

# Advanced Resuscitation Techniques

## SNB Central Venue Assessment Guidelines

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### Purpose and Scope

This document is intended for Chief Instructors, Assessors, Training Officers and candidates for the SLS NSW Advanced Resuscitation Techniques certificate (ART).

It is intended to provide guidance to clubs and members on preparing for, conducting and participating in SNB's Central Venue Assessments. This document should be read with care by all stakeholders in the ART process, especially Training Officers and Assessors of the award.

**Provide First Aid HLTAID011 is a pre-requisite for this award and should be held before starting the course, definitely prior to assessment. A Form 14 must be provided when confirming candidate bookings, or at assessment sign-in.**

### Preparation & Organisation

#### BOOKINGS

- Clubs wishing to host an ART Central Venue Assessment should email the Branch Education staff member specifying the date, time, location and names of candidates for the proposed assessment.
- To book the use of the Branch Trauma Kit for your training course and/or the assessment, go to [ART Trauma Kit Booking Form](#) and complete the online form. Bookings will be confirmed by email after we have checked there's no cross-over with any other bookings.
- Capacity limits are at the discretion of the Branch office, however assessments should be for at least 4 candidates.
- The Branch Office may schedule additional assessments to meet requirements or postpone assessments due to a low number of candidates or limited Assessor availability.
- Clubs wishing to book candidates into ANY assessment (including one they are hosting) must provide a list of the candidates' names at the time of booking via email to the Branch Office  
See the [SNB Club Education Guide](#) for detailed information.
- Clubs must ensure that candidates will meet the minimum age requirement on the day of assessment.
- Bookings close 7 working days in advance of the assessment date, or when the assessment is fully booked, whichever occurs first.
- Candidates who have not booked in will not be assessed. This includes candidates representing.
- The maximum period of time between a candidate starting an assessment and finishing the assessment is 3 months. Candidates exceeding this gap must be re-assessed in full. This includes candidates representing in any one task.

#### GEAR REQUIREMENTS

Each attending Club **MUST** provide the following equipment for every 4 candidates, up to a maximum of 3 sets:

1. Ambu adult manikin with an OP face mask (advise the Branch if your Club doesn't have an Ambu)
2. Infant manikin

*Note: All manikins must be clean, in working order and meet manufacturer's specifications and SLSA requirements. Manikins must allow Candidates to demonstrate correct inflation, depth and timing of compressions.*

3. AED training unit - **in working order**. Batteries and remotes should be fully operational. The unit should be programmed correctly to assess patient and shock at least once. The pads must adhere to a manikin.
4. Oxygen unit - fully kitted up as for patrol and with a full oxygen cylinder.
5. Oropharyngeal airways.
6. Suction device.

7. Digital thermometer.
8. Pulse oximeter.
9. Resuscitation masks - **one per Candidate**. Candidates must have their own adult resuscitation mask.
10. Appropriate PPE
11. Tourniquet
12. Gauze (to be used with the haemostatic trainer)

Branch and /or Host Club must provide one of each:

1. Emergency Tourniquet Trainer
2. Haemostatic Clotting Trainer

*Note: Emergency Tourniquet & Haemostatic Clotting Trainer are in the Trauma Kit that can be booked through Branch.*

Clubs that arrive at an assessment without equipment and without having made prior arrangements with another club may not be assessed.

## PERSONNEL AND PAPERWORK

Each group of candidates MUST be accompanied to the assessment by their Training Officer or a suitable delegate who has been involved in the group's training for this award.

Each candidate must attend with their ART Assessment Portfolio with:

- The Cover Sheet on page 3 filled in with the candidate's details.
- Assessment Task 1: multiple choice questions on pages 4-23 of the candidate's assessment portfolio must be completed, marked and signed off by an ART Assessor prior to Assessment.

The ART Training Officer can mark these questions using the answers in the Delivery & Assessment Guide. The pass mark is 100% as this is an open book assessment task. An ART Assessor must then review the results and sign off the assessment task in each candidate's assessment portfolio prior to the date of the practical assessment. If a club is not able to access an ART Assessor who can sign off this section prior to assessment, please contact the Branch office to arrange an alternative solution.

It is the Training Officer's responsibility to ensure that they have downloaded the current versions of all paperwork from the Members Area.

