

# **Module 1: Preparatory**

## **Lesson 1-1**

### **Introduction**

# Objectives

## Objectives Legend

C=Cognitive A=Affective P=Psychomotor

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Aid Provider student will be able to:

- 1-1.1 Discuss the components of Emergency Medical Services (EMS) systems. (C-1)
- 1-1.2 Differentiate the roles and responsibilities of the First Aid Provider from other out-of-hospital care providers. (C-3)

## Affective Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-1.4 Accept and uphold the responsibilities of a First Aid Provider in accordance with the generally recognized standards of care. (A-3)

## Psychomotor Objectives

*No psychomotor objectives identified.*

# Preparation

## Motivation:

The first link in the Emergency Medical Services (EMS) system is the Bystander or First Aid Provider. Prompt, properly administered first aid care can make the difference between life and death, rapid versus prolonged recovery and temporary versus permanent disability. These guidelines are designed to assist instructors in producing First Aid Providers that are knowledgeable and capable of rendering effective emergency care prior to arrival of professional responders.

## Prerequisites:

None

## Materials

## AV Equipment:

Utilize various audio-visual materials relating to first aid. The continuous development of new audio-visual materials relating to first aid requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of these guidelines are met.

## Equipment:

None required

## Recommended Minimum Time to Complete:

See page 12 of *Course Guide*

# Presentation

## Declarative (What)

- I. Course Overview
  - A. Course description and expectations
  - B. Advancement - other training opportunities
  
- II. The Emergency Medical Services System and the First Aid Provider
  - A. Overview of the Emergency Medical Services system
    1. Access to the emergency medical services system.
      - a. 9-1-1
        - (1) Basic
        - (2) Enhanced 9-1-1
      - b. Non 9-1-1
      - c. Emergency Medical Dispatch (EMD).
        - (1) In some EMS systems, besides dispatching EMS to the scene, dispatchers are specially trained EMD's.
        - (2) Priorities for EMD's
          - (a) Calm the caller.
          - (b) Keep caller on line (when possible).
          - (c) Collect additional information.
          - (d) Provide pre-arrival instructions.
    2. Emergency response plans specific to occupation and location.
      - a. Recognition
      - b. Notification and Activation (EMS & First Aid Providers)
        - (1) Fixed site
        - (2) Mobile
      - c. First Aid Response
      - d. EMS Response
      - e. Turnover to EMS
    3. National levels of training (Local levels may differ)
      - a. Bystander
      - b. First Aid Provider
      - c. First Responder
      - d. EMT-Basic
      - e. EMT-Intermediate
      - f. Paramedic
    4. Brief overview of the local EMS system
    5. The chain of survival and the EMS system
      - a. Weak links in the chain lower survival rates
      - b. Early access - Phone first/fast
      - c. Early BLS/CPR
      - d. Early defibrillation
      - e. Early advanced cardiac life support (ACLS)
  - B. Roles of the First Aid Provider
    1. Personal, ill or injured person, and bystander safety
    2. Gaining access to the ill or injured person
    3. First Aid assessment of the ill or injured person to identify life threatening conditions
    4. Continuation of care through EMS resources
    5. Emergency care based on assessment findings

6. Liaison with public safety workers
  - a. Local law enforcement
  - b. State and federal law enforcement
  - c. Fire departments
  - d. EMS Providers
- C. Responsibilities of the First Aid Provider
  1. Personal health and safety
  2. Maintain caring attitude - reassure and comfort ill or injured person, family, and bystanders while awaiting additional EMS resources
  3. Maintain composure
  4. Maintain up-to-date knowledge and skills
    - a. Continuing education
    - b. Refresher courses
  5. Put ill or injured person's needs as a priority without endangering self.

## Application

### Procedural (How)

None identified for this lesson.

### Contextual (When, Where, Why)

The student will use this information throughout the course to enhance his/her understanding and provide direction for the First Aid Provider's relationship to the EMS system. The lesson will provide the student with a road map for learning the skill and knowledge domains of First Aid. This lesson sets the foundation for the remaining teaching/learning process. A positive, helpful attitude presented by the instructor is *essential* to assuring a positive, helpful attitude from the student.

### Student Activities

#### Auditory (Hearing)

1. Students will hear what they can expect to receive from the training program.
2. Students will hear the specific expectations of the training program.
3. Students will hear the instructor present information on the local EMS system.

#### Visual (Seeing)

1. Students will see visual materials explaining the components of the EMS system, First Aid level of care and the First Aid Provider's roles and responsibilities.
2. Students will receive student materials.

