



03

Looking out for each other

Plan, rehearse and evaluate options (including CPR and first aid) for managing situations where their own or others' health, safety and wellbeing may be at short or long term risk (ACPPS091)

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By the end of Year 10, **students critically analyse contextual factors that influence identities, relationships, decisions and behaviours. They analyse the impact attitudes and beliefs about diversity have on community connection and wellbeing. They evaluate the outcomes of emotional responses to different situations. Students access, synthesise and apply health information from credible sources to propose and justify responses to health situations.**

Students propose and evaluate interventions to improve fitness and physical activity levels in their communities. They examine the role physical activity has played historically in defining cultures and cultural identities.

Students demonstrate leadership, fair play and cooperation across a range of movement and health contexts. **They apply decision-making and problem-solving skills when taking action to enhance their own and others' health, safety and wellbeing.** They apply and transfer movement concepts and strategies to new and challenging movement situations. They apply criteria to make judgements about and refine their own and others' specialised movement skills and movement performances. They work collaboratively to design and apply solutions to movement challenges.

Organise your thinking

In order to stay safe, we need to look out for each other. We need to be aware of our surroundings and be alert to what is going on around us. When situations arise, we need to have some strategies ready to deal with those events.

Making connections

- What influences our behaviour?
- Why do we need to stay safe?
- What strategies can we develop to maintain safety for ourselves and our peers?

3.1 Peers, adolescence and safety

adolescence the period following the onset of puberty during which a young person develops from a child into an adult

harm an exposure to a situation where there may be a chance of loss, injury or hazardous outcome

stereotype a conventional image or oversimplified opinion or conception

For decades, researchers have suggested that **adolescents** were involved in hazardous activities, such as dangerous driving, violent behaviours, unsafe sexual activities or substance misuse, because they perceived that they were immune to **harm**. Adolescents typically have been represented as being unable to make effective judgements about harm and consequences, because they are too heavily influenced by their peers, are immature or lack knowledge and experience. Therefore, they were viewed as being unable to predict the consequences of their actions. There is a long-held **stereotype** that indicates that adolescents are unaware, inattentive or are not concerned by the potential harms of engaging in risky behaviours.

However, most adolescents do not see themselves as invincible. Recent research suggests that the reality is quite the opposite. Adolescents typically overestimate the probabilities of harm occurring through involvement in risky activities. Recent brain development research by investigators, such as prominent psychologist Laurence Steinberg, has shown that an adolescent's capacity to reason logically is little different from an adult's. Research suggests that adolescents tend to weigh up hazardous situations in terms of perceived benefits and immediate rewards (e.g. 'What's in this for me?', 'Will my friends approve of this?'). Fitting in, being part of a group or having a sense of belonging is essential for many, but not all adolescents. Feeling connected with other like-minded peers provides a shared connection with others.

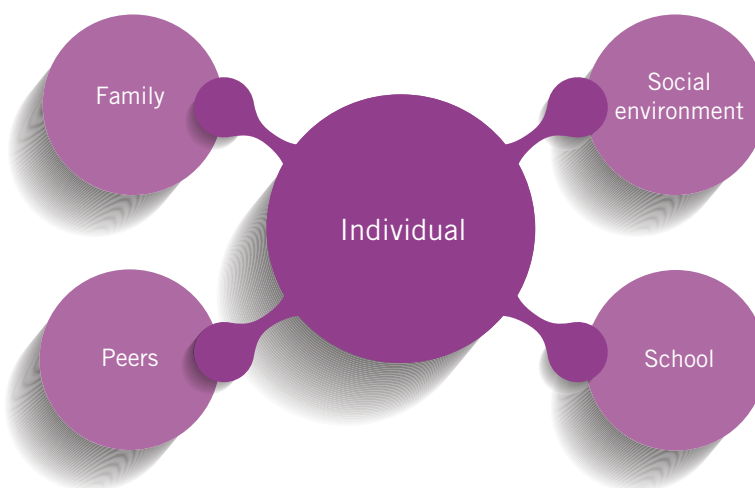


Figure 3.1 An **ecological model** of hazardous situations

Source: Adapted from Blum et al., 'Vulnerability, Risk and Protection', *Journal of Adolescent Health*, vol. 31S, 2002, pp. 28–39

ecological refers to the complex relationships between the individual and their environment

model an example to represent or show a pattern

How we respond to possible dangers forms part of a complex relationship between a range of different factors. Our peers, our families and the schools that we attend all interact in this complex relationship. Each of these factors assists us to develop in how we consider harm. Our social environment, such as our level of schooling, the individuals we view as role models, our access to healthcare, our religious beliefs and practices, and the media, has strong influences on our decision-making.