## HOST CLUBS

The host Club must provide the following:

- Adequate space (see below for details)
- Sign-in desk and chair
- Tables for equipment stations
- Washing/disinfection station in case needed
- Refreshments for Assessors, including water

For assessments, the host Club needs to provide access to adequate spaces which are not being used for other activities and are a sufficient size to conduct the assessment. Ideally, as well as assessment areas, a sheltered waiting area within easy access to the assessment area and facilities will be provided for candidates who are waiting for their turn at an Assessment Station. It is important that members not involved in the assessment are clear of this area and the assessment area.

The host Club is expected to provide some refreshments (such as water) for Assessors and a suitable space in the clubhouse to complete paperwork.

If the venue is considered not to be suitable for the assessment, or host Club members are interfering or placing pressure on candidates or Assessors, the assessment may be cancelled at the discretion of the Assessor-In-Charge.

## ASSESSOR NUMBERS

Efficacy of the assessment requires a high Assessor/Candidate ratio. For an assessment to be conducted in less than 3 hours, the Branch will endeavour to provide 1 Assessor for every 4 Candidates, plus the Assessor-in-Charge.

## ASSESSOR COORDINATION

- Each central venue assessment will have a designated Assessor-in-Charge who is allocated by the Director of Education or their delegate
- The Assessor-in-Charge should not be regularly involved in the assessing of Candidates. It is their role to:
  - ⇒ Ensure safe conduct of the assessment.
  - ⇒ Oversee the assessment, including allocation of Assessors to Stations.
  - ⇒ Offer a second opinion in the cases of borderline or disputed assessment results.
  - ⇒ Field serious complaints about the assessment or the conduct of Assessors, Training Officers or candidates.
  - ⇒ Brief and debrief Assessors at the assessment.
  - ⇒ Brief Training Officers and candidates upon arrival.
  - ⇒ Conduct Peer Reviews.
  - ⇒ Ensure the Supervisory Framework is in place where necessary
  - ⇒ Assessor in Charge (AIC) will keep track of the progression of Stations to maintain a timely assessment.
- **Probationary Assessors** should attend Central Venue assessment to complete the probationary activities that lead to endorsement.
  - ⇒ The Assessor-in-Charge will pair Probationary Assessors up with endorsed Assessors.
  - ⇒ At no point should Probationary Assessors be solely responsible for determining a candidate's competence in any Assessment Task.

## Conduct of Assessments

### ASSESSMENT GUIDELINES

Assessments are to be conducted in accordance with the current Delivery and Assessment Guide for this Award and these central venue guidelines. The Delivery and Assessment Guide is only available to currently endorsed Trainers, Endorsed Assessors, Assessors and Facilitators via the Library on the Members Area.

### NERVES

Candidates are often nervous at assessments and Assessors will do their best to help Candidates deal with their nerves.

### REASONABLE ADJUSTMENTS

As an inclusive organisation, SLS offers members reasonable adjustment for completing assessment where appropriate. The principle of reasonable adjustment means 'to alter or change the conditions under which someone performs a task to enable them to demonstrate a similar level of competence as any other person performing the same task'. Basically, the assessment process and conditions may be altered so long as the requirements remain the same so as not to disadvantage an individual.

Note: Reasonable adjustment cannot be made if a participant is not able to perform resuscitation on an adult on the floor or has an injury that prevents them from demonstrating this.

An example of appropriate reasonable adjustment may be:

- The requirements of the theory component are to read and answer written questions in English. A learner that struggles with language, literacy or numeracy may be asked the questions verbally and provide verbal responses. The responses will need to be recorded by the Assessor to submit as assessment evidence.

If a Candidate has any circumstances or needs that may be relevant, this should be disclosed when booking the Assessment. The Assessor-in-Charge must be informed of the circumstances prior to the start of the assessment. Trainers and Candidates should discuss and confirm the circumstances or needs with the Assessor-in-Charge before signing in for the Assessment.

## CANDIDATES THAT ARE DEEMED NOT YET SATISFACTORY (NYS)

In the event that a Candidate is deemed NYS, the candidate and their Training Officer will be provided with written feedback from the Assessor(s) concerned.

The Assessor must provide the candidate with a completed Assessment Feedback Form 205 (TA205), which must reference the specific requirements in the Delivery & Assessment Guide and/or Learner Guide in which the Candidate was deemed NYS.

