



The life of the beach.

2011 / 2012

Certificate II Upgrade Assessment Portfolio

NAME: _____

CLUB: _____

DATE: _____

CERTIFICATE II IN PUBLIC SAFETY (AQUATIC RESCUE)

UPGRADE 2011-2012

INSTRUCTIONS

- This resource is to be used for members who hold an SLSA Bronze Medallion but do not hold a Certificate II in Public Safety (Aquatic Rescue)
- It is now mandatory that any active member patrolling a beach as a Bronze Medallion holder must hold the Certificate II in Public Safety (Aquatic Rescue) as well.
- It is recommended that members who need to upgrade, complete this upgrade as part of their 2011/2012 Bronze Medallion Proficiency.
 - NOTE: The assessment tasks listed are to be completed IN ADDITION to the other Bronze Medallion assessment tasks
- It is recommended that the 3rd Party Report be completed by your Patrol Captain prior to attending the proficiency day.
 - If you can't have the 3rd Party Report completed prior to the proficiency day, ensure you hand this Assessment Portfolio, once completed, back to your Chief Training Officer.
- The Assessment portfolio, plus copies of all other Bronze Medallion proficiency assessment tools, must be sent off to SLSQ State Centre – Education Department for the Certificate II in Public Safety (Aquatic Rescue) to be issued

PRE-REQUISITE CRITERIA

The pre-requisite criteria that a member must meet to be able to use this resource are:

1. Hold an SLSA Bronze Medallion
2. Have completed a Bronze Medallion proficiency in either 2009/2010 or 2010/2011 season

NOTE TO CHIEF TRAINING OFFICERS

If a member is completing the Certificate II Upgrade process the following documentation must be submitted to SLSQ State Centre – Education Department:

1. Certificate II Upgrade Assessment Portfolio completed and marked (as found within this document)
2. 2011/2012 Proficiency Paper (standard)
 - a. Or if completed on-line, report printed out by member and provided to club as evidence
3. Copy of Proficiency Master Attendance Sheet – showing all members names whose evidence is being provided to upgrade to the Certificate II in Public Safety
4. Copy of All practical assessment cards for each member who is upgrading to Certificate II.

ASSESSMENT PORTFOLIO

This portfolio includes the evidence you as the candidate are required to submit to your assessor. Your assessor will also complete further documentation during their observations on your assessment day to enable them to decide if you can be deemed competent in the Certificate II in Public Safety (Aquatic Rescue).

Learner Details

First Name:		Surname:	
Date of Birth:		Club/Group:	
Telephone:			
Email:			

COMPETENCY RECORD

		COMPETEN T	NOT YET COMPETEN T
Certificate II in Public Safety (Aquatic Rescue)			
Assessor Name			
Assessor Signature		Date	

ASSESSMENT / EVIDENCE SUMMARY

RPL Evidence Summary

				SLSQ OFFICE USE ONLY – TICK ONCE CONFIRMED
Bronze Medallion Number		Date Obtained		
Bronze Medallion Proficiency Number		Date Obtained		

Assessment Summary

ASSESSMENT TASK	Completed Satisfactory (S)	Not Completed Satisfactory (NS)
Task 1: Written Questions		
Task 2: 3rd Party Report		
Task 3: Incident Report Form		

ASSESSMENT TASK 1: WRITTEN QUESTIONS

CANDIDATE INSTRUCTIONS

- All questions must be answered correctly for this assessment task to be completed satisfactory
- Circle the most correct answer
- There is only 1 correct answer

QUESTIONS

1. If a patient shows signs of clammy skin, pale face and rapid breathing, what could this be indicating?
 - a) Shock
 - b) Loss of blood flow
 - c) Heart attack
 - d) Alergic reaction
2. A SLSA incident report form is private and confidential?

True / False
3. Critical incident stress sign and symptoms consist of:
 - a) Distressing recollections or memories of the event
 - b) Distressing dream of the event
 - c) Avoiding thought, feelings or conversations associated with the trauma
 - d) All of the above

Using the below MSD complete the following questions?



