

Appendix

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Emergency First Response

Primary Care Knowledge Review

Flexible Mode of Delivery Yes* No

*(*If yes: Knowledge reviews must be completed and returned to your EFR First Aid at Work Instructor 1 week prior to the commencement of the course.)*

Name _____ Date _____

Note to student: Unless otherwise indicated, select only one response that best answers the questions.

1. From the introductory statements below, which one would you select when asking permission to help a patient?
 - a. Hello? My name is _____. I'm an Emergency Responder. May I help you?
 - b. I'm a doctor. May I help you?
 - c. Are you hurt? Where?

2. You should never fear harming a patient when performing CPR on an individual whose heart has stopped because you cannot make a person worse:
 - True False

3. As an Emergency Responder what general rule may help you avoid infection by bloodborne pathogens?
 - a. Always place a barrier between you and any moist or wet substance originating from a patient.
 - b. Ask the patient not to cough when you are giving him emergency care.
 - c. Have the patient bandage his own bleeding wounds whenever possible.

4. What three systems of the human body are most involved in life-threatening emergencies? *(Select all that apply.)*
 - a. Lymphatic system d. Muscular system
 - b. Circulatory system e. Respiratory system
 - c. Nervous system f. Digestive system

5. State what each letter stands for:
D = _____ C = _____
R = _____ D = _____
A = _____ S = _____
B = _____

A-2

6. How do you activate the Emergency Medical Service in your area?

Phone number: _____

7. Why is defibrillation important to a patient with cardiac arrest?

- a. Defibrillation disrupts the abnormal twitching of a heart, restoring a normal heartbeat.
- b. Defibrillation causes the heart to beat erratically.
- c. It keeps the patient from having to go to the hospital after CPR has been administered.

8. Match the type of bleeding listed below with the description of how each is identified.

- | | | |
|-----------------------------|-------|---|
| A Arterial Bleeding | _____ | Dark red blood, steadily flowing from a wound without rhythmic spurts. |
| B Venous Bleeding | _____ | Blood slowly oozing from the wound. |
| C Capillary Bleeding | _____ | Bright red blood that spurts from a wound in rhythm with the heartbeat. |

9. List the five signs of internal bleeding:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

10. List the three symptoms of internal bleeding:

- 1 _____
- 2 _____
- 3 _____

11. What are indications of shock? (*Select all that apply.*)

- | | |
|---|---|
| <input type="checkbox"/> a. Pale or bluish tissue color | <input type="checkbox"/> g. Mental confusion, anxiety, restlessness or irritability |
| <input type="checkbox"/> b. Altered consciousness | <input type="checkbox"/> h. Nausea and perhaps vomiting |
| <input type="checkbox"/> c. Lackluster eyes, dazed look | <input type="checkbox"/> i. Moist, clammy skin with perhaps shivering |
| <input type="checkbox"/> d. Thirst | <input type="checkbox"/> j. Shallow, but rapid and labored breathing |
| <input type="checkbox"/> e. Rapid, weak pulse | <input type="checkbox"/> k. Ear-ache |
| <input type="checkbox"/> f. Elbow pain | |

12. In what circumstances should you *always* suspect a spinal injury?
(*Select all that apply.*)
- a. Lightning strike
 - b. Serious impact injury
 - c. Falling from a height greater than victim's own height
 - d. Traffic or car accident
 - e. Being thrown from a motorised vehicle
 - f. Swimming pool, head-first dive accident
13. If you suspect a patient has a spinal fracture and is conscious you would tell the patient to move into a comfortable position.
- True False
14. What do these two 3-lettered abbreviations mean? Match the letters on the right with the words on the left. There are only two correct responses in the right column. (*Draw lines to indicate your response.*)
- | | |
|--------------------------------|---------|
| Expired Air Resuscitation | (a) CPR |
| Expiry Air Revive | (b) EAR |
| Cardio Pulmonary Resuscitation | |
| Cardiac Pull Removal | |
15. What is digestion? _____

16. What is the best way to control bleeding? _____

A-4

Participant signature _____ Date _____

Instructor signature _____ Date _____

Emergency First Response Secondary Care Knowledge Review

Flexible Mode of Delivery Yes* No

*(*If yes: Knowledge reviews must be completed and returned to your EFR First Aid at Work Instructor 1 week prior to the commencement of the course.)*

Name _____ Date _____

Note to student: Unless otherwise indicated, select only one response that best answers the questions.

1. Regardless of a patient's injury of illness, you initially perform a _____ assessment and monitor the patient's _____.
 a. secondary; line of life
 b. primary; lifeline
2. Once a patient is stabilised during primary care, you attend to the next level of emergency care: _____.
 a. injury care
 b. secondary care
3. An injury is defined as: _____
4. An illness is defined as: _____
5. A symptom is:
 a. something the patient tells you is wrong.
 b. something you can see, feel or hear.
6. Assessment first aid is the treatment of conditions that are not immediately
(Finish the sentence): _____
7. The most common heart attack symptom is chest pain accompanied by a pressure or squeezing in the centre of the chest:
 True False
8. For upper limb fractures it is most important to: *(Select all that apply.)*
 a. splint the injury in the position found.
 b. not try to straighten the fractured limb.
 c. move the fracture to fit splint.
 d. not splint upper limb fractures.