The Assessor-In-Charge must also be provided with a copy of the Form before the end of the Assessment. Electronic copies are suitable (ie. a photo taken with a smart phone) so long as they are clearly legible.

## RULES OF ASSESSMENT

As SLSSNB Assessments are conducted in accordance with Registered Training Organisation (RTO) requirements:

1. Candidates are entitled to 2 opportunities to demonstrate competence in any task, at the same assessment. If they are deemed NYS in an Assessment Task after the 2<sup>nd</sup> attempt, further training must be conducted before they represent on a different date. These candidates can be booked into a future assessment to represent in the task they were deemed NYS and any other tasks yet to be completed.
2. Candidates deemed NYS at Assessment Station A, B or C may be assessed in the other Assessment Station (of A, B & C) however cannot be assessed at Assessment Stations D or E. Please refer to the Assessment Task Overview for Assessment Station details.

## GRIEVANCES AND APPEALS

Any complaints about the assessment and/or the conduct of Assessors or Candidates or Training Officers should be fielded by the Assessor-In-Charge. In cases where the dispute cannot be resolved The Director of Education (DOE) or the Branch ART Advisor should be notified as soon as practical.

## INJURY

In the event of a member being injured at an assessment please ensure the completion of appropriate documentation including incident reports and providing the injured person with workers compensation information. The incident report should be entered into Surfguard by the host club as soon as possible.

Any serious injury must be reported to the Duty Officer on call (0417 692 993). The Assessor-In-Charge is responsible for the paperwork. All stakeholders in the assessment are bound to follow the SLSNSW Academy Volunteer Handbook, SLSA SOPs, and the SLSA Code of Conduct.

## The Assessment

### SIGN IN

Candidates must sign into the assessments in person, at which time they need to provide their ART assessment portfolio to the Assessor. Candidates and Trainers must ensure that the required sections of the assessment portfolio have been completed as per the guidelines in the Personnel and Paperwork section above. If the paperwork is valid and the candidate is eligible to be assessed (is at least the minimum age to be assessed, and has completed the pre-requisites), the candidate will be asked to sign the Attendance Sheet.

## BRIEFING BY THE ASSESSOR-IN-CHARGE OR DELEGATE

All Candidates must be present for the briefing by the Assessor-In-Charge. If a candidate is late and have missed the briefing they may not be assessed. The Assessor-In-Charge will explain how the assessment will be conducted and answer any queries.

The Assessor-In-Charge or their delegate will provide a debrief for candidates and Assessors following the assessment and coordinate the signing of paperwork. Paperwork will then be returned to the Training Officers.

## POST ASSESSMENT

By the end of the Assessment, the Assessor-In-Charge will:

1. Ensure candidates are advised whether they are Competent or Not Yet Competent in all required assessment tasks.
2. Co-ordinate signing of the candidates' assessment portfolios, which will then be returned to the Training Officers.
3. Facilitate a debriefing session with the Assessors and provide any necessary feedback to Training Officers and the Branch office.

## COURSE PAPERWORK AND AWARD PROCESSING

Training Officers must ensure completed paperwork is collated and submitted to Branch within 14 days of the Assessment. This 14-day requirement enables SLS NSW to meet the RTO requirements for awards to be allocated within 30 days of completion. Please refer to the [SNB Education Guide for Clubs](#) for detailed information on what must be submitted.

## Assessment Task Guidelines

### OVERVIEW

The assessment for ART contains the following Assessment Tasks:

Assessment Task 1 in the portfolio (multiple choice questions) must be completed prior to assessment.

Station A – Life Threatening Bleeding - Tourniquet & Haemostatic Wound

Station B – Oxygen, Pulse Oximeter & Digital Thermometer

Station C – AED, OP Airways, Suction

Station D – 1 Person CPR - Infant Scenario and Adult Scenario

Station E – 2 Person CPR Scenario - Manikin with Oxygen & BVM

Station F – 4/5 Person CPR Scenario - Manikin

Station G – 4/5 Person CPR Scenario - Live Patient

- Stations A, B, C & D are individual tasks and not assessed in groups.
- Assessors may assess 2 candidates at once on Station D providing 1 candidate is using an infant manikin and 1 is using an adult manikin.
- Candidates should satisfactorily complete Stations B, C, D & E before proceeding to Stations F & G.
- Stations F & G must have a minimum of 4 persons.
- Candidates will be given an ART Candidate Progress Record to be signed off by the Assessor at each Station.