POOCH: Problem, options, outcomes and choices

The POOCH model is an effective way to think about a variety of situations. It helps us to make decisions, solve problems and reach some conclusions about problems that we might face.

P	Problem	What is the problem you are trying to deal with?
O	Options	What are some options you might choose to solve this problem?
O	Outcomes	What are the outcomes to each of the options you have considered?
C	Choice	Make a choice of the best option for your problem.
H	How	How did it go? Reflect on the problem, the option you chose and the outcome.

Using the POOCH model provides us with a framework to consider different solutions to a problem. It allows us to consider a range of alternatives and their potential consequences. The next step requires us to choose the most effective alternative. The model also enables us to reflect on the process and what might have been the most effective solution.

Consider this example. I want to purchase a new smartphone, but I have a limited budget and want to find the best phone to suit my needs. I could use the POOCH model to help me make a decision.

The POOCH model

The **problem** is that I have limited funds to purchase my phone.

The **options** that I might have include: saving up some more money; buying a less expensive phone with reduced features; buying a superseded model; borrowing some money to make the purchase.

The **outcomes** of these options might include: delaying my purchase to get the phone that I really want; not being happy with my purchase, because it doesn't suit my needs, or have the features that I want to use; buying a model that will become obsolete faster than a new phone with the latest features; paying off a loan to my parents will take a long time, especially as I have just lost my part-time job.

The **choice** that I make is that I find a new part-time job and save up some more money for the smartphone that I really want.

How did it go? That choice was a great one, as I was able to purchase a newly released phone after six additional months of saving. It was the phone that I had always wanted.

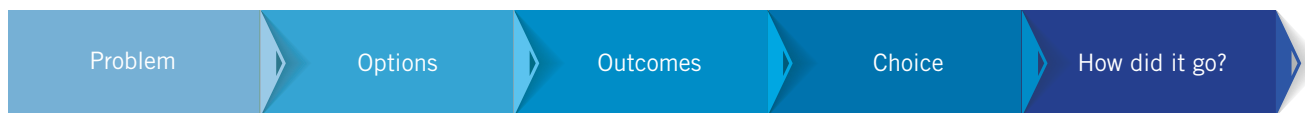


Figure 3.2 POOCH is a useful problem-solving model.

3.1



DEEP LEARNING

- 1 Brainstorm the range of influences on adolescent behaviours.
- 2 Develop a list of potential situations a group of adolescents may experience at a party.
- 3 Construct a concept map of strategies that you could use to stay safe at a party hosted by your friend.
- 4 In a group of four, investigate one of the scenarios below using the POOCH model template. Present your findings using Prezi or other presentation tools.
 - a Some friends are really pressuring Chris to attend a party with them on Saturday night, but his parents want him to go with them to dinner at their friends' house. Chris would really like to go to the party because his new girlfriend is going. What should Chris do?
 - b Alice went to a party on the weekend. She met a new boy who she really liked and sent a text message to her best friend telling her all about the fun she had with him at the party. On Monday at school, there were lots of stories about what she may have done with him over the weekend. What should she do?
 - c Catherine's sister is drunk and is about to drive her sister and her friends home. They told their parents that they would be home before 11 p.m. and it is now nearly midnight. Everyone is urging Catherine's sister to get in the car and go. If you were Catherine, what would you do?
 - d One of your friends is having a hard time coping at the moment. There are problems at home and school is not very easy for them. A really close friend has just moved away to another city. Your friend has been falling behind and missing lots of school because they have been 'sick'. Consequently, their grades are dropping and they are clearly not coping with the demands made of them at the moment. What can you do?
 - e Some of your friends have been arguing all week at school, over a girl. You overheard one of them talking about her with your friends and he said that he would 'sort things out' at the party on the weekend. You know one of your friends in the argument has a violent temper and has quite often been involved in heated situations at school and has been involved in fights with others on the weekends. What should you do?

