REVIEW AND ALTERATION OF TRAINING MATERIAL

What follows is a brief explanation of the process that was followed in the alteration of this training material. A working group was formed after inviting interested parties to attend a meeting at SASSETA.

The working group was mandated to review the material and thereafter make the necessary changes so as to provide the industry with a more user friendly set of materials which better reflects the needs of the security industry.

It must be understood that this is the first review and by no means the final review. The working group was placed under enormous pressure to get a workable set of materials into the hands of the accredited security industry training providers as quickly as possible. We therefore have no doubt that even though the materials have been vastly improved upon, there are still areas that may require change. This we plan to do in the next renewal phase after we receive feedback from training providers who have used the material for approximately a year.

Our review process focused on the following:

- Removal of unnecessary information/duplication from the learning material.
- Ensure alignment with the unit standards.
- Re-draft all formative and summative assessments.
- Correct inappropriate use of language.

TASK TEAM

The task team that completed the work on this training material deserves a very special “thank you”, considering that all their time and efforts were provided free of charge. Nobody was paid for any of the work done on behalf of the task team. SASSETA provided funding for the expenses incurred in printing, typesetting, lunch and refreshments.

The task team members are as follows:

Andre Pretorius   International Firearm Training Academy
Andre Wilken      SSN
Dave Dodge        ESKOM
Eddie Du Plooy/ Elvis Masera    SBV Services
Jean Du Plessis   Lyttleton Firearm Training Centre
Leon van Rooyen   NAD
Lionel Arries     SASSETA (observer/adviser)
Marion Colley     Pexco Security and Training

A very sincere thank you to all of these individuals and the companies they work for, who allowed them to participate during business hours. This could not have been done without your commitment.

Sincerely

Andre Pretorius
Task Team Chairman
<table>
<thead>
<tr>
<th>PROGRAM GUIDE</th>
<th>6-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>6</td>
</tr>
<tr>
<td>2. Purpose of learning program</td>
<td>6</td>
</tr>
<tr>
<td>3. Standards and qualifications</td>
<td>6</td>
</tr>
<tr>
<td>4. Assessments</td>
<td>6</td>
</tr>
<tr>
<td>5. Security program matrix</td>
<td>7</td>
</tr>
<tr>
<td>Study unit 1: Legal Compliance</td>
<td>8-11</td>
</tr>
<tr>
<td>1. Principles and ethics of first aid</td>
<td>9</td>
</tr>
<tr>
<td>2. The first aid process</td>
<td>9</td>
</tr>
<tr>
<td>3. The responsibilities of the first aider</td>
<td>10</td>
</tr>
<tr>
<td>4. First aid and the Law</td>
<td>10</td>
</tr>
<tr>
<td>5. Patients rights</td>
<td>11</td>
</tr>
<tr>
<td>6. Procedures for handing a patient over to advanced care</td>
<td>11</td>
</tr>
<tr>
<td>Study unit 2: Basic Anatomy and Physiology of the Human Body</td>
<td>12-19</td>
</tr>
<tr>
<td>1. The anatomical position</td>
<td>13</td>
</tr>
<tr>
<td>2. The skeleton</td>
<td>14</td>
</tr>
<tr>
<td>3. The spinal column</td>
<td>15</td>
</tr>
<tr>
<td>4. Muscles</td>
<td>16</td>
</tr>
<tr>
<td>5. The circulatory system</td>
<td>17</td>
</tr>
<tr>
<td>6. The pulse</td>
<td>18</td>
</tr>
<tr>
<td>7. The nervous system</td>
<td>19</td>
</tr>
<tr>
<td>Study unit 3: Multiple Injuries, Multiple Incidents and Triage</td>
<td>20-22</td>
</tr>
<tr>
<td>1. Triage</td>
<td>21</td>
</tr>
<tr>
<td>2. Multiple casualty incidents</td>
<td>21</td>
</tr>
<tr>
<td>3. Priority one patients</td>
<td>22</td>
</tr>
<tr>
<td>4. Priority two patients</td>
<td>22</td>
</tr>
<tr>
<td>5. Priority three patients</td>
<td>22</td>
</tr>
<tr>
<td>6. Priority four patients</td>
<td>22</td>
</tr>
<tr>
<td>Study unit 4: the Primary Survey</td>
<td>23-25</td>
</tr>
<tr>
<td>1. Definition</td>
<td>24</td>
</tr>
<tr>
<td>2. The process</td>
<td>24</td>
</tr>
<tr>
<td>3. The call for HELP</td>
<td>25</td>
</tr>
<tr>
<td>Study unit 5: The Secondary Survey</td>
<td>26-29</td>
</tr>
<tr>
<td>1. Definition</td>
<td>27</td>
</tr>
<tr>
<td>Study unit 6: Airway Obstruction and Rescue Breathing</td>
<td>30-32</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>1. Definition</td>
<td>31</td>
</tr>
<tr>
<td>2. Airway open</td>
<td>31</td>
</tr>
<tr>
<td>3. Partial obstruction</td>
<td>32</td>
</tr>
<tr>
<td>4. Total obstruction</td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study unit 7: Shock</th>
<th>33-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Definition</td>
<td>34</td>
</tr>
<tr>
<td>2. Signs and symptoms of shock</td>
<td>34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study unit 8: Bleeding</th>
<th>35-37</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Definitions</td>
<td>36</td>
</tr>
<tr>
<td>2. Classification</td>
<td>36</td>
</tr>
<tr>
<td>3. Signs and symptoms of severe bleeding</td>
<td>36</td>
</tr>
<tr>
<td>4. Natural control of bleeding</td>
<td>36</td>
</tr>
<tr>
<td>5. External control and treatment of bleeding</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study unit 9: Fractures, Joints and Pelvic Injuries</th>
<th>38-42</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Definition of fractures</td>
<td>39</td>
</tr>
<tr>
<td>2. Types of fractures</td>
<td>39</td>
</tr>
<tr>
<td>3. Sprains and strains</td>
<td>40</td>
</tr>
<tr>
<td>4. Dislocation</td>
<td>40</td>
</tr>
<tr>
<td>5. Splints</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study unit 10: Bandages and Wound Dressings</th>
<th>43-45</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Definition</td>
<td>44</td>
</tr>
<tr>
<td>2. Purpose of bandages.</td>
<td>44</td>
</tr>
<tr>
<td>3. Procedure before and after applying bandage</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study unit 11: The First Aid Kit</th>
<th>46-50</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contents of a first aid kit</td>
<td>47</td>
</tr>
<tr>
<td>2. Care and replenishment</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit Standard</th>
<th>51-55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner Workbook Section</td>
<td>56-63</td>
</tr>
</tbody>
</table>
1. Introduction

This learning program is part of a complete qualification. The qualification is General Security Practices NQF level 3.

2. Purpose of this learning program

A person credited with this unit standard will be able to:

♦ Describe first aid equipment and explain basic application.
♦ Assess the accident scene, report and make safe.
♦ Prioritise the casualties and treatment.

