



# First Aid Update Clinic

## Notes for Conductors

August 2011



LIFESAVING SOCIETY®

*The Lifeguarding Experts*



**LIFESAVING SOCIETY**

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## **FIRST AID UPDATE CLINIC NOTES FOR CONDUCTORS**

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The Lifesaving Society is Canada's lifeguarding expert. The Society works to prevent drowning and water-related injury through its training programs, Water Smart® public education, drowning prevention research, aquatic safety management and lifesaving sport.

Annually, over 800,000 Canadians participate in the Society's swimming, lifesaving, lifeguard and leadership training programs. The Society sets the standard for aquatic safety in Canada and certifies Canada's National Lifeguards – the professional standard for lifeguards in Canada.

The Society is an independent, charitable organization educating Canadians since awarding its first Bronze Medallion in 1896.

The Society represents Canada internationally as an active member of the Commonwealth Royal Life Saving Society and the International Life Saving Federation, and is the governing body for lifesaving sport – sport recognized by the International Olympic Committee.

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Download from [www.lifesavingsociety.com](http://www.lifesavingsociety.com)

# NOTE TO CONDUCTORS

These *Notes* are designed for in-service training sessions to help introduce the new Resuscitation Guidelines and the resulting revisions to the Lifesaving Society's First Aid Program. Lifesaving Society instructors and lifeguards should change their teaching, evaluation or performance of resuscitation skills only when their employers have implemented the new protocols through an in-service training session.

The *Notes* define the clinic objective and learning outcomes, and provide a content outline, suggested learning activities, resources and PowerPoint slides.

Photocopy the PowerPoint slides and distribute them to participants, use them as overheads or as a guide for presenting key points.

**Participants - who must attend?** Lifesaving Society Instructors and Examiners are required to participate in a *First Aid Update*. This affects: Lifesaving Instructors, First Aid Instructors, NLS Instructors, Lifesaving Instructor Trainers, First Aid Instructor Trainers and NLS Instructor Trainers.

**Conductor(s) - who can teach the First Aid Update?** The First Aid Update Clinic can be delivered by Lifesaving Society Examiners and Trainers who have attended the First Aid Update Clinic, specifically: Lifesaving Instructor Trainers, First Aid Instructor Trainers, NLS Instructor Trainers, First Aid Examiners, and NLS Examiners.

**Administration:** Participation in the First Aid Update Clinic must be recorded on an Aquatic Master Sheet and submitted promptly to the Society's office. The Society will record First Aid Update Clinic participation on each member's personal record and display it on *Find a Member*.

## NOTE TO CONDUCTORS *(cont'd)*

### **Recertification:**

- Lifesaving instructors will not be recertified without proof of First Aid Update Clinic participation.
- The First Aid Update Clinic is valued at three credits towards the recertification of the individual's leadership certifications.
- When recertifying their Lifesaving Instructor certification, First Aid Update participants will receive a Lifesaving Society *Emergency First Aid Instructor* certification. Instructor will pay the leadership recertification fee, plus \$7.00 for the additional certification.

**Transition to new standards:** Everyone should be using the new protocols by fall 2013. Lifesaving Society instructors and lifeguards should change their teaching, evaluation or performance of resuscitation skills only when their employers have implemented them through a staff training session.

## CLINIC OBJECTIVES

- ☐ The objective of the First Aid Update training is to:
  - ◆ Ensure all Instructor and Examiners understand (and can demonstrate) the new resuscitation protocols and the implications for planning, teaching and evaluating the Society's training programs.

## LEARNING OUTCOMES

- ☐ As a result of this clinic, participants:
  - ◆ Understand and perform the 2010 CPR Resuscitation Guidelines.
  - ◆ Understand the significance and requirements of Workplace Safety and Insurance Board recognition.
  - ◆ Can identify the certification courses offered in the First Aid program and their relationship to each other.

- ◆ Can locate test items, purpose statements, must sees, notes and learning activities in the *First Aid Award Guide*.
- ◆ Know how to use the first aid test sheets.

## SUGGESTED TIME GUIDELINES

- ☐ Present this clinic in the format and timeline that suits your needs and those of the facility and participants. The recommended minimum time is 3.5–5.5 hours with a maximum group size of 25 candidates to 1 instructor.

Topic	Slide Num.	Time
Introduction	1, 2, 3	10–15 min.
Background to CPR changes	4, 5	10–15 min.
Summary of changes	6-12	45–60 min.
AED review & changes	13-16	15–30 min.
Stations: CPR & AED	17	45–60 min.
First aid content changes	18, 19, 20, 21	15–30 min.
Teaching first aid awards	22, 23	15–30 min.
Stations: first aid	24	45–60 min.
WSIB implications	25	10–15 min.
Wrap-up	26-30	10–15 min.
<b>Total Time</b>		<b>3.5–5.5 hr.</b>

## LITERATURE RESOURCES

- ☐ Affiliate Members should use the four-page *Push Hard, Push Fast* handout to introduce the new standards to staff during in-service training. The handout is available:
  - As an insert in the summer 2011 *Lifeline* mailed to all current Lifesaving Society Instructors.
  - Downloadable from [www.lifesavingsociety.com](http://www.lifesavingsociety.com)
  - Hard copies for purchase (\$8.00 / pkg. 50).

- ❑ The Society is revising the *Canadian Lifesaving Manual*, *Canadian First Aid Manual* and award guides. Instructors will be able to view/download the updated “Must Sees” from [www.lifesavingsociety.com](http://www.lifesavingsociety.com).

Instructor candidates will start receiving the updated literature on their Instructor courses as soon as the revised literature is ready.

- ❑ Revised test sheets for CPR, Emergency First Aid and Standard First Aid will say “Revised 2011”. The current tests sheets (without AED test items) will be available until September 2013.

## **FOLLOW-UP QUESTIONS**

- ❑ Follow-up questions have been created to accompany PowerPoint slides to help guide and recall information presented. Use follow-up questions as a tool to discuss and interact with candidates. Direct questions to individuals or to the group to assist in the learning process of new content.
- ❑ Choose to ask questions when presenting PowerPoint slides to emphasize a concept or at the end of the update when providing a summary of topics discussed.

# CONTENT OUTLINE

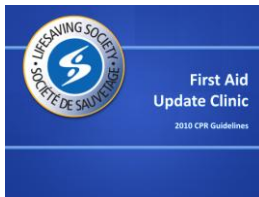
## INTRODUCTION

(10–15 min.)