9. In a severe asthma attack you may not be able to hear the _____ sound.
10. Hypothermia is a condition where a patient has become excessively cold and they may die if not treated immediately.
- True False
11. A patient should be restrained during an epileptic seizure if they are in danger of hurting someone or themselves.
- True False
12. For an unconscious patient with a fractured jaw you must not move the jaw.
- True False
13. During an injury assessment blood and fluid is found in the patient's ears. Should the Emergency Responder continue the assessment?
- a. Yes, as more life threatening injuries may be found.
- b. No, as this indicates a head injury and the patient should keep still until the Emergency Medical Services arrives.
- c. No, as this indicates a spinal injury.
- d. Yes, a full examination must always be done and a report given to Emergency Medical Services personnel.
14. State what each letter stands for when treating sprains and strains:
- R = _____
- I = _____
- C = _____
- E = _____
15. A patient has got chemicals splashed in their eye. What treatment would you provide?
- a. Ask patient to roll the eye continuously until it feels better.
- b. Immediately flush eye with water for 15 minutes or until Emergency Medical Services arrives.
- c. Don't do anything except call Emergency Medical Services.
- d. Cover the affected eye with a moist bandage.

16. If a patient has an open chest wound and is having difficulty breathing, what course of action do you follow? *(Select all that apply.)*
- a. Walk the patient to the car, drive really quickly to the hospital.
 - b. Call Emergency Medical Services, apply pressure bandage, place in comfortable position.
 - c. Call Emergency Medical Services, apply pressure bandage, lean patient to injured side.
 - d. Call Emergency Medical Services, carry on with what you were doing.
17. Signs of a stroke may include: *(Select all that apply.)*
- a. Numbness
 - b. Paralysis
 - c. Weakness in the face
 - d. Having trouble speaking
 - e. Severe headache
 - f. Sore teeth
 - g. Decreased vision in one or both eyes
 - h. Hallucinations
18. Patients suffering from _____ blood sugar may appear pale, have moist skin and sweat excessively. Patients may complain of a headache and dizziness and be irritable and confused.
- Low High
19. Fractured fingers and toes:
- a. should not be splinted as lower limb fractures heal by themselves.
 - b. must only be treated by Emergency Medical Services personnel.
 - c. may be taped to adjacent fingers/toes.
 - d. Fingers and toes do not fracture.

Participant signature _____ Date _____

Instructor signature _____ Date _____

Emergency First Response

Emergency Care in the Workplace Knowledge Review

Flexible Mode of Delivery Yes* No

*(*If yes: Knowledge reviews must be completed and returned to your EFR First Aid at Work Instructor 1 week prior to the commencement of the course.)*

Name _____ Date _____

1. List four of the seven primary goals of occupational health and safety legislation:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

2. Besides providing primary and secondary care to individuals, workplace Emergency Responders may also be called upon to: *(List two)*

- 1 _____
- 2 _____

3. *Fill in the blanks with the appropriate words.* Emergency care in the workplace can only be provided to an individual upon _____. If a patient is non-responsive, then consent is _____.

4. Name the two emergency care documents that can guide you in accurate workplace recording and reporting:

- 1 _____
- 2 _____

5. State two reasons for keeping your emergency care skills updated:

- 1 _____
- 2 _____

Participant signature _____ Date _____

Instructor signature _____ Date _____

A-8

Emergency First Response

Primary Care Knowledge Review Answer Key

1. a.
2. True
3. a.
4. b., c., e.
5. D = Danger
R = Responsive?
A = Airway Open
B = Rescue Breathing
C = Chest Compressions
D = Defibrillation
S = Serious Bleeding Management;
Shock Management;
Spinal Injury Management
6. _____ Appropriate
emergency number for local area or
country.
7. a.
8. A = Bright red blood that spurts
from a wound in rhythm with
the heartbeat.
B = Dark red blood, steadily flowing
from a wound without rhythmic
spurts.
C = Blood slowly oozing from
the wound.
9. 1. Anxiety and restlessness
2. Rapid breathing
3. Rapid and weak pulse
4. Unconsciousness
5. Bleeding from any body opening
such as the ears, mouth and nose.
10. 1. Pain and tenderness around
effected area.
2. Thirst
3. Nausea
11. a., b., c., d., e., g., h., i., j.
12. a., b., c., d., e., f.
13. False
14. (a) CPR = Cardio Pulmonary
Resuscitation
(b) EAR = Expired Air
Resuscitation
15. Breaking down food into
tiny molecules
16. Direct pressure

Emergency First Response

Secondary Care Knowledge Review Answer Key

- | | |
|---------------------------------------|----------------------------|
| 1. b. | 12. False |
| 2. b. | 13. b. |
| 3. Physical harm to the body | 14. R = Rest |
| 4. An unhealthy condition of the body | I = Ice |
| 5. a. | C = Compression |
| 6. Life threatening | E = Elevation |
| 7. True | 15. b. |
| 8. a., b. | 16. b. |
| 9. Wheezing | 17. a., b., c., d., e., g. |
| 10. True | 18. Low |
| 11. False | 19. c. |

