

# Basic First Aid



**AMERICAN  
SAFETY &  
HEALTH  
INSTITUTE**

# AMERICAN SAFETY & HEALTH INSTITUTE

## Basic First Aid

Instructor Guide, *Version 8.0*

### Purpose of this Guide

This ASHI *Basic First Aid Version 8.0 Instructor Guide* is solely intended to give information on the presentation and administration of ASHI Basic First Aid certified training classes. The information in this book is furnished for that purpose and is subject to change without notice.

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**PART 1:**  
**PROGRAM DESIGN AND**  
**INSTRUCTIONAL TOOLS**

**PREVIEW**

# Program Design

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## Program Overview

The ASHI Basic First Aid training program is intended for individuals who are not healthcare providers or professional rescuers but desire or are required to be certified in basic emergency medical care. There are no class prerequisites.

The goal of this training program is to help students develop the knowledge, skills, and confidence to respond in a medical emergency. Founded in basic principles of instructional design and learning theory, ASHI promotes a “toolbox” approach to learning. This approach gives Instructors flexibility in both presentation strategies and materials in order to reach students with widely varying abilities in the countless instructional settings that exist in the real world.

## Combining ASHI Programs

It is a common approach to combine the ASHI Basic First Aid program with the ASHI CPR and AED program to do an integrated CPR, AED, and first aid class. Program videos include play options for a combined class. A combination Student Book and certification card are available, but Instructors will still use both Instructor Guides.

## Program Structure

ASHI Basic First Aid contains both core and supplemental training content.

### Core Training Content

The core training content is the minimum knowledge and skill content that is required for certification in ASHI Basic First Aid.

### Supplemental Content

In addition to the core training content required for certification, ASHI Basic First Aid contains supplemental knowledge and skill content that may be added by the instructor as desired or required.

Adding supplemental training content is sometimes necessary to customize ASHI Basic First Aid to the unique conditions or potential hazards of a specific workplace or work site. In addition, compliance with state health and safety regulations may mandate that certain topics are added to the program.

For example, in assessing workplace risks, an employer identifies a potential situation at a remote work site that could expose workers to stinging insects. Due to long EMS response times, the employer asks the instructor to provide training in how to recognize and provide first aid treatment for insect stings. This supplemental information is added to the core training content. Adding content will add time to the training class.

Supplemental training content is clearly identified and appropriately located throughout this Instructor Guide.

## Third-Party Training Content

Additional training materials that are not produced by HSI may also be used to enhance ASHI Basic First Aid at the discretion of the training center director. These additional materials may not be used in lieu of ASHI Basic First Aid materials and may not be used to shorten or otherwise alter the core training content required for certification.

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### Important:

REGULATORY AGENCIES AND OTHER APPROVERS MAY REQUIRE SPECIFIC HOURS OF INSTRUCTION OR OTHER PRACTICES. INSTRUCTORS MUST BE FAMILIAR WITH AND COMPLY WITH ALL APPLICABLE LOCAL, STATE, PROVINCIAL, FEDERAL LAWS AND ADMINISTRATIVE RULES AS THEY PERTAIN TO THE APPROVAL, DELIVERY, AND ADMINISTRATION OF THIS TRAINING. HSI MAINTAINS A DATABASE OF ALL REGULATORY APPROVALS IN OTIS.

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## Class Types

There are 3 different class types for ASHI Basic First Aid: Initial, Renewal, and Challenge.

### Initial Class

A classroom or blended learning training class for individuals who have never been certified or whose certification has expired.

### Renewal Class

A classroom training class for individuals who wish to refresh skill competency and maintain certification.

### Challenge

A classroom evaluation for individuals who wish to earn certification by demonstrating knowledge and skill competency without taking an initial or renewal class.

## Class Methods

There are 2 main methods to teaching and certifying students in ASHI Basic First Aid: instructor-led classroom training and blended learning.

### Classroom Training

This is an instructor-led, in-person, classroom-based approach where the core knowledge content is provided using scenario-based video segments or a slide presentation, followed by demonstration of skills and the opportunity for instructor-facilitated student practice. There is a maximum student to instructor ratio of 10:1. The recommended ratio is 6:1.



## Blended Learning

This is a mixed-mode approach using both online and in-person learning; core knowledge content is provided in video segments and interactive student exercises online, followed by in-person skills practice.

# Training Content

## Initial Classroom Class

The content of the initial class is divided into sections. Sections are further divided into lessons. Each lesson provides an approximate length, skill and/or knowledge objectives (What Students Should Learn), provides an encouraging reason for learning (Why This Topic Matters), lists required equipment, and describes the necessary instructor activities. The outline and time frame for the Initial Instructor-Led Class are provided in Part 3.

ASHI promotes a “toolbox” approach to learning. This means that various presentation methods and tools may be used by the instructor to meet the knowledge and skill objectives of the course, including skill guides, video, slides, scenario sheets, and performance evaluations. The focus is on gaining the skills and building the confidence to handle an emergency situation. Skills are best learned and retained by repeat practice. Instructors can make the most of class time by limiting lectures to essential knowledge, and focusing on hands-on skill practice.

## Four-step Instructional Approach

In general, ASHI follows a basic four-step instructional approach (some lessons may include fewer or additional steps).

### Step 1: Present the Knowledge Content

The program video and the program slide presentation are the primary tools provided to deliver knowledge content for the class.

Featuring scenario-based video segments, the program video provides you with a simple, engaging, and consistent approach to deliver content.

The program slide presentation allows more experienced Instructors to take an active role in presenting content. Slides focus on the key points of information and allow Instructors to highlight content using other delivery methods. Slide notes provide more detail on content. Instructors can use stated video-times as a guide for pacing lesson times when using the presentation.

Key points are also included for each lesson in this Instructor Guide and can be used to emphasize key content throughout the class.

### Step 2: Demonstrate Skills

When demonstrating skills, a high-quality performance is essential because students will tend to copy it.

When giving a demonstration, consider using the WHOLE-PART-WHOLE method:

**WHOLE:** Demonstrate the entire skill, beginning to end, briefly naming each action or step.

**PART:** Demonstrate the skill again, step-by-step, integrating information and facts while pointing out common errors in technique. Present only the knowledge necessary to for the student to adequately perform the skill. To help, have students look at the appropriate Skill Guide as you demonstrate.

**WHOLE:** Demonstrate the entire skill again — in real-time — without comment. Perform it without remarks, interruption, or explanation. This helps students get a feel for the tempo of the skill and the opportunity to observe the sequence of actions before they practice.

### Step 3: Allow Adequate Time for Students to Practice the Skills

Break students into small groups with the required equipment for the practice. Have one student act as a coach by reading the skill steps from the Skill Guide while another student performs the skill on a manikin or on another student who is playing the role of the ill or injured person. Have students rotate through the roles until all have played each role.

An Instructor should circulate through the classroom, answering questions, correcting errors in technique, and providing constructive feedback and positive reinforcement. Avoid anxiety-producing, perfection-oriented skill checks. A stimulating, but non-threatening, environment is best for learning.

More experienced or returning students may enjoy a scenario- or problem-based learning approach. Scenario sheets are available to support this approach.

### Step 4: Wrap It Up

Ask for and answer questions as briefly and concisely as you can. If available, finish with a short problem-solving scenario to help students recall key information.

The initial class proceeds lesson by lesson until its conclusion. ASHI Basic First Aid certification cards are issued to those students who have earned them.

### Certification Requirements

Instructors must be current and properly authorized as an ASHI Basic First Aid instructor to issue Basic First Aid certification cards.

The certification requirement for an initial class requires students to demonstrate skill competency using skill guides, Scenario Sheets, or performance evaluations. A Written Exam is not required for certification unless required by a regulatory agency or if a student is seeking certification using the Challenge option.

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**Important:**

WHEN NOT REQUIRED, THE WRITTEN EXAM MAY BE USED AS A PRE-, POST-, OR IN-CLASS ACTIVE LEARNING TOOL. THE INDIVIDUAL'S SCORE ON AN OPTIONAL EXAM MAY NOT BE USED TO WITHHOLD A PROPERLY EARNED CERTIFICATION CARD. WHEN A WRITTEN EXAM IS NOT USED OR REQUIRED, INSTRUCTORS CAN MEASURE COGNITIVE UNDERSTANDING BY INFORMAL OBSERVATION AND QUESTIONING USING THE KNOWLEDGE CHECK FEATURE.

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**Combining ASHI Basic First Aid with ASHI CPR and AED**

Because there are different versions of the same lessons in both Instructor Guides, it is important to understand which lesson versions to use in a combined class.

Affected lessons are identified in this Instructor Guide along with Instructor Notes indicated as Combo Class Alerts to help you select the appropriate lesson version for a combined class.

When doing a standalone Basic First Aid class:

- Present the lessons as provided in this Instructor Guide.

