

Professional Development Activity Log TRAINER PROFESSIONAL DEVELOPMENT RECORD

Digital or copies of any certificates issued must be provided as evidence. If not a copy or

link to the journal/article must be provided with a summary of the learning outcomes.			
DATE	TRAINING AREA PROFESSION	NAL DEVELOPMENT	POINTS
	Description (Course, conference, semina	ar, webinar, journal, article)	
9/6/2022	ASCIA Anaphylaxis for Schools (QLD) E	-learning	
6/5/2022	Pool Lifeguard Award Update		
7/7/2021	RLSS Wesetern Australia - First Aid Dro	wning Airway Foam	
9/3/2021	NIFAT - Peadiatric Differenced and Red	Flags	
28/5/2021	Article - A Change in Focus - Improving Life	guard Vigilance	
VET PROFESSIONAL DEVELOPMENT POINTS			
	Description (Course, conference, semina	ar, webinar, journal, article)	
10/9/2021	Velg Conference September 2021		
22/5/2022	Royal Life Saving Society Queensland Trainer Workshop		
26/2/2021	National Institute First Aid Trainers Understand New Units		
SIGNED	Travis Richardson		
DATE:	24/6/2022	APPROVED / NOT APPR	ROVED



Statement of Attendance

Awarded to

Travis Richardson

for successfully completing the following professional development:

2021 National VET Conference

Michelle Weaver

M Weaver

Chief Executive Officer

Event Content

The program offered range of 40 elective sessions with topics that sat under the following Content Categories:

RTO Administration / Assessment /
Management /
Compliance / Training & Student
Engagement /
Regulator / Government / Deep Dive /
Exploration /
VET in Schools

9-10 September, Gold Coast Convention and Exhibition Centre 12.5 hours



Statement of Attendance

awarded to

Travis Richardson

for attending the following professional development

Understanding the New Units of Competencies. HLTAID013, HLTAID014, HLTAID015





This is to certify that

Travis Richardson

completed the requirements of the following professional development

First Aid - drowning, airway, foam



anaphylaxis e-training **Certificate of Completion**

This is to certify that:

Travis Richardson

has successfully completed on 9 June 2022

ASCIA anaphylaxis e-training: Queensland Schools 2021-2

with a result of 100.00 %

Note: It is essential that this course is completed in conjunction with practice using adrenaline (epinephrine) injector trainer devices (EpiPen® and Anapen®). To find out how to order trainer devices see details at www.allergy.org.au/schools-childcare. To verify that this training has occurred please ensure that the following section has been completed and signed by an adult.

Travis Richardson has correctly demonstrated how to use an adrenaline injector using EpiPen® and Anapen® trainer devices.

Participant's School/Organisation:
Print name of adult verifying practice:
Signature of adult verifying practice:
Date of practice:



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Disclaimer: The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand. This certificate can be provided as proof that you have completed an ASCIA anaphylaxis e-training course. This certificate does not however, constitute a qualification (ASCIA is not an accrediting body), and no reference should be made of being endorsed or certified by ASCIA.



Professional Development Journal Log

TRAINER PROFESSIONAL DEVELOPMENT RECORD

NAME:

Travis Richardson

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DATE	TRAINING AREA PROFESSIONAL DEVELOPMENT	POINTS
28 th May 2021	A Change in Focus – Improving Lifeguard Surveillance	

This article highlights the importance of lifeguard supervision within training programs. Current trends are that lifeguard certifications will focus largely on rescue, CPR and technical skills that are related to responding to drowning incidents as opposed to prevention through surveillance and recognition of distress.

The analysis details what can be done to improve lifeguard surveillance from a training but also ongoing management position when working with lifeguard teams. It gives evidence of programs engaged by management to remind lifeguard teams of the supervision aspect of their role. The suggested techniques include drills, audit, ongoing performance management and presence of a supervisor to drive and motivate the goal of drowning and incident prevention.

Drill included the use of objects as simulated stimuli, evaluation of scanning, lifeguard posture and rescue readiness.

Highlighted the importance of managing the factors that contribute to deterioration in vigilance. Rotations, time on duty, appropriate rest, being prepared mentally and physically.