### Welcome & Introduction

PowerPoint slides 1, 2, 3

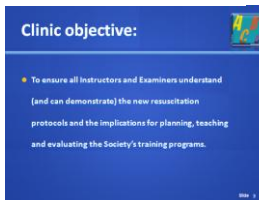
#### Slide 1: Society Logo



#### Slide 2: Agenda



#### Slide 3: Objective



- Welcome on behalf of the Lifesaving Society**, Canada's lifeguarding experts. **Introduce yourself** and others as appropriate.
- Distribute ***Aquatic Master Sheet*** and credit cards to candidates. Indicate "***First Aid Update Clinic***" on the ***Aquatic Master Sheet*** and, when completed, keep a copy before sending to Lifesaving Society for processing.
- Review agenda and objectives** (see Objectives & Learning Outcomes on page 5) and schedule.
- Introduce the concept of ***follow-up questions***: throughout the update or at the end, ask questions directed either at individuals or at the group to assist in the learning process of new content.
- Ice breaker activity as appropriate.



## BACKGROUND TO CHANGES

(10–15 min.) PowerPoint slides 4, 5

### Slide 4: Background



### Slide 5: Changes at glance



- Use Overhead 4, 5 and the *Push Hard Push Fast* handout to highlight the background of how changes to resuscitation and first aid are developed. Stress that:
  - Recently adopted international resuscitation guidelines result in changes to the resuscitation skills taught within the Lifesaving Society programs.
  - The changes follow an extensive evidence-based review of CPR conducted by the *International Liaison Committee on Resuscitation (ILCOR)*. As a result the steps for resuscitation are easier to remember and to teach.
- Show the YouTube video *CPR Update* found on the Lifesaving Society’s website to introduce the new standards.
- Note that the new resuscitation standards will be incorporated into all award guides and the *First Aid Award Guide, Canadian First Aid Manual and Canadian Lifesaving Manual*. PDF versions of the revised award guide test items can be downloaded from the Lifesaving Society website for insertion into previous editions. All instructors should be teaching and evaluating the new standards by September 2013.

Until this time, all Lifesaving Society *candidates should be evaluated according to the protocols they were taught*. Candidates taught under the 2005 (now ‘old’) resuscitation standards should not be penalized because they do not perform the new 2010 Resuscitation Guidelines.

- **Follow-up question:** CPR revision occurs every 5 years. When is the next expected planned release of CPR revisions? A. 2015
- **Follow-up question:** Are the standards adopted in North America used throughout the world? A. It is up to each country to determine how the guidelines will be interpreted in their resuscitation protocols.

# SUMMARY OF CHANGES

(45–60 min.) PowerPoint slides 6-16

## Slide 6: What changed



- ❑ Use Overhead 6 and the *Push Hard, Push Fast* handout to highlight the major changes to the resuscitation standards.
- Provide a brief overview and what will be covered and practiced in the clinic. Set the tone to allow for more in-depth discussions regarding the new changes.

## Slide 7: New CPR sequence



- ❑ Use Overhead 7 to highlight the major changes to the sequence in providing CPR. Stress that:
  - ABC approach continues to be used and referenced when providing a sequence of steps of CPR.
  - The concept of CAB or “compression, airway, breathing” from the American Heart Association, is specific to treatment for cardiac arrest. First Aid training agencies agreed to continue to use ABC method for assessment in first aid emergencies.
  - **Follow-up question:** Do you still need to look, listen and feel by placing your ear over the victim’s mouth?  
A. No
  - **Follow-up question:** When is EMS activated when you are alone with a child or infant? A. After 2 min.

## Slide 8: Depth of compressions



- ❑ Use Overhead 8 to note changes in depth compressions in CPR. Stress that:
  - A *range* of compression depth (e.g., 1½ to 2 inches in the 2005 Guidelines) is no longer referenced. The new emphasis is on a *minimum* compression depth.
  - **Follow-up question:** What are 3 criteria for effective chest compressions?
    - A: - Minimum depth
    - Minimum rate of 100 compression/minute
    - Full chest recoil after each compression

## SUMMARY OF CHANGES (cont'd)

### Slide 9: Drowning victims



- ❑ Use Overhead 9 to highlight NO changes to the CPR sequence for drowning victim. Stress that:
  - Drowning victims are in urgent need of oxygen. Unlike cardiac arrest victims, heart failure is more likely due to a lack of oxygen than an underlying heart condition. It is not uncommon for drowning victims to respond quickly after a few rescue breaths.
  - **Follow-up question:** Is the term “secondary drowning” used in the guidelines or referenced in the CFAM or CLSM to define complications from drowning?
    - A. The term “secondary drowning” was discontinued in the previous resuscitation guidelines. You only drown once! The term secondary drowning leads to confusion and is no longer used. The *Canadian First Aid Manual* (p. 33) and *Canadian Lifesaving Manual* (p. 8-19) reference the drowning process.

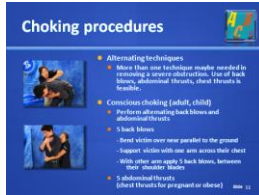
### Slide 10: Compression only CPR



- ❑ Use Overhead 10 to highlight when compression only is appropriate. Stress that:
  - All trained rescuers should perform CPR with compressions and breaths using personal protective equipment.
  - The intent of compression-only CPR is to encourage untrained bystanders to help. EMS dispatchers will be directed to guide bystanders trained or untrained in performing CPR when needed.
  - **Follow-up question:** Name a circumstance when you might consider using compression-only CPR?
    - A. While waiting for a CPR mask and gloves to arrive
  - **Follow-up question:** When do you stop in compression-only CPR?
    - A. You don't. Keep going until too tired, BUT after two minutes, have someone else take over compressions to avoid rescuer fatigue.

## SUMMARY OF CHANGES (cont'd)

### Slide 11: Choking procedures



- ❑ Use Overhead 11 to highlight the new changes to the sequence in choking procedures. Stress that:
  - The use of any number of techniques is appropriate, back blows, and abdominal thrusts, or chest thrusts have been shown to work. There is no one particular technique that has been shown to be the most effective.
  - Supporting a conscious victim to deliver back blows is important; meaning a good level of consciousness in the victim is present. Supporting evolves “wrapping” your arm around their chest if you can and holding tight.
  - **Follow-up question:** Is this the first time back blows have been used for adult and child conscious choking victims?
    - A. No. Past guidelines have referenced back blows. Some agencies may not reference back blows, BUT in Ontario, WSIB requires first aid providers offering EFA or SFA courses to teach the use of back blows and abdominal thrusts.

