



## **HLTAID011 Provide first aid**

### ***Student Enrolment Pack***

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Performance Assessment Record  
Overall Assessment Record  
Sitetrain CEO Co-signature

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer: \_\_\_\_\_

**Student Enrolment Form**

<b>Title:</b>		<b>First Given Name:</b>		<b>Family Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<b>Birth Date:</b>		
<b>Home Number:</b>			<b>Mobile Number:</b>		
<b>Email Address:</b>					
<b>Home address:</b>					
<b>Postal address:</b>					
<b>In which country where you born?</b>	<input type="checkbox"/> Australia		<input type="checkbox"/> Other (Please specify):		
<b>What is your highest COMPLETED school level? (Tick ONE box only.)</b>					
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent			<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		
<b>In which YEAR did you complete school?</b>					
<b>Are you still attending secondary school?</b>					
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you successfully completed any of the following qualifications?</b>			<input type="checkbox"/> No <input type="checkbox"/> Yes - bachelor's degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV <input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above		
<b>Of the following categories, which best describes your current employment status?</b>			<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment		
<b>Do you speak a language other than English at home?</b>		<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify):	
<b>How well do you speak English?</b>		<input type="checkbox"/> Very well <input type="checkbox"/> Well		<input type="checkbox"/> Not well <input type="checkbox"/> Not at all	

<b>Are you of Aboriginal or Torres Strait Islander origin? (Tick one)</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
<b>Do you identify yourself as having a disability? (Please tick)</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Hearing/Deaf
<input type="checkbox"/> Yes, Intellectual	<input type="checkbox"/> Yes, Vision
<input type="checkbox"/> Yes, Learning	<input type="checkbox"/> Yes, Physical
<input type="checkbox"/> Yes, Medical	<input type="checkbox"/> Yes, Mental
<input type="checkbox"/> Yes, Acquired brain impairment	<input type="checkbox"/> Other
<b>Please specify:</b>	
<b>Do you consider that you have adequate literacy and numeracy skills to undertake the course?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>Are you seeking credit for previous training or recognition of prior learning?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>Are there any individual needs you have that we should be aware of, so we take these into account when planning your training:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes, please provide us a little more information:	

<b>Unit or Qualification Name:</b>	HLTAID011 Provide first aid		
<b>Start Date:</b>		<b>Finish Date:</b>	
<b>Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)</b>			
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons	

<b>Emergency Contact Name</b>		<b>Mobile Number:</b>	
<b>Phone Number:</b>		<b>Relationship:</b>	



**Privacy Notice**

Under the *Data Provision Requirements 2012*, Sitetrain is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Sitetrain for statistical, regulatory and research purposes. Sitetrain may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring, and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent, or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE ..... DATE .....

PARENT/GUARDIAN SIGNATURE..... DATE

.....

*\*Parental/guardian consent is required for all students under the age of 18.*

<b>Employer Name:</b>			
<b>Contact Name:</b>			
<b>Phone Number:</b>		<b>Fax number:</b>	
<b>Workplace address:</b>			

**Enrolling student**

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Student Handbook supplied to me and have been informed about my rights and obligations.
- I have reviewed the Schedule of Fees and Payments and have been informed of the refund policy, if applicable.
- I have reviewed the relevant course brochure and have been informed of the training and assessment services to be provided and the units of competency to be completed.
- The information I have provided in this form is true and correct.
- By signing I confirm that the work I have supplied is my own.
- I agree that I am physically able to meet the requirements of this course and understand that I hold the trainer or RTO responsible for injury or illness that occurs from this training
- I have adequate language, numeracy, and literacy skills to complete the course as specified in the student information.
- I understand the USI requirements and have had this explained to me and been provided a fact sheet. I also understand that by not providing a USI I am aware I will not receive a certificate for this training.
- I understand and give consent that my employer be given a copy of my certificate.
- I did/will complete all work myself.
- I understand it is an entry requirement that I am existing worker in Construction, Industrial, Building, Mining or Local Councils and has completed industry and on-site workplace health and safety induction training. I can confirm this is the case and authorise Sitetrain to contact my employer to confirm if necessary.

Full name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Assessment Overview

The completion of two knowledge assessments and four practical assessments will assess the units of competency.

