

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## CHEST SEAL

### OBJECTIVE

---

Demonstrate the proper procedure for application of a chest seal for any open wound to the chest or back

### REFERENCES

---

- *PHTLS: Prehospital Trauma Life Support, 9<sup>th</sup> ed.*

### EVALUATION

---

The instructor will verify the student's ability to properly manage penetrating trauma to the chest or back on a simulated model by observing the student's technique for chest seal application.

### EQUIPMENT

---

Manikin or participant to simulate a patient and an appropriate commercial chest seal

### INSTRUCTOR GUIDELINES

---

- Ensure student has all required materials for skill
- Read the skill objective and the evaluation method to the student

### PERFORMANCE STEPS

---

1. Prepares equipment
2. Exposes the simulated injury by opening, cutting away or removing the casualty's clothing
3. Verifies the presence of a penetrating (open) wound to the chest or back
4. If possible, removes excess blood from around the wound
5. Applies a chest seal or an improvised chest seal to completely cover the wound
6. Verbalizes monitoring the patient for worsening respiratory distress and attempts to vent ("burp") the chest seal

### CRITICAL CRITERIA

---

- Fails to properly apply chest seal to appropriate location (over wound)
- Failed to verbalize monitoring for worsening respiratory distress

# FIRST ON THE SCENE SINGLE SKILL STATION

---



# EPINEPHRINE (EpiPen) AUTO-INJECTOR ADMINISTRATION

## OBJECTIVE

---

Demonstrate the proper procedure for epinephrine auto-injector administration

## REFERENCES

---

- *American Heart Association, Heartsaver First Aid CPR AED Student Workbook*

## EVALUATION

---

The instructor will verify the accuracy of the student's ability to properly administer epinephrine (EpiPen) via the auto-injector route.

## EQUIPMENT

---

EpiPen trainer, auto-injector trainer

## INSTRUCTOR GUIDELINES

---

- Ensure that each student has all required equipment/materials
- Read the objective and the evaluation statement to students

## PERFORMANCE STEPS

---

1. Verbalizes the need to call 9-1-1
2. Confirms the need to administer the EpiPen or generic auto-injector and why
3. Determines if the patient has an EpiPen or an auto-injector
4. Locates the patient's EpiPen or auto-injector, removes cap, and follows the instructions depicted on the auto-injector
5. Pulls off the safety cap, injects into the patient's lateral or anterior thigh, holding the EpiPen/EpiPen Jr. firmly for 3 seconds, additional auto-injectors may be held for 10 seconds
6. Withdraws the auto-injector quickly and disposes the device in the proper container
7. Documents dose, location, and time of administration
8. Monitors the patient for adverse and desired effects

## CRITICAL CRITERIA

---

- Fails to call 911
- Fails to confirm the need for an EpiPen or auto-injector
- Fails to use the auto-injector at an approved site
- Fails to watch the patient for effects of epinephrine administration

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## HANDS-ONLY CPR WITH AED

### OBJECTIVE

---

Demonstrate the proper procedure for hands-only CPR and AED

### REFERENCES

---

- *American Heart Association, Heartsaver First Aid CPR AED Student Workbook*

### EVALUATION

---

The instructor will verify the accuracy of the student's ability to properly perform hands-only CPR and AED use.

### EQUIPMENT

---

CPR manikins for adult/pediatric (pediatric optional)  
AED trainer with adult and pediatric pads (pediatric pads optional)

### INSTRUCTOR GUIDELINES

---

- Ensure that each student has all required equipment/materials
- Read the objective and the evaluation statement to students

### PERFORMANCE STEPS

---

1. Verbalizes the need to call 911
2. Approaches the victim to assess for responsiveness and check for breathing
  - Ask "Are you ok?"
  - Tilt the head, lift the chin
3. Notes the absence of movement/responsiveness and breathing
4. Advises someone to get an AED
5. Provides effective chest compressions
  - At least 2 inches depth
  - Rate of 100 per minute
6. Opens the AED and follows audio prompts
7. Correctly attaches pads to victim's bare chest
8. Safely delivers a shock when advised
9. Continues to provide effective hands-only CPR and follows AED prompts until help arrives

### CRITICAL CRITERIA

---

- Fails to check for responsiveness.
- Fails to confirm absence of movement/responsiveness and breathing
- Fails to provide effective chest compressions

- Fails to operate the AED and apply pads appropriately
- Fails to safely deliver shocks when advised

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## NALOXONE ADMINISTRATION INTRANASAL (IN) ROUTE

### OBJECTIVE

---

Demonstrate the proper procedure for naloxone administration via intranasal (IN)

### REFERENCES

---

- *American Heart Association, Heartsaver First Aid CPR AED Student Workbook*

### EVALUATION

---

The instructor will verify the accuracy of the student's ability to properly administer naloxone via the intranasal (IN) route.