### Slide 12: Jaw thrust



- ❑ Use Overhead 12 to introduce an alternate technique used to open the airway for spinal victims. Stress that:
  - The jaw thrust is taught only in the NLS course and is not instructed in EFA or SFA courses. Inclusion of the jaw thrust resulted from the recent NLS revision.
  - **Follow up-question:** Is the jaw thrust now evaluated for existing NLS candidates?
    - Jaw thrust is not evaluated in the existing NLS award. The revised award will include jaw thrust.

# AED REVIEW & CHANGES

(15–30 min.) PowerPoint slides 13–16

## Slide 13: AED units



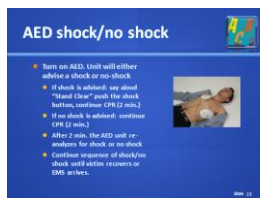
- ☐ Use Overhead 13 to emphasize there are several different types of AED units and their importance. Stress that:
  - All units do the same thing by analyzing a heart rhythm and providing a shock when needed. However there are a wide range of features on AED units so candidates should be familiar with their AED unit at their worksite.
  - Each minute that goes by typically results in a 10% decrease in survival rate for sudden cardiac arrest victims. This is why AED units increasingly appear in public places for easy access and use.
  - The critical factor is time from when the victim “drops to shock”. The quicker a shock is delivered the greater the chance of survival. Time to “first shock” is paramount, typically within the first few minutes.

## Slide 14: AED pad placement



- ☐ Use Overhead 14 to highlight proper pad placement when for use with an AED. Stress that:
  - Electrode pads should be placed on the victim’s chest so that they are not touching. If needed, place one on the centre of the chest and other on back.
  - Adult pads can be used on a child, but this is not ideal. Child pads lower the dose of energy delivered.

## Slide 15: AED shock/no shock



- ☐ Use Overhead 15 to review the key features of the AED sequence with CPR. Stress to:
  - Place the AED unit between you and the victim, typically near the victim’s head to easily view the victim and the AED unit at the same time.
  - Ensure no one is touching the victim when the AED is analyzing or is ready to shock. Know AED units work only if there is a “shock-able” rhythm. Reference Heart Rhythms in AED section of the *Canadian First Aid Manual* (p. 83) to learn more.

## AED REVIEW & CHANGES (cont'd)

### Slide 16: AED use infants

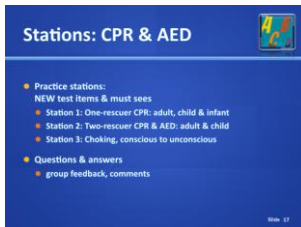


- ❑ Use Overhead 16 to highlight the application of an AED on an infant. Stress that:
  - The use of AEDs on infants is uncommon. Infants typically have healthy hearts, which means an AED is less likely to be effective compared to an adult. Infants are more likely to have heart failure due to a breathing problem compared to an underlying heart condition.
  - If defibrillation is required the guidelines recommend a “manual” defibrillator to be used first compared to an AED. Trained health care professionals can select a specific amount of energy delivered when using a manual defibrillator compared to an AED.
  - An AED with child/infant pads can be used if a manual defibrillator is not available. If child/infant pads are not available adult pads may be used.
  - The use of AEDs on infants is not an evaluated item, except for HCP candidates.
    - **Follow up-question:** When providing a shock to a victim one typically says, “Clear” and then pushes the shock button. What are some other options you may have heard that are acceptable?
      - A. “Stand Clear – All Clear – Shocking Now”  
“Stand Back – Shocking Now”
    - **Follow-up questions:** Can I make my own simulated AED trainers out of shoeboxes for certification purposes?
      - A. When teaching AED instructors must use AED simulators such as the ACTAR AED D-Fib Trainers. The AED trainer must use voice prompts, have realistic electrode pads, and be applied on CPR manikins for training purposes.

## CPR & AED STATIONS: NEW MUST SEES

(45–60 min.)

### Slide 17: Stations: CPR & AED



- ❑ Use Overhead 17 to highlight the stations to walk through and practice the new must sees for test items. Post the individual first aid test items and questions below.

## STATIONS – APPLYING THE NEW STANDARDS

Organize a demonstration and practice time for the new standards. Refer candidates to review questions and answers by using *Push Hard, Push Fast*, the *Canadian First Aid Manual* and *First Aid Award Guide*.

### Station 1 (CPR)

#### **Emergency First Aid Test Item: revised**

#### **One-rescuer CPR: adult, child & infant (test item 6)**

Have candidates work to perform the steps of one-rescuer adult and child CPR. For this station emphasis is on performing the steps of CPR without an AED.

Discussion questions:

Q1: When do I have to reassess?

A1: No reassessment unless there is a change in the victim condition such as movement or breathing. (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 23).

Q2: Should I use one hand or two hands for child CPR?

A2: Both options are acceptable – based on rescuer strength and ability. (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 27).

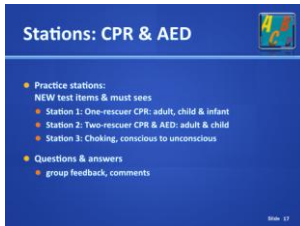
Q3: What are other methods of rescue breathing, other than mouth-to-mouth when performing CPR?

A3: Mouth-to-mask, mouth-to-stoma, mouth-to-nose. (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 25).

***Additional questions:*** bring forward to group for discussion

## CPR & AED STATIONS: NEW MUST SEES *(cont'd)* (45–60 min.)

Slide 17: Stations: CPR & AED



### Station 2 (CPR & AED)

#### **Standard First Aid Test Item 1: revised**

#### **Two-rescuer CPR: adult, child & infant (test item 1)**

Have candidates work with a partner to perform the steps of one- and two-rescuer adult/child CPR with an AED unit. Switch roles after 2 minutes with no interruption.

Discussion question:

Q1: Do I reassess pulse or breathing after the AED unit delivers a shock?

A1: No. Start immediately with 30 chest compressions followed by 2 quick breaths and repeat for a total of 5 cycles (about 2 minutes of CPR). Follow the AED unit prompts. (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 81).

Q2: Have all AED units been updated with the new CPR Guidelines?

