		Remove from immediate area if due to suspected				
3.5	Allergic Reaction	allergen in the environment. Assist with personal				
		medication. Epipen to be introduced.				
			Theory	Practical		
	Chapter 3 Duration	Full Course	30 mins	60 mins		
		Refresher Course	15 mins	60 mins		



Chapter 4: Shock, Bleeding and Wounds

No.		Торіс	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	Bleedi	ng	Management of blee	ding to include [Direct Pressure		
4.3		ds Bruises Laceration Incision Abrasion Amputation Bites and Stings (Bee Sting, Scorpion Sting, Snake Bite, Jellyfish Sting and Animal Bite)	 Management of bleeding to include Direct Pressure 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: Improvised tourniquet using triangular bandage Record the time of the application 				
4.4		ging Crepe/Roller Bandaging: ✓ Scalp ✓ Eyelid ✓ Arms/Legs ✓ Torso Application of Tourniquet	Focus on ease of use and skills retention. Avoid complicated or sophisticated techniques.				
				Theory	Practical		
	Chapte	er 4 Duration	Full Course Refresher Course	60 mins 15 mins	60 mins 60 mins		



Chapter 5 Musculoskeletal Injuries

No.	Topic Outline/Remarks				
5.0	Musculoskeletal Injuries				
5.1	 Fracture and Dislocation ➢ Fractured Skull ➢ Fractured/Dislocated Jaw ➢ Fractured Collar Bone ➢ Dislocated Shoulder ➢ Fractured Rib ➢ Fractured Arms ➢ Fractured Legs 				
5.2	Soft Tissue Injuries	Muscular Cramps, Sp	orain and Strain	 – RICE therapy 	
5.3	Immobilisation/Bandaging → Upper Body Immobilisation: ✓ Arm ✓ Wrist ✓ Collarbone ✓ Shoulder → Lower Body Immobilisation: ✓ Leg ✓ Ankle (Figure of Eight)	Muscular Cramps, Sprain and Strain – RICE therapy 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	Full Course	Theory 30 mins	Practical 90 mins	
		Refresher Course	15 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: > 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.			
			Theory	Practical	
	Chapter 6 Duration	Full Course	30 mins	_	
		Refresher Course	15 mins	-	



Chapter 7: Other First Aid Knowledge

No.	Торіс	Topic Outline/Remarks					
7.0	Other First Aid Knowledge						
7.1 7.2 7.3	Eye Injuries > Chemical > Foreign Bodies > Blunt-force Trauma Epistaxis (Nose Bleeding) Poisoning	Chemicals: Flush with water Foreign bodies: Flush with water (minor) or stabilise the object (major) Blunt-force trauma: Cold compress DO NOT force casualty to tilt the head backwards. 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.					
7.4	7.4 Transportation of Casualty 						
Chapter 7 Duration		Full Course Refresher Course	45 mins 15 mins	30 mins 30 mins			



Chapter 8: CPR(Hands-Only)+AED

No.	Торіс	Topic Outline/Remarks				
8.0	CI	PR(Hands-Only)+A	ED			
8.1	Theory of CPR+AED	Refer to SRFAC published CPR(HO)+AED manual. Includes demonstration.				
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. * See "SRFAC BCLS+AED and CPR+AED Manikin Specification" document				
	Chapter 8 Duration	Full Course	Theory 45 mins	Practical 90 mins		
		Refresher Course	15 mins	90 mins		



		Minimum Content Hours			
Topics	Remarks	Full Course		Refresher Course	
		Theory	Practical	Theory	Practical
Chapter 1 Essentials of First Aid		60 mins	-	15 mins	-
Chapter 2 Unconscious Casualty (Non- Cardiac Arrest)		60 mins	30 mins	15 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	15 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		45 mins	30 mins	15 mins	30 mins
Chapter 8 CPR(HO)+AED		45 mins	90 mins	15 mins	90 mins
		360 mins (6 hours)	360 mins (6 hours)	120 mins (2 hours)	360 mins (6 hours)
Content Duration		12 h	ours	8 he	ours
Assessment	 Practical: CPR(HO)+AED Bandaging (1 X Bleeding and 1 X Fracture) Application of Tourniquet Conscious and Unconscious FBAO Administration of EpiPen and MDI with Spacer 	210 mins (3.5 hours) Split into SFA and CPR(Hands-Only)+AED Assessment Papers to clock as 2 separate courses for audit and documentation purposes			
	Theory: Minimum of 20 question on Standard First Aid and 10 questions on CPR(HO)+AED	30 mins (0.5 hours) Split into SFA and CPR(Hands-Only)+AED Assessment Papers to clock as 2 separate courses for audit and documentation purposes			
Course Duration		16 h			ours