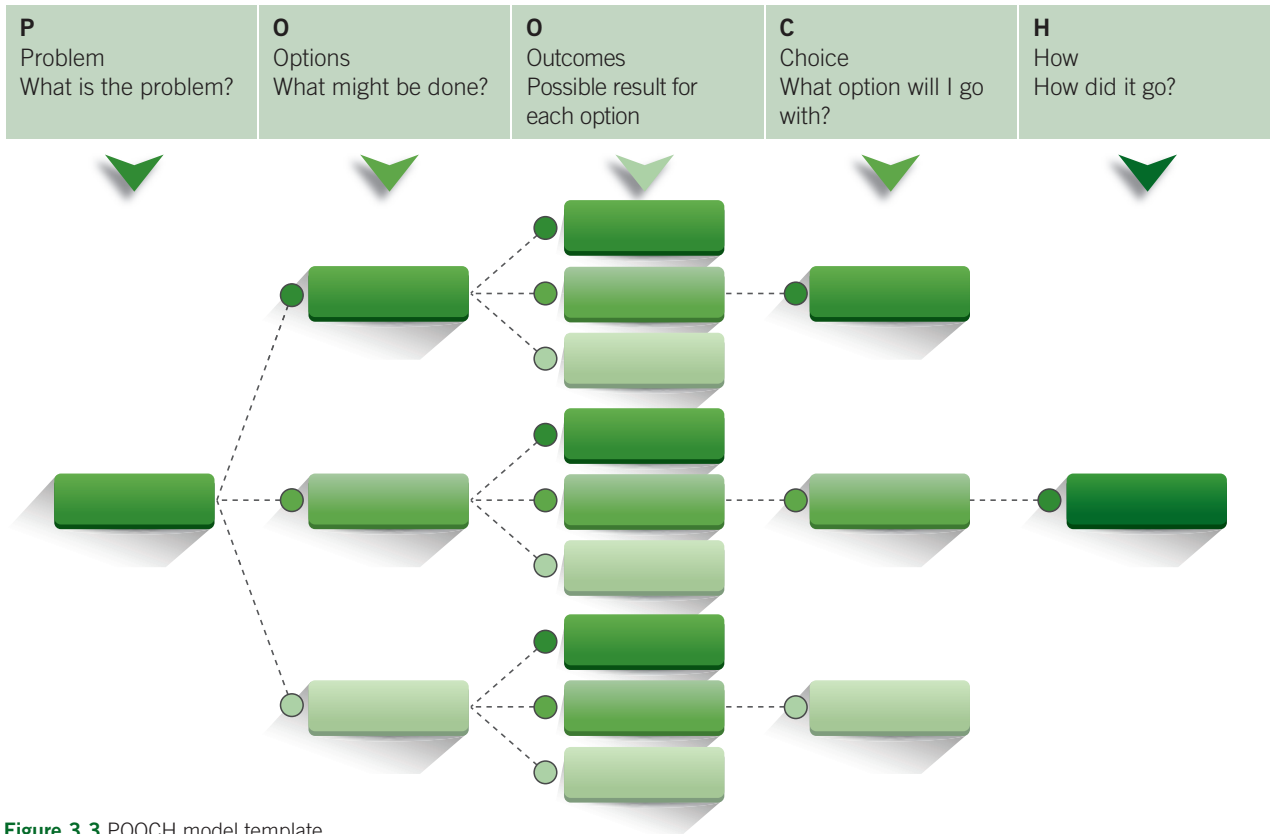


Figure 3.3 POOCH model template

CASE STUDY

3.1

In pairs or small groups, study the following Facebook status updates and propose possible solutions to each problem. Use the POOCH model to guide your discussion. After you have discussed the scenario, develop a role play, create a stop-motion movie or conduct an interview to outline your most effective solution to the problem.



5 hours ago

Can't wait for the party after the Sharks footy club grand final!!!! I know soooooo many people going, so it will be AWESOME! The footy club put the party on their Facebook page, so it's gonna be HUUUUUGE.

15 likes 4 comments



4 hours ago

Hangin with some friends at the park before we go to the footy club. People are drinking heaps and some guys pressured me into having some, but the drinks they had were GROSS.

7 likes 2 comments



3 hours ago

OMG there is a cute guy who keeps offering me drinks. His own 'special mix' and he said that I'd really like it. Got no idea what's in it or if I should take it, but he's REALLY REALLY cute.

10 likes 3 comments



2 hours ago

Feeling pretty chill and having an awesome time with Ryan OMG. HES SO CUTE!! He made us a few of his special drinks. He reckons that we should leave the park and go to his friends' place just around the corner. OMG he drives! I know he's been drinking, but his friends' place is only a few blocks away.

7 likes 3 comments



1 hour ago

Heaps of people getting pretty wasted atm!!! Ryan started a fight with another guy about a girl. Maybe it's about me???

6 comments



Just now

Where did these people come from!? I hardly know anyone here now. Things are getting super intense. I almost got hit in the face!! OMG!! I can hear sirens a few streets away ... I think someone has called the cops. I kinda want to go home.

5 likes 5 comments

Questions

- 1 Identify some of the potential issues that might occur during the party.
- 2 Predict a likely action from each issue as it developed at the party and rewrite the status updates.
- 3 Construct a set of rules that assist you to stay safe at a party.
- 4 Create a safe strategy for one of the problems that the Facebook writer experiences at the party, using the POOCH model.
- 5 Support your proposed safe strategy with some evidence from your discussion.