#### Kinesthetic (Doing)

1. Students will complete any necessary course paperwork.
2. Students will indicate if they will require/request assistance during the course based on the Americans with Disabilities Act. Additionally, students will provide the necessary documentation to support the requirements/request.

### Instructor Activities

Facilitate discussion and supervise completion of paperwork as necessary.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content.

## **Evaluation**

Evaluate the actions of First Aid students during role play, practice or other skill stations to determine their comprehension of the cognitive and affective objectives and reasonable proficiency with the psychomotor objectives.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content.

## **Enrichment**

Address unique student requirements or local area needs concerning this topic.

This page intentionally left blank

# **Lesson 1-2**

## **The Well-Being of the First Aid Provider**

# Objectives

## Objectives Legend

- C=Cognitive A=Affective P=Psychomotor  
1 = Knowledge level  
2 = Application level  
3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-2.1 Discuss possible emotional reactions that the First Aid Provider may experience when faced with trauma, illness, death, and dying. (C-1)
- 1-2.2 Discuss the possible reactions that others may exhibit when confronted with death and dying. (C-1)
- 1-2.3 Explain the need to determine scene safety. (C-2)
- 1-2.4 Discuss the importance of body substance isolation. (BSI) (C-1)
- 1-2.5 Describe the steps the First Aid Provider should take for personal protection from bloodborne pathogens. (C-1)
- 1-2.6 Describe the personal protective equipment necessary for exposure to bloodborne pathogens. (C-1)

## Affective Objectives

At the completion of this lesson, the First Aid student will be willing to:

- 1-2.7 Help others to understand the importance of personal protection from bloodborne pathogens. (A-2)
- 1-2.8 Demonstrate compassion when caring for any ill or injured person with illness or injury. (A-2)
- 1-2.9 After rescuer safety is assured, place the interests of the ill or injured person as the foremost consideration when making any and all emergency care decisions. (A-3)

## Psychomotor Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-2.10 Given a scenario with potential infectious exposure, the First Aid Provider will use appropriate personal protective equipment. At the completion of the scenario, the First Aid Provider will properly remove and discard the protective garments. (P-1,2)

# Preparation

## Motivation:

First Aid Providers may encounter stressful situations involving emergency medical care. These range from major injury and/or illness to death. First Aid Providers may be confronted with angry, scared, violent, seriously injured or ill people. This lesson emphasizes the emotional aspects of providing first aid. Additionally, personal safety will be discussed. It is important to realize that the safety and well-being of the First Aid Provider must come before that of the ill or injured person. A First Aid Provider who is injured as a result of attempting to help is certainly of no benefit to a victim of illness or injury.

## Prerequisites:

None

## Module 1: Preparatory

### Lesson 1-2: The Well-Being of the First Aid Provider

---

## Materials

### AV Equipment:

Utilize various audio-visual materials relating to first aid. The continuous development of new audio-visual materials relating to first aid requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of these guidelines are met.

### Equipment:

Eye protection, gloves, masks.

### Recommended Minimum Time to Complete:

See page 12 of *Course Guide*

# Presentation

## Declarative (What)

- I. Emotional Aspects of Emergency Medical Care
  - A. Stressful situations
    1. Examples of situations that may produce a stress response
    2. The First Aid Provider will experience personal stress as well as encounter ill or injured persons and bystanders in severe stress.
  - B. Critical incident stress - The normal stress response to abnormal circumstances.
  - C. Methods for dealing with critical incident stress.
    1. Informal
    2. Formal
- II. Body Substance Isolation (BSI)
  - A. First Aid Providers must be aware of the risks associated with emergency medical care.
    1. Barrier devices should be used when ventilating an ill or injured person.
    2. Personal protective equipment should be utilized as needed or required by the local system.
  - B. First Aid Providers may be exposed to infectious diseases when treating ill or injured persons.
  - C. OSHA/State regulations regarding BSI is employer responsibility.
  - D. Infection Control
    1. Techniques to prevent disease transmission
      - a. Hand-washing/personal hygiene
      - b. Equipment replacement or disposal.
    2. Body substance isolation
      - a. Eye protection
      - b. Gloves (vinyl or latex, synthetic)\*
      - c. Clothing change if clothing is contaminated.
      - d. Masks - Surgical/dust particle type for possible blood splatter (worn by care provider)
      - e. Improvised techniques for BSI.
      - f. Requirements and availability of specialty training

---

\*The incidence of latex allergy in the general population is believed to be approximately 7%. The percentages are higher in health care providers and medically fragile children. McKenna K, et al. Latex Allergy: The Dark Side of Infection Protection. *JEMS* April 1996;59-64.