A2: Manufacturers are continuously upgrading their AED units. Check with your AED manufacturer for details. Regardless, when responding to rescues follow the prompts indicated by the AED unit. (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 80 sidebar).

Q3: Have there been any other changes in how to use an AED other than it maybe used on an infant?

A3: AED sequences remains the same. With reference to “other considerations” on p. 82 of the revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, review common questions for use with an AED.

Q4: What happens if after 2 minutes I have completed 5 cycles of CPR and the AED unit has not reanalyzed?

A4: Continue with CPR until the AED unit prompts you, or you notice signs of life such as movement or breathing. (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 81)

***Additional questions:*** bring forward to group for discussion

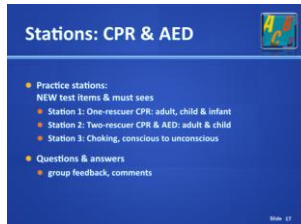


# CPR & AED STATIONS

## NEW MUST SEES *(cont'd)*

(45–60 min.)

Slide 17: Stations: CPR & AED



### Station 3 (Choking – conscious to unconscious) revised

**CPR: Obstructed airway: conscious victim (test item 3)**

**CPR: Obstructed airway: unconscious victim (test item 5)**

Perform the choking sequence for conscious and unconscious adult, child and infant victims. Include practicing a sequence where a conscious choking victim becomes unconscious.

Discussion question:

Q1: If the victim goes unconscious, do I check for breathing and then start compressions?

A1: Perform compressions immediately, attempt to ventilate, reposition if unsuccessful, and reattempt to ventilate, start chest compression if still unsuccessful. A victim who goes unconscious from a severe obstruction needs chest compressions to quickly remove the foreign object (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 31).

Q2: How many compressions do I perform for an adult who is unconscious and choking?

A2: Use 30 compressions for adults, children and infants if unconscious and choking (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 31).

Q3: When do I use an AED for an unconscious choking victim?

A3: As soon as the AED unit arrives, turn on the unit and follow the voice prompts (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 80-83).

Q4: What technique should be used instead of abdominal thrusts for pregnant or obese victims?

A4: Chest thrusts replace abdominal thrusts (see revised *Canadian First Aid Manual*, 9<sup>th</sup> edition, November 2011, p. 31).

***Additional questions:*** bring forward to group for discussion

# CHANGES TO FIRST AID

(15–30 min.) PowerPoint Slides 18–21

## Slide 18: Changes to first aid awards



☐ Use Overhead 18 to highlight the major changes to EFA, SFA and CPR awards. Stress that:

- WSIB added AED and Wound Care as evaluated modules within Emergency First Aid courses. This means AED is now included within all CPR courses.
- The added content requires more training, time and resources to teach and evaluate candidates.

## Slide 19: Bleeding & EpiPen



☐ Use Overhead 19 to highlight the changes to bleeding and the how to use an EpiPen<sup>®</sup>. Stress that:

- Elevation and the acronym RED have been removed.
- The manufacturer updated the EpiPen<sup>®</sup> auto-injector. When used, the auto-injector extends to cover the tip of the needle. New – recommended to contact EMS if a second dose is required. To obtain a sample of auto-injectors go to [www.epipen.ca](http://www.epipen.ca) or [www.twinject.ca](http://www.twinject.ca)

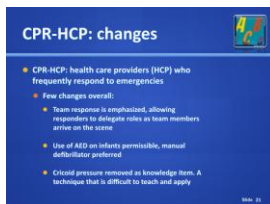
## Slide 20: Heat Stroke & Heart Attack



☐ Use Overhead 20 to highlight the changes to heat emergencies and snake bites. Stress that:

- For heat emergencies electrolyte drinks (sport drinks) has been added to treatment. Also immersion in cool/cold water is acceptable.
- ASA has been shown to reduce the effects/discomfort of a heart attack if given early.

## Slide 21: CPR-HCP



☐ Use Overhead 21 to highlight the changes to the CPR-HCP content. Stress that:

- There are few changes to CPR-HCP content. Emphasis is placed on working in teams.
- The use of an AED on infants is an evaluated item within CPR-HCP award.
- The CPR-HCP manual is the required candidate reference.

# TEACHING FIRST AID

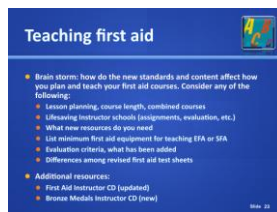
(15–30 min.) PowerPoint Slides 22-23

## Slide 22: Agenda – what's next



- Use Overhead 22 to highlight what the group has covered so far and what is left.
- Any questions up to this point welcomed.

## Slide 23: Teaching first aid

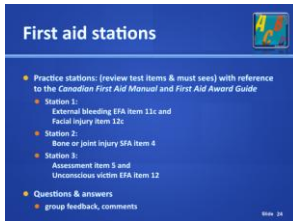


- Use Overhead 23 to highlight what resources have been changed to teach the first aid content.
- With reference to the PowerPoint slide, brainstorm in groups what changes you will need to prepare for in teaching your next CPR or first aid course. Share your ideas with the groups suggestions.
- The Society is revising the *Canadian Lifesaving Manual*, *Canadian First Aid Manual*, *First Aid Instructor CD* and award guides. Instructors will be able to view/download the updated “Must Sees” from [www.lifesavingsociety.com](http://www.lifesavingsociety.com).
- *Bronze Medals Instructor CD* is a new product with lesson plans for combined courses – specifically Bronze Medallion with Emergency First Aid, and Bronze Cross with Standard First Aid.
- AED trainers are now required teaching equipment to allow for effective evaluation of candidates. Discuss options in training with AED simulators. Note:
  - ACTAR D-fib trainers can also be used alongside a “mechanical” simulator. A mechanical AED unit resembles a specific AED unit. For example, an employer may have a specific AED trainer which simulates their actual on-site AED unit to be used.
  - A wide range of AED simulators are available and can be purchased from the Lifesaving Society at [www.lifesavingsociety.com](http://www.lifesavingsociety.com).

# FIRST AID STATIONS: PRACTICE & REVIEW

(45–60 min.) PowerPoint Slide 24

## Slide 24: First Aid Stations



- ☐ Use Overhead 24 to highlight the stations that have been set up to walk through and practice the new “Must Sees” for test items. Post the test items indicated below along with the discussion questions for the group to review.

## STATIONS

Organize a demonstration and practice time to review test items. Refer candidates to review questions and answers by using *Push Hard, Push Fast* and the *Canadian First Aid Manual*.