2.1 Target group

This program is compiled for the following target group:

- Security members.
- South African Defense Force members.
- South African Police Force members.
- Correctional Services.
- Individuals who wish to complete the NQF level 3 National Certificate in security practices.

3. Standards and qualifications

Unit standards are the “building blocks” of qualifications. All qualifications are plotted on the National Qualifications Framework (NQF).

Unit standards comprises of outcomes. An outcome is a statement that describes the required competency that must be demonstrated by the learner on successful completion of a training intervention.

4. Assessments

The assessment criteria in this unit standard describes the evidence that is needed that will show that you have demonstrated the outcome correctly.

Kindly refer to the unit standard attached hereto for the assessment criteria listed under each Specific Outcome in order for you to see what you will be assessed against.

You will be required to complete 2 written exams. The first is a formative assessment (open book exam) and the second is a summative assessment (closed book exam). The purpose of the formative assessment is to prepare you for the summative assessment.

The learner guide will remain the property of the learner once the LEARNING PROGRAM has been completed.
## 5. Security program matrix

### SKILLS PROGRAM 1: SASSETA E

<table>
<thead>
<tr>
<th>No.</th>
<th>Code</th>
<th>Description</th>
<th>Level</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>246694</td>
<td>Explain the requirements for becoming a security service provider</td>
<td>Level 3</td>
<td>4 Credits</td>
</tr>
<tr>
<td>2</td>
<td>244184</td>
<td>Apply legal aspects in a security environment</td>
<td>Level 3</td>
<td>8 Credits</td>
</tr>
<tr>
<td>3</td>
<td>244182</td>
<td>Give evidence in court</td>
<td>Level 3</td>
<td>4 Credits</td>
</tr>
<tr>
<td>4</td>
<td>244176</td>
<td>Use security equipment</td>
<td>Level 2</td>
<td>2 Credits</td>
</tr>
<tr>
<td>5</td>
<td>244181</td>
<td>Perform hand over and take over responsibilities</td>
<td>Level 3</td>
<td>2 Credits</td>
</tr>
<tr>
<td>6</td>
<td>244177</td>
<td>Conduct a security patrol in area of responsibility</td>
<td>Level 3</td>
<td>7 Credits</td>
</tr>
<tr>
<td>7</td>
<td>244179</td>
<td>Handle complaints and problems</td>
<td>Level 3</td>
<td>6 Credits</td>
</tr>
<tr>
<td>8</td>
<td>12484</td>
<td>Perform basic fire fighting</td>
<td>Level 2</td>
<td>4 Credits</td>
</tr>
<tr>
<td>9</td>
<td>116534</td>
<td>Carry out basic first aid treatment in the workplace</td>
<td>Level 3</td>
<td>2 Credits</td>
</tr>
</tbody>
</table>

### SKILLS PROGRAM 2: SASSETA D

<table>
<thead>
<tr>
<th>No.</th>
<th>Code</th>
<th>Description</th>
<th>Level</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24418</td>
<td>Conduct access and egress control</td>
<td>Level 4</td>
<td>7 Credits</td>
</tr>
<tr>
<td>2</td>
<td>24282</td>
<td>Conduct evacuations and emergency drills</td>
<td>Level 4</td>
<td>4 Credits</td>
</tr>
<tr>
<td>3</td>
<td>11505</td>
<td>Identify, handle and defuse security related conflict</td>
<td>Level 4</td>
<td>12 Credits</td>
</tr>
<tr>
<td>4</td>
<td>11770</td>
<td>Demonstrate knowledge of the Firearms Control Act 2000 (Act No. 60 of 2000)</td>
<td>Level 3</td>
<td>3 Credits</td>
</tr>
<tr>
<td>5</td>
<td>11392</td>
<td>Apply basic business ethics in a work environment</td>
<td>Level 2</td>
<td>2 Credits</td>
</tr>
<tr>
<td>6</td>
<td>11946</td>
<td>Write/present/sign texts for a range of communicative contexts</td>
<td>Level 3</td>
<td>5 Credits</td>
</tr>
<tr>
<td>7</td>
<td>11497</td>
<td>Operate a computer workstation in a business environment</td>
<td>Level 3</td>
<td>2 Credits</td>
</tr>
</tbody>
</table>

### SKILLS PROGRAM 3: SASSETA C

<table>
<thead>
<tr>
<th>No.</th>
<th>Code</th>
<th>Description</th>
<th>Level</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>113909</td>
<td>Coach a team member in order to enhance individual performance in work environment</td>
<td>Level 3</td>
<td>5 Credits</td>
</tr>
<tr>
<td>2</td>
<td>13912</td>
<td>Apply knowledge of self and team in order to develop a plan to enhance team performance</td>
<td>Level 3</td>
<td>5 Credits</td>
</tr>
<tr>
<td>3</td>
<td>244578</td>
<td>Describe how to manage reactions arising from a traumatic event</td>
<td>Level 3</td>
<td>2 Credits</td>
</tr>
<tr>
<td>4</td>
<td>113852</td>
<td>Apply occupational health, safety and environmental principles</td>
<td>Level 3</td>
<td>10 Credits</td>
</tr>
<tr>
<td>5</td>
<td>13936</td>
<td>Outline the legal environment of a selected industry</td>
<td>Level 3</td>
<td>2 Credits</td>
</tr>
<tr>
<td>6</td>
<td>119472</td>
<td>Accommodate audience and context needs in oral/signed communication</td>
<td>Level 3</td>
<td>5 Credits</td>
</tr>
<tr>
<td>7</td>
<td>11508</td>
<td>Write security reports and take statements</td>
<td>Level 4</td>
<td>10 Credits</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Define the term first aid.
♦ Demonstrate knowledge of the elements of first aid.
♦ Explain the first aid process.
♦ List and explain the responsibilities of a first aider.
♦ Demonstrate knowledge of the ethics of first aid by focusing on:
  • Medical ethics.
  • Social norms and standard.
  • Knowledge and skill.

♦ Demonstrate knowledge of the importance of regular monitoring and recording of vital functions.
♦ Demonstrate knowledge and skills of the procedure to be followed for handing a patient over to advanced care.
1. Principles and ethics of first aid

First aid is the effective application of approved measures and the utilising of available resources to assist a person who has suffered trauma or acute illness.

1.1. Elements of First Aid

♦ To save lives
♦ To relieve pain and suffering and prevent further injuries and suffering.
♦ To promote healing.

2. The First Aid Process

First Aid Certificates expire within 3 years.
3. The responsibility of the First-aider:

3.1. Towards the patient

♦ The First-aider must act within his/her own levels of skill and training.
♦ The First-aider must respect his/her patients as well as the patient’s privacy.
♦ The First-aider may not take part in any harmful practices.