Emergency First Response

Emergency Care in the Workplace Knowledge Review Answer Key

- | | |
|---|--|
| 1. Answer can be four of the following: <ul style="list-style-type: none">• To promote health, safety and welfare of people at work• To ensure safe work practices in the handling of equipment and materials.• To ensure the prevention of injury and illness & any risks to health and safety arising out of the activities at work.• To identify and report any potential hazards from equipment, facilities and the environment• To rectify where possible any potential hazards.• To report any accidents or incidents.• To complete any required occupational health and safety training. | 2. Answer can be any two of the following: <ul style="list-style-type: none">• Responsibility for first aid kits• Managing period care of AED units• Maintenance of emergency care rooms• Accurate recording and storage of reports |
| | 3. Consent, a given/assumed |
| | 4. Illness & Injury Assessment Record Sheet and Incident Report |
| | 5. Skills degrade over time, new research and legislation requirements. |

Emergency First Response

Primary Care Final Exam

Flexible Mode of Delivery Yes No

Name _____ Date _____

Location _____

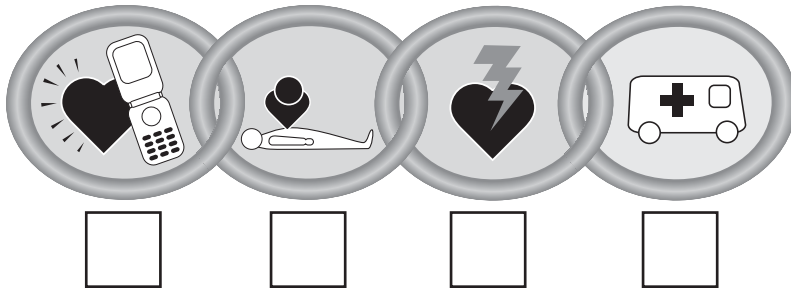
Instructor _____

1. In Emergency First Response courses, you learn to provide emergency care based on the same priorities used by medical professionals to assist injured or ill persons.
 True False
2. When someone needs emergency care, time is critical because:
 - a. when a person has no signs of life (unresponsive, not moving and not breathing normally), irreversible brain damage can occur within minutes.
 - b. it becomes more difficult to administer first aid.
 - c. emergency Medical Services are typically far away.
3. State one reason why you might hesitate to provide emergency care to an individual.

4. In general, to be protected by a Good Samaritan law, you should: *(Select all that apply.)*
 - a. act in good faith.
 - b. never apply bandages to bleeding patients.
 - c. help an individual in need of emergency care even if he says he does not wish for you to assist him.
 - d. act as a prudent person would.
 - e. only provide care that is within the scope of your training.
 - f. never be reckless or negligent.
5. State one reason why you should assist someone who needs emergency care.

6. Using the Chain of Survival illustration below, write the appropriate letters in the boxes to describe each of the links.

- A Early CPR
- B Early Professional Care and Follow up
- C Early Recognition and Call for Help
- D Early Defibrillation



7. In *Call First*, once you've established _____, you immediately call an ambulance or activate your local Emergency Medical Service.

- a. a patient is in shock
- b. the unresponsiveness of an adult patient
- c. the temperature of a patient

8. Each time you perform CPR, the patient's heart will restart and you will restore the patient's life.

- True
- False

9. From the introductory statements below, which one would you select when asking permission to help a patient?

- a. Hello? My name is _____, I'm an Emergency Responder. May I help you?
- b. I'm a doctor. May I help you?
- c. Are you hurt? Where?

10. You should never fear harming a patient when performing CPR on an individual whose heart has stopped because you cannot make the person worse.

- True
- False

11. As an Emergency Responder what general rule may help you avoid infection by bloodborne pathogens?

- a. Always place a barrier between you and any moisture or fluid originating from a patient.
- b. Ask the patient not to cough when you are giving him emergency care.
- c. Have the patient bandage his own bleeding wounds whenever possible.

A-12

12. On the lifeline diagram below, list the meaning for each of the letters in the DRABCD'S of emergency care.

D= _____
R= _____

_____ = A

_____ = C

B = _____

D = _____

S = _____

13. In what two ways can you recognise cardiac arrest in a patient?
(Select two responses.)
- a. The patient does not respond when you speak to or touch him.
 - b. Paralysis of the arm.
 - c. Bleeding from the nose and mouth.
 - d. The patient has no signs of life – no movement, breathing or coughing.

14. How do you activate the Emergency Medical Service in your area?
 Phone number: _____

15. Signs and symptoms of stroke include: *(Select all that apply.)*
- a. Unconsciousness
 - b. Numbness, paralysis or weakness of face, arm or leg
 - c. Facial droop
 - d. Sweating
 - e. Unexplained headaches
 - f. Sudden blurred or decreased vision in one or both eyes
 - g. Difficulty speaking

16. The universal sign that someone is choking is: _____

17. CPR's primary function is to:
- a. extend the window of opportunity for patient revival by forcing oxygen-rich blood from the heart to vital body organs.
 - b. restore a patient's breathing.
 - c. defibrillate a patient's heart.

