OFA 3 Course Lesson Summary Questions and Answers

Module 2 – The Priority Action Approach

Lesson 2.1 Summary Questions:

1. What is the purpose of the scene assessment?
2. What is the purpose of the primary survey?
3. What is the purpose of the secondary survey?

Lesson 2.1 Answer Key

1. Assess hazards, determine the mechanism of injury, and find out how many people are injured.
2. Quickly determine if there are any immediately life-threatening injuries or conditions, and provide critical interventions.
3. Determine the full extent of the developing injury or illness. Identify any other injuries or illnesses that may not have been discovered during the primary survey.

Lesson 2.2 Summary Questions:

1. Why is it important to for you to be aware of hazards?
2. What are the five types of hazard controls?
3. What personal protective equipment must you wear every time you are caring for a patient?

Lesson 2.2 Answer Key

1. You need to be aware of hazards to protect yourself, the patient and others in the area.
2. Elimination, Substitution, Engineering Control, Administrative Controls and Personal Protective Equipment
3. If there is any risk of exposure to blood or body fluids, you must wear rubber gloves.

Lesson 2.3 Summary Questions:

1. Why is it important to for you to be aware of hazards?
2. What are the five types of hazard controls?
3. What personal protective equipment must you wear every time you are caring for a patient?

Lesson 2.3 Answer Key

1. You need to be aware of hazards to protect yourself, the patient and others in the area.
2. Elimination, Substitution, Engineering Control, Administrative Controls and Personal Protective Equipment
3. If there is any risk of exposure to blood or body fluids, you must wear rubber gloves.

Lesson 2.4 Summary Questions:

1. What is the goal of scene assessment?
2. What types of things should you consider when looking for hazards?
3. What questions should you ask to identify the mechanism of injury?

Lesson 2.4 Answer Key

1. Assess hazards, identify mechanism of injury and find out how many people are injured.
2. Are there hazards to you, your helpers or the patient? Can the hazard be removed or controlled? Does the patient need to be moved? Are emergency personnel, specialized equipment or specially trained personnel required?
3. What happened? When? How much force was applied? To which part of the body and in what direction?

Module 3 – Primary Survey and Transport Decision

Lesson 3.1 Summary Questions:

1. What is the purpose of manually stabilizing the head and neck?
2. What should you do if the patient experiences pain while you are realigning the head and neck?

Lesson 3.1 Answer Key

1. To prevent further damage to a patient with a possible spinal injury
2. If the patient experiences pain, stop realigning their head and neck and maintain the position.

Lesson 3.2 Summary Questions:

1. How do you assess the patient's airway?

2. How do you assess the patient's breathing?
3. How do you assess the patient's circulation?
4. What is the purpose of manually stabilizing the head and neck?
5. What should you do if the patient experiences pain while you are realigning the head and neck?

Lesson 3.2 Answer Key

1. Can patient speak clearly? If not; look, listen and feel airway.
2. Look, listen and feel. Check the rate, rhythm and quality of breathing. Check chest wall movement.
3. Feel the radial pulse. If no radial pulse, feel for the carotid for 5 to 10 sec. Feel and observe the skin. Do a rapid body survey.
4. To prevent further damage to a patient with a possible spinal injury
5. If the patient experiences pain, stop realigning their head and neck and maintain the position.

Lesson 3.3 Summary Questions:

1. What are the three main questions you should ask when applying the *Modified NEXUS Rule*?
2. What should you do if you're unsure whether spinal motion restriction is required?
3. How do you determine if a patient is reliable?
4. How do you determine whether a patient has any concerning physical findings?
5. How do you determine if there are any other concerning considerations?

Lesson 3.3 Answer Key

1. Is the patient reliable? Are there any concerning physical findings? Are there any other concerning considerations?
2. Apply spinal motion restriction.
3. Is the patient fully alert? Are there any signs of intoxication? Does the patient have any distracting injuries?
4. Look, listen and feel for midline cervical discomfort and any new onset of neurological deficits.
5. Ask the patient's age, ask if there are pre-existing spinal conditions and rule out multi-system trauma.

Lesson 3.4 Summary Questions:

1. How do you decide if a patient requires rapid transport?
2. How do you decide if a patient requires medical aid?

Lesson 3.4 Answer Key

1. Refer to the *Rapid Transport Criteria*.
2. A patient who needs medical aid, but is stable and able to walk, does not always need to be transported by ambulance or ETV. Ambulatory patients can often be transported for medical aid by a company vehicle or taxi.

Lesson 3.5 Summary Questions:

1. What are the three main categories of the *Rapid Transport Criteria*?
2. Why should you memorize the *Rapid Transport Criteria*?

Lesson 3.5 Answer Key

1. Mechanism of Injury, Anatomy of Injury and Primary Survey Findings
2. You need to make the decision quickly and accurately.

Module 4 – Secondary Survey

Lesson 4.1 Summary Questions:

1. What does the Glasgow Coma Scale (GCS) measure?
2. What three nervous system functions are used to measure the GCS?
3. If the patient doesn't respond to verbal stimulus, what should you do?

Lesson 4.1 Answer Key

1. The GCS measures the patient's level of consciousness
2. Eye-Opening Response, Verbal Response, Motor Response
3. Check motor response (apply pain stimuli).

Lesson 4.2 Summary Questions:

1. How important is it to follow a consistent order when doing the head-to-toe assessment?
2. What should the medical history include?

Lesson 4.2 Answer Key

1. It is very important that you follow a consistent order. That helps you make sure that you remember to cover everything.
2. Where it hurts, what happened, physician care, medical alerts, pain assessment, associated problems and medications

Lesson 4.3 Summary Questions:

1. How often should the ABCs be reassessed?
2. How often should the vital signs be taken?
3. How often should a head-to-toe assessment be repeated?
4. What should you do after the call?