3.2. Towards the Public

♦ The First-aider has a responsibility towards the safety of any bystanders at a scene.
♦ The First-aider has a responsibility towards public awareness concerning health, safety and First Aid principles.

4. First Aid and the Law

4.1. Medical Legal Rules and Regulations

When treating patients you as the first aider are bound by certain rules that you have to follow. These rules are put in place to protect you as the First Aider from court cases.

♦ PROTOCOL: you are only allowed to practice within your protocol. This means that you are only allowed to perform the skills that you have been qualified to perform.

♦ CONSENT: Always ask permission before treating a patient. Consent must be given either from the patient or the family of the patient if the patient is unconscious, or even the patient’s child, if the patient is unconscious.

♦ INFORMED CONSENT: Should you be asked to assist an unconscious patient, you are obliged to treat the patient, as the patient cannot speak for him/herself. You would then assume that if the patient was not unconscious, he/she would have wanted you to assist.

♦ ABANDONMENT: Once you start treating a patient you are not allowed to leave the patient until help arrives (Emergency Medical Services). Should you leave the patient before help arrives you are abandoning the patient and this is punishable by law.

♦ ASSAULT: Should you treat a patient without consent, assault charges can be brought against you.
5. **PATIENT RIGHTS**

The patient has the right to *REFUSE TREATMENT* and the patient has the right to *PRIVACY*.

Regular monitoring and recording of vital functions

ALWAYS MONITOR YOUR PATIENT REGULARLY AND KEEP RECORD OF HIS PROGRESS.

5.1. **Important Factors**

- State of consciousness (awake, confused, semi-conscious or unconscious)
- Breathing
- Pulse
- Skin temperature

6. **Procedure for handing a patient over to advanced care**

You must provide the following details:

- Your own details (name and first aid qualifications).
- History and details of incident.
- Signs and symptoms.
- Treatment given.
- Patient’s current vital signs.
- Patient’s progress (improved or deteriorated).
LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Explain the function of the skeleton.
♦ Explain the function of muscles.
♦ Explain the function of the spinal cord.
♦ Demonstrate the key points where a pulse can be felt.
♦ Demonstrate the method of feeling a pulse.
1. The Anatomical Position
2. The Skeleton

HUMAN SKELETON

2.1. Function of the skeleton

- Supports the whole body.
- Protects organs (brain, heart etc).
- Movement (muscles attach to skeletal bones).
3. The Spinal Column

3.1. Functions of the spinal column

- Protects the spinal cord.
- Movement.
- Supports torso and skull.
- Shock absorbing.
4. Muscles

4.1. Types

♦ Skeletal muscles: attached to skeleton – voluntary.
♦ Smooth muscles: blood vessels and intestines – involuntary.
♦ Heart muscle: involuntary.

4.2. Functions of muscles

♦ Movement.
♦ Food processing.
♦ Blood transport.
5. The Circulatory System

5.1. The Heart

5.2. Arteries, veins and capillary vessels

- **Arteries**: Transport blood **away from** the heart.
- **Veins**: Transport blood **towards** the heart.
- **Capillary blood vessels**: Link arteries and veins.

5.3. Blood volumes

- **An adult male**: 6 to 7 liters.
- **An adult female**: 5 to 6 liters.
- **An infant**: 350ml.
6. **The Pulse**

- Carotid: Unconscious (Neck).
- Radial: Conscious (Wrist).
- Brachial: Infants (Upper arm).
6.1. Feeling the pulse

Your pulse is caused by your heart beating. As your heart beats and forces blood through your body, you can feel a throbbing sensation (the pulse) by putting your fingers over one of your arteries at any point where the artery comes close to the surface of your skin, such as your wrist, neck, or upper arm.

<table>
<thead>
<tr>
<th>Resting heart rate</th>
<th>Beats per minute (bpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age or fitness level</td>
<td></td>
</tr>
<tr>
<td>Babies to age 1:</td>
<td>100 – 160</td>
</tr>
<tr>
<td>Children ages 1 to 10:</td>
<td>60 – 140</td>
</tr>
<tr>
<td>Children age 10+ and adults:</td>
<td>60 – 100</td>
</tr>
<tr>
<td>Well-conditioned athletes:</td>
<td>40 - 60</td>
</tr>
</tbody>
</table>

7. The nervous system

Your nervous system consists of:

♦ The brain.
♦ The spinal cord.
♦ Nerve endings.
LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Define the meaning of triage.
♦ Explain the purpose of triage.
♦ Demonstrate knowledge of the various categories of triage and the application of treatment of each category.
♦ Demonstrate skills on the application of the methods to be used for triage.
♦ Apply the procedures when treatment for multiple casualty incidents needs to be effected.
1. Triage

TRIAGE MEANS THE SORTING OF MULTIPLE PATIENTS INTO FOUR SEPERATE CATEGORIES IN ORDER OF THEIR PRIORITY. YOU MUST NOT TREAT THE FIRST PATIENT YOU SEE, BUT RATHER INSPECT EACH PATIENT QUICKLY (HHHABC), THEN SEPARATE THEM INTO GROUPS ACCORDING TO THEIR PRIORITY AND START TREATING THEM IN ORDER OF PRIORITY.

1.1. Purpose of Triage

The aim is to priorities patients. When there is more than one victim, you have to triage in order to priorities you patients.

1.2. Triage categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Treatment</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Life-threatening</td>
<td>Immediate</td>
<td>Cardiac arrest and severe bleeding</td>
</tr>
<tr>
<td>P2</td>
<td>Urgent</td>
<td>Urgent</td>
<td>Fractured femur</td>
</tr>
<tr>
<td>P3</td>
<td>Minor</td>
<td>Delayed</td>
<td>Sprained ankle</td>
</tr>
<tr>
<td>P4</td>
<td>Dead</td>
<td>Ignore</td>
<td>Head missing</td>
</tr>
</tbody>
</table>

Always distinguish between conscious and unconscious patients.

1.3. Method of using triage

Triage can be performed rapidly by assessing.........

- Ability to walk.
- Airway.
- Respiratory rate.
- Pulse rate or capillary refill.

2. Multiple Casualty Incidents

The principle immediate life threatening conditions are:

- Airway is obstructed.
- There is no breathing.
- There is not a pulse.
- Severe bleeding.

Life has precedence over limb!!!!!! First save the LIFE then the LIMB!!!
3. **Priority One Patients**

These patients need assistance immediately and need to be transported to hospital very quickly.

**Examples of priority one patients:**

- Unconscious Patients.
- Patients with having difficulty breathing.
- Patients with *severe* bleeding (internal and/or external bleeding).
- Patients with *severe* burns.

4. **Priority Two Patients**

These patients need to go to hospital – they are not as serious as PRIORITY ONE patients but if left untreated, they could become priority one patients.

**Examples of priority two patients:**

- Patients with Suspected Back and Spinal Injuries.
- Patients with suspected Fractures (broken bones).
- Patients with wounds.

