Early Childhood Education and Care LLN Indicator Assessment

Full Name: 
Date: 

Reading:

Read the following information from a newspaper and answer the questions below.

Health-Day News FRIDAY, Dec. 2

Child safety and booster seats protect children of all weights, including those on the heavy side. That’s the finding of a new study that looked at nearly one thousand children ranging from one year old babies to children up to eight years old, who had been involved in crashes. All of the children were properly restrained in the correct child safety or booster seat for their height and weight.

1. What is the age range of the children in the study?
   - [ ] 1 to 5 years
   - [ ] 0 to 8 years
   - [ ] 1 to 8 years

2. How many children in the study were involved in car crashes?
   - [ ] Nearly one hundred
   - [ ] Nearly one thousand
   - [ ] Nearly ten thousand
Choose the best answer for each of the following questions, based on the information in the poster.

**ACTION PLAN FOR Anaphylaxis**

For use with EpiPen® Adrenaline AutoInjectors

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
3. Phone ambulance: 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years. EpiPen Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.
3. For a person suffering from a mild to moderate allergic reaction caused by a bee sting, what is the first thing you would do?

☐ Give (administer) the EpiPen
☐ Flick out the sting
☐ Quickly phone a member of the family

4. Someone is suffering from a severe allergic reaction. You administer an EpiPen. What is the step after pulling off the blue safety cap?

☐ Form a fist around the EpiPen
☐ Push down hard until you hear a click
☐ Place the orange end against their thigh

5. A client with a history of anaphylaxis complains that their tongue is beginning to swell. What is the first thing that the flowchart advises you to do?

☐ Lay them flat
☐ Phone an ambulance
☐ Stay with the person and call for help
Numeracy:

1. It is 11 am. Linda arranges to meet a client in \( \frac{3}{4} \) of an hour. What time will it be when Linda meets her client?

   - [ ] 11:15 am
   - [ ] 11:30 am
   - [ ] 11:45 am

2. Maria is paid $20 per hour. How much did she earn if she worked for 7 hours?

   - [ ] $140
   - [ ] $27
   - [ ] $207

3. The temperature on the thermometer shown below is

   - [ ] 39.5ºC
   - [ ] 39.8 ºC
   - [ ] 39.0 ºC
**Writing:**

Imagine that there has been an accident or incident at your workplace that needs to be recorded in writing.

Use the form on the next page to fill in your details and describe what happened. Pretend that you are the injured person. The witness can be someone you know or someone you have made up.

You may use the ideas below or describe an incident from your own experience at work. The incident can be real or imagined, for example:

- You slip on a wet floor and sprain your ankle
- An electrical fire starts in the kitchen and you burn your hand
- You hurt your back while lifting a client
Incident / injury report form (Please print clearly and tick the correct box)

1. DETAILS OF INJURED PERSON

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Phone: (H) ___________ (W) ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ______________________________</td>
<td>Sex: □ M □ F</td>
</tr>
<tr>
<td>______________________________</td>
<td>Position: ______________________________</td>
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<tr>
<td>Experience in the job: ______________________________</td>
<td>(years/months)</td>
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<tr>
<td>Start time: ______________________________</td>
<td>□ am □ pm</td>
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2. DETAILS OF INCIDENT

<table>
<thead>
<tr>
<th>Date: ______________________________</th>
<th>Time: ______________________________</th>
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</thead>
<tbody>
<tr>
<td>Location: ______________________________</td>
<td></td>
</tr>
<tr>
<td>Describe what happened and how: ______________________________</td>
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</tbody>
</table>

3. DETAILS OF WITNESSES

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Phone: (H) ___________ (W) ___________</th>
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<tbody>
<tr>
<td>Address: ______________________________</td>
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4. DETAILS OF INJURY

<table>
<thead>
<tr>
<th>Nature of injury (eg burn, cut, sprain)</th>
<th>______________________________</th>
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<tbody>
<tr>
<td>Cause of injury (eg fall, grabbed by person)</td>
<td>______________________________</td>
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<tr>
<td>Location on body (eg back, left forearm)</td>
<td>______________________________</td>
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<tr>
<td>Agency (eg lounge chair, another person, hot water)</td>
<td>______________________________</td>
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5. TREATMENT ADMINISTERED

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<thead>
<tr>
<th>First Aid given</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>First Aider name:</td>
<td>______________________________</td>
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<tr>
<td>Treatment:</td>
<td>______________________________</td>
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<tr>
<td>Referred to:</td>
<td>______________________________</td>
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Learning and Oral:

Responding to Learning Questions:

The interviewer will ask the following questions to the candidate and will enter the response in the space below:

Every day we learn new skills at home and at work. I am going to ask you some questions about the way you learn.

1. Can you tell me about something that you learned recently?

2. How did you learn it?

3. What helps you to learn new things?

4. What other things would you like to learn?

5. What steps could you take to learn something you’ve mentioned?
**Trainer Analysis ONLY:**

**RESULTS (Please refer Trainer Guide before Marking):**

**LLN Skill level (Please circle one):**

- **Reading:** Demonstrated to required level/ Additional support required
- **Numeracy:** Demonstrated to required level/ Additional support required
- **Writing:** Demonstrated to required level/ Additional support required
- **Learning and Oral:** Demonstrated to required level/ Additional support required

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