Appendix 7 MSDS for Medical Oxygen

Air Liquide New Zealand Limited
19 Maurice Road
Penrose
Auckland 1061

Phone: (09) 622 3880
Fax: (09) 622 3881
Emergency: 0800 156 516

MATERIAL SAFETY DATA SHEET

Product Name:
OXYGEN,
Compressed (O₂)

1 of

Chemical Name:	Oxygen
Synonyms:	Lasal TM 2003, Aligal TM 3, Alphagaz TM 1 Oxygen
UN Number:	1072
Poisons Schedule Number:	None allocated
EPG (Emergency Procedure Guide):	AS 1878 2C5

Use: Sustains life, supports combustion. Used in steel making and with a fuel gas for welding, cutting and heating applications.

Dangerous Goods Class and Subsidiary Risk: 2.2 sub. 5.1
HSNO Classification: 5.1.2A

Hazard Statement: May cause or intensify fire: Oxidiser.

Precautionary Statements: Read label before use.

Read Material Safety Data Sheet before use.
Keep away from heat, sparks and open flames.
Keep away from combustible materials and clothing. No smoking.
Take any precautions to avoid mixing with
combustible materials.
Keep combustion valves free from grease and
oil.
Wear protective gloves and eye
protection.
Wear fire retardant clothing.
In case of fire: Stop leak if safe to do so.
Store in a well ventilated place.

Ingredients	CAS Number	Proportion
Chemical Entity		
Oxygen	7782447	99.5%

4. What is an identified hazard of this product?
- a) May cause or intensify fire
 - b) May cause stress
 - c) No impact
 - d) May hurt people not in the area
5. State the 3 means of exposure listed in the First Aid Measures
- a) Eyes only
 - b) Inhalation, Skin, Eye
 - c) Skin only
 - d) Hair only
6. Match correctly, the hazard rating with each beach type?
- | | | |
|----------------------|--------------------|---------------|
| a) Low Tide Terrace | 1) High | a)_____4_____ |
| b) Reflective | 2) Moderate / High | b)_____3_____ |
| c) Long Shore Trough | 3) Low | c)_____5_____ |
| d) Bar and Rip | 4) Low / Moderate | d)_____2_____ |
| e) Dissipative | 5) Moderate / High | e)_____1_____ |
7. If you were asked to be part of the team providing information on how to join lifesaving to people from a culturally different background. What 4 key points would assist you to ensure you apply Cultural Diversity principles? (Use SLSA Policy 6.5 Member Safety and Well-being to assist you in answering this question – policy found on SLSA website www.sls.com.au)
- a) Australian diversity
 - b) Social justice only
 - c) Social justice, Equal opportunity, Discrimination, Harassment
 - d) Equal opportunity only
8. When dealing with a conflict situation what point is missing from the 1-5 list below that you should always remember? (circle the correct answer of either a, b, c or d).
- 1. Be attentive to your beach goer or colleague
 - 2. Concentrate on the issue, not on the person
 - 3. Target the key points of the conflict
 - 4. Verify the outcome that the other person wants
- a) Thank the person and walk away
 - b) Investigate by asking a full range of questions
 - c) Inform the people involved that they need to sort it out elsewhere
 - d) Call the police
9. Why does SLSA have to comply with the ARC guidelines?

- a) Because they have to
- b) They are a legal requirement
- c) They are standard and guidelines that affect all organisation who are involved with resuscitation
- d) They are national guidelines that SLSA and states must follow

10. Identify 3 factors which can affect your work performance of a patrolling lifesaver.

- a) Diet, Alcohol, Smoking
- b) Friends
- c) Location
- d) Time of the day

11. Is the following treatment appropriate to control severe bleeding from a foot wound?

- Rest and reassure patient
- Send for medical help (depending on severity of bleeding)
- Apply a restrictive bandage above the wound
- Elevate the limb,
- Clean around wound
- Place a sterile dressing over the wound and maintain pressure above the wound.

Answer YES or NO

12. An obstruction of the windpipe can occur when a foreign object, such as food, buttons, coins, or toy parts, are inhaled and partially or completely block the airway, preventing adequate breathing. What does this indicate:

- a) They have eaten too much
- b) Shock
- c) Chocking
- d) Anaphylaxis

13. According to the 2011/12 Patrol Operations manual, Section 8-Patrol Obligations, if an act of violence occurs on your beach, as a patrol member what should you do post incident?

- a) Nothing is needed
- b) Inform your Patrol Captain immediately, completed an incident report form, where physical abuse has been suffered contact the police immediately
- c) Inform your Patrol Captain
- d) Fill out an incident report form

14. According to the 2011/12 Patrol Operations manual, Section 22- Workplace Health & Safety, what is the definition of Equal Opportunity?