### **Station 1 (Bleeding/Bandaging) Emergency First Aid** **External bleeding (test item 11c) revised** **Facial injury (12c)**

With reference to the learning activities and simulated emergencies in the *First Aid Award Guide* perform the above test items. Include practicing using gloves, pressure bandages, gauze and triangular bandages where appropriate. Reference: *Canadian First Aid Manual* (p. 50, 61-62).

Divide the group into rescuers and victims and demonstrate first aid using narrow or broad bandages, roller gauze and or compound bandages for:

- Partial and complete amputation.** Starting from the scene survey and ongoing victim care until medical help arrives.
- A severe wound on the inside of the forearm and palm.** Starting from the scene survey and ongoing victim care until medical help arrives.
- Embedded object in lower leg.** Including a distal circulation check and how to improve distal circulation if required. Starting from the scene survey and ongoing victim care until medical help arrives.

## STATIONS (cont'd)

### Slide 24: First Aid Stations



### **Station 2 (Broken bones, sprains & strains) Standard FA Bone and joint injury (test item 4)**

With reference to the learning activities and simulated emergencies in the *First Aid Award Guide* perform the above test items. Include practicing using gloves, speed splints, soft splints, rigid splint materials and triangular bandages where appropriate. Reference: *Canadian First Aid Manual*, p. 64-66.

#### **Upper body: demonstrate how to support and immobilize (select two from):**

- fracture of the collarbone
- dislocated shoulder
- open fracture of upper arm using padding and triangular bandages
- closed fracture of the forearm using improvised splint and triangular bandages
- closed fracture of the wrist using improvised splint or triangular bandages

#### **Lower body: demonstrate how to support and immobilize (select two from):**

- fracture of the upper leg using two padded splints
- a closed fracture of the knee, when knee cannot be straightened
- open fracture of the lower leg using dressings, protective padding, six triangular bandages two padded splints or a good leg as a body splint
- a sprain of the ankle using a pillow splint or blanket splint, triangular bandages and application of cold.

## STATIONS (cont'd)

### Slide 24: First Aid Stations



### **Station 3 (Assessment) Emergency First Aid Assessment (test item 5)**

With reference to the learning activities and simulated emergencies in the *First Aid Award Guide*, perform the above test items. Include practicing using gloves where appropriate. Reference: *Canadian First Aid Manual*, p. 40-43.

Divide the group into rescuers and victims and demonstrate how to perform a secondary survey including assessment of vital signs and victim history, including ongoing victim care until hand-over of help.

**Definition:** describe the purpose and steps of secondary assessments:

- History
- Vitals (assess and record vitals)
- Head-to-toe assessment
- Give first aid for injuries and illnesses

**Vital signs:** list four vital signs including the characteristics of the pulse (average rate, range and rate, rhythm and strength).

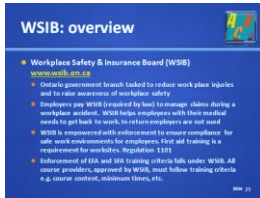
**Rechecking vital signs:** state how often vital signs should be rechecked.

**Level of consciousness (LOC):** state three responses (eyes open, verbal response, and motor response) used for assessing the level of consciousness and why it is important to monitor and note the victims LOC.

# WSIB IMPLICATIONS

(10–15 min.) PowerPoint Slide 25

## Slide 25: WSIB



- ❑ Use Overhead 25 to highlight the major changes to the sequence in providing CPR.
  - Discuss provincial Regulation 1101 of the Occupational Health and Safety Act (available at [www.wsib.on.ca](http://www.wsib.on.ca)). Employers must ensure staff who are designated first aid providers in the workplace are accredited by a first aid training agency recognized by the Workplace Safety and Insurance Board (WSIB).
  - The Lifesaving Society’s Emergency and Standard First Aid courses are recognized by WSIB.
  - Other awards such as Anaphylaxis Rescuer, Basic First Aid or NLS do not fall under WSIB regulation.

### ❑ **Recertification:**

Under the regulation, only those certified by the Lifesaving Society may recertify their Standard First Aid certification in the Lifesaving Society’s program. Individuals may only recertify once before being required to take a full course again, no more than 3 years from date of issue. This is specific to Standard First Aid certification.

# WRAP-UP

(10–15 min.) PowerPoint slides 26–30

## Slide 26: Summary



- ❑ Use Overhead 26 to highlight to provide a quick overview of what has been covered so far:

## Slide 27: Administration



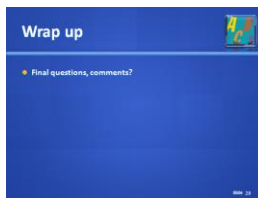
- ❑ Use Overhead 27 to provide a summary of administration and available resources. Stress that:
  - Aquatic Master Sheet must be completed before leaving.
  - Clinic participation will be tracked in the Lifesaving Society's member database and displayed on *Find a Member*.
  - The clinic is worth 3 credits.

## Slide 28: Clinic conductors



- ❑ Use Overhead 28 to show how the continued rollout of the update clinic can be expanded by Trainers and Examiners who have attended the update. Stress that:
  - If you hold the listed certification, you are now able to conduct future clinics as needed.

## Slide 29: Questions



- ❑ Use Overhead 29, 30 final questions, comments or thoughts.
  - Thank you until 2015.

## Slide 30: Society Logo





# LEARNING ACTIVITIES

## Overhead masters

Present the related PowerPoint overheads or photocopy and distribute them to participants. Review the information. Answer questions. Be enthusiastic! Share our pride in the new programs!

## Cards

List the new items on index cards (one per card). Divide participants into groups, and give each group a series of cards. Participants decide on creative ways to teach the item and its reference page number in the *Canadian First Aid Manual* and list these on the back of card. Then groups share their ideas with each other.

## Stations

Participants work through a series of stations in small groups. At each station, post a Task Card. On one side of the card, list a skill, award level and a teaching strategy or activity. On the back of the Task Card write the award item description. Participants perform the activity and then gather for a few minutes to brainstorm other ideas for presenting or practicing the skill.

## Role-playing

Divide participants into pairs. Assign each pair a different award item. Using the Purpose and Must Sees for the item from the *First Aid Award Guide*, pairs create two or three demonstrations.

At least one demonstration barely meets the Must See criteria. At least one demonstration does not meet it. Other demonstrations may show various degrees of skill level.