Lesson 4.3 Answer Key

1. Every 5 min on a RTC patient or an urban patient requiring transport by BC EHS. Every 10 min on a non-RTC patient.
2. Every 10 min for RTC patients or an urban patient requiring transport by BC EHS. Every 30 min for non-RTC patients.
3. In most cases, every 30 min.
4. Make sure the First Aid Record is complete. Clean and disinfect the area. Safely dispose of sharps and contaminated supplies.

Module 5 – Patient Positioning

Lesson 5.1 Summary Questions:

1. How do you decide whether to move a patient?
2. What should you do if you're unsure whether spinal motion restriction is required?

Lesson 5.1 Answer Key

1. Ask yourself: Can I assess the patient in the position found? If the patient is alert, can critical interventions be provided in the position found? If answer to either question is No, move the patient.
2. Apply spinal motion restriction

Lesson 5.2 Summary Questions:

1. What is the first step in guiding a patient with a possible spinal injury from standing to the supine position?
2. What are the key principles to keep in mind when moving a patient with a possible spinal injury?

Lesson 5.2 Answer Key

1. Ask the patient to keep their head and neck as still as possible.
2. Keep the head/neck as still as possible. Maintain head in line with body.

Lesson 5.3 Summary Questions:

1. What are the key principles to keep in mind when moving a patient with a possible spinal injury?

Lesson 5.3 Answer Key

1. Keep the head/neck as still as possible. Maintain head in line with body.

Lesson 5.4 Summary Questions:

1. What type of patient should be maintained 3/4 prone?
2. What is the purpose of using the 3/4 prone position?
3. What device may be needed to facilitate drainage from the airway?
4. How can you prevent a patient in the 3/4 prone position from rolling fully prone?

Lesson 5.4 Answer Key

1. All patients who do not require spinal motion restriction and are not being actively resuscitated.
2. Maintain the airway and allow fluid to drain.
3. An oral airway
4. Position the leg and arm to prevent the patient from rolling fully prone.

Lesson 5.5 Summary Questions:

1. What type of patient can be moved using a fore and aft lift?

Lesson 5.5 Answer Key

1. A non-trauma patient who needs to be moved from a sitting position into a basket stretcher for transport

Module 6 – Patient Packaging

Lesson 6.1 Summary Questions:

1. What could happen (what's the risk) if the hard collar is too short?
2. What could happen (what's the risk) if the hard collar is too long?
3. What should you do if you observe facial flushing after applying a hard collar?

Lesson 6.1 Answer Key

1. A collar that is too short may not provide enough support and may compromise the patient's airway.
2. A collar that is too tall may hyperextend the neck.
3. If the patient's face is flushed after the collar is applied, the hard collar may be too tight. Adjust as needed.

Lesson 6.2 Summary Questions:

1. When is a spine board used and why?
2. How do you decide whether to use a spine board?

Lesson 6.2 Answer Key

1. A spine board is used to immobilize the patient to prevent further injury. It is used for transferring a patient with a possible spinal injury to a transport stretcher and to extract a patient from the position found. It may also be needed if a scoop stretcher is not available or not practicable to extract a patient from the position found.
2. Apply the *Modified NEXUS Rule.* May also be needed if a scoop stretcher is not available or not practicable to extract a patient from the position found.

Lesson 6.3 Summary Questions:

1. Where should you position your foot when disassembling the stretcher?
2. How should the scoop stretcher halves be moved when preparing a patient?
3. What techniques should you always follow when lifting?

Lesson 6.3 Answer Key

1. Between the stretcher and the patient
2. Always move the stretcher parts around the patient.
3. Keep your back straight and use your leg muscles.

Lesson 6.4 Summary Questions:

1. What should you check before transporting the patient?
2. What should you check en route?
3. What should you do if packaging causes the patient pain?

Lesson 6.4 Answer Key

1. Check that the patient is positioned appropriately. Maximize patient comfort. Stabilize extremity injuries. Check that first aid supplies are available. Bring along patient's medication and personal belongings if possible.
2. ABC's and vital signs
3. Reconsider whether there is another way to support the injury.

Module 7 – Basic Skills

Lesson 7.1 Summary Questions:

1. What is the purpose of a jaw thrust?
2. What is the preferred method of opening the airway of all patients that require spinal motion restriction?

Lesson 7.1 Answer Key

1. To open the airway
2. A jaw thrust

Lesson 7.2 Summary Questions:

1. Why should you not insert an oral airway if there are large pieces of vomitus, broken teeth or blood clots?
2. What should you do if resistance is felt, or the patient gags or tries to spit out the oral airway?

Lesson 7.2 Answer Key

1. It may worsen the obstruction.
2. Remove the oral airway.

Lesson 7.3 Summary Questions:

1. What position should patients with profuse bleeding of the mouth or nose, or who are actively vomiting be put into?
2. What is the time limit for suctioning?

Lesson 7.3 Answer Key

1. The lateral or 3/4 prone position
2. 20 sec at a time

Lesson 7.4 Summary Questions:

1. How should you hold the pocket mask against the patient's face?
2. What should you do if the patient's abdomen starts to distend (inflate)?
3. How should you time the breaths?

Lesson 7.4 Answer Key

1. Using two hands and the jaw thrust position, place the mask over the patient's nose and mouth. Hold the mask with your fingers under the jaw and your thumbs on the mask.
2. Ventilate with less force.
3. Time the ventilations with the patient's inhalations, if possible, for a combined total of 12 breaths per min.

Lesson 7.5 Summary Questions:

1. Which method should you use to deliver high concentrations of oxygen to a spontaneously breathing patient?
2. What are the advantages and disadvantages of the nasal cannula and the face mask?
3. When should a partial rebreathing mask be used?
4. What does a pulse oximeter do?
5. How should oxygen cylinders be stored?
6. When should an oxygen cylinder be changed?