The following sections provide additional guidance for each assessment Station. Assessor Questions for station A, B & C can be found at the end of this document.

## ASSESSMENT STATIONS

### Written Questions

Assessment Task 1: Assessment portfolio multiple choice questions on pages 4-23 completed, marked and signed off by an ART Assessor. Please refer to the [Personnel and Paperwork section](#) for further details.

#### Station A – Tourniquet / Haemostatic wound packing (10 min)

These components can be with 2 Candidates participating at same time. Candidates will be asked to:

- Explain how to identify if an injury is uncontrollable and is suitable for use of a tourniquet.
- Apply appropriate PPE
- Demonstrate application of tourniquet in correct position (5cm above bleeding site).
- Explain the time tourniquet was applied.
- Describe how to identify if a wound is life threatening, requires wound packing and is not suitable for a tourniquet
- Identify location of bleeding vessel.
- Demonstrate wound packing using haemostatic dressing / bandages & apply pressure.

#### Station B - Oxygen Unit, Pulse Oximeter and Digital Thermometer (10 min)

These components can be with 2 Candidates participating at same time. Candidates will be asked to:

- Describe the safety precautions of the oxygen unit.
- Perform pre-patrol and post-use checks of oxygen equipment.
- Demonstrate the use of the oxygen unit.
- Demonstrate knowledge of where the Oxygen is stored at their own Club.
- Describe the Pulse Oximeter and its use.
- Describe use of the Digital Thermometer

#### Station C – Defibrillator, Suction and OP Airways (10 min)

These components can be with 2 Candidates participating at same time. Candidates will be asked to:

- Describe the safety precautions of the AED unit.
- Perform pre-patrol and post-use checks of AED.
- Demonstrate the use of the AED unit.
- Demonstrate knowledge of where the AED is stored at their own Club.
- Describe the safety precautions of the OP airway.
- Correctly measure and insert OP airway on adult manikin.
- Correctly assemble, measure and insert suction catheter on an adult manikin.

#### Station D – 1 Person CPR - Infant and Adult Manikins (10 min per 1 Assessor & 2 candidates)

Assessors can assess 2 candidates at once. One candidate should use the adult manikin while the other uses the infant manikin.

- Single person primary assessment (DRSABC) on each manikin – adult and infant
- Candidates to demonstrate 2 min each of uninterrupted single person CPR on each manikin
- Adult manikin is to be placed on the floor
- Infant manikin is to be placed on a firm surface

## TEAM ASSESSMENT TASKS

At this point of the assessment candidates should have demonstrated their individual skills and knowledge at Stations B, C & D. Team scenarios (Stations E, F & G) enable candidates to demonstrate their skills and knowledge in

a team environment. Determining their competency is based on demonstrating the required skills in each scenario and effective teamwork to manage the patient's care. This includes competent use of equipment and any post-incident activities required in the assessment task.

Each Candidate must be given ample opportunity to demonstrate their competence in all of the required skills and knowledge. Assessors may determine that an individual candidate was not involved in the activity enough to demonstrate competence. Assessors may extend the scenario to ensure all candidates demonstrate evidence of competency. This may involve rotating candidates to various roles/positions. Candidates will be required to participate in the scenarios until either competence has been demonstrated or Assessors have seen enough activity to deem the candidates NYS. As candidates are assessed on their performance as a patrol team, in most situations the entire group will be deemed Satisfactory or Not Yet Satisfactory. It is the responsibility of the candidates being assessed to be involved in the scenario.

### Station E – 2 Person CPR Scenario - Manikin & BVM (10 min)

2 Person resuscitation with manikin including the use of the oxygen BVM.

The scenario commences with 1 candidate in the process of providing single CPR to patient. Candidate 2 will arrive on scene with oxygen after the first 30 compressions.

- Candidate 1 must demonstrate 2 min of uninterrupted CPR on manikin
- Candidate 2 demonstrates the introduction of oxygen, performs BVM breaths & adequate seal of the mask.
- Scenario is performed twice with candidates alternated into different positions.