When doing a combined class:

- Start with the Introduction lesson from Basic First Aid
- Then, use the entire Preparing to Help segment from Basic First Aid
- Next, present all of the lessons from CPR and AED, skipping the Preparing to Help segment within CPR and AED
- When finished with CPR and AED, return to Basic First Aid starting with the Primary Assessment – Responsive Person lesson
- Skip the Choking lesson in Basic First Aid
- Complete the remainder of the Basic First Aid lessons
- If using the supplemental Emotional Support lesson, use the Basic First Aid version.
- Wrap up the class using the Evaluation, and Documentation and Certification from Basic First Aid

## Initial Blended Class

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### About Blended Learning

Blended learning combines the convenience of online learning with face-to-face, in-class skill practice and evaluation by an authorized instructor. The platform used for the online portion of the Initial Blended Class is Otis. This web-based learning system allows for a variety of sensory interactions to provide users with a low-stress, easy-to-use, and convenient way to learn the required information. The management of blended training, including scheduling online and face-to-face sessions, is also done through Otis. Students are notified by email of enrollment in the online class. Student progress can be monitored online. For information on system requirements and how to register students for the online portion of the class contact your training center director or email customerservice@hsi.com.

### Online Portion

The online portion of a blended training class covers the essential cognitive content for the class using program video segments and interactive exercises. When a student successfully completes the online portion of the class, a Recognition of Completion certificate will be made available to the student for printing and the completion will be recorded within Otis. Successful completion of the online portion is required to attend the face-to-face portion of the class for skills practice and evaluation with an instructor.

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**Important:**

COMPLETION OF THE ONLINE PORTION ALONE DOES NOT RESULT IN CERTIFICATION. THE ONLINE PORTION IS USEFUL FOR KNOWLEDGE ACQUISITION, BUT IT DOES NOT PROVIDE ANY BENEFIT IN THE PERFORMANCE OF SKILLS.<sup>1</sup> ONLINE TRAINING ALONE DOES NOT MEET THE FIRST AID AND CPR REQUIREMENTS OF THE US DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION (OSHA) STANDARDS.<sup>2</sup> ONLINE TRAINING MUST BE SUPPLEMENTED WITH HANDS-ON PRACTICE.

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### Face-to-Face Portion

The face-to-face portion of a blended class focuses on the development of competent skills through hands-on practice. Required activities of the face-to-face portion of the Initial Blended Class include performing instructor demonstrations and student practices, completed just as in an Initial Instructor-Led Classroom Class.

### **Instructor Demonstration**

The instructor performs a demonstration of the skill, using the WHOLE-PART-WHOLE method.

### **Student Practice**

Following the instructor demonstration, allow adequate time for students to practice the skill.

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**Important:**

THE FACE-TO-FACE PORTION OF THE BLENDED CLASS IS NOT INTENDED TO BE A SIMPLE SKILLS CHECK OFF. THIS PORTION OF THE CLASS INCLUDES BOTH PRACTICE AND EVALUATION. FOR STUDENTS WHO ARE ALREADY COMPETENT IN THEIR KNOWLEDGE AND SKILLS, CONSIDER USING THE CHALLENGE OPTION.

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The outline and time frame for the Initial Blended Class are provided in Part 4. The class proceeds lesson by lesson until its conclusion. ASHI Basic First Aid certification cards are issued to those students who have earned them.

### **Certification Requirements**

The certification requirements for the Initial Blended Class are the same as for an Initial Instructor-Led Classroom Class.

## **Renewal Class**

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The Renewal Class is designed for individuals who are currently certified and want (or are required) to refresh skill competency and maintain certification. Individuals without current certification may not participate in a Renewal Class.

First aid skills, and the confidence to use them, deteriorate rapidly following initial training and certification, in as few as 30 to 90 days.<sup>3,4</sup> Consider doing renewal training more frequently to refresh and maintain skills.

Lessons in the renewal class focus on the development of competent skills through hands-on practice. Required activities of a Renewal Class include performing instructor demonstrations and student practices, completed just as in the Initial Instructor-Led Classroom Class.

The outline and time frame for the Renewal Class are provided in Part 5. The Renewal Class proceeds lesson by lesson until its conclusion. ASHI Basic First Aid certification cards are issued to those students who have earned them.

### **Certification Requirements**

The Renewal Class focuses on skill competency. If new certification cards will be issued, use of the Written Exam before, during, or after skills practice is necessary to refresh students on core knowledge content not covered in the skill sessions. The instructor should use the exam as an active learning tool. That is, the exam may be given open book, or the instructor may read the questions out loud to the class and engage all students in choosing the correct answer and discussing the reasoning behind it. Scoring individual exams is not necessary unless it is required by a regulatory agency. Using an alternative method to the Written Exam that adequately covers all core knowledge content is acceptable.

## **Challenge**

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A Challenge is an instructor-led evaluation for individuals who wish to earn ASHI Basic First Aid certification by demonstrating knowledge and skill competency without taking an initial or renewal class. Anyone is eligible to participate in a Challenge regardless of certification status.

There are no lessons or teaching in a Challenge. Participants are solely responsible and must be prepared to take a Written Exam and skill test. The required instructor activities are limited to administering the Written Exam and carrying out skill tests using the performance evaluation.

The outline and time frame for the Challenge are provided in Part 6. ASHI Basic First Aid certification cards are issued to those individuals who have earned them.

## **Instructional Tools**

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This ASHI Basic First Aid Instructor Guide, (integrated with pages from the Basic First Aid Student Book), video segments, slides, scenario sheets, performance evaluations, and online training provide the materials necessary for a properly qualified and authorized instructor to conduct the Initial, Blended, Renewal, and Challenge classes. Lesson plans are located in Parts 3 through 6.

### **Instructor/Training Center Portal in Otis**

The instructor/training center portal in Otis provides access to the most current support documents, including performance evaluations, exams, supplemental skill sheets, errata sheets, and more. Please see Otis for the most up-to-date information. Login to Otis at [otis.hsi.com/login](http://otis.hsi.com/login). If you need assistance logging into Otis, call 877-440-6049 to speak with technical support.

**Student Book**

The ASHI Basic First Aid Student Book is an up-to-date resource that covers the core knowledge and skill content required for certification. Each participant should have a current print or digital Student Book readily available during and after the class.

**Program Video**

The ASHI Basic First Aid program video is a scenario-based visual learning tool. Video segments cover all core and supplemental training content. The video is available on digital video disc (DVD), online as a component of the blended class, and as an Otis-powered desktop or mobile application.

**Program Slide Presentation**

An ASHI Basic First Aid slide presentation is provided as an alternative visual tool to the program video. Designed for more experienced Instructors, the presentation highlights the key points of the program content to help guide Instructors in class. The program slide presentation file is available in Otis.

**Skill Guides**

Skill guides combine words and photographs of the correct steps of a skill in the proper sequence. They are visual, easy-to-use, instructional tools to be used by the instructor as a teaching aid and by students during skill practice. Skill guides are included in the Student Book and integrated into this Instructor Guide.

**Scenario Sheets**

Scenario Sheets are student practice tools used to help students learn how to apply skills and make reasoned judgments and decisions in a realistic, simulated setting. An alternative to skill guides, Scenario Sheets are more suited to experienced students. Scenario Sheets and instructions for their use are available in Otis.

**Performance Evaluation Sheets**

Instructors can use performance evaluation sheets for a more formal approach to evaluating required skills. Performance evaluation is a scenario-based assessment process that provides sound, fair, consistent, uniform, objective, and reliable documentation of a student's competency according to the skill criteria. Performance evaluation sheets and instructions for their use are available in Otis and are included in the Otis-powered desktop or mobile application.

**Written Exam**

Unless required by a regulatory agency, it is not required for students to take and pass the Written Exam. However, the Written Exam documents are provided as an instructional tool and can be used to check student learning and effective retention of knowledge objectives.

Two Written Exam versions, an answer sheet, and answer keys are included in the program documents in Otis.

The ASHI Basic First Aid slide presentation was created using PowerPoint® presentation graphics program. PowerPoint® is a registered trademark of Microsoft Corporation in the United States and/or other countries.

**PART 2:**  
**CLASS REQUIREMENTS**  
**AND ADMINISTRATION**

**PREVIEW**

# Class Requirements

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## **Important:**

COMPLETE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE INCLUDING PROGRAM STANDARDS, CERTIFICATION STANDARDS, AND THE TERMS AND CONDITIONS FOR INSTRUCTOR AND INSTRUCTOR TRAINER AUTHORIZATION ARE LOCATED IN THE MOST RECENT VERSION OF THE HSI TRAINING CENTER ADMINISTRATION MANUAL (TCAM) AVAILABLE AT <http://www.hsi.com/qualityassurance>.

ALL INSTRUCTORS HAVE AGREED TO COMPLY WITH THESE STANDARDS BY SUBMITTING A SIGNED APPLICATION FOR INSTRUCTOR AUTHORIZATION.

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## **Before Class**

A few days before the class, confirm the date, location, and number of students. Ensure you have the following materials (see Equipment List for detailed information):

- Basic First Aid Instructor Guide
- Basic First Aid Student Books
- Gloves, dressings, and bandages
- Audio visual equipment and cables
- Class paperwork

Review this Instructor Guide, paying particular attention to the outline and time frame for the class you are teaching (Initial, Blended, Renewal, or Challenge). Review the video or slides and key points for each lesson, including any supplemental content to be added. Review all of the included Instructor Notes to see if you need to adjust your approach to training. Familiarize yourself with the student book.