## Module 1: Preparatory

### Lesson 1-2: The Well-Being of the First Aid Provider

---

- E. Statutes/regulations reviewing notification and testing in an exposure incident - report exposure to employer immediately
- III. Scene Safety
- A. Scene safety
    - 1. Definition - an assessment of the scene and surroundings that will provide valuable information to the First Aid Provider and will help ensure the well-being of the First Aid Provider.
    - 2. Personal protection - Is it safe to approach the ill or injured person?
    - 3. Protection of the ill or injured person - environmental considerations
    - 4. Protection of bystanders - do not let the bystander become ill or injured
    - 5. If the scene is unsafe do not enter.

# Application

## Procedural (How)

1. The First Aid Provider will know how to access additional information on hazardous materials and infectious disease exposure, notification and follow-up.

## Contextual (When, Where, Why)

1. The First Aid Provider will use the aspects of scene safety and personal protection.
2. This lesson should provide incentive to seek out continuing education programs relative to personal safety during hazardous material incidents, rescue situations, and/or other special situations that may be occupationally required.
3. If the First Aid Provider fails to develop and use personal safety skills, the First Aid Provider may be seriously injured or die.
4. The well-being of the First Aid Provider depends upon the ability to recognize that stressful situations do occur, and that the situation may be beyond the First Aid Provider's ability to help. If the First Aid Provider experiences emotional trauma, early recognition and consultation with an appropriately licensed mental health professional may prevent more serious problems.

## Student Activities

### Auditory (Hearing)

1. The student should hear information regarding dealing with the emotional stress that may result from performing first aid care.

### Visual (Seeing)

1. The student should see various visual representations of scenes requiring personal protection.
2. The student should see various visual representations of personal protection clothing as required by occupation.
3. The student should see the gloves, masks, and eye protection associated with body substance isolation (BSI).

### Kinesthetic (Doing)

1. The student should practice assessment of the scene and surroundings that will help ensure the well-being of the First Aid Provider.
2. The student should practice improvised techniques for BSI.

## **Module 1: Preparatory**

### Lesson 1-2: The Well-Being of the First Aid Provider

---

#### **Instructor Activities**

- Facilitate discussion and supervise practice.
- Reinforce student progress in cognitive, affective, and psychomotor domains.
- Redirect students having difficulty with content.

#### **Evaluation**

- Evaluate the actions of the First Aid students during role play, practice or other skill stations to determine their comprehension of the cognitive and affective objectives and reasonable proficiency with the psychomotor objectives.

#### **Remediation**

- Identify students or groups of students who are having difficulty with this subject content.

#### **Enrichment**

- Address unique student requirements or local area needs concerning this topic.

**Module 1: Preparatory**

Lesson 1-2: The Well-Being of the First Aid Provider

---

This page intentionally left blank

# **Lesson 1-3**

## **Legal and Ethical Issues**

# Objectives

## Objectives Legend

C=Cognitive A=Affective P=Psychomotor

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-3.1 Define the First Aid scope of care. (C-1)
- 1-3.2 Be familiar with statutes and regulations in your state regarding First Aid Providers. (C-1)
- 1-3.3 Define consent and discuss the methods of obtaining consent. (C-1)
- 1-3.4 Differentiate between expressed and implied consent. (C-3)
- 1-3.5 Discuss the issues of abandonment, negligence, and battery and their implications to the First Aid Provider. (C-1)
- 1-3.6 State the First Aid Provider's moral and ethical obligation to provide assistance. (C-1)
- 1-3.7 Explain the importance of ill or injured person confidentiality. (C-1)

## Affective Objectives

*No Affective objectives identified.*

## Psychomotor Objectives

*No psychomotor objectives identified.*

# Preparation

## Motivation:

Legal and ethical issues are an important element of First Aid care. Should a First Aid Provider stop and treat an automobile crash victim? Should information be released to an attorney or the media? Can a child with a broken arm be treated even though the parents are not present and/or only the child care provider is around? These and other legal and ethical questions may face the First Aid Provider. Information will be presented in this lesson to address these legal and ethical questions.

## Prerequisites:

None.

## Materials

## AV Equipment:

Utilize various audio-visual materials relating to first aid. The continuous development of new audio-visual materials relating to first aid requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of these guidelines are met.

## Equipment:

None required.