### Station F – 4 Person CPR Scenario – Manikin (15 min)

4 Person resuscitation with manikin involving the use of the AED and oxygen BVM, OP airway and suction.

The scenario commences with 2 candidates in the process of providing CPR to the patient. The remaining members of the team will arrive on the scene with all their equipment, joining the initial 2 team-members to manage the patient's care.

- Candidates must demonstrate AED application, use of oxygen with the Bag-Valve-Mask, pulse oximeter, suction & OP airways in conjunction with their CPR efforts.
- Candidates are expected to rotate roles as and when required with an emphasis on 'no unnecessary interruption to patient care' and ensuring the team member providing compressions is rotated within standard 2 minute/5 cycle practices.
- There is no requirement for candidates to rotate in a specific direction or manner or at a specific time and candidates must not be deemed NYC as long as the teamwork and patient care is effective. Note, it is generally recommended that during team resuscitation, team members take the opportunity to rotate when the AED assesses the patient's heart rhythm, keeping in mind, the AED operator should not move away from the AED at this time.
- Assessors may call airway obstruction during the scenario to indicate the patient may require an OP airway or use similar prompts to indicate that suction may be required.
- The Assessment will continue through to patient recovery and the team are expected to demonstrate knowledge of post CPR care, including performing a secondary assessment, assessing and recording the patient's vital signs (respiration, pulse, temperature and skin colour) as part of patient handover.
- Candidates should perform a team debrief to review activities at the conclusion of the scenario.

### Station G – Team CPR Scenario - Live Patient (15 min)

4 Person resuscitation on a live patient (unconscious, breathing) possibly involving the use of oxygen therapy. The scenario should include the necessity to demonstrate safe handling/lifting techniques.

A volunteer patient (recommended to be the candidate's Training Officer) will be positioned according to the scenario and provided with instructions in an area away from the Candidates. The scenario commences when the

team enter the scenario room/area.

- Candidates must demonstrate the primary assessment of the patient (DRSABCD) including identifying any sources of danger to themselves or the patient. This may include the need to move items or the patient.
- Candidates must demonstrate patient rolls, AED application, use of oxygen with the Bag-Valve-Mask, pulse oximeter, suction & OP airways in conjunction with their CPR efforts and full use of appropriate PPE as part of the scenario.
- Upon determining the patient is unconscious but breathing, they should proceed to the secondary assessment including assessing and recording patient’s vital signs (respiration, pulse, temperature and skin colour) as part of the patient handover.
- Candidates should conduct a debrief in their team at the conclusion of the scenario. This allows Assessors to understand whether the team recognise any potential areas for improvement in their performance.
- The final element of the assessment is to record incident details in the incident report log

### SUGGESTED SCENARIO OPTIONS/EXAMPLES FOR TRAINING PURPOSES

Scenario	Option 1	Option 2	Option 3	Option 4	Option 5
Situation	A fellow SLS club member has collapsed inside the IRB shed.	A fellow SLS club member has collapsed on the beach following a run.	A swimmer caught in a rip has been rescued and returned to shore.	A person has been found wandering in a delirious state.	A club member found under fallen equipment inside storeroom.
Patient	A young IRB crew person who is unconscious and not breathing.	An adult surf lifesaver with a heart condition becomes unconscious and stops breathing.	An adult who is unconscious and not breathing.	A semi responsive, conscious adult found in possession of alcohol and tablets.	An adult member who is bleeding from the head, unconscious but breathing.
Problem/s— development	The IRB shed is not a safe place to use oxygen equipment. A strong smell of chemicals.	Patient does not have their medication. Ambulance will take approximately 45 minutes to arrive.	Water in the lungs. Ambulance will take approximately 45 minutes to arrive.	May become violent with the removal of substances.	Location is not safe. Patient may have major head trauma.

- Scenario live victims are asked to wear firm fitted tops and remove loose clothing.
- The Assessor may ask male victims if they are comfortable for candidates to remove clothing on chest for pad placement during scenario.
- Assessor brief to candidate will be to describe victim’s preference of pad placement.

### OPTIONAL SUPPLEMENTARY QUESTIONS FOR CANDIDATES

Section A Questions	
Torniquet	
How far above wound should you apply the torniquet?	5cm above wound.
How far should you tighten the torniquet?	Tighten until bleeding stops.