## **Learning Environment**

The ideal learning environment is comfortable, efficient, and distraction-free with sufficient space, seating, resources, and equipment. Instructors should take reasonable efforts to ensure a physically safe, comfortable and appropriate learning environment. The room should be well lit, well ventilated, and comfortable in temperature. Avoid cramped classroom setups where possible. Instructors must often create a makeshift classroom out of a noisy shop floor, poorly lit cafeteria, or cramped conference room. Such challenges should be anticipated and the learning environment be made as favorable as possible.

## **Classroom Space**

Basic First Aid has been developed for a maximum class size of 10 students to 1 instructor; the recommended class size is 6 students to 1 instructor. Personal supervision is necessary to ensure effective facilitation, assistance, guidance, and supervision. Additional equipment and the assistance of other authorized instructors are recommended for all skill sessions where possible.

The room should be large enough to accommodate chairs, tables, and skill practice space for up to 10 students. Basic First Aid requires hands-on practice and evaluation of skills. Ensure that adequate and appropriate space for these activities is provided. Allow 15 to 17 square feet per student whenever possible.<sup>5</sup> Avoid lecture hall type of arrangements. A sample classroom layout is available in Otis.

## **Classroom Safety**

Make sure there are no obvious hazards in the classroom, such as extension cords that can be tripped over. Discourage students from smoking, eating, or engaging in disruptive or inappropriate behavior. Have an emergency response plan in case of serious injury or illness, including evacuation routes from the classroom. Be aware of and share with students the location of the nearest bathrooms, exit, phone, first aid kit, AED, fire alarm pull station, and fire extinguisher.

### **NOTICE:**

WARN STUDENTS TO AVOID AWKWARD OR EXTREME POSTURES OF THE BODY. IMPROPER LIFTING AND MOVING IS A LEADING CAUSE OF BACK INJURY. ALL STUDENTS MUST PAY ATTENTION TO PROPER LIFTING AND MOVING TECHNIQUES DURING PRACTICE.

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Warn students that classroom activities involving lifting and moving that may aggravate previous back injuries and they should not practice moving simulated victims if they have a history of back problems.

## **Student Illness and Other Emergencies**

Advise students to not attend class if they have an illness such as influenza or a fever. Training centers should provide reasonable accommodation to students to make up class time or skill sessions. If a student has a medical emergency, instructors should provide the appropriate first aid care and activation of EMS.

## Equipment and Materials List

Some equipment and materials are required for teaching, while other materials are optional (like the Written Exam). Some materials and equipment are recommended but not required. Use the lists below to prepare the right materials and equipment for the training you are delivering.

### Core Content

#### Required

- Television with DVD player, or computer with speakers, large monitor, or projection screen
- Nonlatex disposable gloves, 1 pair for each student
- 4x4 gauze dressings, at least 2 for each student
- Conforming roller bandages, 1 for each student
- Commercial tourniquet, 1 for demonstration
- Basic First Aid Instructor Guide (print or digital), 1 for each instructor
- Basic First Aid Student Books, 1 for each student (print or digital)
- Basic First Aid program video, DVD or Otis-powered desktop, mobile application or Basic First Aid slide presentation, 1 for each class
- Basic First Aid certification cards, 1 for each student who fulfills the requirements (print or digital)
- Class roster, 1 for each class (print or digital)

#### May Be Required (Regulatory Agency/Challenge)

- Written exams A and B, 1 version for each student (print)
- Written exams answer sheets, 1 for each student (print)
- Written exams answer keys, A and B, 1 for each instructor/assistant (print)
- Performance evaluations, 1 set for each student (print or digital)
  - Control of Bleeding

#### Recommended

- Scenario Sheets for the age groups being covered, 1 set for each group of 2 to 3 students (print or digital)
  - Control of Bleeding
- Metronome/audio prompting device
- Pens and pencils, 1 for each student when Written Exam is administered
- Blankets or mats
- Name tags or tent cards, 1 for each student
- Spare projector bulb (as needed)
- Extension cord (as needed)
- Whiteboard with dry erase pens and eraser, if available

- Large black markers for student name tags or tent cards
- Large envelope for class paperwork, including Written Exam answer sheets when required

### Supplemental Content

If you choose to teach supplemental topics in addition to core content, additional materials may be required. Details of what equipment is required for each topic are described at the top of each topic page.

#### Dependent on topic

- EpiPen auto-injector training device, 1 for each group of 2 to 3 students
- Epinephrine auto-injector training device, 1 for each group of 2 to 3 students
- Commercial tourniquets, 1 for each group of 2 to 3 students
- Improvised tourniquet materials, 1 for each group of 2 to 3 students
- Hemostatic dressing trainers, 1 for each group of 2 to 3 students
- Splinting materials, 1 for each group of 2 to 3 students
- Padded malleable splint, 1 for each group of 2 to 3 students
- Gel-soaked burn dressing (can be substituted by a wet pad), 1 for each group of 2 to 3 students

### Conducting a Class

1. Arrive early. Give yourself plenty of time to get organized.
2. Circulate a sign-in sheet or the Class Roster. Be sure all students sign-in.

### During Class

1. Start on time. Briefly cover class expectations: class goal, certification requirements, classroom safety, facilities, mobile phone use, and breaks.
2. Stay on track. Keep lessons within their time limits. End discussions when they are not productive or lead off class.
3. At the beginning of each lesson, briefly communicate the knowledge and skill objectives, and explain why this topic matters.
4. Show the video or slide presentation (where required) and emphasize the key points as needed. Ask for and briefly answer any questions.
5. Facilitate student practices. Answer questions and offer constructive guidance and positive feedback as appropriate.
6. Upon class completion, issue Basic First Aid certification cards to those individuals who earned them.
7. Offer and collect students' Rate Your Program evaluations.

## After Class

Complete and sign the Class Roster. If used, complete and sign performance evaluations.

# Administration

## Skill Evaluation

The instructor must evaluate each student for skill competency — the ability of the individual to do the skill adequately. Each student must be able to demonstrate the skills in the proper sequence according to the skill criteria as it appears in a skill guide, Scenario Sheet, performance evaluation sheet, or program standard.

## Skill Remediation

As time permits, the remediation, or the correction of inadequate skill performance, should be offered to students who are experiencing skill difficulties.

Generally, address student skill problems throughout the class using the gentle correction of skills and positive coaching. If possible, assist students privately during breaks, lunch, or at the end of the class.

Be polite, considerate, encouraging and professional when remediating skills.

If the student is unable or unwilling to perform skills, you can issue the student a Recognition of Participation document, especially in cases where knowledge or experience is a greater goal than certification for the student.

If a student needs certification and requires more remediation than can be provided during a class, recommend the student attend another training class.

## Written Exam

A Written Exam is not required for certification unless required by a regulatory agency or if a student is seeking certification using the Challenge option.

Evaluation of the core knowledge objectives in Basic First Aid is normally accomplished by informal observation and questioning throughout a training class.

When a Written Exam is required, adequate time must be added to the class to complete the exam. Two versions of the Written Exam, along with instructions for their use are included online in Otis. An exam answer sheet is also available to help minimize the amount of paper used. Exam answer keys are provided for both exam versions to aid in exam correction.

Each student must obtain a passing score of 72% or better. If a student does not pass the first Written Exam, he or she must take the alternative version. If a student does not pass the alternative version, he or she must retake the class.

ASHI is implementing open-book exams with the G2015 training programs. Open-book exams emphasize critical thinking and problem solving over recall of memorized facts and decrease test anxiety. Open-book exams mean that students may use reference materials to take exams when they are required. Reference materials include any notes taken during the class as well as the print or digital ASHI Student Book.

Although students may use reference materials while taking the exam, they should not be allowed to openly discuss the exam with other students or the instructor. Their answers should be their own. Instructors may read aloud the exam to the students as necessary without providing the answers.

Consider the following tips to prevent cheating if students take the Written Exam.

1. Before distributing the exams, remind students those who are caught cheating will not receive certification cards.
2. Request a photo ID if you suspect someone may be taking the test in place of a student. Taking an exam for someone else constitutes cheating.
3. Inform students there is to be no talking during the exam. If a student has a question during the exam, ask that student to raise a hand and you will go to him or her.
4. For extra precaution, use both versions of the exam, alternating them between students to make copying from another student more difficult.
5. Walk around the room throughout the exam. Do not do other work while monitoring the exam.

## Criteria for Certification

When the instructor determines a student has demonstrated adequate knowledge and skill competency, the instructor may issue a certification card (print or digital).

Certification means verification that on the indicated class completion date the student demonstrated achievement of the required knowledge and hands-on skill objectives to the satisfaction of a currently authorized ASHI instructor or instructor trainer.

Certification does not guarantee future performance, or imply licensure or credentialing. Certification is documented by the legitimate issuance of a correctly completed ASHI certification card.