### EQUIPMENT

---

Nasal med trainer

### INSTRUCTOR GUIDELINES

---

- Ensure that each student has all required equipment/materials
- Read the objective and the evaluation statement to students

### PERFORMANCE STEPS

---

1. Verbalizes the need to call 9-1-1
2. Confirms naloxone as the medication they are giving and why
3. Prepares the equipment
4. Inspects nostril to determine the largest and least obstructed nare
5. Inserts nasal med trainer device into nostril and rapidly depresses medication into nostril
6. Disposes of the device in the proper container if available
7. Documents dose, nostril location, and time of administration
8. Monitors the patient for desired effects

### CRITICAL CRITERIA

---

- Fails to confirm the need for naloxone administration
- Fails to insert nasal med trainer device into nostril and rapidly depress medication into nostril
- Fails to note dose, nostril location, and time of administration
- Fails to monitor the patient for desired effects

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## PATIENT MOVEMENT

### OBJECTIVE

---

Demonstrate how to properly drag/carry a patient to safety

### REFERENCES

---

- *PHTLS: Prehospital Trauma Life Support, 9<sup>th</sup> ed.*

### EVALUATION

---

The instructor will verify the participant's ability to properly drag/carry a patient to safety.

### EQUIPMENT

---

Manikin or participant to simulate a patient

### INSTRUCTOR GUIDELINES

---

- Ensure student has all required materials for skill
- Read the skill objective and the evaluation method to the student

### PERFORMANCE STEPS

---

1. For all drags and carries, the first step is to determine where the patient is being moved to
2. Determine the appropriate patient movement for the situation, estimated distance, and number of rescuers:

#### **One-Person Drag**

- This drag is for short distances
- Grasp the patient's clothing just behind the collar
- Use your arms to support the head
- Begin to drag the patient out of danger to safety

#### **One-Person Walking Assist**

- Help the person to stand
- Have the person place one arm around your neck and hold the patient's wrist
- Put your free arm around the patient's waist and help the patient to walk

#### **One-Person Arm Carry**

- Place one arm around the person's back and the other under the knees, lift
- Recommended for children or lighter adults

### **One-Person Pack Strap Carry**

- Have the patient stand
  - If person is unconscious, a second rescuer is needed to help position person on your back
- Position yourself with your back to the person, back straight, knees bent, so that your shoulders fit into the person's armpits
- Hold both person's wrists with one hand to maintain balance and open doors, or remove obstructions

### **Two-Person Drag**

- Two rescuers each grasp clothing in the neck and shoulder area of the patient, each using one hand to pull the person to safety

### **Two-Person Side-by-Side Carry**

- Start by kneeling beside the patient near the patient's hips
- Raise the patient to a sitting position, the rescuers link arms behind the patient's back
- Rescuers place their free arms under the person's knees and link arms
- If possible, the patient places his or her arms around the necks of the rescuers

### **Rescue Blanket Drag**

- Fold up a blanket and place it between you and the victim
- Roll the patient away from you and unfold the blanket to place it up against the victim
- Roll the victim back towards you on their side and onto the fully extended blanket
- Gather blanket at the head with both hands and drag victim to safety

## **CRITICAL CRITERIA**

---

- Fails to determine the appropriate patient movement for the situation, estimated distance, and number of rescuers
- Fails to verbalize advantages for the drag/carries selected

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## RECOVERY POSITION

### OBJECTIVE

---

State the advantages for placing an unresponsive, breathing person in the recovery position and demonstrate maneuver on a simulated patient

### REFERENCES

---

- *NAEMT Tactical Emergency Casualty Care, 2<sup>nd</sup> edition ITK*

### EVALUATION

---

The instructor will verify the participant's ability to properly place a simulated patient into the recovery position.

### EQUIPMENT

---

Manikin or participant to simulate a patient

### INSTRUCTOR GUIDELINES

---

- Read the objective and the evaluation method to the participant

### PERFORMANCE STEPS

---

1. Verbalizes the need to call 911
2. Confirms patient is unconscious/unresponsive or otherwise unable to maintain a position of comfort to maintain their airway
3. Verbalizes the following advantages for maneuver:
  - Helps keep airway open
  - Allows fluid (i.e., blood, vomit, mucus) to drain out of the nose and mouth and not into the throat)
4. Decides which side the patient will be placed on
5. Kneels next to patient's side, straightening both legs. Places the patient's arm (on the side they will be rolled onto) out from the body, with elbow bent and palm facing up
6. Brings the other arm across the patient's chest and places the back of the hand against the patient's cheek
7. Grabs and raises the patient's knee on the side to be raised, placing patient's foot flat on ground or floor
8. Grabs the patient's bent knee and shoulder; with one smooth motion, rolls the patient onto their side
9. Adjusts the top leg so that both the knee and hip are bent at right angles. The bent leg and elbow that are touching the floor serve as props to keep the patient in position

### CRITICAL CRITERIA

---

Copyright 2021 National Association of Emergency Medical Technicians (NAEMT).