If bleeding continues after applying tourniquet what should you do?	Apply a 2 <sup>nd</sup> tourniquet if available above 1 <sup>st</sup> tourniquet
What should be noted after applying the tourniquet?	Note time tourniquet was applied.
<b>Haemostatic Wound</b>	
When should you apply haemostatic dressing?	When direct pressure & tourniquet is not working or appropriate. Examples groin, armpit, neck.
If use haemostatic dressing is used what should you do?	Inform paramedics & provide package.
What body areas should you never use wound packing material?	Chest & Abdomen.
What does IMIST AMBO stand for?	<p>Identification Mechanism of injury Injury Signs/Symptoms Treatment given</p> <p>Allergies Medication Background history Other information</p>
What does AEIOU & TIPS stand for?	<p>Alcohol Epilepsy Insulin Overdose Uraemia (renal failure)</p> <p>Trauma Infection Psychiatric conditions Stroke/Shock</p>

<b>Section B Questions</b>	
<b>Oxygen</b>	
Describe the safety precautions of the oxygen unit	<ul style="list-style-type: none"> <li>Do not drop, drag or slide cylinders</li> <li>Do not use Oxygen near artificial heat sources</li> <li>Do not allow smoking near Oxygen equipment</li> <li>Do not use near naked flames</li> <li>Direct Oxygen output towards Defibrillation area</li> <li>Do not allow petroleum based grease or oil to come in contact with supply devices on the cylinder</li> </ul>
Perform pre-patrol and post-use checks of oxygen equipment	<ul style="list-style-type: none"> <li>Check Oxygen content of cylinder. Open cylinder valve fully open and back ½ turn</li> <li>Close cylinder valve and drain oxygen from delivery system</li> <li></li> </ul>
Describe parts and demonstrate checks on the BVM	<ul style="list-style-type: none"> <li>Verbal &amp; Practical Checks</li> </ul>

Explain when you should apply oxygen	<p>Qualified personnel may safely administer oxygen to any victim who is not adequately perfused.</p> <ul style="list-style-type: none"> <li>• unconsciousness</li> <li>• shock</li> <li>• blood loss</li> <li>• chest pain</li> <li>• shortness of breath, including asthma</li> <li>• severe pain</li> <li>• injuries after resuscitation</li> <li>• circulatory distress</li> <li>• no response</li> </ul>
How long will a full C cylinder (440–490 L) operate for with continuous use of oxygen therapy at 8 L/min and if used at 15L/min	<ul style="list-style-type: none"> <li>• 8lts – approx 50mins</li> <li>• 15lts – approx 30mins</li> </ul>
<b>Pulse Oximeter</b>	
Explain what the pulse oximeter is used for?	<ul style="list-style-type: none"> <li>• To estimate the oxygen content of blood</li> </ul>
What is normal oxygen level	<ul style="list-style-type: none"> <li>• Healthy range 97%-100%</li> </ul>
Generally, at what % of blood oxygen should you apply Oxygen therapy when bloods oxygen falls below what level?	<ul style="list-style-type: none"> <li>• Less than 94%</li> </ul>
<b>Digital Thermometer</b>	
Explain what range a normal body temperature is?	<ul style="list-style-type: none"> <li>• 36 – 37 degrees C.</li> </ul>
What are some of the different sites used to take body temperature?	<ul style="list-style-type: none"> <li>• Oral, Axillary (armpit), Tympanic (ear), Temporal (forehead), Rectal</li> </ul>

<b>Section C Questions</b>	
<b>Defibrillator</b>	
Describe the safety precautions of the AED.	<ul style="list-style-type: none"> <li>• no person or conductive material is to be in direct or indirect contact with the victim at the time of defibrillation</li> <li>• there should be no conductive items near the victim, such as:</li> <li>• water/rain (ensure that you are clear of the incoming tide if in a beach environment)</li> <li>• metal e.g., jewellery and medication patches</li> <li>• moisture on the chest e.g., vomit, blood or perspiration</li> <li>• do not defibrillate if there is a chance of explosion due to the presence of gases, fumes or flammable substances</li> <li>• oxygen units should be moved away during defibrillation and the flow of oxygen from face masks directed away from the chest.</li> </ul>

