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| AUTOMATED EXTERNAL DEFIBRILLATOR (AED) TRAINING COURSE FOR SPORTS CLUBS/FACILITIES |

Welcome. Thank you for participating in this survey.

A reminder that this research is being conducted on behalf of the Victorian Government. They have provided funding for its conduct but they are not involved in the analysis or reporting of the findings. The project has been approved by the \*\*\* and a plain language statement is available [here](http://federation.edu.au/__data/assets/pdf_file/0010/339058/AED-training-course-survey_Plain-Language-Information-Statement.pdf).

Reminder about your consent to participate
By completing the survey, you agree to the following:

* The research program has been fully explained, and any matters on which you may have sought information have been answered to your satisfaction.
* All information that is provided in your responses will be treated with the strictest confidence.
* Personal data cannot be linked to your responses.
* Aggregated results will be used for research purposes and may be reported in scientific and academic journals.
* You can withdraw consent at any time during completion of the survey by stopping the survey. It is not possible to withdraw your results once submitted as they are anonymous.

If you agree, and are happy to take part, please select 'next'

#### **What sports and/or activities does your club/facility offer?** *Please select all that apply* w

* Archery
* Athletics
* Australian football
* Badminton
* Baseball
* Basketball
* Biathlon
* BMX
* Bocce
* Calisthenics
* Campdraft
* Canoe
* Cricket
* Croquet
* Cycling
* Dragon Boat
* Equestrian
* Field Hockey
* Football (soccer)
* Gliding
* Golf
* Gridiron
* Gymnastics
* Judo
* Lacrosse
* Lawn bowls
* Life Saving/ Surf Life Saving
* Model Aircraft
* Motorcycling
* Multi Sports
* Netball
* Orienteering
* Parkrun
* Pony Club
* Racquetball
* Riding for the Disabled
* Rowing
* Rugby League
* Rugby Union
* Sailing
* Shooting (Clay Target / Pistol/ Rifle / Other)
* Skate
* Snow Sports
* Softball
* Squash
* Surfing
* Swimming
* Table Tennis
* Tennis
* Tenpin (Bowling)
* Touch Football
* Underwater sports
* Volleyball
* Water-Skiing, wakeboarding
* Windsurfing
* Other (please specify)

#### **\*Please indicate where the activities for your sport club/facility mostly take place w**

* One primary location – within greater metropolitan Melbourne
* Various locations – within greater metropolitan Melbourne
* One primary location – in regional/country Victoria
* Various locations – in regional/country Victoria
* Other (please specify)

#### \***Please write the postcode, suburb or town that represents the main location of your sport club/facility. If no single location, please enter 'no location' w**

#### \***How would describe your main role in the club/facility/organisation?***Choose up to 3 roles* w

* Manager / board / committee member
* Administration
* Sports provision role (e.g. gym instructor, swim teacher)
* Coach or assistant coach
* Physiotherapist / sports trainer
* Participant
* First aid provider / lifeguard
* Parent
* Facility manager / groundskeeper
* Strength and conditioning trainer
* Team manager
* Other (please specify)

#### \***Does your sports club/facility have a written emergency management plan?** w

* Yes and I know where this plan is or how to access it
* Yes but I don't know where the plan is or how to access it
* No we don't have a plan
* I don't know if we have a plan

#### **\*When did you take part in the training course at your club?** w

* More than 12 months ago
* 6 - 12 months ago
* 3 - 6 months ago
* Less than 3 months ago

#### **\*Did you volunteer for the training course at your club or were you chosen? w**

* Volunteered
* Required by the club/facility for my role
* Requested by the club/facility
* Other

#### **Please provide a short comment on why you volunteered for the training course** w

* To gain new knowledge
* It is a good skill to have
* Our club has a lot of high-risk participants
* To make up numbers, there was a minimum number of people needed to attend the course
* It is part of my duties at the club/facility
* Other (please specify)

#### **Please provide a brief comment about being chosen to participate in the training course**

#### **A training course in the use of an Automated External Defibrillator (AED or defib) was recently provided at your sports club/facility/organisation. Before this training course, had you ever participated in formal AED training? w**

* Yes
* No
* I can't remember
* Other (please specify)

#### **Where was your previous formal training with use of an AED held? w**

* At work
* Course offered through a national organisation (such as St John or Red Cross)
* As part of a class in school/university
* Course at a community organisation (such as church, community center, health center, or school)
* Through a video-based or online course
* Other (please specify)

#### **Which situation best describes you: w**

* I know someone personally who experienced sudden cardiac arrest
* I have witnessed someone experiencing sudden cardiac arrest
* Both of the above
* Neither of the above, I have never witnessed or known someone who had sudden cardiac arrest
* Other (please specify)

#### **\*Have you ever used an AED (automated external defibrillator) in an emergency medical situation?w**

* Yes
* No
* I can't remember
* Other (please specify)