5. **Priority Three Patients**

We normally refer to these patients as “The Walking Wounded”. These patients are normally walking around at the scene of the accident. You must not disregards these patients as their conditions could worsen.

**Examples of priority three patients:**

Patients with minor injuries, i.e. scratches, bruises, small wounds that are not bleeding heavily

6. **Priority Four Patients**

These patients have already died and are no longer a priority. These patients will be removed from the scene by the Forensic Department or an Undertaker.

**Examples of priority four patients:**

A patient whose head has been decapitated or a patient who is in rigormortis (the body of the person has already gone stiff).
STUDY UNIT 4
THE PRIMARY SURVEY

LEARNING OUTCOMES

On completion of this study unit the student will….

♦ Define the term primary survey.
♦ Identify the conditions of a patient that needs immediate attention.
♦ Identify and remove any elements that can contribute to the emergency scene not being safe.
♦ Apply the correct procedure during the process of a primary survey.
Introduction

When we assess an emergency situation, we perform a “scene size up”. You must remain calm and get a grasp of the whole scenario. Remember to warn bystanders that there has been an accident. Enlist a bystander to slow down oncoming traffic if it is safe enough to do so. Bystanders can also assist in crowd control.

We call this process the **PRIMARY SURVEY – H H A B C**

1. Definition

The Primary Survey is a process of definitive steps to critically survey the scene, manage it and to accurately assess the patient for acute life threatening conditions in order to treat them immediately.

2. The Process

2.1. HAZARDS: Hazards is divided up into 3 categories. Remember your safety comes first!

- Remember your safety comes first! If you are not wearing latex gloves you should NEVER treat patients. At the very least, carry bags which are made from plastic are fine to cover your hands with, provided there are no holes in them.
- Is the scene safe enough to approach? If the scene is not safe to approach, for example if there is an oil spill or electric cables lying around, you should wait for the auxiliary services (Fire Department, Hazardous Material Department) to arrive and make the scene safe before you start treating patients.
- Is the patient safe to approach? For example, if the patient is lying on electric cables and the power has not been disconnected, you should never try and treat the patient.

Remember: Bystanders can be valuable at the scene of an emergency – ask a bystander to call for help; ask another bystander to control the traffic; ask another bystander to control onlookers, i.e. give you space to work on the patient.

2.2. HELLO! Check the patients’ responsiveness by gently tapping him on the shoulders.

2.3. HELP! Shout HELP! Ask somebody (bystander) to call emergency medical services and make sure they know that they should come back to you and inform you as to the expected time of arrival of the ambulance/emergency medical services.

2.4. AIRWAY The tongue is the most common thing to block the airway of an unconscious patient. The tongue cannot be swallowed as it is attached to the lower jaw. It is, however, a muscle which relaxes when a person is unconscious and therefore falls back and covers the airway. If the patient is unconscious/unresponsive, open the patient’s airway by performing a head-tilt chin-lift. i.e. Tilt the patients head backwards and lift the chin forward.(DEMONSTRATE AND ADD A PICTURE).
2.5. **BREATHING** Keeping your patient in the Head-tilt chin-lift position, put your ear against the patients nose and mouth and **LOOK** at the patients’ chest for chest rise, **LISTEN** and **FEEL** for air against your ear; this process should take no less than 5 seconds and no more than 10 seconds. If the patient is breathing put him in the recovery position i.e. on his side; lateral.

2.6. **CIRCULATION:** Look for signs of life on the patient - coughing and/or movement.

*Remember: If the patient is breathing he will have a pulse (circulation). If the patient is not breathing it means his heart has already or will stop beating (Cardiac Arrest) and CPR must be started immediately by a trained person.*

3. **The Call for Help**

**Emergency Medical Services Telephone Numbers**

- Netcare 911 082 911
- ER 24 084 124
- National EMS 10177 Free Call (this includes the Fire Department, Auxiliary Services, Metro Police, SAPS etc)
- Cell Phone 112 Free Call off your cellular phone

When you call the emergency medical services, **do not hang up the receiver until the dispatcher tells you to!**

- State your name and telephone number – the number from which you are calling. Should your phone cut out, the dispatcher can call you back.
- Give the dispatcher as much information about the incident as you can:
  - When did the incident occur (what time)?
  - How many people were involved?
  - What condition are the victims in?
  - What was the cause of the incident?
  - Do you need auxiliary services (fire engines, hazardous material vehicles) – i.e. are there people trapped?
  - Is the scene inapproachable and dangerous?
  - Give the exact address of the incident, including landmarks and directions and the closest crossroad/corner.
  - Enlist a bystander (onlooker) to flag the ambulance down.

**Remain calm when you are speaking to the dispatcher.**
LEARNING OUTCOMES

On completion of this study unit the student will:

♦ Define the term secondary survey.
♦ Demonstrate knowledge of the elements of a secondary survey.
♦ Apply the correct procedure during the process of a secondary survey.
1. Definition

To identify all other conditions that are not acutely life threatening but that may become life threatening or serious if not treated.

2. Elements of the secondary survey

Once you have concluded the primary survey you can provide further assistance to the patient while waiting for the ambulance to arrive. You need to give the paramedics as much information as possible with regards to the patient. Remember, the patients Level of Consciousness could deteriorate rapidly; therefore you should act quickly and efficiently. Re-assess the patient frequently. Always reassure the patient. You are not there to make judgment, you are there to assist and aid the victim to the best of your ability.

The Secondary Survey is divided up into three assessments: Vital Signs, Patient History and a Head to Toe examination.

2.1. Comprehensive history of the patient

Observation of the following factors are important:

- Specific signs and symptoms.
- Mechanism of injury.
- SOS, Medic Alert tokens.
- Diseases, allergies and medications used.
2.2. Vital signs

Level of Consciousness Check the patients' Level of Consciousness using the AVPU Scale:

- **A** – Is the patient Alert? Does he speak to you and answer questions?
- **V** – Does the patient only respond to your Voice? In other words, his eyes remain closed when you approach him, and he only opens his eyes once you speak to him.
- **P** – Does the patient only respond to Pain? In other words the patient does not respond but only reacts to Pain Stimuli. (Tapping the patient on his/her shoulders)
- **U** – Is the patient Unresponsive – does he not respond at all?

You need to take a **history** of the events leading up to the emergency, present or past medical conditions that the victim may have.

2.3. Sample history

S  Signs and Symptoms

A **sign** is something that the first aider can see, smell or hear

**Examples of signs:**

- Severe bleeding
- Unconsciousness/ Unresponsiveness
- The patient is breathing or the patient has no signs of breathing and/or circulation
- The patient is pale, cyanotic (blue), red and flushed, cool and sweaty
- The patient is vomiting
- Obvious Fractures
- Penetrating injuries

A **symptom** is something the patient tells you he is feeling:

**Examples of symptoms:**

- Dizzy
- Pain
- Nausea
- Fear
- Thirst
- Anxiety
- Afraid
- Light Headed
A  **Allergies**: Is the patient allergic to any medications or to certain food or to bee stings

M  **Medications**: any medications that the patient may be taking whether they are prescribed by a doctor or bought over the counter, this information is very important

P  **Past medical History** – has the patient had any operations recently? Does he/she suffer from any illnesses, e.g. diabetes, asthma, a heart condition?