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**Important:**

SEE THE MOST RECENT VERSION OF THE HSI TRAINING CENTER ADMINISTRATION MANUAL (TCAM) FOR COMPLETE PROGRAM STANDARDS REGARDING CERTIFICATION. THE TCAM IS AVAILABLE AT <http://www.hsi.com/qualityassurance>.

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## Class Documentation

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All of the class documentation forms used in the ASHI Basic First Aid training program are available for download in the documents section of Otis. A complete list of those forms can be found in the Appendix of this Instructor Guide.

There may be periodic revisions or updates to the class documentation forms. Refer to Otis for the most current version.

### *Class Roster*

The Class Roster is the principal record of training. The roster verifies student completion of the class. It also documents the results of the Written Exam and remediation, if used during training. A complete, accurate, and legible Class Roster signed by the authorized instructor or submitted online through Otis is required for every training class. The Class Roster must be promptly delivered to the training center responsible for the class or submitted online through Otis. The training center is required to keep clear, legible and orderly class records (paper or digital) for no less than 3 years.

### *Performance Evaluation Sheet*

Instructors can use performance evaluation sheets for a more formal approach to evaluating required skills. Performance evaluation is a scenario-based assessment process that provides sound, fair, consistent, uniform, objective, and reliable documentation of a student's competency according to the skill criteria.

A student's performance evaluation sheet signed by the instructor should be considered important potential evidence demonstrating instructor evaluation of each student's skill competency. Although a secondary record of training, a performance evaluation sheet may be required by state regulation or organizational policy.

When used, signed performance evaluation sheets must be promptly delivered to the training center responsible for the class.

## *Rate Your Program Course Evaluation*

Encouraging class participants to provide feedback and then using that feedback to improve instruction is an essential aspect of any quality educational effort. HSI requires that students be given the opportunity to evaluate any ASHI class using the Rate Your Program course evaluation form.

When used, course evaluations must be promptly delivered to the training center responsible for the class.

Additionally, class participants may provide Rate Your Program feedback directly to HSI <http://www.hsi.com/rateyourprogram>. All information obtained by HSI through this process is reviewed and shared with the training center, instructor, or instructor trainer as appropriate.

## Initial Class Outline and Time Frame

Lesson	Lesson Title	Knowledge Objectives	Skill Objectives	Approximate Length (min)
Introduction	Describe the purpose of the program, health and safety precautions, and conduct a warm up exercise.			5

### PREPARING TO HELP

1	First Aid Provider	Describe what first aid is and the role of the first aid provider. Describe how to recognize an emergency. Explain why it's important to protect yourself and the priority of personal safety. Describe reasons to decide to help.		7
2	Protecting Yourself	Explain the importance of standard precautions and using protective barriers.	Correctly demonstrate the removal of contaminated gloves.	9
3	Legal Considerations	Describe the purpose and basic definition of Good Samaritan laws.		5
4	Calling for Help	Identify how to activate emergency medical services (EMS) or an occupational emergency action plan (EAP).		6
5	Emergency Moves	Recognize how to and when to perform an emergency move.		4

### ASSESSMENT

6	Primary Assessment — Unresponsive Person	Describe the steps of a primary assessment for an unresponsive person. Describe how to place an unresponsive, breathing person into a side-lying recovery position.		5
7	Primary Assessment— Responsive Person	Describe the steps of a primary assessment for a responsive person.	Correctly perform the steps of a primary assessment for a responsive person.	7
8	Choking	Describe how to recognize and provide first aid treatment for choking.		6
9	<i>Supplemental Topic</i> Secondary Assessment	Describe the steps of performing a secondary assessment.	Correctly demonstrate how to perform a secondary assessment.	10–20

### SUDDEN INJURY

10	Control of Bleeding	Describe how to recognize and provide first aid treatment for severe external bleeding using direct pressure, a pressure bandage, or a commercial tourniquet.	Correctly demonstrate how to control severe external bleeding using direct pressure and a pressure bandage.	15
11	<i>Supplemental Topic</i> Using a Tourniquet	Explain how to use a commercial tourniquet.	Correctly demonstrate how to use a commercial tourniquet.	10
		Explain how to use an improvised tourniquet.	Correctly demonstrate how to use an improvised tourniquet.	7
12	<i>Supplemental Topic</i> Using a Hemostatic Dressing	Explain how to use a hemostatic dressing.	Correctly demonstrate how to use a hemostatic dressing.	6
13	Shock	Describe how to suspect and provide first aid treatment for shock. Describe how to suspect internal bleeding.		5
14	<i>Supplemental Topic</i> Amputation	Explain how to recognize and provide first aid treatment for an amputation.		4

*Supplemental Topics are highlighted with a gray background.*

#### **Instructor Note:**

An Initial Class Outline and Time Frame for a combined CPR, AED, and first aid class is available in Otis.

Lesson	Lesson Title	Knowledge Objectives	Skill Objectives	Approximate Length (min)
<b>SUDDEN INJURY (CONTINUED)</b>				
15	<i>Supplemental Topic</i> Impaled Objects	Describe how to provide first aid treatment for an impaled object. Describe how to recognize and provide first aid treatment for an impaled object in the eye.		6
16	<i>Supplemental Topic</i> Open Chest Injury	Describe how to recognize and provide first aid treatment for an open chest injury.		4
17	<i>Supplemental Topic</i> Open Abdominal Injury	Explain how to recognize and provide first aid treatment for an open abdominal injury.		3
18	Head, Neck, or Back Injury	Explain how to suspect and provide first aid treatment for a spinal injury. Describe how to suspect and provide first aid treatment for brain injury. Describe how to suspect and provide first aid treatment for a concussion.	(Optional: Correctly demonstrate how to perform manual spinal motion restriction for a suspected head, neck, or back injury.)	9
19	Swollen, Painful, Deformed Limb	Explain how to recognize and provide first aid treatment for a swollen, painful, deformed limb.	(Optional: Correctly demonstrate how to manually stabilize a swollen, painful, deformed limb.)	6
20	<i>Supplemental Topic</i> Splinting	Describe how to splint a swollen, painful, deformed limb.	Correctly demonstrate how to splint a swollen, painful, deformed limb.	15–40
21	<i>Supplemental Topic</i> Using a Malleable Splint	Describe how to splint a swollen, painful, deformed limb using a padded malleable splint.	Correctly demonstrate how to use a malleable splint.	15–40
22	Burns	Describe how to recognize and provide first aid treatment for burns.		9
23	<i>Supplemental Topic</i> Using a Gel-Soaked Burn Dressing	Explain how to use a gel-soaked burn dressing.	Correctly demonstrate how to use a gel-soaked burn dressing.	8
24	Minor Injuries	Describe how to recognize and provide first aid treatment for a nosebleed. Describe how to recognize and provide first aid treatment for an avulsed tooth.		4
<b>BREAK</b>				5
<b>SUDDEN ILLNESS</b>				
25	Altered Mental Status	Explain how to recognize and provide first aid treatment for altered mental status. Describe how to recognize and provide first aid treatment for fainting. Explain how to recognize and provide first aid treatment for a stroke. Describe how to recognize and provide first aid treatment for hypoglycemia. Describe how to recognize and provide first aid treatment for a seizure.		14
26	Breathing Difficulty, Shortness of Breath	Describe how to recognize and provide first aid treatment for breathing difficulty or shortness of breath. Describe how to recognize and provide first aid treatment for asthma. Explain how to recognize and provide first aid treatment for a severe allergic reaction		8
27	<i>Supplemental Topic</i> Using an EpiPen Auto-Injector	Explain how to use an EpiPen epinephrine auto-injector.	Correctly demonstrate how to use an EpiPen epinephrine auto-injector.	8

Lesson	Lesson Title	Knowledge Objectives	Skill Objectives	Approximate Length (min)
28	<i>Supplemental Topic</i> Using an Epinephrine Auto-Injector	Explain how to use an epinephrine auto-injector.	Correctly demonstrate how to use an epinephrine auto-injector.	8
29	Pain, Severe Pressure, or Discomfort in the Chest	Describe how to recognize and provide first aid treatment for chest pain, pressure, or discomfort.		5
30	Poisoning	Describe how to recognize and provide first aid treatment for poisoning or an overdose.		6
31	<i>Supplemental Topic</i> Severe Abdominal Pain	Describe how to recognize and provide first aid treatment for severe abdominal pain.		4

**ENVIRONMENTAL EMERGENCIES**

32	Heat Emergencies	Describe how to recognize and provide first aid treatment for heat-related emergencies.		7
33	Cold Emergencies	Describe how to recognize and provide first aid treatment for cold-related emergencies.		7

**BITES AND STINGS**

34	<i>Supplemental Topic</i> Stinging Insects	Describe how to recognize and provide first aid treatment for insect stings.		3
35	<i>Supplemental Topic</i> Snakebites	Describe how to recognize and provide first aid treatment for a snakebite.		4
36	<i>Supplemental Topic</i> Spider Bites	Explain how to recognize and provide first aid treatment for a spider bite.		3
37	<i>Supplemental Topic</i> Tick Bites	Describe how to recognize and provide first aid treatment for tick bites.		3
38	<i>Supplemental Topic</i> Marine Animal Stings	Describe how to recognize and provide first aid treatment for marine animal stings.		3
39	<i>Supplemental Topic</i> Animal and Human Bites	Describe how to provide first aid treatment for animal and human bites.		3

**ADDITIONAL CONSIDERATIONS**

40	<i>Supplemental Topic</i> Emotional Considerations	Identify emotional issues that may affect a first aid provider and strategies to manage them.		3
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**EVALUATION**

Skill and Performance Evaluation	<i>Skill evaluation, required. Performance evaluation, optional, unless required.<sup>a</sup></i>	0–60
Written Exam	<i>Optional, unless required.<sup>b</sup></i>	35–45

**CONCLUSION**

Documentation and Certification	<i>Verify class documentation and issue certification cards to students who earned them.</i>	5+
		<b>Total Breaks<sup>c</sup></b>
		10
		<b>Total Time<sup>d</sup></b>
		160

<sup>a</sup> At a minimum, skill competency is visually evaluated by instructors during the required student practices for the class. A performance evaluation can be used to provide a more formal approach to skill evaluation. When a performance evaluation is not required by a regulatory agency, it is optional.