Lesson 7.5 Answer Key

1. Non-rebreathing mask
2. The nasal cannula gives the patient the greatest freedom to move around and talk while receiving oxygen. It may be appropriate for a patient who is vomiting. The face mask is used when moderate oxygen concentrations are required, and with patients who have nasal irritation. It can be uncomfortable and makes it harder to communicate with the patient.
3. When increased oxygen concentrations are required
4. It confirms the blood oxygen saturation of a patient and helps you decide whether to adjust oxygen flow.
5. In a cool, well ventilated room away from corrosives
6. When the PSI drops below 200

Lesson 7.6 Summary Questions:

1. Why is it important to inspect the equipment before using it?
2. How can you adjust the flow rate?
3. What direction do you turn the regulator valve to turn it to 0?

Lesson 7.6 Answer Key

1. To make sure it is safe to use and working
2. By opening the regulator valve clockwise until the flow gauge reaches the desired rate
3. Counter-clockwise

Lesson 7.7 Summary Questions:

1. What are the two most common reasons for ineffective ventilation with a bag-valve mask?
2. What should you do if the assisted ventilation with a bag-valve mask is not effective?

Lesson 7.7 Answer Key

1. Failure to maintain a proper jaw position and an ineffective seal
2. Use a pocket mask.

Lesson 7.8 Summary Questions:

1. When is CPR needed?
2. To what depth should chest compressions be given?
3. At what rate should chest compressions be given?
4. What should happen to the patient's chest in between chest compressions?
5. What is sudden cardiac arrest?
6. What happens when you use an AED?

Lesson 7.8 Answer Key

1. Whenever a patient is unresponsive, not breathing normally (or not breathing at all), and has no pulse or you're unsure if the patient has a carotid pulse
2. At least 5 cm (2 inches)
3. At least 100/min
4. The chest should recoil.
5. An abrupt, unexpected loss of heart pump function
6. The AED sends a shock through the heart. This shock stops all electrical activity and allows the SA node to regain its role in providing effective electrical impulses.

Module 8 Homework Assignment Questions – Before Day 3

1. What is occupational first aid (OFA)?
2. Describe your role and responsibilities as an OFA attendant.
3. Describe the scope of your role as an OFA attendant.
4. Describe the legislation that protects OFA attendants.
5. What does it mean to have a patient's actual or implied consent?

Module 8 Homework Assignment Answer Key – Day 3

1. OFA is help provided by an OFA attendant to a person who is ill or injured at work. The OFA attendant is trained in recognizing illnesses and injuries, and providing life-saving interventions until medical treatment is available.
2. The role and responsibilities of an OFA attendant are to:
   - Promptly provide injured or ill workers with a level of care within the scope of their training.
   - Objectively record reported signs and symptoms of injuries, illnesses and exposures.
   - Recognize a seriously injured worker quickly.
   - Activate transportation and Emergency Management System resources.
   - Get patients in need of medical care to the hospital without delay.
   - Refer injured workers to medical treatment when needed.
3. As an OFA attendant, you are responsible for providing care for all injuries and illnesses that occur at your worksite. You are only required to provide the level of care within the scope of your training.
4. In BC, the *Worker's Compensation Act* provides mutual protection to employers and workers. With this Act, workers relinquished their right to sue their employer and employers agreed to fund a no-fault insurance system. This means that an OFA attendant who provides first aid services to a worker as part of their employment is protected from liability for inadvertent injury caused by a negligent act or omission. But an OFA attendant can still be investigated and may have their OFA certificate cancelled or suspended.
5. All workers have the right to refuse treatment. You must receive consent from every conscious, mentally competent adult before you provide treatment. Actual consent means that the patient made an informed decision and gave verbal consent or presented an injury to you. With implied consent, the patient is unable to respond, but the law assumes that the patient would have given consent if they were able.

Module 8 – Being an Occupational First Aid Attendant

Lesson 8.1 Summary Questions:

1. What are your key responsibilities as an OFA attendant?
2. What is the scope of your role as an OFA attendant?
3. Why is patient consent important?

Lesson 8.1 Answer Key

1. Promptly provide care within the scope of your training, complete patient records, recognize a seriously injured worker quickly, activate Emergency Management System resources, if needed get patients to hospital without delay, and if needed refer workers for medical treatment.
2. As an OFA attendant, you are responsible for providing care for all injuries and illnesses that occur at your worksite. You are only required to provide the level of care within the scope of your training.
3. All workers have the right to refuse treatment. You need to get actual or implied patient consent for legal reasons.

Module 9 – Airway and Breathing – Unresponsive Patient

Lesson 9.1 Summary Questions:

1. What are the signs of a partial airway obstruction?
2. What are the signs of a complete airway obstruction?

Lesson 9.1 Answer Key

1. Noisy, congested, or gurgling breathing; hoarseness; high-pitched noise on inspiration or expiration (stridor); blue lips and face (cyanosis)
2. Being unable to speak or cough, if conscious; cyanosis; no movement of air in or out of the mouth; chest wall doesn't rise with ventilation

Lesson 9.2 Summary Questions:

1. How can you tell if an unresponsive patient has a partial airway obstruction due to fluids?
2. How can you clear the airway of an unresponsive patient with a partial airway obstruction due to fluids?

Lesson 9.2 Answer Key

1. Gurgling breathing, and possibly blood or fluid around the mouth
2. Position patient lateral, do a finger sweep, apply suction if needed, jaw thrust if needed, oral airway and high-flow oxygen

Lesson 9.3 Summary Questions:

1. How can you tell if an unconscious patient has a complete airway obstruction?
2. What should you do to remove the obstruction?
3. What should you do to maintain the airway?
4. How can you prevent a patient in the 3/4 prone position from rolling?