L  **Last meal or oral intake**: When did the patient last have something to eat or drink? **Important**: never give anything to eat or drink to a patient.

E  **Events** leading up to the situation the patient is in now. How did it happen?

   You may never move a patient unless the patient is in a dangerous situation.

2.4. **Physical examination (Head to Toe)**

Once you have completed a SAMPLE HISTORY you must do a physical examination on the patient. We refer to a physical examination as a Head to Toe examination. You check the victim by looking and feeling for anything that is abnormal – this includes deformities, open wounds, tenderness and swelling. We always start a physical exam at the **head**.

- Check the **HEAD** for any pain, deformities and check for bleeding from the patient’s ears and nose.
- Check the **NECK** next, for pain and deformities.
- Gently squeeze the **CHEST**. The first sign of broken ribs would be pain.
- Check the **ABDOMEN** by gently squeezing the area. Check for wounds and pain.
- Check the **PELVIS** by gently pressing the hips. Check for wounds and bleeding.
- Check the **LOWER EXTREMITIES** (legs) - check for deformities, wounds and bleeding
- Check the **UPPER EXTREMITIES** (arms) for deformities, bleeding and pain.
STUDY UNIT 6
AIRWAY OBSTRUCTION AND RESCUE BREATHING

LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Demonstrate knowledge of airway obstruction and chocking.
♦ Demonstrate skills of the correct method to open the airway.
♦ Distinguish the difference between partial obstruction and total obstruction.
♦ Demonstrate knowledge of the signs and symptoms of partial obstruction.
♦ Demonstrate skills for the correct treatment of partial obstruction.
♦ Demonstrate knowledge of the signs and symptoms of total obstruction.
♦ Demonstrate skills for the correct treatment of total obstruction.
1. **Definition**

Obstruction and or choking is caused by an obstruction in the airway, normally caused by food or vomitus lodged in the airway.

2. **Airway open**

- The tongue is the main cause of airway obstruction in an unconscious patient.

### METHODS OF OPENING THE AIRWAY

1. Head-tilt-chin-lift method.
3. Finger sweep only if something is visible and can be reached with fingers.
4. Turn the patient onto their side.

- Protect the patient from swallowing his/her tongue.
- Protect the patient if he/she is vomiting or has excess bleeding in the mouth.

**Simulated universal distress signal**

![Universal sign for choking](image-url)
3. Partial Obstruction

The airway is partially obstructed by any of the following things:

♦ Food.
♦ Any small object stuck in the throat of the patient.
♦ Injuries or vomiting.

Signs of partial obstruction

♦ The patient is able to make sounds and be able to cough.
♦ Patient will clutch his throat and have difficulty in breathing.
♦ He may turn red in the face and become anxious.
♦ The veins will protrude.
♦ Whistling sounds may be heard.

3.1. Treatment

♦ Remain calm and re-assure the patient.
♦ Ask for assistance and request a bystander to call for an ambulance.
♦ Encourage the patient to cough. This can possibly dislodge the obstruction.
♦ If the patient can cough do not intervene.

4. Total obstruction

Three specific signs of a total airway obstruction are:

♦ The patient cannot speak.
♦ The patient cannot cough.
♦ The patient cannot breathe.

4.1. Treatment

Conscious adult patient (witnessed choking)

Get advanced help before you do anything!!
STUDY UNIT 7
SHOCK

LEARNING OUTCOMES

On completion of this study unit the student will:

♦ Define the term shock.
♦ Demonstrate knowledge of the causes of shock.
♦ Demonstrate knowledge of the signs and symptoms of shock during the early stages and later stages of shock.
♦ Demonstrate skills in the treatment of shock.
1. Definition

Shock is a medical emergency caused by a chain of events that result in insufficient circulation of oxygen rich blood to tissues and organs.

1.1. Causes of shock

♦ Loss of fluid (blood, plasma and fluids).
♦ Pump failure (heart attack, heart failure, heart injury).
♦ Pipe failure (blood vessels, spinal cord injuries, poisoning, overdoses, pain).

2. Signs and symptoms of shock

2.1. Early signs

♦ Listlessness, apprehensive, anxiousness, scared, pale, cool and moist skin.

2.2. Later signs (actual start of shock process)

♦ Still pale, cool and moist skin.
♦ Perspiration.
♦ Nausea and possible vomiting.
♦ Thirst and dry lips.
♦ Eyes dull and expressionless.
♦ Pupils dilated, slow reacting.
♦ Lowered level of consciousness, may become unconscious.
♦ Weakness.
♦ Breathing at first slow and deep, later rapid and shallow.
♦ Pulse rapid and weak.
♦ Shivering.

2.3. Treatment

♦ HHHABC (hazards, hallo, help, airway, breathing, circulation).
♦ Control severe bleeding (if necessary before HHHABC).
♦ Recovery position if unconscious (carefully observe patient for vomiting and aspiration).
♦ Cover patient, maintain body temperature (space blanket).
♦ Nothing per mouth! Wet lips if very thirsty.
♦ Monitor vital signs and keep record.
LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Define:
  ➢ Arterial bleeding.
  ➢ Venous bleeding.

♦ Demonstrate knowledge of the classification of the categories of bleeding.
♦ Demonstrate knowledge of the signs and symptoms of severe bleeding.
♦ Demonstrate skill to control bleeding.
1. Definitions

1.1. Arterial bleeding
Bright red colour - oxygen rich, spurts out, can be fatal very quickly.

1.2. Venous bleeding
Dark red colour (maroon) – oxygen poor, flows out.

2. Classification

2.1. External bleeding
You can see external bleeding.

2.2. Internal bleeding
Internal bleeding is most of the time not visible.

2.3. Subcutaneous bleeding
Normally dark bruises.

3. Signs and symptoms of severe bleeding

♦ Listlessness, apprehensive, anxiousness, scared, pale, cool and moist skin.
♦ Still pale, cool and moist skin.
♦ Perspiration.
♦ Nausea and possible vomiting.
♦ Thirst and dry lips.
♦ Eyes dull and expressionless.
♦ Pupils dilated, slow reacting.
♦ Lowered level of consciousness, may become unconscious.
♦ Weakness.
♦ Breathing at first slow and deep, later rapid and shallow.
♦ Pulse rapid and weak.
♦ Shivering.

4. Natural control of bleeding

♦ Is blood clotting.
5. **External control and treatment of bleeding**

- HHHABC (hazards, hallo, help, airway, breathing, circulation).