HPÉ and science

The human brain undergoes considerable development during adolescence. Researchers believe that impulsive behaviour, often evident in adolescence, is associated with immature development of the prefrontal cortex region of the brain. Risk-taking behaviours are also often associated with increased activity in the accumbens area of the brain. These neural systems undergo significant changes during the period of adolescence.

3.2 Responding to emergencies

We can find ourselves involved in an emergency situation at any time. This might occur on the journey to school in the morning, on the bus on the way home, or waiting for a flight to depart from the airport. It may happen at a weekend sporting activity, or even at the dinner table with your family. One of your friends might be hurt and collapse after an incident at a party. You need to be able to review the scene quickly, make fast decisions and act promptly.

Sudden cardiac arrest

The National Heart Foundation estimates that over 30 000 people are impacted by a sudden cardiac arrest (SCA) each year in Australia. SCA is an extreme emergency situation, often resulting in death. Time is critical to the chances of survival, so prompt and decisive action is important.

An SCA takes place when there is sudden disruption to the normal heart rhythm. This dangerously diminishes the heart's capacity to pump blood to the vital organs, such as the brain. Often a person who has an SCA shows no prior symptoms or warning signs. An SCA can happen to anyone, young or old, at any time. How we respond could mean the difference between a person surviving or dying suddenly.

There is a critical **chain of survival** that must occur quickly. This chain of survival is a series of steps that can be begun by anyone at the scene of a medical emergency such as an SCA. It is also important to remember that any attempt at cardiopulmonary resuscitation (CPR) is better than no attempt. A cardiac arrest patient's survival increases for each link of the chain that is enacted. The chain of survival includes:

- recognition of the cardiac arrest
- early access to emergency care
- cardiopulmonary resuscitation (CPR)
- **defibrillation**
- advanced life support by paramedics
- definitive care.

chain of survival a series of steps that link together to enhance a patient's survival

defibrillation use of an artificial external defibrillator that provides electric shock to the heart muscle to restore the normal rhythm and contractions of the heart

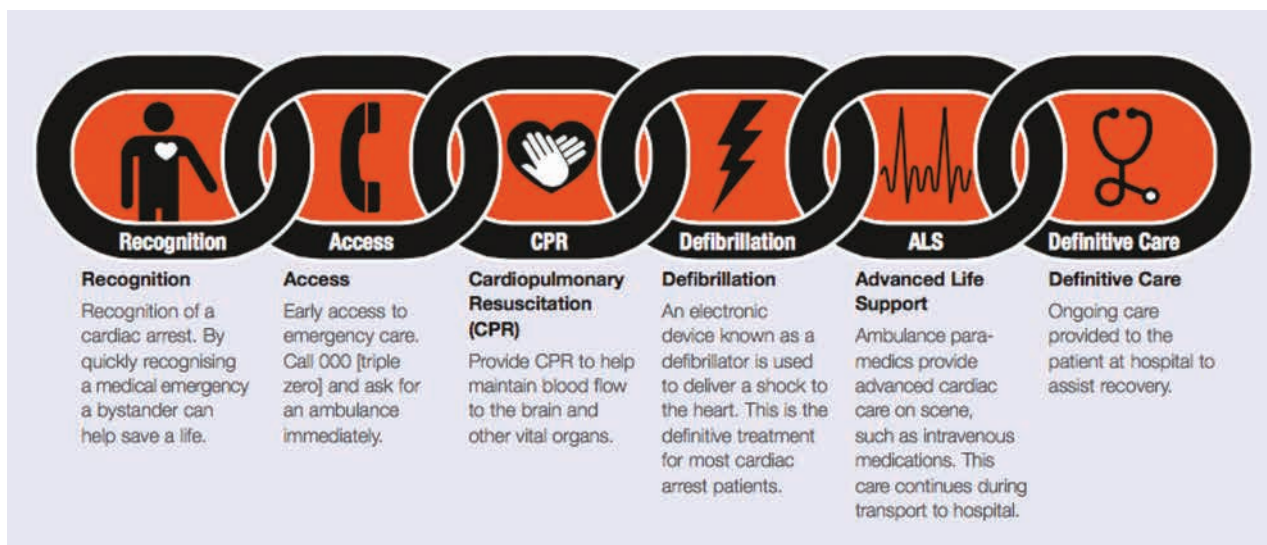



Figure 3.4 The chain of survival

Source: Ambulance Victoria, *PillowTalk*, Melbourne, 2012



HPE and science

Sudden cardiac arrest (SCA) is an unexpected condition when no pulse occurs. It occurs when the mechanical activity of the heart stops. It is usually caused by ventricular fibrillation, a disruption to the heart's electrical activity. When an SCA occurs, blood flow is severely restricted to the heart muscle itself, the brain and the rest of the body. The person suddenly collapses. The victim of the SCA is clinically dead, unless some immediate action is taken.