**Recommended Minimum Time to Complete:**  
See page 12 of *Course Guide*

# Presentation

## Declarative (What)

- I. Scope of Care
  - A. Responsibilities to the ill or injured person.
    1. Provide for the well-being of the ill or injured person by rendering necessary interventions outlined in the scope of care.
  - B. Moral and Ethical responsibilities
    1. First Aid Providers have a moral responsibility to perform first aid for fellow human beings in time of crisis regardless of age, gender, race, ethnicity or socioeconomic status.
    2. Make the physical/emotional needs of the ill or injured person a priority.
    3. Practice of skills to a level of reasonable proficiency.
    4. Attend continuing education/refresher programs.
- II. Consent
  - A. The acceptance of care.
  - B. An ill or injured person has the right to make decisions regarding care.
  - C. A responsive ill or injured person must consent to receive first aid.
  - D. Types of consent
    1. Expressed.
      - a. Verbal consent obtained from every responsive injured or ill adult before rendering care.
      - b. Methods of obtaining consent
        - (1) Identify yourself
        - (2) Inform the ill or injured person of your level of training
    2. Implied
      - a. Consent is assumed from the unresponsive ill or injured person requiring emergency intervention
      - b. Based on the assumption that the unresponsive ill or injured person would consent to life saving interventions
  - E. Children\*
    1. Consent for first aid must be obtained from a parent or legal guardian.
    2. When life-threatening situations exist and parent or legal guardian is not available for consent, first aid care should be rendered based on implied consent.
- III. Refusals
  - A. Adult ill or injured persons have the right to refuse first aid.
  - B. The ill or injured person may withdraw from first aid care at any time.  
Example: an unresponsive ill or injured person regains responsiveness and refuses care.

---

\* When infants and/or children are not present or are not anticipated in the First Aid Provider's occupational setting, this information may be omitted.

## Module 1: Preparatory

### Lesson 1-3: Legal and Ethical Issues

---

- C. When in doubt, err in favor of providing care.
  - D. The First Aid Provider should consider activating EMS to evaluate the ill or injured person.
- IV. Specific statutes and regulations regarding first aid in your state
- A. Good Samaritan Laws
  - B. Occupational Regulations (OSHA, Bloodborne Pathogens, etc.)
  - C. Other
- V. Assault/Battery - Attempting to provide care when the ill or injured person has refused.
- VI. Abandonment - Terminating care of the ill or injured person without insuring that care will continue at the same level or higher.
- VII. Negligence - Deviation from the generally recognized standard of care resulting in further injury to the ill or injured person.

# Application

## Procedural (How)

None identified for this lesson.

## Contextual (When, Where, Why)

Legal and ethical issues must be considered in first aid care. Decisions to treat or not treat an ill or injured person requires a knowledge of current state and local legislation. Up- to-date information on issues such as negligence, battery, confidentiality, consent, and refusal of first aid is important for the First Aid Provider.

## Student Activities

### Auditory (Hearing)

1. Students should hear Good Samaritan laws.

### Visual (Seeing)

1. Students should see visual representations relating to negligence, abandonment, battery, duty to act and consent.

### Kinesthetic (Doing)

1. Students should review scenarios involving legal and ethical situations that occur in first aid situations (including consent, abandonment, battery and negligence ).

## Instructor Activities

Facilitate discussion and supervise practice.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content.

## **Evaluation**

Evaluate the actions of First Aid students during role play, practice or other skill stations to determine their comprehension of the cognitive and affective objectives and reasonable proficiency with the psychomotor objectives.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content.

## **Enrichment**

Address unique student requirements or local area needs concerning this topic.

This page left intentionally blank

# **Lesson 1-4**

## **Moving and Positioning of Ill or Injured Persons**

# Objectives

## Objectives Legend

- C=Cognitive A=Affective P=Psychomotor
- 1=Knowledge level
- 2=Application level
- 3=Problem-solving level

### Cognitive Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-5.1 Define body mechanics. (C-1)
- 1-5.2 Discuss the guidelines and safety precautions that need to be followed when lifting an ill or injured person. (C-1)
- 1-5.3 Describe the indications for an emergency move. (C-1)

### Affective Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-5.4 Explain the reason for properly lifting and moving ill or injured persons. (A-3)
- 1-5.5 Explain the reasons for an emergency move. (A-3)

### Psychomotor Objectives

At the completion of this lesson, the First Aid student will be able to:

- 1-5.6 Demonstrate an emergency move. (P-1,2)

# Preparation

### Motivation:

First Aid Providers may be injured if they attempt to lift or move ill or injured persons improperly.

### Prerequisites:

None

## Materials

### AV Equipment:

Utilize various audio-visual materials relating to first aid. The continuous development of new audio-visual materials relating to first aid requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of these guidelines are met.

### Equipment:

None required.