*or*

The group watches the demonstrations and decides whether or not the purpose has been met. They provide “support” for their decision by referring to the *First Aid Award Guide*. As a variation, provide Task Cards instead of using the *First Aid Award Guide*.

# **PRACTICE STATIONS**

## **At-a-glance**

On the following pages you will find the test items described below in addition to the revised test sheets for Emergency and Standard First Aid and CPR-C-HCP.

### **CPR & AED NEW MUST SEES**

#### **Station 1 (CPR)**

**Emergency First Aid Test Item: revised**

**One-rescuer CPR: adult, child & infant (test item 6)**

#### **Station 2 (CPR & AED)**

**Standard First Aid Test Item 1: revised**

**Two-rescuer CPR: adult, child & infant (test item 1)**

#### **Station 3 (Choking – conscious to unconscious) revised**

**CPR: Obstructed airway: conscious victim (test item 3)**

**CPR: Obstructed airway: unconscious victim (test item 5)**

### **FIRST AID PRACTICE & REVIEW**

#### **Station 1 (Bleeding/Bandaging)**

**EFA: External bleeding (test item 11c) revised**

**EFA: Facial injury (12c)**

#### **Station 2 (Broken bones, sprains & strains)**

**SFA: Bone and joint injury (test item 4)**

#### **Station 3 (Secondary Assessment)**

**EFA: Assessment (test item 5)**

# One-rescuer CPR: adult, child & infant

## Item 6

*Demonstrate one-rescuer adult, child and infant cardiopulmonary resuscitation on a manikin and how to use an AED.*

### Notes

- Send bystander to phone EMS. If alone with an adult victim, rescuer phones EMS right away. If alone with a child or infant victim, rescuer phones EMS after about 5 cycles of 30:2 compressions to breaths.
- Rescuers should understand the importance of early defibrillation and how to use an AED.
- While an AED could be used on an infant, it is not a requirement of this item. The need for defibrillation on infants is rare, and if defibrillation is needed, a manual defibrillator is preferred.
- Compressions: push hard and fast allowing chest to recoil completely between compressions.
- Use of barrier device is recommended.
- CLM reference: 7.5  
*Cardiopulmonary Resuscitation*
- CFAM reference: p. 27-28  
*Cardiopulmonary Resuscitation (CPR)*

### Purpose

To support breathing and circulation in an unconscious, non-breathing and pulseless victim.

### Must See

- Assessment of environment for hazards
- Establish unresponsiveness
- Activate Emergency Medical System
- Attempt to obtain AED and recruit AED-trained responder if available
- Open airway: head-tilt/chin-lift
- Visual check for breathing (5 sec.)
- If breathing is absent or abnormal, CPR started with 30 chest compressions (or with 2 rescue breaths for drowning victims)
- CPR continued until EMS takes over treatment, or an AED-trained responder begins treatment with an AED, or the victim begins to move
- If victim begins to move, reassess ABCs and treat appropriately

### AED protocol (adult/child)

- AED applied: clothing removed (chest bare), skin prepared, appropriate positioning of electrodes, and connection to defibrillator
- Appropriate response to voice prompts and machine indicators
- Victim cleared for analysis ensuring no motion or contact with others; visual check and "all clear" stated for analysis and shock
- AED prompts followed (sequence of analyze/shock, followed immediately by about 2 minutes of CPR) until EMS takes over treatment, or victim begins to move

# Two-rescuer CPR: adult, child & infant

## Item 1

*Demonstrate two-rescuer adult, child and infant cardiopulmonary resuscitation on a manikin.*

### Notes

- Two-rescuer CPR: both rescuers are trained. Two options: rescuers take turns doing one-rescuer CPR, or one rescuer performs chest compressions while the other does rescue breathing. Rescuers switch roles approximately every 2 minutes (5 cycles of 30:2) to minimize fatigue. Rescuers communicate and cooperate in decision-making and CPR/AED performance.
- CFAM reference: 7.5  
*Cardiopulmonary Resuscitation*
- CFAM reference: p. 23 *Two rescuer CPR*

### Purpose

To support breathing and circulation in an unconscious, non-breathing, and pulseless victim.

### Must See

#### Rescuer # 1

- Assessment of environment for hazards
- One-rescuer CPR sequence

#### Rescuer # 2

- Identifies self as CPR trained & confirms EMS activation

#### Both rescuers

- Continue CPR and switch roles with as little interruption as possible
- CPR continued until EMS takes over, or an AED-trained responder begins treatment with an AED unit, or the victim begins to move
- If the victim begins to move, ABCs reassessed and appropriate treatment

#### AED protocol (adult/child)

- Communication and coordination between rescuers throughout the AED protocol
- AED applied: clothing removed (chest bare), skin prepared, appropriate positioning of electrodes, and connection to defibrillator
- Appropriate response to voice prompts and machine indicators
- Victim cleared for analysis ensuring no motion or contact with others; visual check and "all clear" stated for analysis and shock
- AED prompts followed (sequence of analyze/shock, followed immediately by about 2 minutes of CPR) until EMS takes over treatment, or victim begins to move

# Obstructed airway: conscious victim

Simulate the treatment of:

- a conscious adult or child with an obstructed airway
- complications: a pregnant woman and person who is obese

## Purpose

To acquaint lifesavers with the appearance of the conscious victim with an obstructed airway and introduce the techniques of the appropriate lifesaving skills.

## Notes

- Supervise candidates carefully during training in obstructed airway techniques. Caution rescuers to *simulate* abdominal or chest thrusts: misplaced or excessive back blows or thrusts can be dangerous.
- Conscious victim simulates *either* mild *or* severe airway obstruction. To signal the type of assistance needed, teach the universal choking signal.
- Rescuer assumes severe obstruction if victim nods "yes" when asked "Are you choking?" or if victim clutches neck or victim cannot speak or breathe.
- CLM reference: 7.3 *Coping with Complications during the ABCs*
- CFAM reference: p. 30-31 *Airway obstruction procedures - conscious and unconscious*

## Must See

- Assessment of degree of obstruction – ask "Are you choking?"
- Selection of appropriate procedures:

### Mild obstruction

- Coughing encouraged
- Reassurance for victim

### Severe obstruction

- Shout for help
- Careful landmarking
- Alternating back blows/abdominal thrusts until airway is clear (chest thrusts replace abdominal thrusts for pregnant or obese victim)
- If successful, direct victim to see a physician to rule out complications from the obstruction or the abdominal thrusts

# Obstructed airway: unconscious victim

Simulate the treatment of an unconscious adult, child or infant with an obstructed airway.