Cardiopulmonary resuscitation

Cardiopulmonary resuscitation (CPR) is a combination of chest compressions and mouth-to-mouth or mouth-to-nose rescue breathing. These techniques assist to maintain circulation of blood and oxygen to the heart and to the brain of the person who has experienced a sudden cardiac arrest.

The steps of CPR are summarised by the letters DRSABCD. These letters represent the different steps in CPR:

- Danger
- Response
- Send for help
- Airway
- Breathing
- CPR
- Defibrillation.

Call Triple Zero (000) in an emergency

Ask for ambulance, stay with the person and resuscitate



1 Check for Danger

Ensure safety for yourself, bystanders and casualty.
If safe, remove casualty from water as soon as possible.




6 Start Compressions

Adults – place heel of hand in centre of chest. Place other hand on top of first.
Children 1 – 8 years – place heel of hand in centre of chest.
Infants <1 year – place 2 fingers in centre of chest.
Compress 1/3 depth of chest.
Compress 30 times.




2 Check Response

Can you hear me?
Open your eyes.
What's your name?
Squeeze my hand.



7 Position the airway

Adults and children – tilt head backward. Place one hand on the forehead and use the other hand to lift the chin.
Infants <1 year – do not tilt head. Place one hand on the forehead and use the other hand to support the chin.



3 Send for help NOW call triple zero (000)

Phone for an ambulance.
Remain calm while answering the questions:
- exact location of the incident
- phone number you are calling from
- what has occurred.
Follow the instructions from the ambulance service.



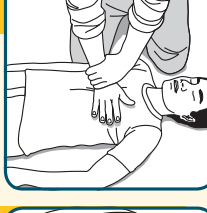
8 Start breaths

Adults and children – seal nose and give 2 breaths into mouth.
Infants <1 year – give 2 breaths into mouth and nose.
Watch for chest to rise.



4 Clear Airway

If water or vomit is present in mouth, roll casualty on side, tilt face downwards and clear mouth with your fingers.



9 Repeat breaths & compressions

Repeat 30 chest compressions and 2 breaths.
Continue until ambulance arrives or casualty regains consciousness or it becomes impossible for you to continue.



5 Check for normal Breathing

Look and feel for rising and falling chest.
Listen and feel for breath sounds.
If the casualty is not breathing normally, commence resuscitation.



10 Attach a Defibrillator as soon as available. Follow the prompts

If casualty shows signs of recovery, roll onto side and check if they are breathing.
Reassure the casualty and bystanders.

Learn first aid. Contact www.ambulance.qld.gov.au or 13 QGOV (13 74 68).
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Figure 3.5 The steps to effective cardiopulmonary resuscitation

Source: Queensland Ambulance Service, 2015

Patient	Compression: Breath ratio	Compressions per minute	Depth of compression	Compression applied	Position of compression	Head tilt
Adult	30:2	100–120	1/3 depth of chest	2 hands	Centre of chest	Maximum
Child	30:2	100–120	1/3 depth of chest	1–2 hands	Centre of chest	Maximum
Infant	30:2	100–120	1/3 depth of chest	2 fingers	Centre of chest	No head tilt

Table 3.1 Rates for cardiopulmonary resuscitation

3.2



DEEP LEARNING

- 1 Make a list of emergency situations where CPR might be important for survival.
- 2 Go online and search for a website that allows you to test your readiness and time yourself as you respond in some interactive emergency situations. What can you do to most effectively manage each emergency?
- 3 When calling Triple Zero (000) in Australia, you will need to provide certain information. What information do you think the operator might require in order to most effectively assist you? They will direct your call to other emergency services after you relay all the information.
- 4 Using a CPR mannequin, or pillows to represent the chest of the patient, practise cardio-pulmonary resuscitation, following the DRSABCD steps. Take turns to apply the correct procedures. Get your partner to evaluate your technique, by watching the rise and fall of the chest, checking the depth of compressions and timing the rate of your compressions.
- 5 Develop a role play using the following scenario, applying your knowledge of emergency procedures. Imagine that you are at the local swimming pool when you notice an infant floating face-down in the learn-to-swim pool. The mother is nearby, but has briefly lost sight of her toddler. She suddenly sees her floating in the pool and begins screaming for help. What should you do?