Number	Method	Description
<b>HLTAID011 Theory Assessment 1</b>	Classroom <b>60 minutes</b>	The student must provide a written or verbal response to multiple choice questions which address the knowledge requirement of the unit. The student must attempt to answer all questions. The assessment is supervised in a classroom setting and conducted over 1 hour
<b>HLTAID011 Theory Assessment 2</b>	Classroom <b>15 Minutes</b>	The student must provide a written or verbal response to true/false choice questions which address the knowledge requirement of the unit. The student must attempt to answer all questions. The assessment is supervised in a classroom setting and conducted over 15 minutes
<b>HLTAID011 Performance Assessment 1</b>	Individual but students paired <b>6 minutes</b>	Respond to an adult in a local shopping centre who has collapsed in the food court and is unresponsive and manage the unconscious, non-breathing casualty until paramedics arrive, including: <ul style="list-style-type: none"> <li>• Recognising and assessing the emergency situation</li> <li>• Ensuring the safety of yourself, any bystander and the casualty</li> <li>• Place casualty in recovery position</li> <li>• Assessing the casualty and determining if there is a need for cardiopulmonary resuscitation (CPR)</li> <li>• Seeking assistance from emergency services</li> <li>• Performing CPR in accordance with ARC guidelines</li> <li>• Displaying respectful behaviour towards the casualty</li> <li>• Performing first aid in accordance with first aid principles</li> <li>• Operating an automated external defibrillator (AED) according to manufacturer's instructions.</li> <li>• Rotating to Paramedic with minimal interruptions to compressions</li> <li>• Reporting the details of the incident in line with workplace or site procedures</li> </ul>
<b>HLTAID011 Performance Assessment 2</b>	Individual <b>5 minutes</b>	Respond to an infant collapsed in a Child Care Centre where infant is unresponsive and manage the unconscious, non-breathing infant until paramedics arrive including: <ul style="list-style-type: none"> <li>• Recognising and assessing the emergency situation</li> <li>• Ensuring the safety of yourself, any bystander and the casualty</li> <li>• Assessing the casualty and determining if there is a need for cardiopulmonary resuscitation (CPR)</li> <li>• Seeking assistance from emergency services</li> <li>• Performing first aid and CPR in accordance with ARC guidelines</li> <li>• Displaying respectful behaviour towards the casualty</li> </ul>

		<ul style="list-style-type: none"> <li>• Using available resources and equipment to make the casualty as comfortable as possible</li> <li>• Monitoring the casualty's condition and respond using first aid principles DRSABSD</li> </ul>
<b>HLTAID011 Performance Assessment 3</b>	Individual but students paired <b>15 minutes</b>	<p>Assess the student's knowledge essential to the management of the following conditions and injuries:</p> <ul style="list-style-type: none"> <li>• anaphylaxis</li> <li>• asthma</li> <li>• non-life-threatening bleeding</li> <li>• choking</li> <li>• envenomation, using pressure immobilisation</li> <li>• fractures, dislocations, sprains and strains, using appropriate immobilisation techniques</li> <li>• minor wound cleaning and dressing</li> <li>• nosebleed</li> <li>• shock</li> </ul>



## HLTAID011 Provide first aid Theory Questionnaire

*Either tick or mark the circle that best answers the multiple-choice questions.*

### Knowledge Test 1 – Multiple Choice

Q	a)	b)	c)	d)
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Q</b>	<b>a)</b>	<b>b)</b>	<b>c)</b>	<b>d)</b>
36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Knowledge Test 2 – True/False**

Q	True	False
1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>

Q	True	False
21	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input type="radio"/>
26	<input type="radio"/>	<input type="radio"/>
27	<input type="radio"/>	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>
29	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>

**Performance Assessment 1 - Forms**

**FIRST AID INCIDENT REPORT FORM FOR PERFORMANCE ASSESSMENT 1 – ADULT COLLAPSED IN RETAIL AREA**

First Aid Incident Report Form				
Date of incident:				
Time of incident:     AM/PM				
Name of person/s injured/involved:				
Address/Location:				
Details of the incident:				
Witness Name:				
Witness Telephone:				
Past Medical History				
Not known	Asthma	Medication alert	Allergies	Diabetes
Cardiac history	Hypertension	Loss of consciousness	Other	
Observations				
Time	Pulse	Breathing	Conscious level (alert to voice or pain/ unconscious)	Other observations

	<b>Treatment given:</b>				
	A Abrasion				
BL Bleeding					
BU Burns					
C Contusion					
D Deformity					
F Fracture					
L Laceration					
P Pain					
S Swelling					
T Tenderness					
Refused treatment:					
Witness name and signature (if required):					
<b>Discharged to:</b>					
Ambulance	Hospital	General Practitioner	Return to work	Other	
First Aider Name:					
Signature:					
Patient Signature:					
Time out:					

REVIEW FORM FOR PERFORMANCE ASSESSMENT 1 – ADULT COLLAPSED IN A RETAIL AREA	
This form will be used to review responses to staff accidents or incidents in the organisation.	
Explain what steps you took when you discovered the staff member:	
What was the person's vital signs?	
What steps did you take to manage the situation?  Write your answer using bullet points	
When emergency services arrived, explain how you performed the handover.	
Explain how you ensured that you were reporting the details of the incident in line with workplace or site procedures. Where did you find this information?	