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Standard adult AEDs and pads are suitable for use in children older than what age?	<ul style="list-style-type: none"> <li>8 years</li> </ul>
If no pediatric pads available, how are adult AED pads applied to a child if they are touching one another.	<ul style="list-style-type: none"> <li>Use the front-back position: one pad placed on the upper back (between the shoulder blades) and the other on the front chest, if possible, slightly to the left.</li> <li></li> </ul>
If the victim has an implanted pacemaker or defibrillator, where should pads be positioned?	<ul style="list-style-type: none"> <li>Make sure the pads are positioned at least 8 cm away from it.</li> </ul>
Following shocks and patient recovers, should you remove the AED pads?	<ul style="list-style-type: none"> <li>Do not remove electrodes after a victim shows signs of recovery. Keep them in place to allow prompt action should the victim's condition deteriorate.</li> </ul>
Perform pre-patrol and post-use checks of AED	<ul style="list-style-type: none"> <li>Perform pre-patrol and post-use checks of AED</li> <li>Check pads are in date</li> <li>Replace pads if necessary and ensure all equipment is packed for operational use</li> </ul>
Demonstrate the use AED	<ul style="list-style-type: none"> <li>Practical demonstration</li> </ul>
Ask knowledge of where the AED is stored at their own Club.	<ul style="list-style-type: none"> <li>Location subject to their club</li> </ul>
<b>Oropharyngeal Airway</b>	
Describe the safety precautions of the OP airway.	<ul style="list-style-type: none"> <li>ensure the victim's mouth is free of vomit and broken teeth</li> <li>ensure that there is adequate head tilt prior to insertion of the OP airway</li> <li>ensure that the OP airway does not push the tongue backwards and block the victim's airway</li> <li>do not force the OP airway into the mouth; the airway should slide in easily</li> <li>ensure that the victim's lips (both top and bottom) are not caught between the teeth and the OP airway.</li> </ul>
Within SLSA, what is the minimum age you can apply an OP airway?	<ul style="list-style-type: none"> <li>8 years</li> </ul>
Correctly measure and insert OP airway on adult manikin.	<ul style="list-style-type: none"> <li>Tilt the victim's head backwards; open the victim's mouth with one hand</li> <li>using jaw support or jaw thrust, if necessary.</li> </ul>

	<ul style="list-style-type: none"> <li>• Visually check the victim's airway, and manually clear it, if necessary.</li> <li>• Measure and choose an OP airway of the correct size.</li> <li>• Remove the OP airway from the packet.</li> <li>• Lubricate the OP using moisture from the lips of the victim, or water.</li> <li>• Hold the OP airway by the flange. With the tip pointing towards the roof of the victim's mouth.</li> <li>• Insert the OP airway to approximately one-third of its length.</li> <li>• When one-third of the airway is inside the mouth, rotate it 180 degrees until the tip points downwards, at the same time sliding it over the victim's tongue in one smooth movement into the back of the pharynx until the flange is touching the lips.</li> </ul>
Explain how long it should take to measure and insert an OP airway and how should it be removed?	<ul style="list-style-type: none"> <li>• Less than 15 seconds</li> <li>• An OP airway can be removed easily by sliding it out of the mouth following its natural curve.</li> </ul>
<b>Suction</b>	
Demonstrate how to measure maximum length of insertion of the suction catheter	<ul style="list-style-type: none"> <li>• Measure the maximum length of insertion by placing the tip of the catheter at the corner of the jaw and measuring to the centre of the lips. Mark this point with a finger</li> <li>• (this will ensure that you insert the catheter no further than the victim's back teeth).</li> </ul>
How far can you insert the suction tubing into patient's mouth?	<ul style="list-style-type: none"> <li>• Introduce no further than patients back teeth</li> </ul>
How long would you operate use of suction	<ul style="list-style-type: none"> <li>• no longer than 15 seconds before a 5-second break if using manual suction devices.</li> <li>• only 5 seconds before a 5-second break if using powered devices.</li> </ul>
Correctly assemble, measure and insert suction catheter on an adult manikin.	<ul style="list-style-type: none"> <li>• Practical demonstration</li> </ul>
At what level should the contents of the collection jar be filled to?	<ul style="list-style-type: none"> <li>• Ensure that only two-thirds of the collection jar is filled.</li> <li>•</li> <li>•</li> </ul>