Figure 3.6 Emergency situations can occur unexpectedly. How could you respond?

CASE STUDY **3.2**

You are returning home from the movies on a rainy night with your older brother, when you witness an accident. Your brother takes action to avoid the accident, then he parks the car. You are both shocked at what you have just witnessed.

You saw the car leave the road and collide with a tree, before coming to rest in the middle of the road. You notice that the driver is slumped at the wheel, not moving. There are a number of other passengers in the car and they are not moving, either. Traffic has begun to bank up at the scene, but you are the first people to actually arrive at the accident.

The rain continues to fall and is getting heavier. You check the driver and he is not responding and he doesn't seem to be breathing. Two other passengers seated in the rear are screaming out in pain. They seem to be trapped in the wreckage. The other passenger in the front seat is unconscious and it is difficult to tell whether they are breathing or not. They are bleeding from a wound on the head.

The scene is becoming more chaotic as more traffic starts to enter the area. There is a strong smell of petrol, which has been spilt on the roadway from the car's ruptured fuel tank.

Questions

- 1 What do you do first? Why?
- 2 What hazards can you identify in the scenario?
- 3 How can the scene be made safer?
- 4 Who would be the first patient you would attend to?
- 5 How can you assist the ambulance and other emergency services crews that begin to arrive?

**Did you know?**

Automated external defibrillators (AEDs) can be found in shopping centres, emergency vehicles, airports, hotels, some schools and other public places.

3.3 Supporting young people in the community

Life always has its ups and downs. Parents, school pressures, relationship issues and other problems can sometimes become too much. It is great to care for and look out for each other, but it is also important to look out for ourselves. Each of us relies on our friends and family to make us laugh, give some advice, inspire us or just talk through problems or issues.

We all have basic but essential needs. Abraham Maslow (1908–1970) was a psychologist who developed a theory concerning a hierarchy of human needs. These include basic biological and

physiological needs, as well as safety, and the need for love, affection and belonging, which lead to improved self-esteem and self-fulfilment.

To meet these specific needs, it is sometimes necessary to seek some additional advice outside our network of family, friends and contacts. Who can we turn to for trustworthy and reliable information? What services can we access? Where are they located? How do we get access?

health literacy the knowledge, motivation and competencies of individuals, as consumers, to access, understand, appraise and apply health information

These questions are related to our **health literacy**. Health literacy enables us, as consumers, to make effective decisions and take appropriate action for our own and others' health and healthcare. We make these decisions and take action based on information that is available to us. The action that we take and the decisions that we make are fundamental to the safety, quality and effectiveness of basic healthcare.



Figure 3.7 Friends can provide a support network for you when you need help or advice.

3.3

DEEP LEARNING

- 1 Identify who the target audiences are for emergency readiness websites.
- 2 Examine the services offered and promoted, the information given and the range of support available for each of the specific target audiences.
- 3 Explain the appropriateness of these services for you and your peers.
- 4 Organise these services in order of accessibility for everyone in your community. You may need to survey a number of your peers to develop this ranking.
- 5 Recommend any changes that could be made to these websites in order for them to be made more accessible to you and your peers.

Support for alcohol and substance abuse	Support for food and nutrition
<ul style="list-style-type: none"> Better Health Channel (Victoria) Be the Influence Drug Info Clearinghouse Australian Drug Information Network Youth Substance Abuse Service (YSAS) 	<ul style="list-style-type: none"> Cancer Council NSW Nutrition Australia National Heart Foundation Better Health Channel (Victoria) HealthInsite Health Department in various states
Support for health benefits of physical activities	Support for safety
<ul style="list-style-type: none"> Department of Health Physical Activity Australia Australian Sports Commission KidsHealth Local parks/gymnasiums/sports centres/health clubs 	<ul style="list-style-type: none"> Red Cross St John Ambulance Hepatitis C Council of Victoria GP Helpline State Emergency Services Salvation Army
Support for mental health	Support for relationships and sexuality
<ul style="list-style-type: none"> YouthBeyondblue Lifeline KidsMatter Headspace MindHealthConnect HealthInsite 	<ul style="list-style-type: none"> Kids Helpline Centre Against Sexual Assault (CASA) Eheadspace Family Planning Australia BetterHealth MensLine Relationships Australia Safe Relationships

Table 3.2 A range of community support services for young people

DEEP LEARNING

3.4



- Review the availability of health information resources to meet the needs of the following:
 - Aboriginal and Torres Strait Islander young people
 - Students from different ethnic groups
 - Young people with disabilities
 - At-risk youth and homeless individuals
 - Another group of young people of your choice
- Identify the specific health needs of one of the groups of young people listed above.
- Choose one of the agencies and match the information provided to the specific needs of that group of young people.
- Survey an agency, by reviewing their information provided and the services provision for those young people with special needs.
- Judge how accessible and appropriate these resources are to meet the needs of these specific groups within the community. Recommend how the services could be improved.