Explain how you maintained privacy and confidentiality of information.

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## Performance Assessment 1 – Adult collapsed in a retail area

Performance Requirements	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Assesses the situation dynamically for hazards and quickly determines the risks associated with rescue, approach and performing CPR to the patient</b></p> <ul style="list-style-type: none"> <li>Follows DRABCD process throughout the scenario</li> </ul> <p><b>Activation of emergency services – Send for help</b></p> <ul style="list-style-type: none"> <li>Student makes a simulated call to transfer information based on the scenario to an emergency service based on the workplace procedures OR public access to 000.</li> </ul> <p><b>Manage unconscious breathing casualty</b></p> <ul style="list-style-type: none"> <li>Perform CPR – single rescuer (2 mins) adult manikin                             <ul style="list-style-type: none"> <li>Perform chest compressions using the ARC recommended frequency and cycle</li> <li>Perform rescue breaths using the ARC recommended frequency and cycle</li> </ul> </li> <li>Perform CPR – dual rescue (1 minute) adult manikin on the floor as single rescuer hands over casualty to Paramedic Use an Automated external defibrillator                             <ul style="list-style-type: none"> <li>Perform chest compressions using the ARC recommended frequency and cycle</li> <li>Perform rescue breaths using the ARC recommended frequency and cycle</li> <li>Second student locates and prepares the AED while student 1 continues to perform uninterrupted</li> <li>Be able to switch on the machine</li> <li>Use the analyse and shock buttons effectively</li> <li>Follow instructions given by the machine swiftly and effectively.</li> </ul> </li> <li>Place casualty in recovery position.</li> </ul>				



## Performance Assessment 2 – Infant collapsed in Child Care

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Assesses the situation dynamically for hazards and quickly determines the risks associated with rescue, approach and performing CPR to the patient</b></p> <ul style="list-style-type: none"> <li>Follows DRABCD process throughout the scenario</li> </ul> <p><b>Activation of emergency services – Send for help</b></p> <ul style="list-style-type: none"> <li>Student makes a simulated call to transfer information based on the scenario to an emergency service based on the workplace procedures OR public access to 000.</li> </ul> <p><b>Manage unconscious breathing casualty</b></p> <ul style="list-style-type: none"> <li>Perform CPR – single rescuer (2 mins) child manikin</li> <li>Perform chest compressions using the ARC recommended frequency and cycle</li> <li>Perform rescue breaths using the ARC recommended frequency and cycle</li> <li>Using available resources and equipment to make the casualty as comfortable as possible.</li> </ul>				

## Performance Assessment 3 – Knowledge and Skills Test

### Activity 1 – Anaphylaxis

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the anaphylaxis emergency and apply first aid in accordance with first aid principles</b></p> <ul style="list-style-type: none"> <li>Lay the person flat (if unconscious, place in recovery position) (if difficulty breathing, allow to sit).</li> <li>Ask the person if they have an adrenalin injector. Administer adrenalin injector.</li> <li>Phone ambulance – 000</li> <li>Phone family/emergency contact</li> <li>Monitor casualty’s condition and respond in accordance with first aid principles</li> <li>Further adrenalin doses may be given after 5 minutes if a second injector is available.</li> </ul>				

### Activity 2 – Asthma

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the asthma emergency and apply first aid in accordance with first aid principles:</b></p> <ul style="list-style-type: none"> <li>Sit the person upright, be calm and reassuring, didn’t leave the person alone.</li> <li>Ask the person if they have an asthma plan and a puffer.</li> <li>Give 4 separate puffs of blue/grey reliever puffer</li> <li>Shake puffer                         <ul style="list-style-type: none"> <li>Put 1 puff into spacer</li> <li>Take 4 breaths from spacer</li> <li>Repeat until 4 puffs have been taken, Bricanyl, Symbicort Turbuhaler and Symbicort Rapihaler differ, read and follow instruction.</li> </ul> </li> <li>Provide an explanation of the steps required when the casualty’s condition does not improve?</li> <li>Monitor casualty’s condition and respond in accordance with first aid principles eg: phone ambulance if there was no improvement, keep giving 4 puffs every 4 minutes until emergency services arrive</li> </ul>				