5.1. **Severe external bleeding – initial control**

- Elevation.
- Direct pressure.
LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Define a fracture.
♦ Demonstrate knowledge of the signs and symptoms indicating that a fracture has occurred.
♦ Demonstrate knowledge of the various types of fractures.
♦ Demonstrate skill to treat various fractures.
1. **Definition of Fractures**

A fracture is a complete or partial break of a bone.

As we do not have x-ray eyes, we cannot determine whether the patient has a fracture, sprain, strain or dislocation. We therefore treat all injuries as if they are fractures.

2. **Types of fractures**

- Open fracture.
- Closed fracture.

2.1. **Open fracture**

An open fracture is a broken bone that penetrates the skin.

2.2. **Closed fracture**

A closed fracture is a broken bone that does not penetrate the skin.

2.3. **Signs and symptoms of a fracture**

- Pain.
- Deformity.
- Tenderness.
- Swelling.
- Bruising.
- Bone protruding through the skin (open fracture).
- Shortening of the limb.
- Unusual movement of the limb.
- No movement at all.
- Deformed appearance of the limb.
2.4. Treatment

- HHHABC (hazards, hallo, help, airway, breathing, circulation).
- In case of an open fracture, first clean the wound and dress the wound. Use a ring bandage to immobilise the bone if it is protruding.
- Before splinting, check the distal (lower) part of the limb, e.g., hand or foot, for skin elevate the fractured colour and skin temperature and sensation (feeling).
- Splint the fractured limb.
- Elevate the fractured limb if possible.
- After splinting, check the distal part of the limb again. If the limb was warm and pink before you applied the splint and is cold and blue after you applied the splint, it means that the bandage is too tight. Loosen bandage accordingly.

3. Sprains and strains

A sprain is a tear in the muscle and a strain is when ligaments and soft tissue around or near the joints are injured.

3.1. Treatment

- HHHABC (hazards, hallo, help, airway, breathing, circulation).
- R Rest.
- I Ice.
- C Compression.
- E Elevate.
- S Splint.

When in doubt splint! You may not be able to tell the difference between a fracture, sprain or strain.

A splint prevents a closed fracture from becoming an open fracture.

4. Dislocation

4.1. Treatment

- HHHABC (hazards, hallo, help, airway, breathing, circulation).
- Support the joint in the position found.
- Immobilise the area and splint.
- Transport the patient to the nearest hospital.
1. Don’t apply cold directly to the skin: wrap cold packs in socks or other clothing.

2. Some fractures, particularly of the pelvis or femur, are frequently associated with severe bleeding, treat for bleeding if necessary and keep monitoring for shock.

5. Splints

5.1. Types of splints

♦ Hard splints.
♦ Soft splints.
♦ Bandages.
♦ Improvised splints.
LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Identify various bandages and the use of each.
♦ Demonstrate skill in the use of identified bandages on specific injuries.
1. Definition

A bandage is a piece of material used either to support a medical device such as a dressing or splint, or on its own to provide support to the body.

2. Purposes of bandages

♦ Support and immobilise limbs.
♦ Keep splints in position.
♦ Keep wounds dressings in position.
♦ Cover and protect wounds.
♦ Control bleeding and swelling.

3. Procedure before and after applying a bandage

The key points when applying a bandage are:

• Make sure the person is comfortable and tell them what you are doing.
• Make sure you work from the side of the injury and do not have to lean across their body.
• Keep the injured part of the body supported in the position it will be in when the bandage is on.
• Make sure you use the right size bandage as different parts of the body need different widths of bandage, where possible.
• After you have put the bandage on, secure the end by folding it over and tying a knot in the end. You can also use a safety pin, adhesive (sticky) tape, or a bandage clip.

3.1. Main types of bandages

♦ Roller.
♦ First aid dressing.
♦ Triangular.

Bandages are used to secure dressings and support injured limbs. They can be made of cotton, gauze, elasticated fabric or linen.
STUDY UNIT 11
THE FIRST AID KIT

LEARNING OUTCOMES

On completion of this study unit the student will....

♦ Identify the necessary equipment and components that needs to be in a complete first aid kit.
1. Contents of a First Aid Kit

Due to concerns regarding Health and Safety issues at National and area events, these guidance notes have been put together about the recommended contents of First Aid Kits for use by members taking part in outdoor events.

Please note that these are only guidance notes for “general purpose” use, where specialist outdoor activities are undertaken, the contents may need to be amended in line with recommendations of the appropriate governing body.

General First Aid Kits should be kept in a container made of suitable material and so designed to protect the contents. All boxes should be clearly marked, the recommended marking being a white cross in a green background (Health and Safety Signs and Signals regulations 1996).

<table>
<thead>
<tr>
<th>QTY</th>
<th>PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 X</td>
<td>CETRIMIDE SOLUTION 50ML</td>
</tr>
<tr>
<td>1 X</td>
<td>SAFETY PINS (CARD OF 12)</td>
</tr>
<tr>
<td>1 X</td>
<td>BANDAGE SCISSORS</td>
</tr>
<tr>
<td>1 X</td>
<td>METAL FORCEPS</td>
</tr>
<tr>
<td>1 X</td>
<td>RESCUE BLANKET – ADULT</td>
</tr>
<tr>
<td>1 X</td>
<td>HYDROGEL 125ML</td>
</tr>
<tr>
<td>1 X</td>
<td>B/X 60 X 40CM BURN DRESSING</td>
</tr>
<tr>
<td>2 X</td>
<td>20 X 20CM BURN DRESSING</td>
</tr>
<tr>
<td>1 X</td>
<td>EYE PAD</td>
</tr>
<tr>
<td>2 X</td>
<td>RESPAIDS</td>
</tr>
<tr>
<td>2 X</td>
<td>PAIRS OF GLOVES (LARGE)</td>
</tr>
<tr>
<td>1 X</td>
<td>25MM X 1M FABRIC ROLL</td>
</tr>
<tr>
<td>2 X</td>
<td>TRIANGULAR BANDAGE CALICO</td>
</tr>
<tr>
<td>6 X</td>
<td>TRIANGULAR BANDAGE NON WOVEN</td>
</tr>
<tr>
<td>6 X</td>
<td>STERILE GAUZE SWABS 75 X 75 (5’S)</td>
</tr>
<tr>
<td>2 X</td>
<td>TRAUMA PADS (LARGE)</td>
</tr>
<tr>
<td>4 X</td>
<td>F.A.D. NO 5</td>
</tr>
<tr>
<td>2 X</td>
<td>F.A.D. NO 3</td>
</tr>
<tr>
<td>2 X</td>
<td>F.A.D. NO 2</td>
</tr>
<tr>
<td>2 X</td>
<td>100MM CONFORM BANDAGE</td>
</tr>
<tr>
<td>2 X</td>
<td>75MM CONFORM BANDAGE</td>
</tr>
</tbody>
</table>
2. Care and replenishment

Any item that is used from the first aid kit must be replenished immediately. Expiry dates must be checked regularly.