<sup>b</sup> When a written exam is not required by a regulatory agency, it is optional. The optional exam may be used before, during or after class as an active learning tool; however, the participant's score on an optional exam may not be used to withhold a properly earned certification card. See Written Exam on page 10.

<sup>c</sup> Adult education guidelines recommend a break for at least 5 minutes each hour. These breaks are included in this class schedule as a pacing guide. Class size, class location, instructor-to-student ratios, and other factors will affect the actual schedule. Breaks periods should be provided, but may be rearranged or combined as required or desired.

<sup>d</sup> Projected times for lessons take into account video run times, brief introductions and answers to questions, demonstrations, and student practices with either 2 or 3 students. Stated class time is based on covering core lessons only, the minimum content required for certification. Lesson times are influenced by class preparation, available equipment, and instructor efficiency. These could increase the time needed to meet the core learning objectives.

# Introduction

**Class Type:** Initial

**Class Method:** Classroom

**Length:** 5 minutes

## **Combo Class Alert:**

When conducting a combination CPR, AED, and first aid class, use this lesson instead of the Introduction lesson from CPR and AED program.

If you are using DVDs to conduct a combined CPR, AED, and first aid class, initially use the ASHI CPR and AED DVD which includes a combined version of the Preparing to Help lessons. When the CPR and AED portion of the class is completed, switch to the Basic First Aid DVD and resume the class using the Primary Assessment — Responsive Person lesson.

## **Why This Topic Matters**

The class introduction is important, whether the students and instructor know each other or are meeting for the first time. The introduction helps everyone to relax, and to feel less inhibited and comfortable. The introduction sets the tone for the entire class.

## **Equipment**

- Sign-in sheet or class roster, name tags or tent cards (optional), large black markers (optional)

## **Instructor Activities**

### 1

#### **Greet Students**

- Arrive early. Give yourself plenty of time to get set up and organized.
  - ✓ Greet students as they arrive and introduce yourself. Have them sign in on the roster.
  - ✓ Be friendly, considerate, respectful, and professional.
  - ✓ Have students complete a name tag or tent card and select a seat.

### 2

#### **Begin Class**

- Start on time.
  - ✓ Consider using an appropriate icebreaker as a warm-up exercise. FYI: Great ideas for these activities can be found on the internet by searching with the key word *icebreaker*.
  - ✓ Establish a connection with the students. Ask about previous training. Connect the students' experiences and knowledge to this class.
- Briefly cover class goal, agenda, certification requirements, facility and classroom safety.
  - ✓ Class goal: Develop the knowledge, skills, and confidence to respond in a medical emergency.
  - ✓ Describe the appropriate agenda (standalone Basic First Aid, combination CPR, AED, and first aid, age groups covered), including breaks.
  - ✓ Outline the minimum requirements for certification. Correctly demonstrate the following required skills
    - Removal of contaminated gloves.
    - Primary assessment for a responsive person.
    - Control of severe external bleeding using direct pressure and a pressure bandage.

**Combo Class Alert:**

For a combined CPR, AED, and first aid class, students will need to correctly demonstrate the following required skills.

- Removal of contaminated gloves
- High-quality CPR compressions for each age group (adult, child, infant) covered
- High quality rescue breaths using a CPR mask or shield for each age group covered
- Primary assessment for an unresponsive person, high-quality CPR, and use of an AED as a single provider for each age group covered
- Primary assessment for a responsive person
- Choking care for an infant (if age group is covered)
- Control of external bleeding using direct pressure and a pressure bandage
- ✓ Review facility safety features. Know and share the locations of the following:
  1. Bathrooms, fire/emergency exits, fire alarm pull stations, best emergency evacuation route
  2. First aid kits, emergency oxygen, and AEDs
- ✓ Distribute the appropriate ASHI Student Book (Basic First Aid, or CPR, AED, and Basic First Aid).

### 3 Wrap It Up

- Ask for and answer any questions before moving on to the next lesson.

PREVIEW

# First Aid Provider

**Class Type:** Initial

**Class Method:** Classroom

**Length:** 7 minutes

## Combo Class Alert:

When conducting a combined CPR, AED, and first aid class, use this lesson instead of the CPR and AED Provider lesson from CPR and AED program.

## Why This Topic Matters

When a medical emergency occurs, a trained first aid provider can protect or save lives prior to the arrival of emergency medical services personnel.

## What Students Should Learn

After completing this lesson, the student should be able to state or identify the following:

- What first aid is and the role of the first aid provider
- How to recognize an emergency
- The priority of personal safety
- Reasons to decide to help

## Equipment

- Television with DVD player or computer/tablet with speakers, large monitor, or projection screen. (Will be used throughout class.)

## Instructor Activities

### 1 Present Content Knowledge — Video (4:47) or Slides

- Emphasize key points as needed.
  - ✓ First Aid
    - A first aid provider is someone trained to provide life-supporting care in an emergency prior to the arrival of professional care providers.
  - ✓ Recognizing an Emergency
    - Emergency scenes can be confusing at first; look carefully as you approach to form a general impression of what happened.
  - ✓ Personal Safety
    - Your safety is always the highest priority on an emergency scene.
  - ✓ Deciding to Help
    - It is normal to feel hesitant about helping in an emergency, but do not let that stop you.
- Ask for and briefly answer any questions.
- Refer students to pages 1–3 of the Student Book.
- Use the Knowledge Check activity to evaluate and increase retention.

## 2 Wrap It Up

- Ask for and answer any questions before moving on to the next lesson.



### Knowledge Check

You and your coworker are loading boxes into a truck on a busy street when a bicyclist, riding on the sidewalk, collides with your coworker. The bicyclist rides away, apparently uninjured, but the man who was struck is still holding his abdomen and groaning. You have been trained as a first aid provider and think you can help, but you hesitate because you are unsure about your ability to help. What should you do?

*If the scene is safe, you should still approach and offer to help your coworker who was struck. You are only the first link in a progressive chain of emergency care. Your involvement lasts only until relieved by another first aid provider or responding EMS personnel—in most cases, a very short period of time. Your training provides you with sound knowledge and skills designed only to help – and not harm – those in need. Extensive medical knowledge is not necessary. First aid is simple and easy to provide.*

### NEXT CORE LESSON:

*Protecting Yourself*

PREVIEW



## First Aid Provider



Accidents and emergencies happen anywhere, at any time. According to the Centers for Disease Control and Prevention, there are hundreds of millions of emergency department visits for injuries and illnesses in the United States every year.

Safe practices at work, home, and play can prevent many injuries, illnesses, and deaths. However, once an injury or sudden illness has occurred, effective first aid can often improve recovery and even prevent permanent disability or death.<sup>1</sup>

### **First Aid**

First aid is the initial care provided for an acute illness or injury, when advanced care procedures are not readily available. First aid is intended to preserve life, alleviate suffering, prevent further illness or injury, and promote recovery. First aid can be initiated by anyone in any situation.

A first aid provider is someone trained to do the following:

- Recognize, assess, and prioritize the need for first aid
- Provide appropriate first aid care
- Recognize limitations
- Seek professional medical assistance when necessary



### **Recognizing an Emergency**

Before helping as a trained first aid provider, you must be able to recognize that a medical emergency exists. Often, emergency situations are unexpected events and can be confusing.

A general impression is a quick sense of what has occurred, or is occurring, when you first observe an emergency scene. This impression can provide important clues to help guide you as you continue:

- Where is the person located?
- How is the person's body positioned?
- Does the person look sick or injured?
- Is it safe for me to be here?

Does the person appear to be unconscious? A person who is not moving and appears to have collapsed could have experienced a sudden cardiac arrest. You could be the person's only chance for survival.

If you suspect an injury, how do you think it happened? Injuries occur due to physical force against the body. The manner in which that force creates an injury is called the mechanism of injury. Mechanisms that transfer significant force are best assumed to result in serious injury until proven otherwise.



