

| Course Dates: | Course | |
|---------------|---------|--|
| | Number: | |

| Candidate | | Signature: | |
|----------------|----------------|------------|----------------|
| Name: | | | |
| Trainers Name: | Allan Bartlett | Signature: | Allan Bartlett |

| Competent | Not Yet Competent |
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The online portion of the HLTAID009 Provide CPR Course has 2 parts to complete. This must be done prior to starting the practical training on the day or you will not be permitted to take part in the training.

PART 1. True or False questions. Simply read the question carefully and tick the correct answer. All incorrect answers will be reviewed.

Part 2. Incident forms. You have been supplied a scenario where you play the part of Steve the lifeguard, in the scenario a customer has been injured and you helped. You are required to complete the incident form and hand it to your supervisor.

All documents can be altered online and emailed back or printed and handed in on the day of training.

The following statements require a True or False response – Please mark your answer paper as directed –

| | | True | False |
|----|---|------|-------|
| 1 | It is recommended to place a pregnant woman on her back with her right buttock slightly elevated while performing CPR | | |
| 2 | Currency of first aid skills must be in line with specific industry/state/legislative requirements | | |
| 3 | Use of standard precautions, including gloves, goggles, and resuscitation masks/face-shields reduce the risk of cross infection of communicable diseases when treating a casualty | | |
| 4 | You must not stop CPR even if you are exhausted and your safety is at risk or the casualty begins to breathe normally | | |
| 5 | You should wash your hands thoroughly with soap and water and put on gloves before encountering a wound, blood or other body fluids | | |
| 6 | Roll the casualty into recovery position in the event of vomiting or regurgitation. | | |
| 7 | A designated first aider in the workplace has a duty of care to provide first aid in the event of an emergency or illness/injury in that workplace. | | |
| 8 | Emergencies can often result in emotional stress, trauma, anxiety and distress. It is best that you seek assistance from the support services in the workplace. | | |
| 9 | As per Australian Resuscitation Council, refresher in CPR training must be completed at least annually. | | |
| 10 | As per Safe Work Australia, First Aid in the Workplace (Code of Practice) refresher training in first aid qualifications should be renewed every three years | | |
| 11 | Standard precautions such as PPE and eye shields are not helpful to prevent contamination from casualty body fluids | | |
| 12 | A report should be kept confidential unless requested by a legally authorised person | | |

| 13 | Once you have commenced CPR you have a legal obligation to fulfil your duty | |
|----|---|--|
| | of care to the victim | |
| 14 | In any emergency a first responder may disclose personal information about | |
| | the wellbeing of a casualty without their consent to paramedics. | |
| 15 | Its normal for unconscious victims to take occasional gasping breaths | |
| 16 | An infant trachea is soft and pliable and could become compressed by an excessive backward head tilt | |
| 17 | Always seek consent from a conscious casualty before proceeding for treatment.Consent is assumed if a parent or caregiver is unavailable. | |
| 18 | A conscious casualty who suffers deep airway obstruction/Chocking should receive CPR immediately | |
| 19 | The airway can be blocked by the tongue relaxing and falling back against the throat | |
| 20 | As a first aider, you should not be sensitive and respectful while assisting others | |
| 21 | All patient first aid records in the workplace are to be kept confidential as per the Privacy Act 1988 (the Privacy Act) | |
| 22 | Always follow and implement the legal, workplace policies and procedures | |
| 23 | Compressions are given at a rate of 100-120 beats per minute | |
| 24 | Hazard assessment is necessary while providing first aid to the causality | |
| 25 | Is it necessary to follow the manufacturer's instructions when using an automated external defibrillator (AED) | |
| 26 | The contact phone number for the emergency services is 000 or 112 | |
| 27 | It is not important to take part in a debrief process as the first aider | |
| 28 | As a first aider you will need to be aware of any signs and symptoms of stress after providing CPR in the event of an emergency | |

Case Study 2 and Role play: Provide first aid and complete "Incident Report Form"

In this part of the assessment task, you are required to:

- Read the case study/scenario
- Participate in a role play
- Provide the required first aid and complete the incident report form.

Case scenario:

Case Scenario

Mrs Glenda Burton is a 78 year old female who treasures her independence and every Friday goes to her local leisure centre where she meets up with her friend Rhonda for swimming classes. Glenda is a diabetic but manages her diabetes with diet control. She has history of hypertension and asthma and Glenda is also allergic to latex.

Friday 10AM, Rosedale Leisure Centre (08 9356 9294) Today is Friday and Glenda goes to her local leisure centre. At the pool, she feels dizzy and becomes unsteady on her feet and falls on the floor. She is unconscious.

You are working as a lifeguard (Steve Smith) at the swimming pool and witness her fall. Glenda is not conscious and there is no head strike. You have approached Glenda to provide CPR. As Glenda is unconscious, you can't ask her consent to proceed with further treatment so you need to demonstrate how you would obtain consent.

You must perform CPR on Glenda. You have called an ambulance to transfer Glenda to the hospital for further treatment.

- Consider you are working as a lifeguard at Rosedale Leisure Centre.
- Read the case study and complete the first aid incident report based on the scenario

PLEASE COMPLETE THE FORM ON THE NEXT PAGE

FIRST AID INCIDENT REPORT FORM

| Date of Incident: | | | | Time of Incident: AM/PM | | | | | |
|--------------------------------------|---------------|-------|--------------|----------------------------|----|-----------------|------------------|----------|--|
| Name of person/s injured/ involved: | | | | Address/Location: | | | | | |
| Detail of the incident: | | | | I | | | | | |
| Witness name: | | | | | | | | | |
| Telephone: | | | | | | | | | |
| Past medical history: | | | | | | | | | |
| Not known | | Asth | ma | a | | | Medication alert | | |
| Allergies | | Diab | etes | 25 | | Cardiac history | | | |
| Others | | Нуре | ertension | | | | Loss of consc | iousness | |
| Observations | | | | | | | | | |
| Time | ime Pulse E | | Breathin | _ | | | o voice | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| A Abrasion | \bigcap | | Treat | ment giv | en | | | | |
| BL Bleeding | | | | | | | | | |
| BU Burns | |) | | | | | | | |
| C Contusion | | 1} | | | | | | | |
| D Deformity | | | | | | | | | |
| F Fracture | | | | | | | | | |
| L Laceration | will fuel (+ | Jul 1 | | | | | | | |
| P Pain | $\setminus $ | | | | | | | | |
| S Swelling | | | | | | | | | |
| T Tenderness | | | | | | | | | |
| Did they refuse treatment? Yes or No | | | Witn | Witness name and signature | | | | | |
| Discharged to Ambulance Hospital | | | Gene (GP) | | | Return | to Work | Others | |
| First Aider name: | | | | iture: | | | | | |
| Time out: | | | | | | | | | |

| I acknowledge that I hav training including writte | Competent | Not Yet Competent | |
|---|-----------|----------------------|--|
| assessment. | | | |
| Candidates Name: | | | |
| Candidates Signature: | | | |
| Trainers Signature: | | | |
| Date: | | | |