### Activity 3 - Non-life-threatening bleeding

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the non-threatening bleeding and apply first aid in accordance with first aid principles:</b></p> <ul style="list-style-type: none"> <li>• Wear personal protective equipment (gloves)</li> <li>• Attempt to stop the bleeding by applying sustained direct or indirect pressure on or near the wound as appropriate.</li> <li>• Restrict movement, immobilise the part, elevate</li> <li>• Once bleeding slows or stops: Check for foreign bodies in the wound</li> <li>• Clean the injured area with sterile gauze soaked in normal saline or water.</li> <li>• Apply dressing, such as pad and bandage held in place with hypoallergenic tape.</li> <li>• Apply another bandage if bleeding seeps through</li> </ul>				

### Activity 4 – Choking

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the choking and apply first aid in accordance with first aid principles:</b></p> <ul style="list-style-type: none"> <li>• Give five (5) back blows                         <ul style="list-style-type: none"> <li>○ Stand on the side or behind a choking adult.</li> <li>○ Place one arm across the casualty's chest for support.</li> <li>○ Deliver five separate back blows between the person's shoulder blades with the heel of your hand.</li> <li>○ Check in between the back blows if the foreign body has dislodged.</li> </ul> </li> <li>• If the back blows are unsuccessful, then give 5 chest thrusts.</li> <li>• Give five (5) chest thrusts                         <ul style="list-style-type: none"> <li>○ Stand behind the casualty.</li> <li>○ Place one foot forward to other foot for balance.</li> <li>○ Tilt the casualty forward slightly.</li> <li>○ Wrap both arms around the casualty at chest level.</li> <li>○ Place one fist with the thumb side in the centre of the nipple line.</li> <li>○ Grasp that fist with your second hand and give up to 5, separate, inward and upward thrusts.</li> <li>○ Check in between the chest thrust if the foreign body has dislodged</li> </ul> </li> <li>• Alternate between 5 blows and 5 thrusts until the blockage is dislodged.</li> <li>• Monitor casualty's condition and respond in accordance with first aid principles</li> </ul>				

## Activity 5 – Envenomation using pressure immobilisation

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the envenomation emergency and apply first aid in accordance with first aid principles</b></p> <ul style="list-style-type: none"> <li>• Keep the person immobilised</li> <li>• Lay the casualty down or sit on the ground with legs extended if breathing difficulty present</li> <li>• Apply a broad pressure bandage (crepe bandage preferred) over the bite as soon as possible</li> <li>• Apply a firm, heavy crepe or elasticised roller bandage just above the toes and moving upwards as far as can be reached up the limb (including the bite site)</li> <li>• Apply tightly without stopping the blood supply to the limb</li> <li>• Immobilise the limb using a splint and secure it with a second bandage</li> <li>• Check toes for circulation (blood supply)</li> <li>• Keep casualty and the limb at rest</li> <li>• Monitor casualty's condition and respond in accordance with first aid principles</li> </ul>				

## Activity 6 – Fracture, dislocation, sprain or strain using appropriate immobilisation techniques

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage fracture, dislocation, sprain or strain and apply first aid in accordance with first aid principles and:</b></p> <ul style="list-style-type: none"> <li>• Apply the first-aid procedure for fracture in accordance with the first aid principles</li> <li>• Reassured casualty and instructed them to cease activity if not already done so</li> <li>• Gather the history of the incident</li> <li>• Apply RICE (rest, ice, compression, elevate) technique to sprains and strains</li> <li>• Monitor casualty's condition and respond in accordance with first aid principles</li> </ul>				

## Activity 7 – Minor wound cleaning and dressing

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the non-threatening bleeding and apply first aid in accordance with first aid principles:</b></p> <ul style="list-style-type: none"> <li>• Apply first-aid procedure for bleeding control in accordance with the first aid principles:</li> <li>• Reassure casualty and instructed them to apply direct pressure if possible</li> <li>• Put on gloves and another PPE as required</li> <li>• Checked for foreign bodies in the wound</li> <li>• Clean with saline and water</li> <li>• Apply band aid or pad and bandage to wound</li> <li>• Elevate (Sling/elevated)</li> <li>• Monitor</li> </ul>				

## Activity 8 – Nosebleed

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the nose bleed and apply first aid in accordance with first aid principles:</b></p> <ul style="list-style-type: none"> <li>• Apply first-aid procedure for nose bleeding control in accordance with the first aid principles:                             <ul style="list-style-type: none"> <li>○ Apply pressure equally to both sides of the nose, over the soft part below the bony bridge</li> <li>○ Ask the casualty to lean over with the head forward to avoid blood flowing down the throat.</li> <li>○ Encourage the casualty to spit out blood rather than swallow.</li> <li>○ Tell the casualty to remain seated at total rest for at least 10 minutes. Monitor and observed casualty</li> <li>○ Seek assistance if bleeding continues for over 20 minutes.</li> </ul> </li> </ul>				