- a) Is about ensuring that, any person who wants to and is able to participate in surf life saving activities is provided that opportunity.
- b) Allowing only fit members to take part in surf life saving
- c) Limiting the age of members
- d) Limiting the numbers of members

15. Discrimination is permitted and tolerated in Surf Life Saving?
True/ False?

16. According to the 2011/12 Patrol Operations manual, Section 22- Workplace Health & Safety, Harassment is defined as:

- a) Not been nice to people
- b) Is about ensuring that, any person who wants to and is able to participate in surf life saving activities is provided that opportunity.
- c) Any type of behaviour that the other person does not want and does not return and is offensive, abusive, belittling or threatening.
- d) Not allowing someone to do something

17. According to the 2011/12 Patrol Operations manual, Section 22- Workplace Health & Safety, SLSA's Member Safety & Wellbeing policy applies to:

Individuals sitting on boards, committees and sub-committees, employees, support personnel, coaches, associated member, affiliated clubs/organisations, SLSA, guardians, spectators and sponsors.

List three others:

- a) Volunteers, officials, parents
- b) Ordinary members, life members, parents
- c) Employees, volunteers only
- d) No others

18. A standard of conduct that is required for certain roles ie coaches/youth leaders are defined as:

- a) Code of general practice
- b) Code for Coaching
- c) Codes of Conduct

d) Code of Lifesaving

19. After gaining a Surf Rescue Certificate, what is the next award progression for the member if they are turning 15 in September?

- a) Lifeguard
- b) Gold Medallion
- c) IRB Drivers
- d) Certificate II/SLSA Bronze Medallion

20. Within your club what level looks meets regularly and makes big decisions that will impact the club?

- a) Members of the public
- b) Members of Junior Activities
- c) Members of Government
- d) Management/Executive

21. Which Surf Life Saving Queensland Committee is responsible for reviewing and developing the standards for how a beach should be patrolled in Queensland?

- a) Surf Sports Committee
- b) Membership Development Committee
- c) State Lifesaving Education Panel
- d) State Lifesaving Committee

END OF PAPER

ASSESSMENT TASK 2: 3RD PARTY REPORT

INSTRUCTIONS FOR CANDIDATE

To assist in providing evidence that you have successfully performed certain practical tasks, we have developed this 3rd Party Report which can be completed by a patrol captain that you have patrolled under that has actually seen you complete the practical tasks below.

It is recommended that you ask your patrol captain to complete the information below prior to your attendance at your proficiency day. This will assist with your documentation being collected at proficiency day and then passed onto state centre to be processed.

If you are unable to have your Patrol Captain complete the below prior to your proficiency, please ensure you return this complete Assessment Portfolio to your club's Chief Training Officer.

If you cannot provide sufficient evidence that you have demonstrated the tasks listed on the 3rd Party Report, you may have to complete some practical assessment in addition. Please see your Club's Chief Training Officer about this.

INSTRUCTIONS FOR PATROL CAPTAIN

- You are being asked by the member for you to complete the form below for the member to supply as evidence of completing the practical task below in order for the member to potentially obtain their Certificate II in Public Safety (Aquatic Rescue)
- **PLEASE NOTE:** *This is a legal document. You must complete the attached document accurately. By stating that you have witnessed the member complete the tasks and signing the document, you may be called upon to confirm the information provided if the member ever attends a court of law to provide evidence in any proceedings acting as a patrolling member*
- Please review each task on the list below.
- If you have seen yourself the member complete each task (according to the criteria listed), place a S, for completed satisfactory, in the appropriate column
- If you have not seen the member complete a task (according to the criteria listed), place a NS, for not completed satisfactory, in the appropriate column.