Figure 3.8 Appropriate websites can provide credible health information.

3.4 Blood, safety and physical activity

Have you ever wondered why a footballer has been removed from the field of play following a collision or an incident that had led to a bleeding wound? The player is removed from the field to clean up any blood spills to avoid infection and eliminate potential infection to other players.

blood-borne virus a virus that is found in blood

blood rule when an athlete receives an open wound, is bleeding or has blood on them or on their clothes, they must immediately leave the playing area to receive medical attention

The blood of an infected player may contain a number of harmful viruses, such as hepatitis B, hepatitis C and HIV (human immunodeficiency virus). Players can be exposed to infection by these **blood-borne viruses** during participation in sport through blood-to-blood contact as a result of open wounds and broken skin.

The risk of infection from blood-borne viruses is very low when playing sport. However, infection is still possible. Sports Medicine Australia's **blood rule** states that when an athlete receives an open wound, is bleeding or has blood on them or on their clothes they must immediately leave the playing area to receive medical attention.

The enforcement of the blood rule can overcome infection in three simple steps:

- Stop the blood flow.
- Dress the wound appropriately.
- Clean up the blood spill.

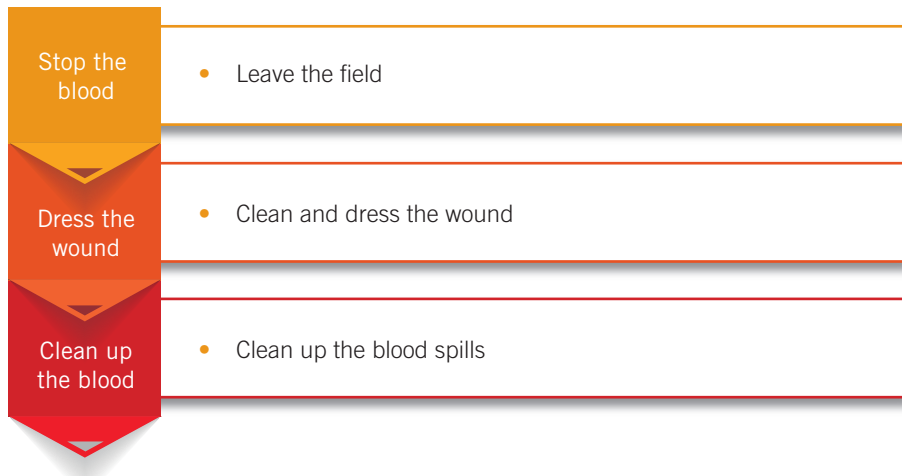


Figure 3.9 Infection can be minimised in sport by following three simple steps.

According to Sports Medicine Australia, all sports, at all levels of play, should implement blood rules. Sports Medicine Australia suggests the following:

- A player who is bleeding or who has blood-soiled clothing must immediately leave the field of play or court and seek medical attention.
- Any bleeding must be stopped, and the injury or wound appropriately dressed with a bandage.
- Any blood on the player's body must be cleaned off, prior to them returning to play.
- All play in the game should stop until all blood spills are cleaned.
- Anyone providing treatment to the bleeding player should wear disposable latex gloves.
- Hands should be washed with soap and water immediately after the gloves are removed after treatment.
- Any towels, wipes or bandages soiled by blood should be placed in a container and discarded or destroyed in a hygienic manner.
- It should be assumed that all blood spills are potentially infectious.

DEEP LEARNING

3.5



- 1 Identify another sport besides football and list events where a blood rule has been enacted to reduce the chance of infection from blood-borne viruses.
- 2 Develop a flow chart, listing the steps to avoid infection from blood-borne viruses.
- 3 Research and review the blood rule policy in the sport or physical activity you are currently participating in. If no procedure exists, draft a policy for that activity. Search the national or state sporting body websites as a starting point.
- 4 Hold a debate to argue that the blood rule actively discriminates against players who may have tested positive for HIV, hepatitis B or hepatitis C. Have half the speakers for and half against the blood rule.
- 5 Devise a presentation, using a Web 2.0 tool, that aims to reduce the chances of infection by blood-borne viruses, during participation in sport or physical activity.