Lesson 9.3 Answer Key

1. Look, listen and feel for air movement.
2. Head-tilt/chin lift, attempt ventilation, check head-tilt/chin-lift, chest compressions, check mouth, remove object seen, oral airway, oxygen
3. Oral airway
4. Position the legs to prevent rolling

Lesson 9.4 Summary Questions:

1. What are the major components of the respiratory system?
2. Explain what happens during the two phases of breathing?
3. What are the signs and symptoms of a chest injury?

Lesson 9.4 Answer Key

1. Airway, lungs and thorax

2. Inhalation: Respiration muscles contract, pulling down the diaphragm and lifting the ribs. When the thoracic cavity enlarges, pressure decreases. The negative pressure within the chest that results causes lung tissue to expand and air rushes in to fill the air sacs.

   Exhalation: The respiration muscles relax, which decreases the size of the thoracic cavity. As the pressure in the chest increases, air is pushed out through the trachea.

3. Pain at the injury site; pain aggravated by breathing; shortness of breath or difficulty breathing; failure of one or both sides of the chest to expand normally; coughing up blood; rapid and weak pulse; cool or moist skin; cyanosis; air under skin tissues; anxiety and fear

Lesson 9.5 Summary Questions:

1. If there is no need for spinal motion restriction, what manoeuvre should you use to open the airway?
2. Why should you administer naloxone to a patient with a suspected opioid overdose?

Lesson 9.5 Answer Key

1. Head-tilt/chin-lift
2. Naloxone blocks the effects of opioids and reverses an overdose. You may save the person's life.

Lesson 9.5 Summary Questions:

1. How do you determine whether an unresponsive patient with respiratory arrest should be ventilated?
2. How should you time the ventilations?

Lesson 9.5 Answer Key

1. The patient has a pulse but is not breathing. If you can ventilate the patient and the chest rises, you will know that the airway is clear.
2. Time the ventilations with the patient's inhalations, if possible, for a combined total of 12 breaths per min.

Lesson 9.6 Summary Questions:

1. How do you determine whether an unresponsive patient with respiratory arrest should be ventilated?
2. How should you time the ventilations?

Lesson 9.6 Answer Key

1. Attempt to ventilate the patient twice to determine if the airway is clear.
2. Time the ventilations with the patient's inhalations, if possible, for a combined total of 12 breaths per min.

Module 10 - Airway and Breathing, Conscious Patient

Lesson 10.1 Summary Questions:

1. How can you tell if a conscious patient has a partial airway obstruction?
2. What position should the patient be placed in?
3. What critical interventions should you provide?

Lesson 10.1 Answer Key

1. The patient will probably be coughing, and might also be holding their throat and saying I am choking.
2. The position of comfort that maximizes the patient's effort to cough
3. High-flow oxygen and a blanket

Lesson 10.2 Summary Questions:

1. How can you tell when a conscious patient has a complete airway obstruction?
2. When should back blows and abdominal thrusts be used?
3. What should you do if you can't get your arms around the patient's waist?

Lesson 10.2 Answer Key

1. Patient is unable to speak.
2. They should be used on a conscious choking patient that is unable to cough forcefully enough to clear it on their own.
3. Use chest thrusts. Get a couple of learners to demonstrate.

Lesson 10.3 Summary Questions:

1. How can you determine whether a conscious patient in respiratory distress should be ventilated?
2. All patients in respiratory distress should be given oxygen, what flow and delivery device should be used?

Lesson 10.3 Answer Key

1. Ventilate if the patient is unable to speak in complete sentences and shows signs of cyanosis.
2. High flow using a non-Rebreathing mask, pocket mask or BVM

Lesson 10.4 Summary Questions:

1. How should you train a helper to ventilate a patient?
2. What should you make sure the helper does when they are helping to ventilate a patient?
3. Should you bandage an open chest wound on a patient in respiratory distress?

Lesson 10.4 Answer Key

1. Give clear directions. "Hold the mask with your fingers under the jaw and your thumbs on the mask." The breath should be 1 sec in duration.
2. Ensure helper keeps mask seal tight and uses a sufficient volume of breath.
3. Yes, but be careful to never seal the wound.

Module 11 – Cardiac Emergencies

Lesson 11.1 Summary Questions

1. How does the pulmonary circulation system work?
2. What does the systemic circulation system include?
3. How does the heart work?
4. What is atherosclerosis?
5. What are the key strategies for helping a patient with congestive heart failure?

Lesson 11.1 Answer Key

1. Oxygen from the alveoli is absorbed by the blood, and carbon dioxide from the blood is released to the alveoli. The oxygenated blood from the lungs returns to the heart and enters the left atrium. It then passes into the left ventricle and is pumped into systemic circulation system again.
2. Arteries which carry blood away from the heart. Veins which return blood to the heart. Capillaries which allow exchanges of oxygen, water and other nutrients.
3. The right atrium of the heart receives the venous blood returning from body tissues. It delivers this venous blood to the right ventricle, which pumps the blood into the capillary network of the lungs. At this point, oxygen passes into the blood and carbon dioxide passes from the blood into the alveoli.

4. Atherosclerosis is the buildup of fatty deposits in the inner artery walls.
5. Keep the patient calm, provide oxygen quickly, suction the airway, and ventilate the patient if needed.

Lesson 11.2 Summary Questions

1. What should you ask the patient before helping them take their nitroglycerin?
2. How can you decide whether the angina patient can return to work?

Lesson 11.2 Answer Key

1. Have you taken any medication? If the patient took an erectile dysfunction medication within the last 24 to 48 hours, he cannot take nitroglycerin.
2. If the patient's chest pain is alleviated by medication and rest, and the patient's vital signs are normal; the patient may return to work. If not, the patient should be managed like they are having a heart attack and rapidly transported to the hospital.