Thank you for your time and assistance in helping the member provide evidence as part of the process for them to obtain their Certificate II in Public Safety (Aquatic Rescue)

3rd Party Report

Learner's Name (Full): _____

TASK & CRITERIA	COMPLETED SATISFACTORY (S)	NOT COMPLETED SATISFACTORY (N)
1. The member has actively participated in Patrol Briefing and Debriefing and have complied during the patrol with all instructions provided at the Patrol Briefing and Debriefing		
2. The member has actively participated in setting up a patrol area by placing flags and warning signs in areas as asked to by Patrol Captain		
3. The member has completed log books, including patrol attendance log book and Patrol Statistics log book ensuring all required areas are completed accurately		
4. The member demonstrates that they wear the correct patrol uniform (red/yellow quartered cap, patrol shirt and patrol shorts) throughout the patrol as per the organizations patrol uniform policy		
5. The member wears their red/yellow quartered cap whenever they enter the water during the patrol		
6. The member has raised with you as Patrol Captain a potential Occupational Health and Safety (OHS) issue that could cause harm to either a patrolling member or member of the public. The OHS issue could be any 1 of the following: a. Identified a rip location b. Identified		

I Patrol Captained named _____, hereby stated that I have witnessed myself the aforementioned learner complete all tasks as listed above according to the criteria listed above.

Patrol Captain Signature: _____

Date Report Completed: _____

ASSESSMENT TASK 3: INCIDENT REPORT FORM

INSTRUCTIONS

- A scenario is provided below.
- Complete the attached SLSA Incident Report Form according to the information provided in the scenario below
- You are to complete the incident report form as if you were the patrolling member providing the treatment as written in the scenario below.
- Complete all relevant details on the form as required

SCENARIO

You are a patrolling member at Tugun Surf Life Saving Club participating in a patrol at Tugun beach. At 1:33pm, you notice a member of the public staggering out of the surf holding his upper right leg. You see blood on his hand that is covering his upper right leg. You inform your patrol captain and they ask you to grab the first aid kit and attend to the patient by yourself. You approach the patient, introducing yourself and seeking consent to treat the patient. The patient gives consent. The patient's name is Johnathon Smith aged 25 years old from Burleigh Heads. He states that he wiped out whilst surfing and felt his board hit his leg. When he surfaced, he noticed he had a cut in his upper right thigh and was bleeding quite bad. He complains of feeling dizzy and nauseous. You ask the patient to lie down keeping his head level with his heart asking the patient to keep pressure on his cut leg. You raise both legs in the air placing them on a rescue board that is nearby. You inform your patrol captain at approximately 1:40pm that you require an ambulance as the cut is quite deep. You request that another patrolling member provide oxygen therapy to the patient whilst you attend to the patient's leg. You place a combine bandage over the cut of which you notice that it fills up with blood. You place a second combine bandage over the 1st and notice that the blood loss seems to have been stemmed. You place a roller bandage around the leg to keep the combine bandages attached with pressure applied. You monitor the patient, treating the patient for shock as well, until the ambulance arrives at a time of approximately 2:10pm. The oxygen therapy was applied from the time you inform the patrol captain until the ambulance arrives.



SURF LIFE SAVING AUSTRALIA LTD.

Name of Club or Service: _____

Incident Report Log

State: _____

Details of Incident		Venue Conditions at Time of incident: (if relevant)	
Date: _____ / _____ / _____	Time: _____ am / pm	Wind conditions:	<input type="checkbox"/> Calm <input type="checkbox"/> Slight <input type="checkbox"/> Moderate
Location of Incident: _____		Weather conditions:	<input type="checkbox"/> Fine <input type="checkbox"/> Overcast <input type="checkbox"/> Rain
Name of Victim _____		Sea conditions:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
Age: _____ DOR: _____ / _____ / _____	M / F	Water surface:	<input type="checkbox"/> No chop <input type="checkbox"/> Avg chop <input type="checkbox"/> Large chop
Address if known _____		Wave type:	<input type="checkbox"/> Surging <input type="checkbox"/> Spilling <input type="checkbox"/> Plunging