#### **To what extent do you agree or disagree with the following statements w**

|   | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| The length of time for the training course was about right for what I needed to learn |  |  |  |  |  |  |
| The training course materials were clear and concise |  |  |  |  |  |  |
| The structure and content of the training course was difficult to follow |  |  |  |  |  |  |
| The instructor gave enough opportunities for questions or clarification |  |  |  |  |  |  |
| The day of the training course was well suited for me |  |  |  |  |  |  |
| The location of the training course did not suit me very well |  |  |  |  |  |  |
| All my questions were answered in the training course |  |  |  |  |  |  |
| The handouts provided at the training course were helpful |  |  |  |  |  |  |

#### **\*Did you have an opportunity to practice using the AED on a mannequin?** *This means you had a chance to hold/touch the defibrillator and had a go at putting the pads in the correct position.* w

* Yes
* No

#### **\*You indicated that you did not have an opportunity to actually practice using the AED on a mannequin - what were the** **reasons for this? w**

* There was not enough time
* There was not an opportunity for me
* There was no mannequin at the training course
* There was no AED at the training
* I did not want to
* Only one person could have a go
* I was too nervous/embarrassed to try
* There were too many people having a turn
* Other (please specify)

#### **Assuming that all methods are equally effective, which of the following ways of delivering the AED/CPR training course would you prefer? w**

* The classroom style training course, as we did, was ideal
* The classroom style training course, as we did, with modifications (please write ideas in 'other' box)
* One-on-one personal training
* An online course
* A video-based course
* Other (please specify)

#### **\*Do you think the training course can be improved? w**

* Yes
* No

#### **Please provide some ideas about how the training course could be improved w**

#### **What was the most interesting or important thing you learned at the training course?***Please write a few details about the content in the training course that was most interesting or important* w

#### \***Please choose the appropriate response for each item: w**

|   | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| --- | --- | --- | --- | --- | --- |
| If I saw a person requiring urgent medical assistance, I would do all I could to help, no matter what |  |  |  |  |  |
| I am not very confident about performing CPR in an emergency |  |  |  |  |  |
| I know how to get help in a medical emergency |  |  |  |  |  |
| An AED is easy to use |  |  |  |  |  |
| If I found a person unconscious, I would not hesitate to initiate use of an AED, if required |  |  |  |  |  |
| Since doing the training course, I feel more confident to handle an emergency situation |  |  |  |  |  |
| I would only use an AED if there was no one else around |  |  |  |  |  |

#### \***In what situation would you consider the possibility to initiate use of an automated external defibrillator (AED)? w**

|   | Yes - I would call for the AED | Uncertain - I'm not sure if the AED would be needed | No I would not call for the AED |
| --- | --- | --- | --- |
| A participant falls to the floor suddenly with no competitors nearby |  |  |  |
| A participant falls to the ground and is making shaking movements |  |  |  |
| You find a participant on the floor of the changing room, with occasional breaths but you are unable to find a pulse |  |  |  |
| You find the coach sitting on the bench, unresponsive |  |  |  |
| A participant takes a knock to the chest from another player/equipment and they fall to the floor, holding their chest and screaming in pain |  |  |  |

#### **\*You have been appointed your club's health and safety officer. What is true about your AED? w**

|   | True | Uncertain | False |
| --- | --- | --- | --- |
| The pads have a use by date but the battery lasts for a minimum of 20 years |  |  |  |
| Once used, the pads can be cleaned with soapy water and then put back with the AED machine for next time |  |  |  |
| The location of the AED should be known only to trained club members |  |  |  |
| Some minimal training in Cardiopulmonary Resuscitation (CPR) and Defibrillation is necessary before a person is allowed to use the AED |  |  |  |
| No training is necessary to use the AED in an emergency scenario |  |  |  |

####

#### **Please select your age group w**

* 18 to 24 years
* 25 to 34 years
* 35 to 44 years
* 45 to 54 years
* 55 to 64 years
* 65 to 74 years
* 75 years or older

#### **\*What is your gender? w**

* Female
* Male
* Other
* Prefer not to say

#### **\*What is the postcode or suburb of your home residence? W**

#### **\*What is the highest level of education that you have completed? w**

* Pre-primary education
* Primary education
* Secondary education
* Certificate Advanced diploma or diploma
* Advanced diploma or diploma
* Bachelor degree
* Graduate diploma/graduate certificate
* Postgraduate degree (e.g. Masters/PhD)
* Other (please specify)

#### \***Have you ever studied towards, or worked in, a medical or health care provision role? w**

* **Yes**
* No

#### **Did your study or work in health care/medical provision lead to or require formal certification or qualifications? w**

* No
* Yes - please provide details of the certification or qualifications

#### **That is the end of the survey. Please feel free to write any additional comments that you think are important or you would like to add, otherwise click 'SUBMIT.' w**