Lesson 11.3 Summary Questions

1. Where is the pain associated with a heart attack and what does it feel like?
2. What should you offer to a patient who is having a heart attack?
3. Are possible heart attacks in the Rapid Transport Category?

Lesson 11.3 Answer Key

1. The pain is usually located beneath the sternum in the anterior chest and may radiate across the anterior chest. It may also be felt in the back, arms, neck or jaw. It may be described as choking, squeezing, vice-like, burning or intense indigestion.
2. Two 80 mg chewable tablets of ASA or one regular strength 325 ASA table to chew, but only if patient is not allergic to aspirin, having a stroke, having an asthmatic attack, or under 19 years of age.
3. Yes.

Lesson 11.4 Summary Questions

1. How can you determine whether a patient is in cardiac arrest?
2. How long should you continue CPR/AED?

Lesson 11.4 Answer Key

1. If the patient becomes unresponsive, is not breathing normally and does not seem to have a carotid pulse; assume they are in cardiac arrest and begin CPR/AED.
2. Continue CPR/AED until:
   - Spontaneous circulation and breathing are restored.
   - Patient is transferred to EHS or another OFA 3 takes responsibility.
   - You are too tired to continue.
   - 30 mins pass without a return of normal breathing or pulse.

Module 12 – Shock

Lesson 12.1 Summary Questions

1. What are the main causes of shock?
2. Why are the signs and symptoms of hypovolemic shock?
3. What are the signs and symptoms of anaphylactic shock?
4. What are the signs and symptoms of neurogenic shock?

Lesson 12.1 Answer Key

OFA attendants are likely to encounter the following when treating workers:

1. Low blood volume due to bleeding or fluid loss; excessively dilated blood vessels due to spinal injury or a severe allergic reaction; heart damage due to a heart attack
2. Cool skin; pallor; sweating; increased heart rate (usually greater than 100 beats/min); anxiety, restlessness and combativeness; rapid, shallow breathing; thirst
3. Itching; numbness and tingling; blotchy areas or raised reddish-pink swelling of the skin; swollen tongue and face; tightness in throat; breathing difficulty; tight chest; weakness, restlessness, dizziness, or anxiety; abdominal cramps, diarrhea, or vomiting; a rapid, weak pulse
4. Paralysis and numbness of the lower limbs and portions of the trunk; impaired breathing; warm, dry skin in the limbs; lack of a radial pulse

Lesson 12.2 Summary Questions

1. How can you tell if a patient is in hypovolemic shock?
2. What critical interventions can be provided for a patient in hypovolemic shock?

Lesson 12.2 Answer Key

1. Mechanism of injury and cool, pale, clammy skin
2. Control bleeding, if possible, keep them still and maintain supine, high-flow oxygen and blanket

Lesson 12.3 Summary Questions

1. How can you tell if a patient is in anaphylactic shock?
2. What critical interventions can be provided for a patient in anaphylactic shock?

Lesson 12.3 Answer Key

1. Itching; numbness and tingling; blotchy areas or raised reddish-pink swelling of the skin; swollen tongue and face; tightness in throat; breathing difficulty; tight chest; weakness, restlessness, dizziness, or anxiety; abdominal cramps, diarrhea or vomiting; a rapid, weak pulse, unconsciousness
2. Epinephrine, high-flow oxygen, blanket

Module 13 – Bleeding and its Management

Lesson 13.1 Summary Questions

1. What are the signs and symptoms of external bleeding?
2. What are the signs and symptoms of internal bleeding?

Lesson 13.1 Answer Key

1. Arterial bleeding: The blood spurts or pulses out, and is usually bright red. Venous bleeding: The blood comes in a steady flow and is usually darker than arterial blood. Capillary bleeding: There is a continuous, steady ooze.
2. Cool, pale and clammy skin; a weak and rapid pulse; shortness of breath and agonal breathing; faintness and dizziness; thirst, anxiety and restlessness; nausea and vomiting

Lesson 13.2 Summary Questions

1. When should a tourniquet be used to control bleeding?

Lesson 13.2 Answer Key

1. A tourniquet is used to control severe bleeding from an extremity in the following circumstances:
   - Direct pressure fails to control bleeding
   - Another life-threatening priority demands your attention
   - You're unable to access the injury (such as when an arm or leg is trapped in machinery or equipment, and you can't get to the bleeding site to apply direct pressure)

Lesson 13.3 Summary Questions

1. When should direct pressure be applied to a massive bleed?
2. If the source of massive bleeding is obvious, do you need to do a rapid body survey?

Lesson 13.3 Answer Key

1. With massive bleeding, apply direct pressure as soon as you complete a basic assessment of the ABCs. You can usually do a basic assessment of the ABCs of a conscious patient on approach. After the bleeding has been controlled, a more detailed primary assessment can be made.
2. Yes, because a patient may be bleeding in more than one place.

Lesson 13.4 Summary Questions

1. What should you do if the dressing becomes soaked in blood?
2. How should you clean an amputated part?
3. How should you store an amputated part?

Lesson 13.4 Answer Key

1. Apply additional dressings over the initial dressing and apply more pressure.
2. As carefully as possible, clean off any gross foreign matter.
3. In a waterproof and sealed bag inside another bag filled with ice

Lesson 13.5 Summary Questions

1. What should you do if the dressing becomes soaked in blood?

Lesson 13.5 Answer Key

1. Apply additional dressings over the initial dressing and apply more pressure.

Module 14 – Medical Emergencies

Lesson 14.1 Summary Questions

1. What must you know before giving non-prescription medication to a patient?
2. What must you know before giving prescription medication to a patient?