### Recommended Minimum Time to Complete:

See page 12 of *Course Guide*

# Presentation

## Declarative (What)

- I. Role of the First Aid Provider
  - A. Moving ill or injured persons that are in immediate danger
  - B. Position ill or injured persons to prevent further injury
  - C. Assist EMS responders as requested and able.
  
- II. Body Mechanics/Lifting Techniques
  - A. Safety precautions
    1. Use legs, not back, to lift.
    2. Keep weight as close to body as possible.
  - B. Guidelines for lifting
    1. Consider weight of ill or injured person and the need for help.
    2. Know physical ability and limitations.
    3. Lift without twisting.
    4. Have feet positioned properly.
    5. Communicate clearly and frequently with assistants.
  
- III. Principles of Moving Ill or injured persons
  - A. General considerations
    1. An ill or injured person should be moved immediately (emergency move) only when:
      - a. There is an immediate danger to the ill or injured person if not moved (e.g., fire, flood, collapse, etc.).
      - b. Life-saving care cannot be given because of the ill or injured person's location or position, e.g., a cardiac arrest victim sitting in a chair or lying on a bed.
    2. If there is no threat to life, the ill or injured person should be moved only by EMS.
  - B. Emergency moves
    1. The greatest danger in moving an ill or injured person quickly is the possibility of aggravating a spine injury.
    2. In an emergency, every effort should be made to pull the ill or injured person in the direction of the long axis of the body to provide as much protection to the spine as possible.
    3. It is impossible to remove an ill or injured person from a vehicle quickly and at the same time provide much protection to the spine.
    4. If the ill or injured person is on the floor or ground, he/she can be moved by:
      - a. Pulling on the ill or injured person's clothing in the neck and shoulder area.
      - b. Putting the ill or injured person on a blanket and dragging the blanket.
      - c. Putting the First Aid Provider's hands under the ill or injured person's armpits (from the back), grasping the ill or injured person's forearms and dragging the ill or injured person.
      - d. Never pull the ill or injured person's head away from the neck and shoulders.

## Module 1: Preparatory

### Lesson 1-4: Moving and Positioning of Ill or Injured persons

---

- C. Ill or injured person positioning
  - 1. An unresponsive ill person without trauma should be moved into the recovery position by rolling the ill person onto his/her side.
  - 2. An injured person with trauma should not be moved until EMS resources can evaluate and stabilize the injured person, except to protect the airway.
  - 3. An ill or injured person experiencing pain or discomfort or difficulty breathing should be allowed to assume a position of comfort.
  - 4. An ill or injured person who is nauseated or vomiting should be allowed to remain in a position of comfort; however, the First Aid Provider should be positioned appropriately to manage the airway.
  - 5. An injured person who is unresponsive (or has a decreased level of responsiveness), who you must leave in order to activate EMS, should be placed in the recovery position to maintain an open airway.

## Application

### Procedural (How)

Show examples of situations where emergency moves are appropriate.

Demonstrate emergency moves.

Demonstrate positioning ill or injured persons with different conditions.

- Unresponsiveness
- Chest pain or discomfort or difficulty breathing
- Ill or injured persons who are vomiting or nauseated

### Contextual (When, Where, Why)

When to move a ill or injured person is determined by both the ill or injured person's condition and the environment in which he/she is found.

## Student Activities

### Auditory (Hearing)

- 1. The student should hear explanations of body mechanics.
- 2. The student should hear principles of lifting and moving.
- 3. The student should hear indications for emergency moves.

### Visual (Seeing)

- 1. The student should see situations where emergency moves are appropriate.
- 2. The student should see emergency moves.
- 3. The student should see ill or injured persons with different conditions positioned properly.
  - Unresponsiveness
  - Chest pain or discomfort or difficulty breathing
  - Ill or injured persons who are vomiting or nauseated

## **Module 1: Preparatory**

### **Lesson 1-4: Moving and Positioning of Ill or Injured persons**

---

#### **Kinesthetic (Doing)**

1. The student should practice determining whether emergency moves are appropriate.
2. The student should practice emergency moves.
3. The student should practice positioning ill or injured persons with different conditions.
  - Unresponsiveness
  - Chest pain or discomfort or difficulty breathing
  - Ill or injured persons who are vomiting or nauseated

#### **Instructor Activities**

Facilitate discussion and supervise practice.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content

## **Evaluation**

Evaluate the actions of First Aid students during role play, practice or other skill stations to determine their comprehension of the cognitive and affective objectives and reasonable proficiency with the psychomotor objectives.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content.

## **Enrichment**

Address unique student requirements or local area needs concerning this topic.

**Module 1: Preparatory**

Lesson 1-4: Moving and Positioning of Ill or Injured persons

---

This page intentionally left blank