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DATE	TRAINING AREA PROFESSIONAL DEVELOPMENT	POINTS
9 th March 2021	Red Flags in Paediatric Illness nifat.com.au (Presenter Sarah Hunstead) webinar series	

Summary: Include what was learnt or implications for training and relation to UOC

Red Flags in Paediatric Illness

Download 'How Children Are Different' Royal Children Hospital

Children are not little adults

Head and C-Spine

- Large and heavy
- Thin Skull
- Head and C-Spine easily injured
- Fontanelles
- Developmental age

Back of the head is large occipital region. They are prone to head injuries. Ligaments and muscles are lax. Adult has a lower C spine. Children likely injured in the first 3 vertebrae. Damage to the cord but not a fracture. The brain isn't as well protected as an adult. Cranial bones aren't fused in an adult. Anterior fontanelles doesn't fuse until 18 months. Posterior is around 2 years? Vehicle accident more likely pelvic in adult, long bone head, chest and hip.

Airway

- Large head short neck
- Large tongue
- Mouth Floor
- · Soft, narrow, flexible airway
- Loose teeth

Adult airway is about the diameter of a garden hose, firm and difficult to compress. Newborns airway is the size of a thin plastic straw. Easily compressed, soft and floppy and short. Child like a toddler airway is still small. eg McDonalds straw soft, floppy and narrow. There are huge implications with first aid. 16 times more resistance. Wobbly teeth can be a significant obstruction. Only hold on the hard part of the jaw when opening the airway. Number one topic is the flexion due to the large head causing airway blockage.

Breathing

- Obligate nose breathers under 6 months
- Faster respiratory rate and irregular
- Abdominal breathers
- Increased oxygen demand
- Tire easily
- Narrow nares
- Compliant chest
- Horizontal ribs

Higher resistance with eg narrowing due to infection, children need help to clear mucus. Observe stomach for breathing, diaphragm flatter. Tummy goes up and down rather than chest. Ribs are more horizontal and therefore they go up and down when breathing rather than out. When performing compressions on an infant it is highly unlikely that rib fractures occur. Sarah knows of no neonatal rib fractures as they are more cartilaginous.

Children compensate longer and 'fall of their perch'. Children have an increased oxygen demand.

Circulation

- Faster heart rate
- Stroke volume stays the same
- Larger blood volume per kg
- Total blood volume lower
- They compensate well

Focus less on values - values alone don't tell us the story. Children only increase heart rate and not the stroke volume. Blood pressure will maintain the same. Then it will drop. A drop in blood pressure is a late and pre terminal sign. A newborn has a coke can of blood. 300 ml. Normal BP until lost 25 percent of their blood volume.

Abdomen

- Relatively thin abdominal wall
- Less muscle
- Less subcutaneous fat

Skin and Bones

- Larger surface area than adults 3x more
- Greater heat loss
- Can't regulate heat
- More flexible bones
- Single impact = multiple injuries

Burn more easily, more significant fluid loss with burn, poison more easily absorbed. Newborns can't shiver. Above 38 degrees if 3 months they will need medical review. Under two fracture becomes a child protection issue.

Metabolism

- Higher metabolic rate
- Lower glycogen stores
- Rapid development of dehydration

Higher nutritional and oxygen requirement. Rapid dehydration.

Psychological

- Rely on adults
- Exploratory behaviours
- Do not understand danger
- Learn by doing

Eg. Will put hand on something hot and stick something in their mouth. Rely on adults to make it less riskier. Children need to take risks. Peripheral vision not yet developed. An unwell child needs medical review, doctor ambulance whatever is appropriate. Look at the child, Look at the chest, look at the nappy is it wet or dry. Like being a detective cannot just look at them from afar and say they're ok.

- Abnormal skin colour eg. Pale, blue, mottled,
- They go blue more quickly, something that causes respiratory arrest
- Pale child running around and playing different and check
- Some children are normally mottled, if different to normal
- Eg like a sausage splotchy and marbley
- Breathing problems
- Under 3 months, immature immune systems seek medical help if temp above 38 or other signs.
- Sleepier than usual medical help for under 3 years old
- Low threshold under 3 months of age
- Gums and lips change colour, conjunctivas, no matter what skin type we change colour when we're sick
- Floppy and lethargic

What causes mottling - shunting to vital organs.

TOP THREE THINGS TO PASS ON

- Importance of opening the airway !!!!! Small narrow and floppy, big head will push forward and will block
- Children need to be looked at as a whole, look at them, top off check for breathing problems. Look at the nappy don't just focus on the temperature. Temperature alone is not enough
- Understand what's different to normal around the child a lot, different to normal find out what

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