Lesson 14.1 Answer Key

1. Before giving non-prescription medication to a patient:
   - Be familiar with the side effects, symptoms the medication may help, and reasons the medication should not be taken.
   - Inform the patient of any side effects or reasons the medication should not be taken.
   - Check the expiration date and do not give a patient a medication that has expired.
   - Obtain a history of the events leading up to the patient asking for relief.
   - Find out if the patient is currently taking any medication and determine if it is appropriate for them to receive additional medication.
   - Include any non-prescription medication given to the patient in the First Aid Record.
2. Confirm that the prescription is for the patient. Refer to written instructions about the specific use and storage of the medication, possible and expected reactions, possible complications and side effects, and the dose and method of application.

Lesson 14.2 Summary Questions

1. What are the possible physical effects of critical incident stress?
2. What are the possible behavioural effects of critical incident stress?
3. How will you take care of yourself?

Lesson 14.2 Answer Key

1. Possible physical effects include:
   - Nausea, weight loss and diarrhea
   - Dizziness, shakiness and a weak feeling in the legs, and sweating
   - Pounding heart, hyperventilation and a feeling of fatigue
   - Headaches, general aches and pains, and chest pains
2. Increased use of drugs or alcohol; difficulty going certain places, or withdrawal from family, friends and colleagues; difficulty being alone
3. Pace yourself, strive for a work-life balance, get enough sleep, eat properly, be active, practise stress management and relaxation techniques, build a support network, and use humour.

Lesson 14.3 Summary Questions

1. What are the two types of diabetes?
2. What are the signs and symptoms of hypoglycemia?
3. What are the signs and symptoms of hyperglycemia?
4. What critical intervention should you provide to patient having a diabetic emergency?
5. What made the patient in practice scenario 14.3 RTC?

Lesson 14.3 Answer Key

1. Type I diabetes is caused by a total lack of insulin production. Type II diabetes is caused by insufficient insulin production (insulin resistance).
2. Hunger; pale and clammy skin; dizziness, trembling and weakness; confusion, restlessness and irrational behaviour. As it progresses, patient may have slurred speech and seizures.
3. Thirst, excessive urination, loss of appetite, weakness and dizziness. As condition progresses, nausea and vomiting; deep, rapid breathing; dry mouth; fruity sweet breath; weak, rapid pulse; decreased level of consciousness.
4. High-flow oxygen, 3/4 prone position, blanket and glucose jelly or sugar
5. Decreased level of consciousness

Lesson 14.4 Summary Questions

1. How should you manage a patient who has been exposed to chlorine gas?
2. What is the first thing you should do when responding to a worker who has been exposed to a hazardous gas?
3. How should you treat a chemical burn?
4. What is Hydroxocobalamin?

Lesson 14.4 Answer Key

1. Clear everyone out of the area. Make sure actions are taken to control the hazard. Once the patient is safely out of the area, follow the Priority Action Approach and apply high-flow oxygen.
2. Clear out the area. Make sure actions are taken to control the hazard.
3. Locate the Safety Data Sheet for the product and follow the instructions. If the chemical is dry, brush it off the patient's skin. Remove contaminated clothing. Wash the skin with large amounts of water. Take precautions to avoid contamination to yourself and further contamination of the patient. Record the type of chemical. Transport the patient to medical aid. Work with staff to better manage the hazard.
4. Hydroxocobalamin is an antidote to cyanide.

Module 15 – Minor Injuries

Lesson 15.1 Summary Questions

1. Why is it important to complete the First Aid Record accurately?
2. What could happen if you don't complete the First Aid Record accurately?

Lesson 15.1 Answer Key

1. It gives you a history of the injury, enables the employer to take action to fix inadequate work areas or procedures, and provides evidence of work relatedness which will be important for compensation claims.
2. We won't have an accurate record of the patient's injury or illness. Employers might not fix inadequate work areas or procedures, and the injury may reoccur. There may be problems with compensation claims.

Lesson 15.2 Summary Questions

1. What parts of the secondary survey need to be completed for a patient that has a minor wound that does not require medical treatment?
2. How do you cleanse a minor wound?
3. How do you dress a minor wound?
4. How do you decide whether the patient needs medical aid?

Lesson 15.2 Answer Key

1. Question the patient about medical history, thoroughly examine the injured area, take pulse distal to injury, and assess nerve function.
2. Cleanse surrounding skin with mild antibacterial soap or warm water. Flush inside of wound with warm running water.
3. Cover the wound with sterile gauze. Apply a dressing large enough to cover the entire wound site. Wrap it with a bandage large enough to cover the entire dressing.
4. The following soft tissue injuries must be referred for medical aid:
   - Wounds longer than 3 cm (1 inch) through the full skin thickness
   - Wounds to hands in areas of joints or tendons
   - Wounds that require stitches
   - Wounds that are very dirty, including human or animal bites
   - Wounds with embedded materials
   - Wounds that have any sign of infection

Lesson 15.3 Summary Questions

1. What is the purpose of a Spica ankle wrap?

Lesson 15.3 Answer Key

1. It prevents swelling and keeps the injury stable.

Lesson 15.4 Summary Questions

1. How should you treat a sprain?
2. What should you tell the patient about caring for the sprain?
3. How do you decide whether the patient needs medical aid?

Lesson 15.4 Answer Key

1. Elevate, ice, bandage, check circulation and have patient bear weight
2. Elevate, ice, remove bandage at night. Carry on activities within limitations of pain. Return for reassessment and re-wrapping.
3. A patient with a suspected sprain who has any of the following should be referred for medical aid:

A sudden deceleration injury, such as with a fall from height

Pain, numbness, tingling, or weakness in an extremity distal to the injury

Sudden onset of very severe pain

Difficulty walking

Lesson 15.5 Summary Questions

1. What are the signs and symptoms of a fracture?
2. How do you assess the level of pain?
3. What are the objectives of immobilization?
4. How do you immobilize the limb?