It is recommended that nominated person(s) in each group be responsible for maintaining the kit. The first aider may be the appropriate person.
UNIT STANDARD

Carry out basic first aid treatment in the workplace

<table>
<thead>
<tr>
<th>SAQA US ID</th>
<th>UNIT STANDARD TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>116534</td>
<td>Carry out basic first aid treatment in the workplace</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORIGINATOR</th>
<th>ORIGINATING PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGB Occupational Health and Safety</td>
<td></td>
</tr>
</tbody>
</table>

QUALITY ASSURING BODY

FIELD

- Field 09 - Health Sciences and Social Services

SUBFIELD

Preventive Health

<table>
<thead>
<tr>
<th>ABET BAND</th>
<th>UNIT STANDARD TYPE</th>
<th>OLD NQF LEVEL</th>
<th>NEW NQF LEVEL</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undefined</td>
<td>Regular- Fundamental</td>
<td>Level 3</td>
<td>NQF Level 03</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTRATION STATUS</th>
<th>REGISTRATION START DATE</th>
<th>REGISTRATION END DATE</th>
<th>SAQA DECISION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed the End Date - Status was &quot;Reregistered&quot;</td>
<td>2007-08-07</td>
<td>2008-02-06</td>
<td>SAQA 0160/05</td>
</tr>
</tbody>
</table>

LAST DATE FOR ENROLMENT | LAST DATE FOR ACHIEVEMENT
------------------------|------------------------
2009-02-06 | 2012-02-06

PURPOSE OF THE UNIT STANDARD

This unit standard is for persons who are responsible to apply first aid in a working place. Persons credited with this standard are able to:

- Describe first aid equipment and explain basic application
- Assess the accident scene, report and make safe
- Prioritise the casualties and treat

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

Communications at NQF Level 1, or equivalent competence.

UNIT STANDARD RANGE

The following scope and context applies to the whole unit standard at any working place.
Specific range statements are provided in the body of the unit standard where they apply to particular specific outcomes or assessment criteria.

Specific Outcomes and Assessment Criteria:

SPECIFIC OUTCOME 1

Describe first aid equipment and procedures, and explain their basic application.

ASSESSMENT CRITERIA

ASSESSMENT CRITERION 1

The description identifies the dressings and bandages and their application to the specific condition of the injuries in accordance to specific requirements.

ASSESSMENT CRITERION RANGE

Dressings must include adhesive, un-medicated sterile, gauze, roller and pressure bandages, triangular bandages and slings.
ASSESSMENT CRITERION 2
Equipment used in the treatment of the casualty or condition is correctly identified, and the application described according to accepted first aid practice and design specifications.

ASSESSMENT CRITERION RANGE
Equipment must include: stretchers, spinal boards, blankets, splints, and thermometers.

ASSESSMENT CRITERION 3
Personal protective devices for use during treatment of casualties are identified and their purpose and application accurately described and explained.

ASSESSMENT CRITERION RANGE
Protective equipment must include: mouthpieces, surgical gloves.

ASSESSMENT CRITERION 4
The methods for treating injuries and illnesses are described according to international emergency care practice. The correct use and application of equipment with reference to the type of injury/illness sustained are explained.

ASSESSMENT CRITERION 5
The importance of applying methods and procedures is explained with reference to the basic functioning of the body.

ASSESSMENT CRITERION RANGE
The systems must include: respiratory, circulatory, and nervous systems.

SPECIFIC OUTCOME 2
Assess the accident scene of the incident, make safe and report.

ASSESSMENT CRITERIA

ASSESSMENT CRITERION 1
Workplace hazards and risks are identified. Actions are taken to make safe, and are appropriate to the urgency of the situation and the nature of the hazard or risk according to standard first aid and safety practice.

ASSESSMENT CRITERION 2
Specific hazards and risks associated with the particular incident are identified. Preventative measures are consistent with accepted health and safety practice and particular situational requirements.

ASSESSMENT CRITERION 3
The reporting of the accident/incident to the designated person/s is done in such a way that the nature of incident and support requirements is clearly conveyed.

ASSESSMENT CRITERION 4
The importance of assessing, making safe and reporting is explained with reference to the actual or potential worsening of the incident and working place safety.

SPECIFIC OUTCOME 3
Prioritise casualties and treat.

ASSESSMENT CRITERIA

ASSESSMENT CRITERION 1
The first assessment of the scene and prioritising of casualties is in line with accepted Triage principles.

ASSESSMENT CRITERION RANGE
Priority order in terms of severity must include: airways, breathing, circulation, internal and external injuries and/or medical conditions.

ASSESSMENT CRITERION 2
People willing and able to assist are identified and tasks assigned according to priority and sound first aid principles.

**ASSESSMENT CRITERION 3**
The examination is thorough, and accurately determines the nature and severity of the casualty in accordance with sound first aid principles.

**ASSESSMENT CRITERION 4**
The treatment is consistent with the urgency of the situation, and the nature and severity of the casualty, and aseptic principles.

**ASSESSMENT CRITERION 5**
The casualty's condition is closely monitored and treatment adjusted as required in the light of vital signs and condition.

**ASSESSMENT CRITERION 6**
The first aid method applied promotes recovery, and prevent worsening of the condition in accordance with sound first aid principles.

**ASSESSMENT CRITERION 7**
Reports on the actions taken are clear and promote effective further treatment by emergency support and trained professionals.

**ASSESSMENT CRITERION RANGE**
Reports to include: Proto Teams, paramedics, medical professionals.

**ASSESSMENT CRITERION 8**
Details of the incident and treatment undertaken are complete and accurately recorded in the prescribed format.

**UNIT STANDARD ACCREDITATION AND MODERATION OPTIONS**
Anyone assessing a learner against this unit standard must be registered an assessor with the relevant ETQA. An institution offering learning that will enable achievement of this unit standard must be accredited as a provider through the relevant ETQA by SAQA. Moderation of assessment will be overseen by the relevant ETQA according to the moderation guidelines and the agreed ETQA procedures.

**UNIT STANDARD ESSENTIAL EMBEDDED KNOWLEDGE**
Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:
- Human anatomy and Physiology
- Emergency Technology

**UNIT STANDARD DEVELOPMENTAL OUTCOME**
N/A

**UNIT STANDARD LINKAGES**
N/A
Critical Cross-field Outcomes (CCFO):

UNIT STANDARD CCFO WORKING
Work effectively with others as members of a team, group, organisation or community. Note: The ability and willingness of the candidate to accept, interpret and delegate work instructions correctly, when and if required, in an appropriate manner indicates that he/she can work effectively as a team member in the bigger organisational structure.

UNIT STANDARD CCFO ORGANISING
Organise and manage themselves and their activities responsibly and effectively. Note: The competence in applying acquired knowledge and skills will indicate that the candidate can organise and manage activities in his/her working environment.