18. Why is defibrillation important to a patient with cardiac arrest?
- a. Defibrillation disrupts the abnormal twitching of a heart, restoring a normal heartbeat.
 - b. Defibrillation causes the heart to beat erratically.
 - c. It keeps the patient from having to go to the hospital after CPR has been administered.
19. Rescue breathing can provide plenty of oxygen to a patient, enough to support a nonbreathing patient during CPR.
- True False
20. Match the type of bleeding listed below with the description of how each is identified.
- | | | |
|-----------------------------|-------|---|
| A Arterial Bleeding | _____ | Dark red blood, steadily flowing from a wound without rhythmic spurts. |
| B Venous Bleeding | _____ | Blood slowly oozing from the wound. |
| C Capillary Bleeding | _____ | Bright red blood that spurts from a wound in rhythm with the heartbeat. |
21. What are indications of shock? (*Select all that apply.*)
- a. Pale or bluish tissue color
 - b. Altered consciousness
 - c. Lackluster eyes, dazed look
 - d. Thirst
 - e. Rapid, weak pulse perhaps shivering
 - f. Elbow pain
 - g. Mental confusion, anxiety, restlessness or irritability
 - h. Nausea and perhaps vomiting
 - i. Moist, clammy skin
 - j. Shallow, but rapid and labored breathing
 - k. Earache
22. Indications that someone might have a spinal injury include: (*Select all that apply.*)
- a. sweating
 - b. fast pulse
 - c. vision problems
 - d. headache
 - e. nausea/vomiting
 - f. when asked, a patient cannot move a body part
 - g. loss of balance when walking or sitting
 - h. difficulty breathing
23. How do you determine if a patient is not breathing during a primary assessment?
-

24. How can you practise and refresh your emergency care skills? (*Provide two examples.*)

25. In what circumstances should you *always* suspect a spinal injury?
(*Select all that apply.*)

- a. Lightning strike
- b. Serious impact injury
- c. Falling from a height greater than victim's own height
- d. Traffic or car accident
- e. Being thrown from a motorised vehicle
- f. Swimming pool, head-first dive accident

26. When opening an airway (spinal injury not suspected), the head tilt/chin lift method should be used at all times.

- True
- False

27. An unconscious, breathing patient without a suspected spinal injury should be:

- a. given CPR immediately.
- b. moved immediately to a hospital.
- c. placed in the recovery position.

28. On an adult patient, the best way to check for signs of life is:

- a. look for signs of breathing (look, listen and feel), coughing and movement.
- b. a pulse check.
- c. to conduct an illness assessment.

29. During CPR the ratio of chest compressions to rescue breaths is:

- a. 10 compressions to 1 breath
- b. 15 compressions to 3 breaths
- c. 30 compressions to 2 breaths

30. During CPR the rate of chest compressions per minute is:

- a. 200
- b. 50
- c. 100

31. Rescuers should minimise interruptions of chest compressions and CPR should not be interrupted to check for signs of life.

- True
- False

32. The first and most successful method of managing serious bleeding is:
- a. use of pressure points.
 - b. direct pressure.
 - c. elevate wound area.
33. While managing serious bleeding, if a pressure bandage or dressing becomes soaked with blood, remove it and replace it with a new one.
- True False
34. Shock management often includes elevating the patient's legs 15-30 centimetres/6-12 inches and _____.
- a. performing a pulse check
 - b. providing water to drink
 - c. protecting from the sun or covering the patient to maintain body temperature based on local climate
35. A _____ allows you to turn a patient on his back carefully when a spinal injury is suspected.
- a. log roll
 - b. fireman's carry
 - c. hand carry
36. (*optional*) When administering CPR to an infant you should use:
- a. both hands.
 - b. heel of one hand.
 - c. two fingers.
37. What is the general purpose of the respiratory system?: (*select all that apply*)
- a. To supply the body with oxygen
 - b. To remove oxygen from the body
 - c. To supply the body with carbon dioxide
 - d. To remove carbon dioxide from the body

A-16

Participant signature _____ Date _____

Instructor signature _____ Date _____

Emergency First Response

Secondary Care Final Exam

Flexible Mode of Delivery Yes No

Name _____ Date _____

Location _____

Instructor _____

1. If Emergency Medical Services are either delayed or unavailable you may need to assist an injured patient using secondary care.
 True False

2. A secondary assessment is your second evaluation of _____.
 a. an injured or ill person
 b. first aid
 c. bleeding

3. Examples of an injury are: *(Select all that apply.)*
 a. Headache
 b. Dislocation and fractures
 c. Allergy
 d. Electrical wound
 e. Bruise
 f. Dental wound
 g. Poisoning

4. _____ is an unhealthy condition of the body.
 a. An illness
 b. A symptom
 c. A sign

5. Regarding a patient's condition during an illness or injury assessment, a sign is
 a. something the patient tells you is wrong.
 b. something you can see, hear or feel.
 c. something a bystander tells you about an accident.

6. The most common heart attack symptom is chest pain accompanied by a pressure or squeezing in the centre of the chest.
 True False

7. Assessment first aid is the treatment of conditions that _____.

- a. are not immediately life-threatening.
- b. are life-threatening.
- c. require the use of CPR.

8. If during an injury assessment the patient complains of head, neck or back pain you should:

- a. attempt to determine exactly where the pain is coming from.
- b. perform an illness assessment.
- c. stop your assessment and stabilise the head and neck – wait for Emergency Medical Services to arrive.

