

Basic Life Support

Automated External Defibrillators for Healthcare Professionals

Class Expectations

Candidates should be :

- i) Capable of communicate in English or Malay
- ii) Medical Staff or individual with First Aid knowledge

Limited Seats Only

| Course Package |
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| Date 3 October 2010 (Sunday) |
| Time 9.00 am to 5.00 pm |
| Fees RM150.00 (included course fees, materials, examination, certificate, meals, std consumables) |
| Venue St. John Ambulance Headquarters, Air Itam, Penang. |
| Examination Practical and Theory (MCQ 50questions) |

| Topics |
|---|
| Why Learn CPR? Anatomy & Physiology of Heart and Lungs, Coronary Heart Diseases, Stroke, Principles of Resuscitation. |
| Adult Resuscitation One Rescuer CPR, Initial Assessment, Universal Sign of Choking, Heimlich Maneuver. |
| Baby / Child Resuscitation Difference in Baby and Child. |
| Automated External Defibrillation Precautions, Ventricular Fibrillation & Ventricular Tachycardia. |

(Pregnant Mothers are not recommended to take part in this course)

Instructor

Gan Hoo Kok

Basic Life Support Instructor
Advanced Life Support Provider
First Aid Trainer
Ambulance Medic

Examination & Grading Policy

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|---------------------|--|
| Attendance | Participants are required to attend ALL the instruction sessions. |
| Passing Mark | Multiple-Choice Questions (Theory) 80% Skill Assessments (Practical) Pass or Fail |
| Grade System | The candidate MUST pass the theory test AND the practical assessments. |

Certification

Cardiopulmonary Resuscitation (Sijil Pemulihan Kardiopulmonari), upon passing the examinations.
Certificate will be issued by SJAM National Headquarters, and is valid for three (3) years.
Certificate of Attendance for "Basic Life Support (BLS)" for all candidates.

Brought to You by:



Leading First Aid Training Institution
since 1908

St. John Ambulance of Malaysia

24-A, Jalan Grove, 11400 Penang

Contact:

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The First NGO to obtain ISO9001:2000
in provision of First Aid Training

Registration for BLS (C101003)

Name: _____ I/C No: _____
Organisation: _____
Address: _____
Phone: _____ Email: _____

(Group Registration: please provide us name list with IC no.)