CHAPTER REVIEW

- Adolescents typically have been represented as being unable to make effective judgements about harms and consequences. In theory, this is because they are too heavily influenced by their peers, are immature or lack knowledge and experience
- Recent research suggests that, in reality, adolescents typically overestimate the probabilities of harm occurring through involvement in risky activities.
- How we respond to possible dangers involves a range of different factors, and has strong influences on our decision-making. These include: our social environment, level of schooling, individual role models, access to healthcare, religious beliefs and practices, and the media.
- Problem-solving frameworks, such as POOCH, allow us to weigh up potential solutions to problems. It allows us to consider a range of alternatives and their potential consequences.
- We can find ourselves in emergency situations at any time, and we need to be able to review the scene quickly, make fast decisions and act promptly.
- Sudden cardiac arrest (SCA) is an extreme emergency situation, often resulting in death.
- An SCA takes place when there is sudden disruption to the normal heart rhythm, which dangerously diminishes the heart's capacity to pump blood to the vital organs, such as the brain.
- A chain of survival is a series of steps that can be begun by anyone at the scene of a medical emergency, such as an SCA.
- Cardiopulmonary resuscitation (CPR) is a combination of chest compressions and mouth-to-mouth or mouth-to-nose rescue breathing.
- We should care for and look out for each other, but it is also important to look out for ourselves.
- We all have basic but essential needs, such as love, affection, a sense of belonging and feeling safe. When these needs are met they lead to improved self-esteem and self-fulfilment.
- To meet these needs we sometimes need to seek additional advice outside our network of family, friends and contacts.
- Health literacy enables us to make effective decisions and take appropriate action for our own and others' health and healthcare, based on the information available to us.
- Bleeding wounds which occur during physical activities like sport can expose players to the risk of blood-borne viruses.
- Sport Medicine Australia's blood rule states that when an athlete receives an open wound, is bleeding, or has blood on them or on their clothes they must immediately leave the playing area to receive medical attention.

REVIEW QUESTIONS

SECTION A – Multiple-choice questions

Choose the correct alternative.

- 1 Influences on harmful behaviour are determined by:
 - a alcohol
 - b ecological factors
 - c brain development
 - d your own school's rules
- 2 The National Heart Foundation suggests that sudden cardiac arrest (SCA) impacts:
 - a 150 people each year
 - b 500 people each year
 - c 10 000 people each year
 - d 30 000 people each year
- 3 The acronym POOCH describes:
 - a a problem-solving model
 - b an app for your mobile phone
 - c a prompt to remember your password
 - d a series of steps in an emergency response procedure
- 4 The chain of survival is an important immediate response to SCA. It represents:
 - a the importance of defibrillation
 - b a response from emergency services
 - c sending for help if you do not know what to do
 - d links to different steps that assist a patient to survive
- 5 Ventricular fibrillation is best described as:
 - a localised chest pain
 - b a disruption to the heart's electrical activity
 - c an emergency response step necessary for the survival of the patient
 - d an artificial external device administered by ambulance officers and paramedics
- 6 The emergency number to call in Australia is:
 - a 19
 - b 000
 - c 1800
 - d 1300
- 7 The first D in the acronym DRSABCD stands for:
 - a danger
 - b danger to the patient
 - c danger to you and the patient
 - d danger to you, the patient and other bystanders
- 8 Health literacy is best described as:
 - a visiting a specialist doctor
 - b reading health information in a brochure
 - c involving the wider community in healthcare
 - d making decisions and taking action about health issues after reviewing appropriate information
- 9 Safe blood rules are most relevant in:
 - a contact sports
 - b non-contact sports
 - c safe behaviours, such as wearing gloves
 - d any physical activity where there is the likelihood of bleeding wounds
- 10 Blood rules are designed to:
 - a eliminate HIV from sport
 - b keep people out of sport who have diseases
 - c protect participants from blood-borne viruses
 - d restrict the speed of game play by allowing stoppages to occur

SECTION B – Short-answer questions

- 1 Explain why danger and how we behave in potentially harmful situations is highly personalised. Describe the factors involved in how we might react in these situations.
- 2 Compare rates of survival of SCA, with early defibrillation and no defibrillation. Explain why emergency services are campaigning for more access to AEDs in the community.
- 3 Critically analyse the ‘ecological model’ of hazardous situations (Figure 3.1), using specific examples from your own experiences.
- 4 Create a list of support services you might consult in the next 10 years. Discuss how your needs might change over that time period.
- 5 Describe how health literacy has impacted your health and wellbeing.

SECTION C – Higher order thinking (HOT) questions

- 1 Evaluate the importance of ‘looking out for each other’.
- 2 Create one strategy that could ensure you and your peers’ safety at a party. Justify the choice of your strategy.