9. During an illness assessment you use the mnemonic “SAMPLE” to guide you.

SAMPLE stands for: *(Write in the correct meaning of each letter.)*

- S = _____
- A = _____
- M = _____
- P = _____
- L = _____
- E = _____

10. When bandaging a wound on a hand, arm, leg or foot, make the bandage as tight as you possibly can.

- True False

11. Regarding the splinting of an upper or lower limb: *(Select all that apply.)*

- a. Even when commercial splints are unavailable, avoid using make-shift items such as magazines, blankets and boards as splinting material.
- b. Splint an injury in the position found.
- c. Always straighten an injured site prior to splinting.
- d. When possible, place splint material on both sides of an injury site.
- e. Try to minimise movement of an injured extremity until you complete splinting.
- f. Splint only if you can do so without causing more discomfort and pain to the patient.

12. Management of a patient with pelvic injury includes:
- a. place padding between the ankles and tie them together
 - b. place padding between the legs from the knees to the ankles and tie them together
 - c. apply a cold compress to the area to reduce swelling
13. A conscious patient with a fractured jaw should be:
- a. left alone to hold their jaw
 - b. told to lie down and wait for Emergency Medical Services to arrive
 - c. be encouraged to assume a position they are most comfortable in
14. Major burns are best managed by:
- a. rubbing antiseptic lotion over the affected area
 - b. flushing or soaking the area with cool water
 - c. covering burns with a cool, moist sterile bandage or clean cloth
15. Penetrating objects in the eye should be treated by:
- a. medical professionals only
 - b. covering both eyes
 - c. covering the affected eye only
16. A patient who is most comfortable in a half sitting position, leaning towards the injured side is likely to have suffered from:
- a. stroke
 - b. shock
 - c. chest injury
17. Management of a patient with diabetes where it is not known if they have low or high blood sugar levels may include:
- a. give sugar or sweet drinks
 - b. assist them with an insulin injection
 - c. give water
18. A patient who has pain in the chest lasting more than 10 minutes could be suffering from:
- a. asthma
 - b. indigestion
 - c. heart attack

19. A patient who is convulsing could be suffering from: *(Select all that apply.)*
- a. heat stroke
 - b. epilepsy
 - c. heart attack
 - d. stroke
 - e. hypoglycemia
20. To re-warm a patient with mild hypothermia, have them perform some physical exercise to generate heat:
- True False
21. Blue-Ring octopus bites are managed by:
- a. flushing the area with cold water.
 - b. pouring vinegar over the bite area.
 - c. applying pressure immobilisation.
22. Heat exhaustion is a life threatening medical emergency:
- True False
23. It is important for a near drowned patient who appears to have fully recovered to:
- a. be admitted to hospital due to possible delayed complications.
 - b. told to go home and rest.
 - c. seek medical advice only if they notice any delayed symptoms.
24. A red back spider bite causes the following signs and symptoms:
- a. Pain, swelling, nausea vomiting, abdominal pain, swollen glands.
 - b. Pain, swelling, difficulty breathing, and possible collapse.
 - c. Local irritation, difficulty breathing and walking, double vision.
25. If a patient involved in a motorbike accident is breathing and conscious you should leave the helmet on:
- True False
26. The role of the Emergency Responder in the workplace might include:
(Select all that apply)
- a. maintenance of first aid kit and room.
 - b. servicing the emergency oxygen equipment.
 - c. avoiding back injury.
 - d. recording and reporting incidents to local authorities.

27. Fractured fingers and toes:
- a. should not be splinted as lower limb fractures heal by themselves.
 - b. must only be treated by Emergency Medical Services personnel.
 - c. may be taped to adjacent fingers/toes.
 - d. Fingers and toes do not fracture.
28. During an Injury Assessment, blood and fluid is found in the patient's ears. Should the Emergency Responder continue the assessment?
- a. Yes, as more life threatening injuries could be found
 - b. No, as this indicates a head injury and the patient should be kept still until Emergency Medical Services arrives
 - c. No, as this indicates a spinal injury
 - d. Yes, a full examination must always be done and a report given to Emergency Medical Services personnel
29. Asthma is a lung condition which is usually controlled by medication. Which statements are correct in case of a severe asthma attack? *(Select all that apply)*
- a. In a severe asthma attack you may not be able to hear the wheezing sound.
 - b. A patient may experience difficulty speaking, drowsiness, or unconsciousness.
 - c. A severe asthma attack is a medical emergency.
 - d. Severe asthma attacks should not be treated by Emergency Responders.
30. When caring for a patient having an epileptic seizure: *(Select all that apply)*
- a. attempt to cushion the patient's head.
 - b. restrain the patient.
 - c. move objects out of the way.
 - d. protect the patient from hurting themselves further.
31. Reaction to venomous bites and stings depends on the location of the bite or sting and how much venom was injected. The patient's reaction to the venom will also depend on the patient's _____: *(Select all that apply)*
- a. size
 - b. current health
 - c. body chemistry
 - d. previous exposure

32. Hypothermia is a condition where a patient has become excessively cold and they may die if not treated immediately.

- True False

33. What do the following letters stand for when treating sprains and strains?

R = _____

I = _____

C = _____

E = _____

34. A patient has got chemicals splashed in their eye. What treatment would you provide?

- a. Ask patient to roll the eye continuously until it feels better.
- b. Immediately flush eye with water for 15 minutes or until Emergency Medical Services arrives.
- c. Don't do anything except call Emergency Medical Services.