### Personal Safety

Emergency scenes are often unsafe. Your personal safety is the highest priority, even before the safety of an ill or injured person. Putting yourself in danger to help someone can make the situation worse.

Always pause for a moment before approaching. Look for obvious hazards. Consider the possibility of hidden dangers. If the scene is unsafe, do not approach. If your current location becomes unsafe, get out!

#### Setup

SETUP is a mnemonic device that can help you remember the important points of making sure it is safe to provide care:

- Stop — Pause to identify hazards
- Environment — Consider your surroundings
- Traffic — Be careful along roadways
- Unknown Hazards — Consider things that are not apparent
- Personal Safety — Use protective barriers

### Deciding to Help

One of the most difficult decisions to make is whether or not to get involved when you think a medical emergency has occurred. It is normal to feel hesitant about your ability to help.

*You might hesitate because you feel like the problem is too big for you to handle alone.*

- You are only the first link in a progressive chain of emergency care. Your involvement lasts only until relieved by another first aid provider or responding EMS personnel — in most cases, a very short period of time.



*You might hesitate for fear of making things worse.*

- Your training provides you with sound knowledge and skills designed only to help — and not harm — those in need.

*You might hesitate because you think you don't have a lot of medical knowledge.*

- Extensive medical knowledge is not necessary. First aid is simple and easy to provide.

*Finally, you might hesitate because there are others around who you think might take charge.*

- In fact, others may feel the same way, resulting in no one stepping forward to help.

If it is safe to do so, take action. Put what you learn in this program to work. Your actions can help to protect or save a life.

# Primary Assessment — Unresponsive Person

**Class Type:** Initial

**Class Method:** Classroom

**Length:** 5 minutes

## Combo Class Alert:

When conducting a combined CPR, AED, and first aid class, switch here to the Cardiac Arrest lesson in the CPR and AED program and complete the CPR and AED program from that point.

Do not use this lesson in a combined class. It will be covered in the CPR and AED lessons.

## Why This Topic Matters

The primary assessment helps a first aid provider quickly identify immediate life-threatening problems.

## What Students Should Learn

After completing this lesson, the student should be able to state or identify the following:

- The steps of a primary assessment for an unresponsive person
- How to place an unresponsive, breathing person into a side-lying recovery position

## Instructor Activities

1

### Present Content Knowledge — Video (2:49) or Slides

- Emphasize key points as needed.
  - ✓ Primary Assessment—Unresponsive Person
    - A primary assessment is a simple way to quickly identify if a life-threatening condition is present
    - The basic steps of a primary assessment are as follows:
      - a. Check for responsiveness.
      - b. If unresponsive, activate EMS and get an AED, if one is available.
      - c. Assess for normal breathing.
    - Provide the care indicated by the assessment:
      - a. If not breathing or only gasping, CPR and the use of an AED is required. Training in it is highly recommended.
        - i. Compression-only adult CPR is being widely promoted to untrained people
        - ii. Place both hands on center of chest, push hard, push fast, and keep pushing until another provider or EMS takes over.
        - iii. Compression-only CPR is a limited approach... at some point rescue breaths are essential.
      - b. If breathing normally and uninjured, place the person in a side-lying recovery position to protect the airway.
        - i. Keep head, neck, and torso aligned during roll; end with face and torso angled forward. Use arms and legs to provide stability.
    - Weak, irregular gasping can occur early in cardiac arrest; this provides no usable oxygen and is not normal.
- Ask for and briefly answer any questions.
- Refer students to pages 10–13 of the Student Book.
- Use the Knowledge Check activity to evaluate and increase retention.

## 2 Demonstrate Skills

- Perform a WHOLE-PART-WHOLE Demonstration of Skill Guide 2 — Primary Assessment — Unresponsive Person.
- Demonstrate whole skill with brief comments, demonstrate again step-by-step with comments, and demonstrate whole skill again without comment.

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**Instructor Note:**

Although there is not an associated skill practice, a skill sheet is provided to detail the steps of the Recovery Position.

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## 3 Wrap It Up

- Ask for and answer any questions before moving on to the next lesson.



### Knowledge Check

A fellow employee collapses near you during a staff meeting. As a trained first aid provider you move to help. You kneel next to him, squeeze his shoulder, and loudly ask, “Are you all right?” He is unresponsive, so you direct other employees to activate EMS and get the company’s AED. You look closely at the face and chest for breathing; he makes a brief gasping snort, but then remains still. What do you do next?

*If possible, perform compression-only CPR immediately. Irregular gasping, snorting, or gurgling sounds do not provide oxygen and do not indicate normal breathing.*

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**NEXT CORE LESSON:**

*Primary Assessment — Responsive Person*

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PREVIEW

## Primary Assessment — Unresponsive Person



The primary assessment is a simple way to quickly identify if a life-threatening condition is present. It is the initial approach to anyone suspected of being ill or injured.

The steps of the primary assessment are always the same:

- If it is safe to provide care, check for responsiveness.
- If unresponsive, activate EMS and get an AED.
- Check for normal breathing.

If you determine a person is unresponsive, send a bystander to activate EMS and get an AED, if one is available. If you are alone, do this yourself and quickly return to the person.

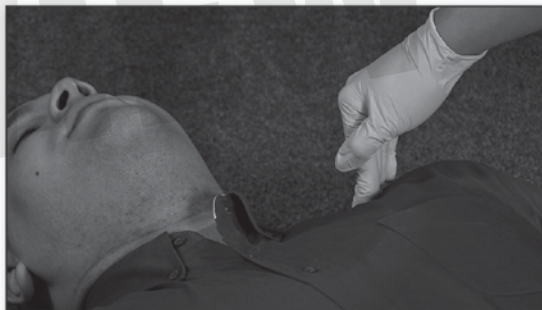
If you have a mobile phone, use it to activate EMS. The speaker function will allow you to follow instructions, especially for CPR, from an EMS dispatcher while providing care.

To check for normal breathing, quickly look at the face and chest. Take no longer than 10 seconds. Normal breathing is effortless, quiet, and regular. If you are unsure, assume breathing is not normal.

Weak, irregular gasping, snorting, or gurgling sounds can occur early in this type of situation. These actions provide no usable oxygen. This is not normal breathing.

### **Compression-only CPR**

If the person is not breathing, or only gasping, CPR and the use of an AED are required. It is highly recommended for you to supplement your first aid instruction with training in CPR. However, compression-only CPR is an approach that is being widely promoted to people who are not trained in traditional CPR, which provides both



compressions and breaths. Simple instructions in compression-only CPR can be shared in many different ways including social media and as public service announcements. EMS dispatchers can also provide compression-only instructions during an emergency call. Still, compression-only CPR is a limited approach to treating cardiac arrest. At some point, rescue breaths are essential for all cardiac arrests, especially those involving an airway or breathing problem, or those involving children.

### **Recovery Position**

When an unresponsive person is breathing normally, and uninjured, place him or her in a side-lying recovery position to help protect the airway.

The recovery position helps protect the air passage between the lungs and the mouth by using gravity to drain fluids from the mouth and keep the tongue from blocking the airway.

Frequently assess the breathing of anyone placed in the recovery position. The person's condition could quickly become worse and require additional care.



#### **Assess, Alert, and Attend**

Assess, alert, and attend is a convenient way of remembering the general approach to a primary assessment. Assess the scene and person, alert or activate EMS, and attend to the person's problem until EMS arrives.



#### **Knowledge Check**

A fellow employee collapses near you during a staff meeting. As a trained first aid provider, you move to help. You kneel next to him, squeeze his shoulder, and loudly ask, "Are you all right?" He is unresponsive, so you direct other employees to activate EMS and get the company's AED. You look closely at the face and chest for breathing; he makes a brief gasping snort, but then remains still. What do you do next?

## Primary Assessment — Unresponsive Person



### Assess Scene

- Pause and assess scene for safety.
- If unsafe, or if it becomes unsafe at any time, GET OUT!



### Check for Response

- Tap or squeeze shoulder and ask loudly, "Are you all right?"
- If unresponsive, have someone activate EMS and get an AED, if one is available.



### Look for Normal Breathing

- Position person face-up on a firm, flat surface.
- Look at face and chest for normal breathing. Take no longer than 10 seconds. If unsure, assume breathing is not normal.
- Weak, irregular gasping, snorting, or gurgling is not normal breathing.



### Provide Indicated Care

- If person is not breathing, or only gasping, the indicated care is CPR and the use of an AED.
- If normal breathing is found, place an uninjured person in recovery position.

## Recovery Position



### Prepare

- Place arm nearest you up alongside head.
- Bring far arm across chest and place back of hand against cheek.
- Grasp far leg just above knee and pull it up so the foot is flat on ground.



### Roll

- Grasping shoulder and hip, roll person toward you in a single motion, keeping head, shoulders, and body from twisting.
- Roll far enough for face to be angled toward ground.