Lesson 15.5 Answer Key

1. Point tenderness when touching the injured area. Swelling. Increase in pain on range of motion check.
2. PPQRRST = Position, Provoke, Quality, Radiation, Relief, Severity, Timing
3. Keep the joints above and below the injury from moving.
4. With a splint but immobilization may also be achieved by using a pillow, blanket, or by another means that will prevent movement of the adjacent joints.

Lesson 15.6 Summary Questions

1. What are the signs and symptoms of a dislocation?
2. How should you treat a dislocation?

Lesson 15.6 Answer Key

1. Discolouration, tenderness and irregularity when gently examined
2. Ice, large arm sling, pad between limbs and body, broad transverse bandage, recheck circulation and nerve function, and reapply ice.

Lesson 15.7 Summary Questions

1. What are the signs and symptoms of ASTD?
2. What can you do to treat an ASTD?

Lesson 15.7 Answer Key

1. Soreness that came on gradually over a period of time
2. Ice, brace, reassess daily

Lesson 15.8 Summary Questions

1. How should you treat a patient with dust in their eye?
2. Do you need to complete a First Aid Record for a simple treatment like getting the worker to flush their own eye?

Lesson 15.8 Answer Key

1. Tell patient to rinse eye and pull upper lashes down over lower lashes. Examine eye more closely. Remove dust with moistened swab.
2. Yes

Lesson 15.9 Summary Questions

1. What are the signs and symptoms of a first-degree burn?
2. What are the signs and symptoms of a second-degree burn?
3. What are the signs and symptoms of a third-degree burn?
4. Which burns are in the Rapid Transport Category?

Lesson 15.9 Answer Key

1. Red skin, mild pain
2. Blisters, red skin, pain, fluid loss
3. Charred, dry or pale skin; fluid loss
4. Smoke inhalation injuries; second-degree burns to more than 10% of the body surface; third-degree burn to more than 2% of the body surface; significant burns to the face; burns encircling a limb; major burns to hands, feet or genitalia; electrical burns; chemical burns

Lesson 15.10 Summary Questions

1. How should you treat a first-degree burn?
2. How long do first-degree burns take to heal?

Lesson 15.10 Answer Key

1. Cover with moist sterile gauze, cover gauze with drainage dressing, and lightly secure dressings with roller bandage.
2. Typically, one week

Lesson 15.11 Summary Questions

1. What is a return-to-work program?
2. How does a return-to-work program help workers and the organization?

Lesson 15.11 Answer Key

1. A systematic, progressive, individualized, and time-limited process for helping injured workers get back into their normal routine at home and work as quickly and safely as possible
2. It helps ensure compliance with regulation, first aid best practices that meet or surpass regulations, early intervention to prevent further damage, and stay-at-work options that allow workers to remain at work on modified duties while they heal.

Module 16 – Occupational First Aid Safety

Lesson 16.1 Summary Questions

1. When should you wash your hands?
2. How should you clean and disinfect instruments?
3. How often should the first aid room be cleaned and disinfected?
4. What is a Safety Data Sheet?

Lesson 16.1 Answer Key

1. Before and after contact with patients, after going to the washroom, and before eating
2. Rinse instruments and pocket masks well. Soak instruments in 70% isopropyl alcohol for 20 min and remove with forceps. Submerge pocket masks in 1:10 bleach solution for 10 min, then rinse. Once a week, clean furniture and large equipment with detergent and water, followed by bleach solution left on for 10 min.

3. Once a week
4. An information sheet that includes first aid information for products used on site

Module 17 – Major Injuries

Lesson 17.1 Summary Questions

1. What is the purpose of splinting an injury?
2. What should you do if the limb is cold and pulseless with obvious angulation?

Lesson 17.1 Answer Key

1. To prevent further injury
2. Contact a physical for instructions on how to manipulate the limb to restore circulation.

Lesson 17.2 Summary Questions

1. How can you tell if an injury is limb-threatening?
2. What injury care is to be provided for a major sprain, dislocation or fracture?

Lesson 17.2 Answer Key

1. Limb is cold, white/pale and pulseless – circulation is absent in the limb
2. Immobilization or splinting, it is treated like a fracture.

Lesson 17.3 Summary Questions

1. Should you apply wound closures to an ear (or any) injury that will require sutures (stiches)? Please explain your answer.

Lesson 17.3 Answer Key

1. No, patients with open wounds who are being referred to medical aid should not have wound closures applied, the health care professional will have to remove them to assess, clean and suture the wound.

Lesson 17.4 Summary Questions

1. How can you tell if a patient with a nose injury has an airway obstruction due to fluids?

2. How can you clear the airway of an unresponsive patient with an airway obstruction due to a nose injury that is bleeding?

Lesson 17.4 Answer Key

1. You see blood or other fluids around the nose or mouth. You hear gurgling.
2. Position patient lateral, perform finger sweep and reassess the airway. If the airway doesn't clear, apply suction and/or maintain lateral. If it clears, reposition to supine then apply and maintain a jaw thrust.

Lesson 17.5 Summary Questions

1. How should you treat a patient with a penetrating eye injury?

Lesson 17.5 Answer Key

1. Get a helper to support the object in the patient's eye. Cover both of the patient's eyes with sterile dressing.

Lesson 17.6 Summary Questions

1. What is the first thing you should do for a patient with a major thermal burn?
2. What critical interventions should you provide for a patient with a major thermal or chemical burn?

Lesson 17.6 Answer Key

1. Flush the burn with cool water.
2. Initiate cooling and continue, cover burn with moist sterile gauze, use more gauze for drainage, lightly secure with roller bandage, elevate.

Module 18 – Exposure to Heat and Cold

Lesson 18.1 Summary Questions

1. How do the symptoms of heat exhaustion differ from the symptoms of heat stroke?
2. What are the signs and symptoms of frostbite?
3. What is the difference between moderate and severe hypothermia?
4. Which heat and cold injuries are in the RTC?
5. Why is moderate hypothermia in the RTC?