## Notes

- Send bystander to phone EMS. If alone with an adult victim, rescuer phones EMS right away. If alone with a child or infant victim, rescuer phones EMS after about 5 cycles or 30:2 compressions to breaths.
- If an Automated External Defibrillator (AED) and AED-trained responder are available, rescuer should send for them after activating EMS and assist the AED responder as directed.
- If practicing this skill item on a person (versus a manikin) rescuers *simulate* compressions to prevent injury.
- Victim simulates severe airway obstruction.
- Candidates should also practice a sequence that begins with a conscious victim who becomes unconscious. Rescuer begins with ABC assessment of unconscious victim.
- Use of barrier devices is recommended.

### For HCP candidates

- Check for adequate breathing in adults and check for the presence or absence of breathing in children and infant.
- Start CPR and begin AED sequence for adults with no definite pulse, or for children with no pulse or with heart rate less than 60 bpm with signs of poor perfusion (e.g., poor colour).  
CLM reference: 7.3 *Coping with Complications during the ABCs*
- CFAM reference: p. 30-31 *Airway obstruction procedures - conscious and unconscious*

## Purpose

To clear airway obstruction and restore normal breathing in an unconscious victim.

## Must See

- Assessment of environment for hazards
  - Establish unresponsiveness
  - Activate Emergency Medical System
  - Attempt to obtain AED and recruit AED-trained responder if available
  - Open airway: head-tilt/chin lift  
*[HCP candidates may open the airway with a jaw thrust manoeuvre if a spinal or neck injury is suspected]*
  - Visual check for breathing (5 sec.)
  - If breathing is absent or abnormal, 30 chest compressions  
*[HCP candidates check for pulse (min. 5 sec. to max. 10 sec.) before starting chest compressions]*
  - Attempt to ventilate
- If successful:**
- Continue CPR sequence
- If unsuccessful:**
- Reposition airway and re-attempt to ventilate
  - Careful landmarking and 30 chest compressions
  - Foreign body check: look in mouth and if object can be seen, attempt to remove it.
  - Attempt to ventilate. Repeat sequence (reposition head, re-attempt to ventilate, chest compressions, foreign body check) until successful

# Circulatory emergencies: external bleeding

## Item 11c

*Demonstrate the recognition and care of a victim suffering from external bleeding.*

### Purpose

To provide care and treatment to support breathing and circulation.

### Notes

- Candidates should be prepared to provide own dressing and bandage; sterile dressing may be simulated.
- May include embedded objects.
- If available, rescuers should use barrier devices such as gloves and glasses to avoid exposure to blood and other body fluids.
- CLM reference: *8.5 Bleeding*
- CFAM reference: p. 48 *Wounds*; p. 50 *Bandaging*; p. 62 *Nosebleeds and nose injuries*

### Must See

- Victim and scene assessment
- EMS activated if necessary
- Application of dressing and bandage
- No aggravation of injury
- Distal circulation check
- Direct pressure over wound or around wound if contains impaled object
- Reassurance for victim and instruction to rest

# Facial injury

*Demonstrate the recognition and care of a facial injury.*

## Purpose

To demonstrate appropriate care of a facial injury.

## Notes

- Injuries may include:
  - foreign body in the ear or nose
  - laceration or contusion of eyes
  - chemical splashes in eyes
  - puncture or abrasion of eyes
  - burns to eyes
  - bleeding and fluid from ear
  - broken tooth
  - loose and displacement of tooth - laceration to mouth
  - nose bleed
  - broken nose
- CLM reference: *Nosebleed* in 8.4 *Circulatory Disorders*; *Eye Injuries* in 8.6 *Trauma Injuries*
- CFAM reference: p. 61-62 *Facial injuries*

## Must See

- Victim and scene assessment
- EMS activated if necessary
- Determination of (and, if possible, removal from) cause of injury
- Selected treatment appropriate for the injury



# Bone or joint injury

*Demonstrate the recognition and care of a bone or joint injury.*

## Purpose

To demonstrate appropriate care of a bone or joint injury.

## Notes

- Prepare candidates to recognize open and closed fractures, sprains and/or dislocations; and explore situations or mechanisms that may have caused the injury.
- Body part injured may include: clavicle, shoulder, elbow, upper or lower arm, wrist/hand, fingers, pelvis, upper or lower leg, knee, lower leg, ankle/foot, toes.
- CLM reference: *8.10 Bone, Joint, and Soft-Tissue Disorders*
- CFAM reference: p. 64-66 *Bone and joint injuries*

## Must See

- Victim and scene assessment
- EMS activated if necessary
- Immobilization of injury site
- Check for sensation and circulation above and below the injury
- Treatment of wounds associated with the injury
- If available, ice applied to injury site

# Assessment

*Demonstrate primary assessment of a victim including:*

- *scene survey*
- *level of consciousness*
- *airway, breathing, circulation*
- *major bleeding*
- *mechanism of injury*

*Demonstrate secondary assessment of a victim including:*

- *vital signs*
- *head-to-toe examination*
- *history*

## Notes

- Victim assessment is a required item for all first aid treatment items.

This item is designed to emphasize the principles and procedures of victim assessment. Candidates are not expected to demonstrate treatment.

- Victim may be conscious or unconscious.
- Scene survey includes mechanism of injury and assessing risk of spinal injury.
- A-A-A-ABC extends the ABC priorities to help recall the steps in primary survey:
  - A – Area (scene survey)
  - A – Awake (level of consciousness)
  - A – Ambulance (EMS)
  - A – Airway
  - B – Breathing
  - C – Circulation
- CLM reference: 6.1 *Introduction to the First Aid Rescue Process*
- CFAM reference: p. 21 *Primary assessment*; p. 40-41 *Secondary assessment*

## Purpose

To demonstrate proficiency in assessing treatment priorities.