\*Course materials are developed by NAEMT in cooperation with IAFC for the sole purpose of conducting the First On The Scene education course and may not be utilized for any other purpose.\*



- Fails to properly determine the patient was unable to maintain their own airway and body position
- Fails to properly place patient in the recovery position

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## TOURNIQUET APPLICATION (CAT AND SOFTT)

### OBJECTIVE

---

Demonstrate the proper application of a commercially available tourniquet [Combat Application Tourniquet (CAT), Special Operations Forces Tactical Tourniquet (SOFTT)] or other available models

### REFERENCES

---

- *PHTLS: Prehospital Trauma Life Support, 9<sup>th</sup> ed.*

### EVALUATION

---

The instructor will verify the participant's ability to apply a tourniquet quickly and effectively to a fellow student.

### EQUIPMENT

---

Manikin or participant to simulate a patient  
One practice tourniquet per student

### INSTRUCTOR GUIDELINES

---

- Ensure student has all required materials for skill
- Read the skill objective and the evaluation method to the student

### PERFORMANCE STEPS

---

1. Remove the tourniquet from the carrying pouch.
2. Apply the tourniquet to the affected extremity at the level of the groin for a lower extremity or the armpit for an upper extremity.
3. Slide the extremity through the loop of the self-adhering band or wrap the self-adhering band around the extremity and reattach to friction adapter buckle.
4. The student twists the windlass rod to tighten the tourniquet until bleeding stops and pulses can no longer be felt.
5. Secure the tourniquet in place by locking the windlass rod under the windlass clip.
  - *Note to instructors:* If applying a CAT Gen 6 or older to a leg wound, the self-adhering band must be routed through both sides of the friction adapter buckle and fastened back on itself. This will prevent it from loosening when twisting the windlass clip or tri-ring.
  - **INSTRUCTOR:** Monitor the distal pulse and prompt the student when it is no longer palpable. Use care to not let the student overtighten the tourniquet. If pain becomes too severe, discontinue the tourniquet application.
6. A second tourniquet may be applied immediately adjacent to the first if the first tourniquet is ineffective and the wound continues to bleed.

7. Note the time of the tourniquet's application

### CRITICAL CRITERIA

---

- Fails to properly apply tourniquet to appropriate location
- Fails to secure the tourniquet
- Fails to confirm bleeding has stopped

# FIRST ON THE SCENE SINGLE SKILL STATION

---



## WOUND PACKING

### OBJECTIVE

---

Demonstrate the proper technique and procedures for applying commercially available gauze to control hemorrhage

### REFERENCES

---

- *PHTLS: Prehospital Trauma Life Support, 9<sup>th</sup> ed.*

### EVALUATION

---

The instructor will verify the participant's ability to effectively apply commercially available gauze on the wound of a manikin simulating a patient.

### EQUIPMENT

---

Manikin or simulation device with wound packing capabilities  
Fully loaded medical aid bag to include the commercially available gauze

### INSTRUCTOR GUIDELINES

---

- Ensure student has all required materials for skill
- Read the skill objective and the evaluation method to the student

### PERFORMANCE STEPS

---

1. Call 9-1-1
2. Expose the injury by opening or cutting away the patient's clothing
3. If possible, remove excess blood from the wound while preserving any clots that may have formed
4. Locate the source of the most active bleeding
5. Remove the gauze from its sterile package and pack it tightly into the wound, directly over the site of the most active bleeding
6. More than one dressing may be required to control the hemorrhage
7. Apply direct pressure quickly with enough force to stop the bleeding
8. Hold direct pressure for a minimum of 10 minutes for gauze
9. Reassess for bleeding control
10. More dressing may be packed into the wound as necessary to stop any continued bleeding
11. Leave the dressing in place
12. Secure the gauze in place with a pressure dressing
13. Note the time of the gauze application

## CRITICAL CRITERIA

---

- Fails to locate source of bleeding and pack wound appropriately to control bleeding
- Fails to apply direct pressure for at least 10 minutes if using plain gauze, after application to control bleeding
- Fails to reassess for bleeding control