Lesson 18.1 Answer Key

1. Patients with heat exhaustion are sweating; their skin is cool, pale and clammy. Patients with heat stroke are not sweating; their skin is hot, dry and flushed.
2. Pain and redness in the affected area; pale skin, tingling and numbness; white or blue and white skin; skin feels frozen
3. With moderate hypothermia, patient is confused, has a decreased level of consciousness, slowed heart rate and breathing, and a body temperature of 29 to 32°C. With severe hypothermia, the symptoms progress further and can involve unresponsiveness, cardiac arrest, coma and a temperature below 28°C.
4. Heat exhaustion if there are signs of shock, heat stroke, moderate to severe hypothermia
5. May progress into severe hypothermia (core temp afterdrop), decreased level of consciousness

Lesson 18.2 Summary Questions

1. When you have a patient with heat stroke, what should you do as part of the scene assessment?
2. What critical interventions should you provide for a patient who is having a heat stroke?

Lesson 18.2 Answer Key

1. Send someone to make sure other workers are taking breaks and drinking water to prevent heat stroke.
2. Move to cool spot, place supine, remove outer clothing, sponge/soak and fan, give fluids

Lesson 18.3 Summary Questions

1. For how long should you feel the carotid pulse if the patient is hypothermic?
2. Besides CPR and AED if the patient is in cardiac arrest, what else can you do to help a patient with moderate to severe hypothermia?

Lesson 18.3 Answer Key

1. Up to 30 sec
2. Oral airway, high-flow oxygen, move to warm environment, remove wet clothes, cover with blanket, turn up heat if possible

Lesson 18.4 Summary Questions

1. When you have a patient with frostbite, what should you do as part of the scene assessment?
2. What critical interventions should you provide for a patient who has frostbite?

Lesson 18.4 Answer Key

1. Send a helper to check on other workers and caution them about the possibility of frost bite.
2. Lightly wrap in sterile dressing and roller gauze

Module 19 – Effective Communication

Lesson 19.1 Summary Questions

1. When should you call EHS?
2. What should you tell EHS?

Lesson 19.1 Answer Key

1. As soon as you decide the patient needs to be transported by stretcher.
2. Patient's name, age and gender; chief complaints or injuries; hazards; what happened; vitals; medical history; medications; allergies

Lesson 19.2 Summary Questions

1. How can you reassure a patient who is feeling anxious?
2. What is just as important as talking?
3. What should you do if the patient does not speak your language?

Lesson 19.2 Answer Key

1. Be calm and reassuring; tell them you're trained; use their name; make eye contact; explain what you're doing; listen; tell the truth; use appropriate body language; avoid being detached, angry or irritated.
2. Listening well
3. Find someone who can communicate in their language.

Module 20 – Head and Nervous System

Lesson 20.1 Summary Questions

1. What are the signs and symptoms of a possible spinal injury?
2. How can you distinguish between a spinal cord and a bony spine injury?

3. What is the main thing to remember when assessing and treating a patient with a possible spinal injury?
4. How should you package a patient who has a possible spinal injury?

Lesson 20.1 Answer Key

1. Pain, tenderness/stiffness in affected area; numbness, tingling/weakness in one or more limb; any noticeable deformity of the spine; swelling
2. With a spinal cord injury there are neurological deficits below the injury. With a bony spine injury, there are not.
3. Keep the head/neck as still as possible. Maintain head in line with body.
4. Cervical collar, tie legs together, spine board, basket stretcher

Lesson 20.2 Summary Questions

1. If you know a patient is intoxicated, do you need to look for other causes of the altered level of consciousness?
2. What is the transport decision for an altered level of consciousness?

Lesson 20.2 Answer Key

1. Yes
2. Rapid Transport Category

Lesson 20.3 Summary Questions

1. What are the signs and symptoms of a seizure?
2. What critical interventions should be given to a patient who had a seizure?
3. What is the transport decision for patients who have had a seizure?

Lesson 20.3 Answer Key

1. With tonic-clonic seizures, the patient convulses, loses consciousness and drops to the ground. All of their muscles contract and their body becomes rigid. Their extremities begin to jerk rapidly, their jaw tightens and their teeth clench. Typically, with a simpler partial seizure, only one part of the body begins to twitch or shake.
2. Oxygen, 3/4 prone, blanket.
3. Rapid Transport Category.

Lesson 20.4 Summary Questions

1. What are the signs and symptoms of a stroke?

2. What is a quick way to screen for stroke?
3. What critical interventions should you give to a patient who is having a stroke?

Lesson 20.4 Answer Key

1. Weakness in one or more limb; numbness in one side of the body; severe headache; nausea; amnesia; visual difficulty; decreased level of consciousness and confusion; trouble speaking; dizziness; seizures; sudden clumsiness; difficulty swallowing
2. FAST:

   Face: Look for facial droop or asymmetry.

   Arms: Ask the patient to hold both arms out straight in front of them with their palms up. Ask the patient to close their eyes for 10 seconds. If one of their arms drop, it may be a sign of stroke.

   Speech: Is the patient speaking normally? Are they oriented in time and place? Can they understand you? Can you understand them?

   Time: To call 911. If you think the patient may have had a stroke, get them to the hospital as fast as possible.
3. 3/4 prone, suction, low-flow oxygen with nasal cannula, blanket

Module 21 – Multiple Patients – Triage

Lesson 21.1 Summary Questions

1. What are the four categories used to triage patients?
2. What sort of critical interventions would you provide during triage?

Lesson 21.1 Answer Key

1. Green: minor injury, walking wounded
   Yellow: delay, can wait
   Red: immediate
   Black: expectant or deceased
2. Treating life-threatening conditions