A-22

Participant signature _____ Date _____

Instructor signature _____ Date _____

Emergency First Response

First Aid at Work Primary Care Final Exam Answer Sheet

Flexible Mode of Delivery Yes No

Name _____ Date _____

Location _____ Instructor _____


1. True False

2. a. b. c.

3. _____

4. a. b. c. d. e. f.

5. _____

6. 

7. a. b. c.

8. True False

9. a. b. c.

10. True False

11. a. b. c.

12. D = _____
 R = _____
 A = _____
 B = _____
 C = _____
 D = _____
 S = _____

13. a. b. c. d.

14. Phone No.: _____

15. a. b. c. d. e. f.
 g.

16. _____

17. a. b. c.

18. a. b. c.

19. True False

20. ___ Dark red blood, steadily flowing from wound...

 ___ Blood slowly oozing from wound...

 ___ Bright red blood that spurts from a wound...

21. a. b. c. d. e. f.
 g. h. i. j. k.

22. a. b. c. d. e.
 f. g. h.

23. _____

24. _____

25. a. b. c. d. e. f.

26. True False

27. a. b. c.

28. a. b. c.

29. a. b. c.

30. a. b. c.

31. True False

32. a. b. c.

33. True False

34. a. b. c.

35. a. b. c.

36. a. b. c.

37. a. b. c. d.

Emergency First Response

First Aid at Work Secondary Care Final Exam Answer Sheet

Flexible Mode of Delivery Yes No

Name _____ Date _____

Location _____ Instructor _____

- | | |
|---|---|
| 1. <input type="checkbox"/> True <input type="checkbox"/> False | 17. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. |
| 2. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 18. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. |
| 3. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e.
<input type="checkbox"/> f. <input type="checkbox"/> g. | 19. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. |
| 4. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 20. <input type="checkbox"/> True <input type="checkbox"/> False |
| 5. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 21. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. |
| 6. <input type="checkbox"/> True <input type="checkbox"/> False | 22. <input type="checkbox"/> True <input type="checkbox"/> False |
| 7. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 23. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. |
| 8. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 24. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. |
| 9. S = _____
A = _____
M = _____
P = _____
L = _____
E = _____ | 25. <input type="checkbox"/> True <input type="checkbox"/> False |
| 10. <input type="checkbox"/> True <input type="checkbox"/> False | 26. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. |
| 11. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. | 27. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. |
| 12. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 28. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. |
| 13. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 29. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. |
| 14. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 30. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. |
| 15. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 31. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. |
| 16. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. | 32. <input type="checkbox"/> True <input type="checkbox"/> False |
| | 33. R = _____
I = _____
C = _____
E = _____ |
| | 34. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. |

A-24

Select the Final Exam(s) completed:

Primary Care Final Exam only Primary & Secondary Care Final Exams

Participant signature _____ Date _____

Instructor signature _____ Date _____

Emergency First Response Primary Care Final Exam Answer Key

1. True
2. a.
3. Choices include:
 - Anxiety
 - Guilt
 - Fear of imperfect performance
 - Might make person worse
 - Responsibility
 - Fear of infection
4. a., d., e., f.
5. Choices include:
 - Save/restore a patient's life
 - Reduce a patient's recovery time
 - Make the difference between a patient having a temporary or lifelong disability
6. C A D B
7. b.
8. False
9. a.
10. True
11. a.
12. D = Danger
R = Responsive?
A = Airway Open
B = Rescue Breathing
C = Chest Compressions
D = Defibrillation
S = Serious Bleeding Management;
Shock Management;
Spinal Injury Management
13. a., d.
14. Response varies.
15. b., c., e., f., g.
16. • Grasping, clutching the neck
 - Unable to speak or breathe
17. a.
18. a.
19. True
20. B C A
21. a., b., c., d., e., g., h., i., j.
22. c., d., e., f., g., h.
23. Look, Listen and Feel
24. Choices include:
 - Review EFR video
 - Role-play with friends/family
 - Practise CPR using a pillow/bag
 - Enrol in an EFR First Aid at Work Revision programme
25. a., b., c., d., e., f. (all apply)
26. True
27. c.
28. a.
29. c.
30. c.
31. True
32. b.
33. False
34. c.
35. a.
36. c. (optional)
37. a., d.

Emergency First Response

Secondary Care Final Exam Answer Key

1. True
2. a.
3. b., d., e., f.
4. a.
5. b.
6. True
7. a
8. c.
9. S = Signs and Symptoms
A = Allergies
M = Medications
P = Preexisting Medical
Conditions
L = Last Meal
E = Events
10. False
11. b., d., e., f.
12. b.
13. c.
14. c.
15. b.
16. c.
17. a.
18. c.
19. a., b. d., e.
20. False
21. c.
22. False
23. a.
24. a.
25. True
26. a., c., d.
27. c.
28. b.
29. a., b., c.
30. a., c., d
31. a., b., c., d.
32. True
33. Rest, Ice, Compression, Elevation
34. b.



First Aid at Work Course Enrolment Form

Instructor Name _____ Instructor No. _____

AED Orientation Skill Completed Emergency Oxygen Use Skill Completed Revision

Certificate IV in Assessment and Workplace Training Holder (name) _____

Copy of certificate held at Emergency First Response Pty Ltd? If not, please provide copy with this form.

PARTICIPANTS

Flexible Mode of Delivery Yes No

1. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

2. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

3. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

4. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

5. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

6. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

7. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

8. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

9. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

10. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

11. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____

12. Name _____ Phone _____

Address _____

_____ email _____ Completion Date _____



Emergency First Response Skills Completion Form

INSTRUCTOR NAME _____

INSTRUCTOR NO. _____

Primary Care Skills

- 1. Scene Assessment
- 2. Barrier Use
- 3. Primary Assessment
- 4. CPR Part One – Rescue Breathing Adult (Child*, Infant*)

**(optional skills)*

5. CPR Part Two – Chest Compressions Adult (Child*, Infant*)

- 6. Choking/FBAO Adult (Child*, Infant*)
- 7. Serious Bleeding Management
- 8. Shock Management
- 9. Spinal Injury Management

Recommended Skills

- R1. Automated External Defibrillator (AED) Use
- R2. Recommended Skill - Emergency Oxygen Use

Secondary Care Skills

- S1. Injury Assessment
- S2. Illness Assessment
- S3. Bandaging
- S4. Splinting for Dislocations and Fractures

Course Date _____

Flexible Mode

Yes No

	1	2	3	4A	4C*	4I*	5A	5C*	5I*	6A	6C*	6I*	7	8	9	R1	R2	S1	S2	S3	S4	
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						
11.																						
12.																						



First Aid at Work Course Return Form

To be filled in and forwarded upon completion of the First Aid at Work Course

Course Date _____ Flexible Mode Yes No
Day/Month/Year

Trainer Name _____
First Middle Last

EFR Instructor # _____

* Assessor Name _____
First Middle Last

EFR Instructor # _____

*** If the course is conducted by an Assessor please provide name of supervising Certificate IV in Assessment & Workplace Training holder and attach a copy of their qualification**

Location (Suburb/State) _____

No. of certificates awarded _____ Pass rate (%) _____

Return to: Emergency First Response Pty Ltd, PO Box 575 Brookvale, NSW 2100, Australia.
Phone: +61 2 9454 2980 **Fax:** +61 2 9454 2999 **Email:** info@emergencyfirstresponse.com.au



Illness and Injury Assessment Record Sheet

KEY POINTS

- ✓ Stop, Think, then Act.
- ✓ Use barriers as appropriate.
- ✓ Use this record sheet in the event that Emergency Medical Services is either delayed or unavailable.
- ✓ As you record information on this sheet for Emergency Medical Services, provide measured rates per minute and descriptive terminology.
- ✓ To help guide your assessment, remember that:
 - The average pulse rate for adults is between 60 – 80 beats per minute.
 - Average breathing rate for adults is between 12 and 20 breaths per minute. Patients who take less than eight breaths per minute, or more than 24 breathes per minute probably need immediate medical care.
 - Average skin temperature is warm and skin should feel dry to the touch.
 - Noticeable skin colour changes may indicate heart, lung or circulation problems.

PATIENT INFORMATION

Surname _____ Given Name _____

Male Female Date of Birth _____

Address _____

Postcode _____ Telephone _____

English Speaking Non-English Speaking Medical Alert Tag? Type _____

Patient Condition at Beginning of Emergency Responder Care: Conscious Unconscious

Patient Position Prior to Care: Standing Sitting Lying

Patient Referred To: Emergency Medical Services Personnel Hospital Personal Physician None

Illness Assessment

SAMPLE – Signs and Symptoms

1. How do you feel now? _____

2. What were you doing when you began to feel ill? _____

3. When did the first symptoms occur? _____

4. Where were you when the first symptoms occurred? _____

5. Patient's pulse rate _____ (use carotid or radial pulse; count beats for 30 seconds, multiply by two)

- 6. Describe patient's pulse: Rapid Strong Weak
- 7. Patient's breathing is: Rapid Slow Labored Wheezing Gasping
- 8. Patient complains of: Shortness of breath Dizziness/Lightheadedness Chest pain
 Numbness Tingling in arms/legs
- 9. Patient's respiration rate _____ (count respirations for 30 seconds, multiply by two; avoid telling patient you are counting respirations.)
- 10. Has the patient been exercising? Yes No
- 11. Patient's skin is: Warm Hot Cool Clammy Wet Very dry
- 12. Colour of patient's skin is:
 Pale Ashen (gray) Red Blue Yellowish Black and Blue Blotches
- 13. Dark-skinned patient, check for colour changes on the nailbeds, lips, gums, tongue, palms, whites of the eye, and ear lobes: Pale Ashen (gray) Red Blue Yellowish Black and Blue Blotches

SAMPLE – Allergies

- 1. Is the patient allergic to any foods, drugs, airborne matter, etc? Yes No
If so, what is he/patient allergic to? _____

- 2. Ask the patient if he has ingested or taken anything he may be allergic to: Yes No

SAMPLE – Medications

- 1. Ask the patient: Do you take medication? Yes No
If yes, what type and name: _____
- 2. Ask the patient: Did you take your medication today? Yes No
How much did you take and when? _____
- 3. If possible, collect all medication to give to Emergency Medical Services personnel and/or get name of the doctor who prescribed the medication.

SAMPLE – Preexisting Medical Conditions

- 1. Ask the patient: Do you have a preexisting medical condition? Yes No
If yes, what type: _____

SAMPLE – Last Meal

- 1. Ask the patient: Did you eat recently? Yes No
If yes, what did you eat? _____

SAMPLE – Events

- 1. Ask the patient: What events led to your not feeling well?