### Stabilize

- Position elbow and legs to stabilize head and body. Ensure there is no pressure on chest that restricts breathing.
- Make sure head ends up resting on extended arm and head, neck, and body are aligned.
- If person has been seriously injured, do not move unless fluids are in airway, or you need to leave to get help



# Choking

**Class Type:** Initial

**Class Method:** Classroom

**Length:** 6 minutes

## Combo Class Alert:

When conducting a combined CPR, AED, and first aid class, skip this lesson because it was already covered in the CPR and AED lessons.

## Why This Topic Matters

If not relieved, an obstructed airway due to choking on a foreign object will quickly result in a life-threatening condition.

## What Students Should Learn

After completing this lesson, the student should be able to state or identify the following:

- How to recognize and provide first aid treatment for choking

## Instructor Alert:

Although there are not associated skill practices, skill sheets have been provided to detail the steps of caring for a choking adult, child, and infant.

## Instructor Activities

### 1 Present Content Knowledge — (Video 3:26) or Slides

- Emphasize key points as needed.
  - ✓ Choking
    - Choking occurs when a solid object, such as a piece of food, enters a narrowed part of the airway and becomes stuck
  - ✓ Mild Obstruction
    - With a mild blockage, there is some ability to inhale and an affected person can cough up the object on his or her own.
  - ✓ Severe Obstruction
    - With a severe blockage, a person cannot inhale air and create an effective cough.
    - A forceful thrust beneath the ribs and up into the diaphragm can increase the pressure in the chest and pop an obstruction out of the airway
    - Thrust should be repeated until the person can breathe normally.
    - If the person becomes unresponsive, perform compression-only CPR if you know how. If you think something has been dislodged by your compressions, look in the mouth for an object and remove if seen.
    - When someone is clearly pregnant or obese, use chest thrusts.
    - If you are alone and choking, press your abdomen quickly against a rigid surface, such as the back of a chair.
- Ask for and briefly answer any questions.
- Refer students to pages 17–19 of the Student Book.
- Use the Knowledge Check activity to evaluate and increase retention.

## 2 Wrap It Up

- Ask for and answer any questions before moving on to the next lesson



### Knowledge Check

You are in the company cafeteria eating lunch with a coworker. He is laughing at something you said when he suddenly stops, grasps his throat with his hands, and stands up quickly. He clearly looks distressed so you stand up next to him and ask, "Are you choking?" He is unable to answer you and completely silent. You decide to perform abdominal thrusts. Describe how to perform them.

*Stand behind him. Reach around and locate his navel with your finger. Make a fist with your other hand and place the thumb side against the abdomen, just above your finger and below his ribs. Grasp your fist with the other hand and give a quick inward and upward thrust to expel the obstruction. Repeat thrusts until he can breathe normally.*

### NEXT CORE LESSON:

*Control of Bleeding*

PREVIEW

## Choking



Choking can occur when a solid object, such as a piece of food, or a small object, enters a narrowed part of the airway and becomes stuck. On inhalation, the object can be drawn tighter into the airway and block air from entering the lungs.

A forceful thrust beneath the ribs and up into the diaphragm can pressurize the air in the chest and pop an obstruction out of the airway. Compression of the chest over the breastbone can also create enough pressure to expel an object.

### ***Mild Obstruction***

To provide the appropriate care, you must first be able to recognize the difference between a mild blockage and a severe blockage.

With a mild blockage, a person can speak, cough, or gag. This type of blockage is typically cleared naturally through forceful coughing. Allow someone with a mild blockage to try and resolve the problem on his or her own. Stay close and be ready to take action if things worsen.



### Severe Obstruction

When a severe blockage occurs, a person cannot take in enough air to dislodge the object. Signs of severe obstruction include very little or no air exchange, lack of sound, and the inability to speak or cough forcefully. The person may hold his or her hands to the throat while attempting to clear the obstruction.

A person without any air exchange requires your help to survive.



### Pregnant or Obese

When someone is clearly pregnant or obese, use chest thrusts instead of abdominal thrusts. Position yourself directly behind the person. Reach under the armpits and place the thumb side of your fist on the center of the chest. Grasp your fist with your other hand and thrust straight backward. Try to not put pressure on the ribs.

### Self-Care

If you are choking and alone, try pressing your abdomen quickly against a rigid surface, such as falling onto the back of a chair. If one is not available, attempt abdominal thrusts on yourself.



### Knowledge Check

You are in the company cafeteria eating lunch with a coworker. He is laughing at something you said when he suddenly stops, grasps his throat with his hands, and stands up quickly. He clearly looks distressed, so you stand up next to him and ask, "Are you choking?" He is unable to answer you and completely silent. You decide to perform abdominal thrusts. Describe how to perform them.

## Choking



### Assess Person

- Ask, "Are you choking?"
- If person nods yes, or is unable to speak or cough, act quickly.
- If available, have a bystander activate EMS.



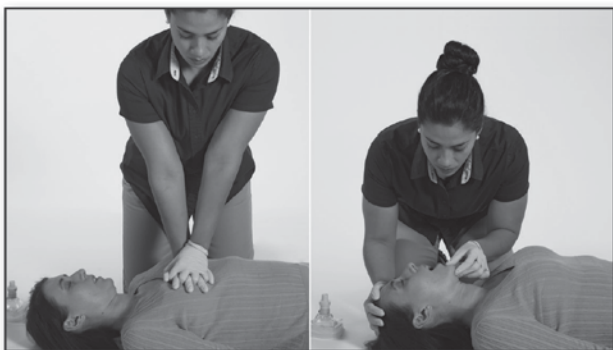
### Position Yourself

- Stand behind person. Reach around and locate navel.
- Make a fist with other hand and place thumb side against abdomen, just above navel and below ribs.
- Grasp fist with other hand.



### Give Thrusts

- Quickly thrust inward and upward into abdomen.
- Repeat. Each thrust needs to be given with intent of expelling object.
- Continue until person can breathe normally.



### If Person Becomes Unresponsive

- Carefully lower person to ground.
- If not already done, activate EMS and get an AED, if one is available.
- If possible, perform compression-only CPR
- If you think something has been dislodged by your compressions, look in the mouth for an object.
- Continue compression-only CPR until person shows obvious signs of life, or another provider or EMS personnel take over.

ASHI

Student Book — Basic First Aid 19

# Control of Bleeding

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**Class Type:** Initial

**Class Method:** Classroom

**Length:** 15 minutes

## Why This Topic Matters

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Bleeding reduces the oxygen-carrying capacity of the body. When it is not controlled, heavy bleeding can quickly result in a life-threatening condition.

## What Students Should Learn

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After completing this lesson, the student should be able to state or identify the following:

- How to recognize and provide first aid treatment for severe external bleeding using direct pressure, a pressure bandage, or a commercial tourniquet

After completing this lesson, the student should be able to demonstrate the following:

- How to control severe bleeding using direct pressure and a pressure bandage

## Equipment

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- Disposable gloves, dressings, conforming roll bandages, commercial tourniquet for demonstration

## Instructor Activities

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1

### Present Content Knowledge — Video (5:17) or Slides

- Emphasize key points as needed.
  - ✓ Control of Bleeding
    - Bleeding occurs when blood vessels, found throughout the body, are damaged.
    - Bleeding reduces the amount of oxygen that can be delivered to the body; if heavy or uncontrolled, it can become life threatening.
    - Pressure applied directly to a bleeding site until bleeding stops is the standard method for controlling bleeding.
    - Bleeding exposes you to potentially infectious diseases; use protective barriers.
  - ✓ Tourniquets
    - If direct pressure is unable to control bleeding on a limb, use a tourniquet which binds around limb to stop blood flow.
    - A tourniquet can also be considered as the first step in bleeding control when it is clear direct pressure cannot be applied effectively.
  - ✓ Hemostatic Dressings
    - If direct pressure is unable to control bleeding, and the injury is located where a tourniquet cannot be applied, consider the use of a hemostatic dressing that is impregnated with an agent that speeds up the clotting process.
- Ask for and briefly answer any questions.
- Refer students to pages 23–25 of the Student Book.
- Use the Knowledge Check activity to evaluate and increase retention.

## 2 Demonstrate Skills

- Perform a WHOLE-PART-WHOLE Demonstration of Skill Guide 7 — **Control of Bleeding**.
  - Includes skill practice of direct pressure, pressure bandage, commercial tourniquet
- Demonstrate whole skill with brief comments, demonstrate again step-by-step with comments, and demonstrate whole skill again without comment.

### **Instructor Note:**

Do not bind a tourniquet down tight against the limb during the demonstration.

## 3 Student Practice

- Arrange students into pairs or small groups. Have one student act as a coach by reading the skill steps from the skill guide while another student performs Control of Bleeding on another person.
- Have students rotate through the roles until all have played each role.
- Circulate through the groups looking for competent performance. Use positive coaching and gentle correction to improve student skills.
  - Alternatively, use Scenario Sheets in place of the skill guides to allow students to practice making realistic decisions in a simulated setting.

### **Instructor Note:**

In this practice, students can just verbalize the use of a tourniquet or hemostatic dressing when direct pressure does not control bleeding. Hands-on practices are included in supplemental lessons Using a Tourniquet and Using a Hemostatic Dressing.