Please fill in the below relating to the victim

<p>Type of Incident: (may cross more than one)</p> <input type="checkbox"/> ¹ Major First Aid <input type="checkbox"/> ² Minor FA* <input type="checkbox"/> ³ Major Rescue <input type="checkbox"/> ⁴ S & R <input type="checkbox"/> ⁵ Member Injury <input type="checkbox"/> ⁶ Employee Injury <input type="checkbox"/> ⁷ Carnival Incident <input type="checkbox"/> ⁸ Complaint <input type="checkbox"/> ⁹ Drowning <input type="checkbox"/> ¹⁰ Near Drowning <input type="checkbox"/> ¹¹ Other _____ <p>Victim is:</p> <input type="checkbox"/> ¹ Public <input type="checkbox"/> ² SLS Club Member <input type="checkbox"/> ³ Employee <input type="checkbox"/> ⁴ Other _____ <p>Postcode of usual residence (victim)</p> <p>_____ Of <input type="checkbox"/> ¹Unknown <input type="checkbox"/> ²Overseas <input type="checkbox"/> ³No fixed address</p> <p>Type of activity at time of incident:</p> <input type="checkbox"/> ¹ Swimming/wading <input type="checkbox"/> ² Body board <input type="checkbox"/> ³ Walking playing near water <input type="checkbox"/> ⁴ Riding other craft <input type="checkbox"/> ⁵ Rock Fishing <input type="checkbox"/> ⁶ Other fishing <input type="checkbox"/> ⁷ Using a motorised water craft (Rec) <input type="checkbox"/> ⁸ Water skiing <input type="checkbox"/> ⁹ SCUBA/skin diving <input type="checkbox"/> ¹⁰ Wind/kite surfing <input type="checkbox"/> ¹¹ Sailing <input type="checkbox"/> ¹² Rock walking <input type="checkbox"/> ¹³ Suspected suicide <p><input type="checkbox"/> ¹⁴Patrolling in - <input type="checkbox"/> ¹⁵IRB, <input type="checkbox"/> ¹⁶PWC <input type="checkbox"/> ¹⁷Boach, <input type="checkbox"/> ¹⁸4WD <input type="checkbox"/> ¹⁹JRB/ORB <input type="checkbox"/> ²⁰Attempting a rescue <input type="checkbox"/> ²¹Training for (please be very specific: _____)</p> <p><input type="checkbox"/> ²²Carnival Official doing _____ <input type="checkbox"/> ²³Competition in _____ <input type="checkbox"/> ²⁴Driver <input type="checkbox"/> ²⁵Crew <input type="checkbox"/> ²⁶Patient <input type="checkbox"/> ²⁷Surf Boat Crew Position: _____ <input type="checkbox"/> ²⁸Administrative <input type="checkbox"/> ²⁹Fundraising <input type="checkbox"/> ³⁰Water safety <input type="checkbox"/> ³¹Junior activities <input type="checkbox"/> ³²Other club activity _____ <input type="checkbox"/> ³³Other _____</p> <p>Experience in activity</p> <input type="checkbox"/> ¹ 3 years + <input type="checkbox"/> ² 1-3 Years <input type="checkbox"/> ³ 1 year <input type="checkbox"/> ⁴ No experience <p>Other Contributing Factors:</p> <input type="checkbox"/> ¹ Negotiating the break <input type="checkbox"/> ² Returning to shore <input type="checkbox"/> ³ Dumped <input type="checkbox"/> ⁴ Shore break <input type="checkbox"/> ⁵ Lost control of own craft <input type="checkbox"/> ⁶ Other person lost control of craft <input type="checkbox"/> ⁷ Freak wave <input type="checkbox"/> ⁸ Sand bank <input type="checkbox"/> ⁹ Pot hole <input type="checkbox"/> ¹⁰ Slippery rocks <input type="checkbox"/> ¹¹ Suspected Alcohol <input type="checkbox"/> ¹² Suspect Drugs <input type="checkbox"/> ¹³ Rip type _____ <input type="checkbox"/> ¹⁴ Slip/ trip/ fall <input type="checkbox"/> ¹⁵ Assault <input type="checkbox"/> ¹⁶ Collision with _____ <input type="checkbox"/> ¹⁷ Mechanical Malfunction _____ <input type="checkbox"/> ¹⁸ Other _____	<p>Description of Incident: (please use back if needed): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Nature of Injury</p> <input type="checkbox"/> ¹ Marine Sting, type _____ <input type="checkbox"/> ² Abrasion / graze <input type="checkbox"/> ³ Blisters <input type="checkbox"/> ⁴ Open wound / laceration / cut <input type="checkbox"/> ⁵ Bruise / contusion <input type="checkbox"/> ⁶ Inflammation / swelling <input type="checkbox"/> ⁷ Fracture (including suspected) <input type="checkbox"/> ⁸ Dislocation/subluxation <input type="checkbox"/> ⁹ Sprain <input type="checkbox"/> ¹⁰ Strain <input type="checkbox"/> ¹¹ Overuse injury <input type="checkbox"/> ¹² Concussion <input type="checkbox"/> ¹³ Cardiac problem <input type="checkbox"/> ¹⁴ Respiratory problem <input type="checkbox"/> ¹⁵ Loss of consciousness <input type="checkbox"/> ¹⁶ Heat stroke / Heat exhaustion <input type="checkbox"/> ¹⁷ Hypothermia <input type="checkbox"/> ¹⁸ Sunburn <input type="checkbox"/> ¹⁹ Suspected spinal <input type="checkbox"/> ²⁰ Deceased <input type="checkbox"/> ²¹ Other _____ <p>Body region injured: (Please Circle)</p> <p>Description</p> <p>Initial treatment:</p> <input type="checkbox"/> ¹ None given – not required <input type="checkbox"/> ² None given – patient refused <input type="checkbox"/> ³ None given – referred elsewhere <input type="checkbox"/> ⁴ RICE <input type="checkbox"/> ⁵ ICC <input type="checkbox"/> ⁶ Cleaned <input type="checkbox"/> ⁷ Dressod (incl. Bandage) <input type="checkbox"/> ⁸ Sling / Splint <input type="checkbox"/> ⁹ Spinal collar <input type="checkbox"/> ¹⁰ Massage / Stretching <input type="checkbox"/> ¹¹ Strapping/Taping only <input type="checkbox"/> ¹² Stitches <input type="checkbox"/> ¹³ Medication <input type="checkbox"/> ¹⁴ Prescription written <p>Resuscitation (Please fill in other side of form)</p> <input type="checkbox"/> ¹⁴ EAR <input type="checkbox"/> ¹⁵ CPR <input type="checkbox"/> ¹⁶ Oxygen therapy <input type="checkbox"/> ¹⁷ Oxygen airbag <input type="checkbox"/> ¹⁸ Defibrillation (Defib) <input type="checkbox"/> ¹⁹ Other _____	<p>Mechanism of Incident (what went wrong)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Location of incident?</p> <input type="checkbox"/> ¹ In water <input type="checkbox"/> ² On Beach <input type="checkbox"/> ³ On rocks <input type="checkbox"/> ⁴ Other _____ <p>and...</p> <input type="checkbox"/> ¹ In flags <input type="checkbox"/> ² Outside but near flags <input type="checkbox"/> ³ <1 km from patrolled area <input type="checkbox"/> ⁴ 1 to 5 km from patrolled area <input type="checkbox"/> ⁵ > 5 km from patrolled area <p>Who first sighted the rescue/ incident? e.g. _____ public _____</p> <p>Who conducted the rescue/ incident? e.g. lifecaver _____</p> <p>Main Language Spoken: _____ <input type="checkbox"/> Or <input type="checkbox"/> English <input type="checkbox"/> Non English speaking <input type="checkbox"/> Don't know</p> <p>Referral:</p> <input type="checkbox"/> ¹ No referral <input type="checkbox"/> ² Medical Practitioner <input type="checkbox"/> ³ Physiotherapist <input type="checkbox"/> ⁴ Ambulance transport to _____ <input type="checkbox"/> ⁵ Hospital <input type="checkbox"/> ⁶ Xray <input type="checkbox"/> ⁷ Peer Counselling <input type="checkbox"/> ⁸ Professional Counselling <p>Other Services:</p> <input type="checkbox"/> ¹ Fire/ Rescue <input type="checkbox"/> ² Police <input type="checkbox"/> ³ JRB/ ORB <input type="checkbox"/> ⁴ Helicopter <input type="checkbox"/> ⁵ Investigation required <input type="checkbox"/> ⁶ Worker Compensation required (fill in State form requirements) <input type="checkbox"/> ⁷ Other _____ <p>Treating Person:</p> <input type="checkbox"/> ¹ Medical Practitioner <input type="checkbox"/> ² Nurse <input type="checkbox"/> ³ Ambulance <input type="checkbox"/> ⁴ Physiotherapist <input type="checkbox"/> ⁵ Chiropractor <input type="checkbox"/> ⁶ First Aid Officer <input type="checkbox"/> ⁷ Lifesaving <input type="checkbox"/> ⁸ Lifeguard <input type="checkbox"/> ⁹ Other _____ <p>Person Completing from:</p> <p>Name: _____</p> <p>Position: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p>
---	--	---