Injury Assessment

HISTORY

What happened? _____

How did the injury happen? _____

When did the injury occur? _____

INJURY LOCATION (Follows Injury Assessment Order. Use Injury Key to denote condition.)

- | | |
|---|--|
| <input type="checkbox"/> Head _____ | <input type="checkbox"/> Patient's Face _____ |
| <input type="checkbox"/> Ears/Nose _____ | <input type="checkbox"/> Eyes _____ |
| <input type="checkbox"/> Skull/Neck _____ | <input type="checkbox"/> Shoulder Blades _____ |
| <input type="checkbox"/> Shoulder _____ | <input type="checkbox"/> Collarbones _____ |
| <input type="checkbox"/> Right Arm _____ | <input type="checkbox"/> Left Arm _____ |
| <input type="checkbox"/> Right Hand _____ | <input type="checkbox"/> Left Hand _____ |
| <input type="checkbox"/> Chest _____ | <input type="checkbox"/> Spinal Column _____ |
| <input type="checkbox"/> Abdomen _____ | <input type="checkbox"/> Hips _____ |
| <input type="checkbox"/> Right Leg _____ | <input type="checkbox"/> Left Leg _____ |
| <input type="checkbox"/> Right Foot _____ | <input type="checkbox"/> Left Foot _____ |

- Injury Condition Key**
- A** = Abrasion
 - B** = Bleeding
 - Bu** = Burns
 - C** = Contusion (injury to tissues; no bone or skin broken)
 - D** = Deformity
 - F** = Fracture
 - L** = Laceration (deep/jagged cut)
 - P** = Pain
 - S** = Swelling
 - T** = Tenderness

Emergency Responder Care Given:

Additional Responder Notes:



Emergency First Response Responders in Action Report Form

Responders in Action

When you use your skills as an Emergency Responder to care for an injured or ill person, we'd like to hear about it. The incident need not be dramatic, involve a life-threatening condition or necessarily have a favorable outcome. Sharing your story motivates and encourages others to use their skills and provide assistance in emergency situations. This information is also useful to monitor and gauge the effectiveness of Emergency First Response training and assist in future program development.

Please Type or Print Clearly

Name _____
Last Name First Name Middle Initial

Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone (_____) _____ Email Address _____

Date of your last Emergency First Response Certification/Recertification Course _____
Day/Month/Year

Name of your Emergency First Response Instructor/Trainer _____

Instructor No. _____

Description of Events

Location of Incident _____

Date of Incident _____
Day/Month/Year

On the back of this sheet, or on a separate sheet of paper, please describe the incident, including the nature of the injury or illness, the skills used to render aid, and if possible, information on the outcome. Please type or print neatly and submit your report to your local Emergency First Response office.

By marking this box I understand I am granting Emergency First Response Corp. permission to reprint the details of this incident for the benefit of other Responders. I understand details that may identify the patient will be omitted but my name as an Emergency Responder may be used.

Signature _____ Date _____
Day/Month/Year

Return to: Emergency First Response Pty Ltd, PO Box 575 Brookvale, NSW 2100, Australia.
Phone: +61 2 9454 2980 **Fax:** +61 2 9454 2999 **Email:** info@emergencyfirstresponse.com.au

Emergency Contact Information



Home

To Activate Emergency Services, call _____

Police, call _____

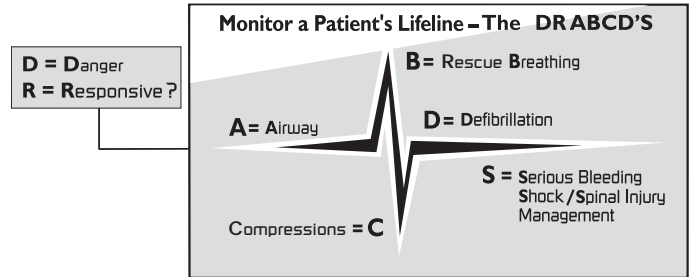
Fire, call _____

Poison Control Center, call _____

- Remain calm
- State the nature of your emergency
- Give your location _____

- Your phone number _____

- Stay on the line until the operator hangs up
- Send someone to guide emergency services to your location, if possible.



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Emergency Contact Information



Workplace

To Activate Company Emergency Plan, call _____

Emergency Services, call _____

Police, call _____

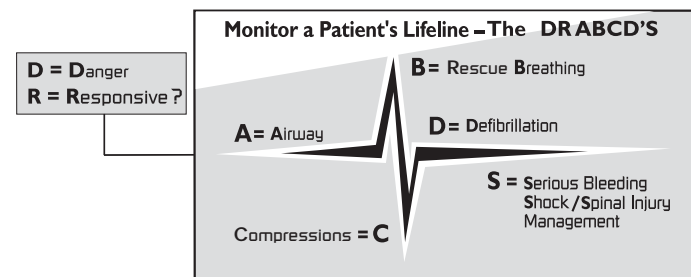
Fire, call _____

Poison Control Center, call _____

- Remain calm
- State the nature of your emergency
- Give your location _____

- Your phone number _____

- Stay on the line until the operator hangs up
- Send someone to guide emergency services to your location, if possible.



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