## Must See

- Evaluation of the rescue scene
- Removal of / from danger
- Appropriate communication with victim

### Primary assessment

- Assessment of level of consciousness
- Assessment of airway, breathing, circulation (bleeding, shock)

### Secondary assessment

- Relevant history (accident, medical, personal)
- Taking and recording vital signs (respirations, pulse, pupils, skin color/temperature, level of consciousness)
- Systematic head-to-toe examination of victim



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2011)

Side 1: Please print each candidate's name and contact information legibly.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
1 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....															
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Check box if there are more candidates on the reverse side of this page.  
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- Satisfactory Performance    **F** - Fail

Total Pass for Exam

Total Fail for Exam

### Instructor information

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Awards information     Awards issued by affiliate     Awards not issued

Payment information     Exam fees attached     Exam fees not attached

Send invoice or receipt to: \_\_\_\_\_  
( ) \_\_\_\_\_  
Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_  
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Exam date: \_\_\_\_\_ Exam is:  
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**This section to be completed by the Lifesaving Instructor who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# (optional) \_\_\_\_\_  
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Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2011)

Side 2: Please print each candidate's name and contact information legibly.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
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- Satisfactory Performance    **F** - Fail

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Please complete Instructor, Awards and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

**Exam information**

Exam date: \_\_\_\_\_ Exam is:  
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Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Lifesaving Instructor who examined the candidates.**

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Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Standard First Aid with CPR-C (Revised 2011)

Side 1: Please print each candidate's name and contact information legibly.

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR: adult, child & infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
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- Satisfactory Performance    **F** - Fail

Total Pass for Exam

Total Fail for Exam

### Instructor information

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Awards information     Awards issued by affiliate     Awards not issued

Payment information     Exam fees attached     Exam fees not attached

Send invoice or receipt to: \_\_\_\_\_  
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E-mail address \_\_\_\_\_  
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Telephone \_\_\_\_\_ Signature \_\_\_\_\_



**LIFESAVING SOCIETY**  
The Lifeguarding Experts

# Standard First Aid with CPR-C (Revised 2011)

Side 2: Please print each candidate's name and contact information legibly.

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR: adult, child & infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
		1	2	3	4	5	6	7	8	9	10		
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for Exam**

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for Exam**

Host name (Affiliate) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_

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**Exam information**

Exam date: \_\_\_\_\_ Exam is:  
YY MM DD  Original **OR**  Recert  
Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_  
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**This section to be completed by the Lifesaving Instructor who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# (optional) \_\_\_\_\_  
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( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

- CPR-C-Health Care Provider
- Automated External Defibrillation

(Revised 2011)

Side 1: Please print each candidate's name and contact information legibly.

**CPR-C-HCP**

**AED**

Date of birth

One-rescuer CPR: adult, child & infant	Two-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation	One- and two-rescuer AED	Result
1	2	3	4	5	6	7		1	2	

1	Name	Year
	Address	Month
	City	Day
	Postal Code	
2	Name	Year
	Address	Month
	City	Day
	Postal Code	
3	Name	Year
	Address	Month
	City	Day
	Postal Code	
4	Name	Year
	Address	Month
	City	Day
	Postal Code	
5	Name	Year
	Address	Month
	City	Day
	Postal Code	
6	Name	Year
	Address	Month
	City	Day
	Postal Code	

Check box if there are more candidates on the reverse side of this page. This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance    **F** - Fail    Total Pass for Exam     Total Fail for Exam

**Awards information**

- Awards issued by affiliate     Awards not issued

**Payment information**

- Exam fees attached     Exam fees not attached

Send invoice or receipt to:

( )  
Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Exam information**

Exam date: \_\_\_\_\_ YY MM DD ( )

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Advanced First Aid Examiner who examined the CPR-C-HCP candidates or the AED Examiner who examined the AED candidates.**

Examiner's name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

E-mail address \_\_\_\_\_

( ) Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

- CPR-C-Health Care Provider  
 Automated External Defibrillation

(Revised 2011)

Side 2: Please print each candidate's name and contact information legibly.

CPR-C-HCP

AED

Date of birth	CPR-C-HCP							AED		Result	
	One-rescuer CPR: adult, child & infant	Two-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation		One- and two-rescuer AED
	1	2	3	4	5	6	7		1	2	
1 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....											
2 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....											
3 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....											
4 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....											
5 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....											
6 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....											

Check box if there are more candidates on the reverse side of this page. This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

**Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet.** Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

**Exam information**  
Exam date: \_\_\_\_\_  
YY MM DD  
Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Advanced First Aid Examiner who examined the CPR-C-HCP candidates or the AED Examiner who examined the AED candidates.**

Examiner's name \_\_\_\_\_ ID# (optional) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
( ) Telephone \_\_\_\_\_ Signature \_\_\_\_\_



## Basic First Aid

Covers the basics including how to contact emergency medical services, how to treat choking & minor injuries.

## Anaphylaxis Rescuer

Awareness of anaphylaxis has grown significantly in schools, camps and among the general public. With proper training, people can learn how to use an auto-injector (e.g., EpiPen® or Twinject®) with confidence as well as anaphylaxis prevention and avoidance strategies.

## Emergency First Aid

*Includes CPR-B certification*

For people who want a general knowledge of first aid principles and the emergency treatment of injuries. Skills include: victim assessment, rescue breathing, CPR, choking and what to do for external bleeding, heart attack & stroke, wounds and how to use an AED.

## Standard First Aid

*Includes CPR-C certification.*

Comprehensive training covering all aspects of first aid and CPR for those who want an in-depth understanding of medical/legal aspects, spinal injuries, heat or cold injuries, bone and joint injuries, chest injuries, burns, medical emergencies and how to use an AED

## Airway Management

Provides experienced lifeguards with specific knowledge and training in the use of oxygen, suction devices, oral airways and mask/bag-valve-mask (BVM).

## Cardiopulmonary Resuscitation (CPR)

**INCLUDES HOW TO USE AN AED**

Three levels of training designed to meet the needs of both the public and professional rescuers like lifeguards:

**CPR-A (Adult)** teaches how to do CPR and choking procedures for adults, the purpose of and how to use an AED.

**CPR-B (Adult, Child & Infant)** teaches parents, grandparents, babysitters or child care workers the CPR and choking procedures for adults, children, infants and the purpose of and how to use an AED.

**CPR-C (Adult, Child & Infant)** covers all aspects of CPR skills and theory for adult, child and infant, including two-rescuer CPR skills and the purpose of and how to use an AED.

**CPR-C-HCP (Adult, Child, Infant, AR, AED)** covers all aspects of CPR including rescue breathing and the use of AEDs and BVMs. This Health Care Provider (HCP) level is designed specifically for those, who as part of the job description as Health Care Providers, have a duty to respond to medical emergencies (e.g., doctors, nurses, paramedics and allied health care professional).



LIFESAVING SOCIETY®

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