

FIRST AID & AED TRAINING

The objective of this course is to provide knowledge and skills in providing help and care to the ill and injured in the case of emergency at their work place.

COURSE CONTENTS:

[1] FIRST AID PRIORITIES

- * Action at Emergency - What to do, What not to
- * Casualty Assessment - DRSABCD

[2] CARDIOPULMONARY RESUSCITATION

- * Principles of Resuscitation
- * ILCOR Resuscitation Guidelines
- * One Rescuer CPR
- * Automated External Defibrillator

[3] BREATHING DIFFICULTIES

- * Managing Patient Having Difficulty to Breath

[4] INJURIES

- * Principles of Injuries Management
- * Dressings and Bandages

[5] MEDICAL EMERGENCIES

- * Medical Emergencies and Management

TARGET LEARNERS:

- Safety Officer
- Line Leader
- Supervisor
- Emergency Response Team
- All Staff

Training Consultant : Ms Theresa

Ms Theresa Experience working with Trainers, professional peers, top executives, senior management. Expertise in know well the function of Auto External Defibrillator (AED) .Chairman to Company Trainer group for 4 years. A specialist in selling AED for Northern region.

Ms Theresa has been a trainer for First Aid and AED for several years Experience working with St. John Trainer and have more than 10 years experiences in First Aid.

DURATION: ONE DAY

Safetyware
TRAINING & CONSULTANCY
DIVISION



HRDF Claimable

DATE : 24-07-2019
TIME : 9.00am - 5.00pm
Venue : Safetyware Academy Penang

Kindly contact us for registration
04-502 3882 (theresa - Ext:224),(Chin Wen - 204)
or email to ehs.safetyware.com.my

Safetyware Ehs Consultancy Sdn Bhd

SAFETYWARE EHS CONSULTANCY SDN. BHD (954196-M)
(A member of safetyware group)

www.ehs.safetyware.com.my / ehs@safetyware.com.my

PROMOTION
RM 800
Buy 1 Get Free 1 Seat
100 % HRDF Claimable

FIRST AID AND AED TRAINING



TRAINING DETAILS

DATE : 24 July 2019

TIME : 9.00am - 5.00pm

VENUE : Safetyware Academy Training Room

FOR FURTHER INFORMATION, PLEASE CONTACT

Ms Chin Wen at 04-502 3882(Ext.204) or Ms Theresa (224)

email to ehs@safetyware.com.my

REGISTRATION FORM

No	Name of Participant(s)	I/C No.	Designation	Vegetarian

Company Name : _____

Company Address : _____

Contact Person : _____

Tel : _____ Fax : _____ Email : _____

Nature of Business : _____

Enclosed is the Cheque : (No: _____) of RM _____, crossed and made payable to Safetyware EHS Consultancy Sdn. Bhd.(Public Bank Bhd A/C No: 3-1766632-30)

TERM AND CONDITIONS

1. This fee is inclusive of training materials and meals (2 Tea Breaks and 1 Lunch).
2. No cancellation and refund are allowed once Tax invoice is forwarded to you. If the registered participant is unable to attend, a substitute is allowed.
3. Cancellation after training state confirmed, you required to pay for the training and you will not entitled to payment refund.
4. Cheque should be crossed and made payable to Safetyware EHS Consultancy Sdn. Bhd. 1 WEEK BEFORE Training.
5. Safetyware EHS Consultancy has the right to change the dates, time, venue, trainer or cancel the training scheduled due to circumstances beyond its control.

SAFETYWARE EHS CONSULTANCY SDN.BHD. (954196-M)

(A Member of SAFETYWARE Group)

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Safetyware

TRAINING & CONSULTANCY
DIVISION
Making Safety Happen