PART B: RESUSCIATION REPORT FORM

<p>1. Patients condition when first observed:</p> <p><input type="checkbox"/> ¹Conscious <input type="checkbox"/> ²Unconscious <input type="checkbox"/> ³Breathing <input type="checkbox"/> ⁴Not Breathing <input type="checkbox"/> ⁵Pulse Present <input type="checkbox"/> ⁶Pulse Absent</p> <p>1a Resuscitation was administered</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Colour of patient when first observed:</p> <p><input type="checkbox"/> ¹Normal <input type="checkbox"/> ²Pale <input type="checkbox"/> ³Blue <input type="checkbox"/> ⁴Grey</p> <p>3. Patients colour changed during resuscitation</p> <p><input type="checkbox"/> ¹Normal <input type="checkbox"/> ²Pale <input type="checkbox"/> ³Blue <input type="checkbox"/> ⁴Grey</p> <p>4. Airway of the patient was obstructed when first observed by:</p> <p><input type="checkbox"/> ¹Vomit <input type="checkbox"/> ²Seaweed <input type="checkbox"/> ³Dentures <input type="checkbox"/> ⁴Clenched jaw <input type="checkbox"/> ⁵Airway was clear</p> <p>5. How long was it, from when the incident was first reported to the time of the first artificial breaths:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>6. How long was EAR carried out for:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>7. Which method was used?</p> <p><input type="checkbox"/> ¹Mouth to Mask <input type="checkbox"/> ²Mouth to Mouth <input type="checkbox"/> ³Mouth to Nose <input type="checkbox"/> ⁴Bag valve mask</p> <p>8. What oxygen equipment was used:</p> <p><input type="checkbox"/> ¹Oxygen Therapy <input type="checkbox"/> ²Air Bag Resuscitator</p>	<p>9. How long was oxygen administered for:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>10. The patient regurgitated / vomited due to:</p> <p><input type="checkbox"/> ¹Mechanical Device <input type="checkbox"/> ²Blocked Airway <input type="checkbox"/> ³Revival</p> <p>11. An Airway was Inserted: (type)</p> <p><input type="checkbox"/> ¹OP Airway <input type="checkbox"/> ²Combitube <input type="checkbox"/> ³LMA Mask <input type="checkbox"/> ⁴Other</p> <p>12. How long was it, from when the incident was first reported to the time an airway was inserted?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>13. How long was ECC carried out?</p> <p><input type="checkbox"/> ¹1-3 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>14. A defibrillator was used by:</p> <p><input type="checkbox"/> ¹Lifesaver <input type="checkbox"/> ²Lifeguard <input type="checkbox"/> ³Ambulance <input type="checkbox"/> ⁴Doctor</p> <p>15. How long was it, from the incident was first reported to the time the defibrillator was applied?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>16. How many times was a shock delivered?</p> <p><input type="checkbox"/> ¹1 <input type="checkbox"/> ²2 <input type="checkbox"/> ³3 <input type="checkbox"/> ⁴4 <input type="checkbox"/> ⁵5 <input type="checkbox"/> ⁶Other</p> <p>17. Did the patient regain consciousness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. How long was it, after calling for assistance, that the ambulance arrived?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>19. The patient conveyed to hospital by?</p> <p><input type="checkbox"/> ¹Ambulance <input type="checkbox"/> ²Helicopter <input type="checkbox"/> ³Private vehicle <input type="checkbox"/> ⁴Other</p> <p>20. Which hospital was the patient conveyed to?</p> <p>_____</p> <p>21. What condition was the patient in when transport?</p> <p><input type="checkbox"/> ¹Conscious <input type="checkbox"/> ²Unconscious <input type="checkbox"/> ³Deceased <input type="checkbox"/> ⁴Unknown</p> <p>22. Condition on discharge from hospital (if known)</p> <p><input type="checkbox"/> ¹Full recovery <input type="checkbox"/> ²Deceased <input type="checkbox"/> ³Unknown</p> <p>23. Trauma counselling was arranged for the rescuer/s</p> <p><input type="checkbox"/> ¹Yes <input type="checkbox"/> ²No</p> <p>24. Was a carry used:</p> <p><input type="checkbox"/> ¹Yes <input type="checkbox"/> ²No If yes, what kind? _____</p> <p>Name of person completing form: (If different from other side of form)</p> <p>_____</p> <p>Position: _____</p> <p>Phone: _____</p> <p>e-mail: _____</p> <p>Signature: _____</p>
--	---	---

Please provide brief details of the incident including any recommendations: