

BASIC

FIRST AID, CPR & AED

PARTICIPANT UNDERSTANDING PROGRESS



ACTSAFELY

FIRST AID & CPR

Canadian Professional Training

Instructions

- Do not remove the papers from the sheet.
- Write your answers on the separate answer sheet provided by the instructor.
- Discuss each question and your answers with your group members.
- After group discussion, the instructor will review and discuss the answers with the class.

TRUE/FALSE QUESTIONS

FIRST AID IN THE WORKPLACE

1. First aid providers must always act, regardless of their occupation.
2. First aid aims to prevent the condition from getting worse.
3. Good Samaritan Laws protect helpers only if they act within their training.
4. Hand sanitizer is an acceptable substitute when soap and water are available.
5. Gloves should never be reused, even if they appear clean.
6. A pocket mask provides a better seal than a face shield during CPR.
7. PPE should be removed in the same order it was put on.
8. Poor communication can delay or negatively affect care.
9. Cultural differences can create communication barriers during first aid.
10. After removing PPE, handwashing is optional if gloves were used.

SEQUENCE OF PRIORITIES AT AN EMERGENCY SCENE

11. You should never enter an unsafe scene.
12. PPE must be disposed of in a sealed or biohazard bag.

13. Implied consent applies when a person is unconscious.
14. Agonal breathing is considered normal breathing.
15. The Secondary Survey is performed before checking ABCs.
16. Shock can present with pale, cool, sweaty skin.
17. You should hang up on EMS once you finish speaking.
18. The jaw thrust is used when spinal injury is suspected.
19. SAMPLE history is part of the Primary Survey.
20. AVPU is used to measure responsiveness.
21. You should remove only visible obstructions from the airway.
22. Normal adult breathing is 12–20 breaths per minute.
23. EMS should only be called if you are certain the situation is severe.
24. Pale or blue skin may indicate poor circulation.
25. You should perform a head-to-toe exam even if life threats are present.
26. You should recheck ABCs every 2 minutes in an unconscious person.
27. You should continue monitoring breathing, pulse, and responsiveness until EMS arrives.
28. During ongoing care, it is acceptable to restrain a person who is having a seizure.
29. After EMS arrives, you should stop providing care unless they ask for assistance.
30. Emotional reassurance is an important part of ongoing assessment.
31. You should remove soaked dressings to check if bleeding has slowed.

CARDIO-PULMONARY RESUSCITATION (CPR)

32. Cardiac arrest means the heart has stopped beating.
33. CPR should be started if the person is

unresponsive and gasping.

34. CPR should be done on a soft surface.
35. Rescue breaths must make the chest rise.
36. If no mask is available, compression-only CPR is acceptable.
37. You should stop CPR to check ABCs every minute.
38. Full chest recoil is required for effective compressions.
39. You should continue CPR until EMS takes over.
40. Agonal breathing is normal breathing.
41. CPR interruptions should be kept under 10 seconds.
42. Two rescuers should switch roles every 5 minutes.
43. Recovery position is used only when the person is breathing normally.
44. You should restrain a person during a seizure.
45. Compression-only CPR is recommended for drowning victims.
46. An AED should be used as soon as it arrives.
47. CPR should continue even if the scene becomes unsafe.
48. If the chest does not rise, you should re-tilt the head and try again.

AUTOMATED EXTERNAL DEFIBRILLATOR

49. AEDs can be used safely by untrained bystanders.
50. AEDs should not be used on pregnant women.
51. You must remove medication patches before placing AED pads.
52. AEDs should not be used in a moving vehicle.
53. AED pads can be placed directly over a pacemaker.
54. If no shock is advised, you should begin CPR immediately.
55. AEDs work on ice or snow.
56. You should shave thick chest hair if it

prevents pad contact.

57. You should use child pads on adults if adult pads are unavailable.
58. Every minute without defibrillation reduces survival by 7–10%.

CPR IN CHILDREN & INFANTS

59. A child is defined as 1 year to puberty.
60. Child CPR uses a compression depth of about 2 inches.
61. You must never use adult AED pads on a child.
62. If child pads are unavailable, adult pads may be used.
63. In one-rescuer child CPR, the ratio is 30:2.
64. In two-rescuer child CPR, the ratio is 15:2.
65. Infant airway should be tilted far back.
66. Infant breaths should be gentle.
67. AED pads must never touch each other on an infant.
68. If pads touch, place one pad on the chest and one on the back.
69. Two-rescuer infant CPR uses the two-thumb encircling technique.
70. You should stop CPR to check ABCs every minute.
71. If an infant starts breathing, monitor every 2 minutes.
72. CPR should continue until EMS arrives or the child breathes.
73. Shaking an infant to check responsiveness is appropriate.

AIRWAY EMERGENCIES - CHOKING

74. Partial choking requires immediate back blows.
75. Complete choking means the person cannot breathe or speak.
76. Abdominal thrusts should never be used on pregnant people.
77. Chest thrusts are used for obese or pregnant choking victims.

78. You should alternate 5 back blows and 5 abdominal thrusts for complete choking.
79. You should perform a blind finger sweep in a conscious choking person.
80. If choking is caused by swelling or allergic reaction, thrusts will not help.
81. A choking person in a wheelchair may need frontal thrusts.
82. If a choking person becomes unconscious, start CPR immediately.
83. You should remove an object only if you can clearly see it.
84. Self-abdominal thrusts can be done using a chair edge.
85. Back blows should be given during partial choking.
86. After choking is relieved, medical evaluation is recommended.
87. You should continue thrusts even if the person starts coughing strongly.
88. An unconscious choking adult receives CPR with mouth checks after every 30 compressions.
89. Children have a high choking risk because their airways are small.
90. Back blows should be given during partial choking.
91. Complete choking means the child cannot breathe or speak.
92. Abdominal thrusts are appropriate for children.
93. You should alternate 5 back blows and 5 abdominal thrusts for a choking child.
94. Infants receive abdominal thrusts for choking.
95. Infant choking care uses 5 back blows and 5 chest thrusts.
96. An infant's head should be lower than the chest during back blows.
97. You remove an object only if you can clearly see it.
98. CPR cycles for choking include 30 compressions followed by checking the

mouth.

RESPIRATORY EMERGENCIES

99. Noisy breathing is a sign of respiratory difficulty.
100. Gaspings is considered normal breathing.
101. A first aider may assist only with the person's own medication.
102. Inhalers should be shaken before use.
103. Respiratory arrest requires immediate CPR.
104. Asthma attacks may be triggered by cold air or exercise.
105. A first aider can give any medication if the person is struggling to breathe.
106. A person who cannot speak full sentences may be in respiratory distress.
107. Anaphylaxis can develop within minutes.
108. Hives and swelling are common signs of anaphylaxis.
109. The EpiPen is injected into the outer thigh.
110. A second EpiPen dose may be needed if symptoms worsen.
111. Opioid overdose often causes very slow or no breathing.
112. Pinpoint pupils are a sign of opioid overdose.
113. Naloxone can reverse opioid overdose.
114. Vomiting during alcohol poisoning is a sign of improvement.

CARDIOVASCULAR EMERGENCIES

115. Angina is caused by reduced oxygen to the heart.
116. Cardiac arrest means the heart is beating too slowly.
117. Smoking is a controllable risk factor.
118. Arteriosclerosis makes arteries stiff and narrow.
119. Nitroglycerin can be given even if the person took Viagra.
120. A heart attack can occur without chest pain.
121. Aspirin is recommended for suspected heart

- attack if safe.
122. Tylenol is recommended for chest pain.
 123. Stroke symptoms require immediate EMS activation.
 124. Chest pain that improves with rest may be angina.
 125. Cardiac arrest requires CPR and AED use.
 126. Stress has no effect on cardiovascular health.
 127. Pale or blue skin may indicate poor circulation.
 128. Stroke is the death of brain cells due to lack of oxygen.
 129. Sudden vision problems can be a sign of stroke.
 130. FAST helps identify stroke symptoms quickly.
 131. You should give food or drink to a stroke victim.
 132. A TIA should be treated like a stroke.
 133. Heavy bleeding can lead to shock.
 134. You should remove soaked dressings to check the wound.
 135. A tourniquet should be placed over a joint.
 136. You should give water to someone in shock.
 137. Shock is life threatening and requires EMS.
 138. Pregnant shock victims should be placed on their right side.
 139. Never remove a tourniquet once applied.
 147. Pale or bluish skin indicates poor circulation.
 148. Minor bleeding requires a tourniquet.
 149. A tourniquet should never be placed over a joint.
 150. Closed wounds can still be serious.
 151. You should give food or drink to someone with a wound.
 152. Loosening a bandage can improve circulation.
 153. Infection requires medical attention.
 154. A sling can be improvised using a scarf or belt.
 155. You should never remove the first layer of a soaked dressing.
 156. All open wounds should be treated as contaminated.
 157. Amputated parts should be placed directly on ice.
 158. Impaled objects should be stabilized, not removed.
 159. Closed wounds can still cause internal bleeding.
 160. Internal bleeding is often invisible and life threatening.
 161. You should give water to someone with internal bleeding.
 162. Shock can occur with both open and closed wounds.
 163. Circulation must be checked before and after bandaging.

SOFT TISSUE INJURIES

140. Dressings must be clean, sterile, and absorbent.
141. Gauze dressings are used mainly for cleaning wounds.
142. Triangular bandages can be used as slings.
143. Open wounds have intact skin.
144. You must check circulation before and after bandaging.
145. Red streaks are a sign of infection.
146. You should remove a soaked dressing to replace it.
164. A cold compress can help with closed wound swelling.
165. Thermal burns are caused by heat sources.
166. Electrical burns may have entry and exit points.
167. First-degree burns have blisters.
168. Second-degree burns are painful and blistered.
169. Third-degree burns may be painless due to nerve damage.
170. The palm equals about 1% of body surface area.

- 171. All electrical burns require medical evaluation.
- 172. Dry chemicals should be rinsed immediately.
- 173. Burns on the face or groin require EMS.
- 174. You should remove clothing stuck to a burn.
- 175. Full thickness burns always require EMS.

HEAD, NECK & SPINAL INJURIES

- 176. The skull cannot expand, so swelling is dangerous.
- 177. The spinal cord carries messages between the brain and body.
- 178. Scalp wounds rarely bleed.
- 179. Blood mixed with yellow fluid from the ear may indicate a skull fracture.
- 180. Concussions can occur without loss of consciousness.
- 181. Unequal pupils are a sign of severe brain injury.
- 182. You should move a person with suspected spinal injury to check for pain.
- 183. You should apply pressure directly on soft spots of the skull.
- 184. Vomiting after a head injury is a warning sign.
- 185. Weakness or tingling in limbs may indicate spinal injury.
- 186. All head, neck, and spinal injuries require careful monitoring.
- 187. A person with head injury who is unconscious but breathing should be placed in recovery position.
- 188. Spinal injuries can be hidden and still life threatening.
- 189. Falls from height always require spinal precautions.
- 190. You should move the head to check for pain.
- 191. Stabilizing the head and neck is essential.
- 192. CPR takes priority over spinal protection.
- 193. You should roll a spinal-injured person alone.
- 194. Rolling must be done as one unit to keep alignment.

- 195. Spinal injuries can cause breathing problems.
- 196. You should give food or drink to someone with suspected spinal injury.
- 197. Internal bleeding can occur with spinal trauma.
- 198. You should move a spinal-injured person if the environment is unsafe.

INJURIES - MUSCULOSKELETAL SYSTEM

- 199. Bones store minerals and produce blood cells.
- 200. Ligaments connect muscle to bone.
- 201. Tendons connect muscle to bone.
- 202. Sprains involve ligaments.
- 203. Strains involve muscles or tendons.
- 204. Dislocations should be straightened immediately.
- 205. Open fractures require EMS.
- 206. RICE includes immobilization.
- 207. Ice should be applied directly to the skin.
- 208. Heat should not be used within the first 48 hours.
- 209. Splints must extend beyond the joints above and below the injury.
- 210. You should splint even if EMS is already coming.
- 211. Circulation must be checked before and after splinting.
- 212. A regular sling holds the arm horizontally across the abdomen.
- 213. If circulation worsens after splinting, loosen gently and reassess.
- 214. You should never attempt to reposition a dislocated joint.
- 215. Rings and bracelets should remain on during swelling to avoid discomfort.

MEDICAL EMERGENCIES

- 216. Acute illnesses develop quickly and last a short time.

- 217. Chronic illnesses require ongoing treatment.
- 218. You should always give water to someone who fainted.
- 219. Dizziness is a symptom, not a disease.
- 220. You should restrain a person during a seizure.
- 221. Never insert anything into a person's mouth during a seizure.
- 222. Tonic-clonic seizures usually last 1–5 minutes.
- 223. Febrile seizures are common in infants and young children.
- 224. A rapid rise in temperature can trigger febrile seizures.
- 225. After a seizure, the person may be confused or tired.
- 226. You should give food or drink immediately after a seizure.
- 227. Call EMS if a seizure occurs in water.
- 228. If unconscious and not breathing after a seizure, start CPR.
- 229. Type 1 diabetes requires insulin injections.
- 230. Hyperglycemia develops quickly and suddenly.
- 231. Fruity breath odor is a sign of high blood sugar.
- 232. Giving sugar can save a hypoglycemic patient.
- 233. You should give hard candy to a confused diabetic.
- 234. Never give insulin as a first aider.
- 235. If a diabetic is unconscious, place them in recovery position if breathing.
- 236. Psychological emergencies can be caused by medical conditions.
- 237. You should always enter a room without assessing danger.
- 238. Maintaining distance helps reduce risk.
- 239. You should argue with a person who is agitated.
- 240. Never ignore a weapon.
- 241. Talking about wanting to die is a suicide warning sign.

- 242. OSI can cause physical symptoms like headaches and fatigue.
- 243. Relaxation techniques can help manage OSI.
- 244. Alcohol or drugs can cause abnormal behaviour.
- 245. If someone is suicidal, EMS must be called immediately.

ENVIRONMENTAL EMERGENCIES

- 246. Drowning can cause brain damage within 4–6 minutes.
- 247. You should enter the water to rescue someone even if untrained.
- 248. A drowning victim may not be able to call for help.
- 249. CPR should begin immediately if the drowning victim is not breathing.
- 250. You should press on the abdomen to remove water from the lungs.
- 251. Secondary drowning can occur hours after the incident.
- 252. Wearing a life jacket helps prevent drowning.

WORKPLACE FIRST AID & CPR

- 253. OHS protects workers, contractors, and visitors.
- 254. A hazard always causes harm.
- 255. Risk is based on likelihood and severity.
- 256. Hazard identification includes reviewing past incidents.
- 257. PPE is the first choice in the hierarchy of controls.
- 258. Elimination is the most effective control.
- 259. First aiders must follow workplace procedures and AHJ protocols.
- 260. First aiders may give medication if they feel confident.
- 261. Workers must report unsafe conditions.
- 262. Employers must provide training and supervision.
- 263. Near misses do not need to be reported.

264. The AHJ can inspect workplaces and enforce compliance.
265. First aiders must document all treatments.
266. Workers have the right to participate in safety decisions.
267. If unsure about a skill, a first aider should attempt it anyway.
268. First aiders cannot diagnose or prescribe medication.
269. You may assist with someone else's medication if the casualty agrees.
270. Consent should be obtained whenever possible.
271. The casualty should take their own medication.
272. Expired medication should still be used in emergencies.
273. The Five Rights help ensure safe medication assistance.
274. First aiders must record the time medication was taken.
275. First aid kits must match workplace hazards and size.
276. All sharps are considered contaminated.
277. Biohazard waste must be sealed and labeled.
278. PPE is optional during cleanup of blood or body fluids.
279. First aiders must never exceed their training.
280. Restocking ensures readiness for future emergencies.
281. Gloves, masks, and goggles are required for cleaning blood or body fluids.
282. Mild detergents are used for cleaning before disinfection.
283. Documentation is optional if the injury is minor.
284. Emotional stress after emergencies is normal.
285. Debriefing and counseling can support mental well-being.
286. SDS help first aiders manage chemical exposures safely.
287. Workers are not required to report hazards.
288. Expired supplies in first aid kits pose no risk.
289. Accurate documentation protects both the worker and the employer.