UNIT STANDARD CCFO COLLECTING
Collect, analyse, organise and critically evaluate information. Note: The ability of the candidate to collect, organise and evaluate the necessary information and explain meanings and results will indicate proficiency.

UNIT STANDARD CCFO COMMUNICATING
Communicate effectively, using visual, mathematical and / or language skills in the modes of oral and / or written presentations. Note: The ability of the candidate to use assessment skills, communication and language skills will indicate his/her effectiveness to communicate information in the modes of oral and written presentations.

UNIT STANDARD CCFO SCIENCE
Use science and technology effectively and critically showing responsibility towards the environment and health of others. Note: The ability of the candidate to use science and technology effectively will contribute towards promotion of holistic emergency care and rehabilitation.

UNIT STANDARD CCFO DEMONSTRATING
Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation. Note: The ability of the candidate to identify and refer anomalous conditions to specialist services confirms understanding that a specific observation, inference, action or decision can have an interrelated effect.

UNIT STANDARD ASSESSOR CRITERIA
Assessors should keep the following principles in mind when designing and conducting assessments against the unit standard:

- Focus the assessment activities on gathering evidence in terms of the main outcome expressed in the title to ensure assessment is integrated rather than fragmented. Remember we want to declare the person competent in terms of the title. Where assessment at title level is unmanageable and then focuses assessment around each specific outcome, or groups of specific outcomes.
- Make sure evidence gathered across the entire range, wherever it applies. Assessment activities should be as close to the real performance as possible and where simulations or role-plays are used; there should be supporting evidence to show the candidate is able to perform in the real situation.
- Do not focus the assessment activities on each assessment criterion. Rather make sure the assessment activities focus on outcomes and are sufficient to enable evidence to be gathered around all the assessment criteria.
- The assessment criteria provide the specifications against which assessment judgements should be made. In most cases knowledge can be inferred from the quality of the performances, but in other cases, knowledge and understanding will have to be tested through questioning techniques. Where this is required, there will be assessment criteria to specify the standard required.
- The task of the assessor is to gather sufficient evidence of the prescribed type and quality as specified in this unit standard, that the candidate can achieve the outcomes again and again and again. This means assessors will have to judge how many repeat performances are required before they believe the performance is reproducible.
- All assessments should be conducted in line with the following well documented principles of assessment: Appropriateness, fairness, manageability, integration into work or learning, validity, direct, authentic, sufficient, systematic, open and consistent.
UNIT STANDARD NOTES

Specific requirements include legal and site-specific requirements and are contained in one or more of the following documents:

Legal requirements:

- Resuscitation Council protocol of Southern Africa.
- Chief Inspector of Mines’ Directives.

Site-specific Requirements:

- Hazard Identification and Risk Assessment (HIRA).
- Managerial Instructions.
- List of Recorded OH&S Risks.
- Working Guides.
- Equipment and Materials Specifications.
LEARNER WORKBOOK SECTION
FORMATIVE ASSESSMENT (OPEN BOOK EXAM)

CARRY OUT BASIC FIRST AID TREATMENT IN THE WORKPLACE
UNIT STANDARD 116534

Full Name and Surname: ___________________________________________
ID Number: _______________ Date of Assessment: ______________
Name of Assessor: _______________________________________________
Learner Signature: _______________ Assessor Signature: ______________

Pass mark is 70% (87 out of 125)

Competent:  [ ]  Not Yet Competent:  [ ]
1. Fill in the missing words: (3 Marks)
First aid is the effective application of approved ________________ and the utilising of available
______________ to assist a person who has ________________ trauma or acute illness.

2. List the 3 (three) elements of first aid. (3 Marks)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Explain the 4 (four) steps of the first aid process. (4 Marks)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Define the responsibility of the first aider: (6 Marks)
   a. Towards the patient:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

   b. Towards the public:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Fill in the missing words: (2 Marks)
   Always ask ________________ before treating a patient. ________________ must be given either
   from the patient or the family of the patient if the patient is unconscious, or even the patient’s child, if the
   patient is unconscious.

6. List the functions of the skeleton. (3 Marks)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
7. List the functions of the muscles. **(3 Marks)**

8. Fill in the missing words: **(2 Marks)**
   Triage means the sorting of ______________________ patients into four separate categories in order of their ______________________.

9. What is the purpose of triage? **(1 Mark)**

10. List the 4 (four) principle immediate life threatening conditions: **(4 Marks)**

11. Give an example of a priority ONE patient. **(1 Mark)**

12. Give an example of a priority TWO patient. **(1 Mark)**

13. Fill in the missing words: **(4 Marks)**
   The Primary Survey is a __________________ of definitive steps to __________________ ______________ the scene, manage it and to accurately __________________ the patient for acute life threatening conditions in order to treat them immediately.
14. What does H H H A B C stand for in the primary survey? (6 Marks)

H
H
H
A
B
C

15. List the 3 (three) elements of the secondary survey. (3 Marks)


16. To check the patient’s level of consciousness, you make use of the AVPU scale. What does AVPU stand for? (4 Marks)

A
V
P
U

17. Fill in the missing words: (2 Marks)
A _______________ is something that the first aider can see, smell or hear. A ____________ is something the patient tells you he is feeling, e.g. pain, thirst, dizzy.

18. When taking a history from the patient, what important information do you need to determine before handing the patient over to paramedics? (AMPLE) (5 Marks)

A
M
P
L
E
19. Where would you start when performing a physical examination on a patient? (1 Mark)

20. List 4 (four) methods of opening and maintaining an airway. (4 Marks)

21. Fill in the missing words: (4 Marks)
   Shock is a medical ____________ caused by a chain of ______________ that result in ________________ circulation of ________________ rich blood to tissues and organs.

22. List 3 (three) causes of shock. (3 Marks)

23. List 6 (six) signs and symptoms of shock. (6 Marks)

24. How would you identify an arterial bleeding? (1 Mark)

25. What is the difference between external and internal bleeding? (1 Mark)
26. List 6 (six) signs and symptoms of severe bleeding. (6 Marks)

27. How would you stop external bleeding? (2 Marks)

28. Fill in the missing words: (2 Marks)
A fracture is a ________________ or ________________ break of a bone.

29. Name the 2 (two) types of fractures. (2 Marks)

30. List 6 (six) signs and symptoms of a fracture. (6 Marks)

31. Fill in the missing words: (3 Marks)
A sprain is a tear in the ________________ and a strain is when ________________ and soft tissue around or near the ________________ are injured.
32. Explain the treatment for sprains and strains. (6 Marks)

33. What are the purposes of bandages? (5 Marks)

34. List the 3 (three) main types of bandages. (3 Marks)

35. What is the recommended marking on a first aid box? (1 Mark)

36. How would you maintain a first aid box? (2 Marks)
37. List 10 (ten) products/items contained in a first aid box. (10 Marks)

TOTAL MARKS: _____________

125