## Activity 9 – Shock

<b>Performance Requirements</b>	Y	N	Reassess	
			Y	N
<p><b>During the performance assessment the candidate explains or demonstrates:</b></p> <p><b>Did the students manage the shock and apply first aid in accordance with first aid principles:</b></p> <ul style="list-style-type: none"> <li>• Raise the casualty’s legs, above the level of the heart, with head flat on the floor</li> <li>• Loosen tight clothing around neck, chest and waist</li> <li>• Maintain body heat with blanket or similar</li> <li>• Give small frequent amounts of water</li> <li>• Monitor and record breathing, pulse and skin colour at regular intervals</li> <li>• Place the person in recovery position if they have difficulty breathing, became unconscious, was likely to vomit.</li> <li>• Monitor and observe casualty</li> </ul>				

## Practical Assessments

<p><b>Undertaken during each Performance Assessment the student has:</b></p> <ul style="list-style-type: none"> <li>• Recognised and assessed the emergency situation.</li> <li>• Ensured safety for self and others.</li> <li>• Assessed the casualty and recognised the need for first aid.</li> <li>• Reassured the casualty.</li> <li>• Displayed respectful behaviour.</li> <li>• Obtained consent.</li> <li>• Contacted emergency services.</li> <li>• Called family/emergency contact (if applicable).</li> </ul>		
<b>Trainer</b>	<b>Signature</b>	<b>Date</b>

## Assessment Summary Report

<b>Unit of Competency</b>	HLTAID011 Provide first aid	
<b>The learner demonstrated the required skills and knowledge during the following assessment tasks</b>	<b>Satisfactory</b>	<b>Not Satisfactory</b>
Knowledge Assessment 1	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge Assessment 2	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 1	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 2	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 3	<input type="checkbox"/>	<input type="checkbox"/>
Performance Assessment 4	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall assessment</b>	<b>Competent</b>	<b>Not Yet Competent</b>
<b>Overall the learner is assessed as</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date overall assessment outcomes achieved:</b>		
<b>Feedback to the learner on their performance and results:</b>		
<p><b>By signing this document, the trainer declares that:</b></p> <ul style="list-style-type: none"> <li>• I have sighted the students' proof of identity or have confirmed a referee has been provided.</li> <li>• I have conducted the assessment with the student according to the training package guidelines and the training and assessment strategy.</li> <li>• The assessment evidence is valid, sufficient, authentic and current.</li> <li>• The assessment practice is fair, flexible, valid and reliable.</li> <li>• I have provided feedback written above to student.</li> </ul> <p>By signing below, I confirm that the student has demonstrated competency.</p>		
<b>Assessor Name:</b>	<b>Assessor Signature:</b>	
<p>Where the student did not achieve competency, detail of reassessment should be recorded below, and reassessment form should be completed. Both reassessment and student pack need to be returned to Sitetrain once competency has been reached.</p> <p>Sitetrain must be notified if student did not achieve competency and requires reassessment. Notification via email or phone at time of course is required.</p>		

## Co Assessment Record – Office Use Only

<b>Unit of competency</b>	HLTAID011 Provide first aid		
<b>Check the following aspects and ensure they have been completed correctly</b>	<b>Satisfactory</b>	<b>Not Satisfactory</b>	
Knowledge Assessment 1	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge Assessment 2	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Assessment 1	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Assessment 2	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Assessment 3	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Assessment 4	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
Venue Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Overall assessment (agree or not agree)</b>	<b>Competent</b>	<b>Not Yet Competent</b>	
<b>Overall the learner is assessed as:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments regarding decision if against trainer’s initial assessment: WHY</b>			
<b>What is required? Was paperwork returned to trainer and why?</b>			
<b>Overall assessment (agree or not agree)</b>	<b>Competent</b>	<b>Not Yet Competent</b>	
<b>Overall the learner is assessed as:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CEO Co signature:</b>		<b>Date of Co Assessment:</b>	
<b>Issue Certificate</b>	<b>YES</b>	<b>NO</b>	<b>Date Issued</b>
<b>Note: Was certificate issued within 30 days of date of co-assessment: Yes/No</b>			
<b>If no, please give details</b>			



**We would appreciate a testimonial. By providing a testimonial you are agreeing for this testimonial plus your name, position and company to be use in advertising for Sitetrain.**

Testimonial:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

**We greatly appreciate testimonials from our students, we also understand if you do not wish to provide one.**