## 4 Evaluation

- Confirm each student demonstrates the correct steps and decision-making tasks in the proper sequence as defined by the skill criteria in the skill guide, scenario sheet, or performance evaluation sheet.

## 5 Wrap It Up

- Ask for and answer any questions before moving on to the next lesson.



### **Knowledge Check**

What is the standard method for controlling external bleeding?

*Pressure applied directly to a bleeding site until bleeding stops is the standard method for controlling external bleeding. If direct pressure is unable to control bleeding on a limb, use a tourniquet.*

### **NEXT CORE LESSON:**

*Shock*

## Control of Bleeding



Sudden injuries occur quickly, often from traumatic events, and may become life threatening.

Bleeding occurs when blood vessels, found throughout the body, are damaged. Heavy bleeding is likely if a large blood vessel is involved.

Arterial bleeding is bright red and will often spurt from a wound. It can be difficult to control due to the pressure created by the heart's contractions. If blood is dark red and flowing steadily, it is likely coming from a damaged vein.

Clot-forming fibers naturally collect at a wound site to try to stop bleeding, but heavy bleeding can overwhelm this and prevent clotting from occurring. Bleeding reduces the amount of oxygen that can be delivered to the body. If heavy or uncontrolled, bleeding can quickly become life threatening.

Pressure applied directly to a bleeding site until bleeding stops is the standard method for controlling external bleeding. Activate EMS immediately for any heavy bleeding.

Bleeding exposes you, the provider, to potentially infectious body fluids. Always use disposable gloves as a barrier to protect both you and the injured person. When gloves are not available, an improvised barrier, such as a plastic bag, can be used.

### ***Tourniquets***

If direct pressure is unable to control bleeding on a limb, use a tourniquet. Tourniquets utilize a simple binding method around a limb to stop blood flow.

Commercially made tourniquets are ready and easier to use than improvised ones. A compressing band is snugly placed around a limb a few inches above the open injury. A solid handle, connected to the band, is twisted to tighten the band evenly around the limb until bleeding stops. The handle is secured in place to maintain the constriction.

Improvised tourniquets, using the same concept, can be created with nearby materials such as triangular bandages and something solid to twist with.





A tourniquet can also be considered as a primary step to control severe limb bleeding when it is clear direct pressure cannot be applied effectively, such as in a mass casualty event, for a person with large or multiple injuries, in a dangerous environment, or for an inaccessible wound.

Training in the application of a tourniquet is helpful for its effective use.

### ***Hemostatic Dressings***

When direct pressure is unable to control bleeding, and the injury is located where a tourniquet cannot be applied, you can consider the use of a hemostatic dressing.

A hemostatic dressing is a unique dressing impregnated with an agent that speeds up the clotting process. A hemostatic dressing is packed into an open wound and held in place with direct pressure or a pressure bandage. Pressure is maintained until bleeding has stopped.

Training is essential to learn the proper application of a hemostatic dressing.



#### **Knowledge Check**

What is the standard method for controlling external bleeding?

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PREVIEW

## Control of Bleeding



### Apply Direct Pressure

- Quickly expose and inspect wound.
- Using a clean pad, apply pressure directly on point of bleeding. Use just gloved hand if pad not available.
- If blood soaks through pad, leave in place. Apply second pad on top of first.
- When controlled, maintain continuous direct pressure.



### If Bleeding is Controlled

- Consider a pressure bandage. Wrap a conforming bandage around limb and over dressings to provide continuous direct pressure.
- Avoid wrapping so tight that skin beyond bandage becomes cool to the touch or blue in color.



### If Bleeding Continues on a Limb

- Apply a commercial tourniquet. If not available, use an improvised one instead.
- Snugly place compressing band a few inches above injury. Twist handle and tighten band until bleeding stops. Secure handle in place.



### If Bleeding Continues on Torso

- Consider using a hemostatic dressing if one is available and you are trained to use it.
- Pack dressing tightly into open wound. Place remaining dressing on top of packed wound.
- Secure in place with direct pressure or pressure bandage.

# Altered Mental Status

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**Class Type:** Initial

**Class Method:** Classroom

**Length:** 14 minutes

## Why This Topic Matters

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An altered mental status can be a warning sign of a serious underlying medical condition that requires professional medical care.

## What Students Should Learn

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After completing this lesson, the student should be able to state or identify the following:

- How to recognize and provide first aid treatment for altered mental status
- How to recognize and provide first aid treatment for fainting
- How to recognize and provide first aid treatment for a stroke
- How to recognize and provide first aid treatment for hypoglycemia
- How to recognize and provide first aid treatment for a seizure

## Instructor Activities

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### 1

#### Present Content Knowledge — Video (10:22) or Slides

- Emphasize key points as needed.
  - ✓ Altered Mental Status
    - An altered mental status is a significant or unusual change in a person's personality, behavior, or consciousness. It is caused by a number of medical conditions as well as the use of alcohol, medications, or drugs.
    - Regardless of cause, an altered mental status is a warning sign of a serious problem and is a serious medical emergency. Activate EMS. If needed, place the person in a recovery position to protect the airway.
  - ✓ Fainting
    - Fainting is a momentary loss of consciousness caused by an unexpected drop in blood pressure and blood flow to the brain. Quickly lay the person on the ground. Consider elevating the legs 6 to 12 inches.
  - ✓ Stroke
    - A stroke occurs when the blood supply to a portion of the brain is suddenly interrupted resulting in damage to brain tissue.
    - Medications are available in hospitals that can limit the brain damage due to a stroke. The earlier they can be given the better.
    - Stroke symptoms vary and may include weakness on one side of the body, confusion, or difficulty in speech, sight, and balance.
    - A simple stroke assessment, such as FAST, is recommended for use by a first aid provider to decrease the time it takes to get someone who is having a stroke treatment in a hospital.
    - If a person cannot perform anyone of the stroke assessment actions, immediately activate EMS.
  - ✓ Hypoglycemia
    - Hypoglycemia, or low blood sugar, is a diabetic condition that can develop rapidly and become life threatening. A person can begin to act odd or become confused.
    - If the person is responsive and can swallow without difficulty, provide some form of sugar. Mental status will gradually improve.
    - If the person is unable to follow simple commands or has difficulty in swallowing, do not give anything to eat or drink. Activate EMS.
    - Insulin is not an emergency medication. It is never appropriate to administer insulin to a diabetic person in an emergency.

- ✓ Seizure
  - A generalized seizure is triggered by excessive electrical activity in the brain which causes uncontrolled muscle convulsions throughout the body.
  - Typically, a seizure occurs without warning.
  - Even though many things can cause a seizure the care is always the same:
    - a. Protect the person from injury.
    - b. Do not restrain the person.
    - c. If possible, roll the person on to his or her side.
    - d. Do not put anything in the person's mouth.
  - Most seizures last only a short time and responsiveness will gradually improve.
- Ask for and briefly answer any questions.
- Refer students to pages 46–48 of the Student Book.
- Use the Knowledge Check activity to evaluate and increase retention.

## 2 Wrap It Up

- Ask for and answer any questions before moving on to the next lesson.



### Knowledge Check

Often with an altered mental status, a person may develop a severely diminished level of responsiveness. What can you do to help that person to protect and maintain an open airway?

*If uninjured, place the person in a recovery position.*

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PREVIEW

#### NEXT CORE LESSON:

*Breathing Difficulty,  
Shortness of Breath*

## Sudden Illness

Medical conditions and illnesses can suddenly trigger an unexpected medical emergency. In general, suspect a serious illness when, without warning, a person suddenly appears weak, ill, or in severe pain.

In many cases, the human body displays warning signs to alert us to serious illness. The most common warning signs of serious illness include the following:

- Altered mental status
- Breathing difficulty or shortness of breath
- Pain, severe pressure, or discomfort in the chest



## Altered Mental Status

Caused by a number of medical conditions, as well as the use of alcohol, medications, or drugs, an altered mental status is a significant or unusual change in a person's personality, behavior, or consciousness. It is an indication of a change in brain function.

Regardless of the cause, an altered mental status is a warning sign of a serious problem and is considered a medical emergency.

- Activate EMS.
- Position the person for comfort.
- Calm and reassure the person as best you can.
- If responsiveness becomes severely diminished, consider placing in a recovery position to protect the airway.
- Reassess regularly until another provider or EMS personnel take over. The condition could deteriorate quickly and require additional care.



## Fainting

Fainting is a momentary loss of consciousness caused by an unexpected drop in blood pressure and blood flow to the brain. Anxiety, fear, pain, stress, standing in place too long, or rapid movements in position, such as standing up quickly from a seated or lying position, can all result in someone feeling faint or fainting. A medication or underlying medical condition might also contribute to the cause.

If someone complains of suddenly feeling warm, light-headed, or that his or her vision is narrowing, follow these guidelines:

- Quickly lay the person flat on his or her back on the ground.
- You can elevate the feet about 6 to 12 inches, which allows blood from the legs to move back into the body.
- Do not elevate the feet if it causes pain or you suspect a person may be injured.

This is a temporary condition that should pass quickly and allow the person to get back to normal activities.



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