



## RESCUE FIRST-AID/CPR COURSE CHECKLIST

Printed Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Facilitator: J.R. Castillo

*As you go through this course, please use this checklist to guide you through the modules of the course. By checking each check box under each module and signing the course checklist below, you are acknowledging that you comprehend and that you have completed each essential element to the best of your ability. Should you have any questions about any of the essential elements, please address them with the course facilitator and document them at the bottom of the checklist in the comments section.*

### Module 1: What Is First-Aid?

- First-Aid is the initial assistance given to someone that is injured has become unwell.
- Make sure that you're not in danger before you attempt to perform First-Aid.
- Priorities of First-Aid:
  - Preserve Life
  - Alleviate Suffering
  - Prevent the Condition from Worsening
  - Promote Recovery

### Module 2: What's in a First-Aid Kit?

- Plasters (Adhesive Dressings/Gause)
- Disposable Gloves
- Triangular Bandages
- Ice Pack
- Scissors
- Bandages/Band-Aids
- Eye Bandages
- Adhesive Tape
- Antiseptic/Antibiotic Ointment
- Good hygiene will reduce the amount of risk to the casualty/injured person.

### Module 3: Primary Survey

- D is for Danger-Check for danger in the immediate area of the casualty/injured person.
- R is for Response-Check to see if the casualty/injured person is responsive.
- A is for Airway-Open up the casualty/injured person's airway.
- B is for Breathing-Check to see if the casualty/injured person is breathing.
- C is for CPR-Begin Cardio Pulmonary Resuscitation on the casualty/injured person.
- You should always try to ask for help from people nearby.

### Module 4: Recovery Position

- Before putting the casualty/injured person in the recovery position, check for Danger, check for Response and check their Airway.
- The Recovery Position is used for casualty/injured people who are found to still be breathing.
- The Recovery Position will keep the casualty/injured person's airway clear and open. It will also reduce the threat of them choking.
- The Recovery position will also make it easier for the person performing First-Aid to safely secure the casualty/injured person until help arrives.

### Module 5: Secondary Survey

- The secondary survey is used to determine the extent of the casualty/injured person's injury.
- It consists of looking at their history, signs and symptoms.
- History: You could look at things such as the casualty/injured person's medical history, any medicines they take and the history of events leading up to the moment of injury.
- Signs: What can you see on the casualty/injured person's body? Make sure to check them from head to toe. Looking for the right signs can help you decide what action to take.
- Symptoms: If the casualty/injured person is conscious, they might be able to tell you how they're feeling. This could help determine your decision on the appropriate treatment.

### Module 6: CPR (Cardio Pulmonary Resuscitation)

- Perform check for *Danger* in the immediate area of the casualty/injured person.
- Perform check to see if the casualty/injured person is *Responsive*.
- Open up the casualty/injured person's *Airway*.
- Perform check to see if the casualty/injured person is *Breathing*.
- If the casualty/injured person is not breathing that will be your signal to begin CPR.
- Agonal Gasp: A medical term used to describe struggling to breathe. It often occurs because the heart is no longer circulating oxygen-rich blood.



- If for some reason you don't want to give the casualty/injured person breaths (due to Covid-19, the presence of blood or any other personal reason), wait until there is a pocket mask available.
- Before beginning CPR Call 911 (999 in the UK) for help.
- Make sure you place yourself as close to the casualty/injured person, as possible.
- Bring your shoulders in line with the rest of your arm.
- Make sure to fully release on the chest, but don't fully come off. No bouncing.
- Compress no more than about 5 to 6 cm/1 to 2 inches from the chest. Any more could cause serious damage or further injury to the casualty/injured person.
- Give casualty/injured person Thirty (30) compressions at a rate of Two (2) compressions per second. A good frame of reference is doing the compressions to the beat of "Staying Alive" by the Bee Gees or "Uptown Funk" by Bruno Mars.
- Do a head tilt/chin lift and give the casualty/injured person two (2) rescue breaths with about a three (3) second pause between breaths.
- Check to make sure that their chest is rising. If it isn't rising, reattempt the two (2) breaths, ensure the seal around the mouth is tight and see if the chest rises. If it doesn't rise, there may be a blockage.
- Continue to provide CPR (30 Chest Compressions and 2 Rescue Breaths per cycle) until help arrives.
- Reasons to stop providing CPR:
  - Too exhausted to continue and no one is around to take over.
  - If the casualty/injured person's condition improves.
  - If the paramedics tell you to stop when they arrive.
- There is a possibility that you could break the casualty/injured person's ribs in the process. Don't worry if that's the case, as your main priority is their breathing.
- If the casualty/injured person is sick, then turn them to the side away from you and let the sick/vomit drain away. Do your best to make sure that the sick/vomit doesn't block their airway and do your best to make sure the airway remains clear.

## Module 7: AED (Automated External Defibrillator)

- An AED can increase the casualty/injured person's chance of survival by up to 75%.
- An AED works by analyzing the casualty/injured person's heart rhythm by determining whenever there is a shockable rhythm. It will then try to shock the heart to restore a normal heartbeat.
- An AED will include:
  - A pocket mask
  - A towel
  - A razor
  - Scissors
  - Defibrillator

- The AED pads need to be directly in contact with the casualty/injured person's skin.
- If the casualty/injured person's chest is particularly hairy, you may need to shave the areas where the pads need to go.
- Reasons to stop AED:
  - If the casualty shows definite signs of life.
  - If the paramedics tell you to stop when they arrive.
  - Too exhausted to continue and no one is around to take over.
- You don't have to be trained to use an AED, but having the training could help build confidence to perform the procedure.

### **Module 8-9: Non-Breathing Casualty/Injured Person and Chain of Survival**

- If you have a casualty/injured person who is not breathing, using a pocket mask will help protect you from any potential contamination or exposure to poisons swallowed by the casualty/injured person.
- Make sure that you keep a tight seal over the casualty/injured person's mouth and nose with the pocket mask before administering rescue breaths.
- Perform a chin-lift and head-tilt before administering rescue breaths.
- Give the casualty/injured person two rescue breaths and then check for breathing and check their pulse. If there is a pulse present, but they are still not breathing, continue rescue breath cycles while continuing to check the casualty/injured person's chain of survival.
- The Chain of Survival steps include:
  - 1. Recognition-They are not breathing normally, so call 911. Administer 2 rescue breaths. Check for pulse. If there is no pulse, proceed to administer CPR.
  - 2. CPR-Cycle through CPR (2 Rescue breaths and 30 Chest Compressions). If CPR is not working, use an AED to attempt to restore the casualty/injured person's pulse.
  - 3. AED-Use if they are not breathing
  - 4. Resuscitation-monitor the casualty/injured person's breathing and repeat the Chain of Survival if necessary.

### **Module 13-15: Choking**

- Possible Signs of Choking:
  - Panicking after eating something
  - Clutching at the Throat
  - Change of Color
  - Signs of Cyanosis (Blueness of the lips)
- First thing you should do is encourage casualty/injured person to cough.
- When they're choking, it's essential to check the casualty/injured person after every back blow.



- Abdominal Thrust: It's the action designed to expel an obstructing object from the throat by placing a fist on the abdomen and forcefully thrusting it inward and upward to dislodge the obstruction.
- Up to five (5) back blows and five (5) thrusts is classified as a cycle.
- If the casualty/injured person collapses from choking, you will need to start performing CPR. There's no need to check for breathing in this case.
- You should always ask if the casualty/injured person is choking before attempting to help them.
- Lean the child forward and use gravity to your advantage.
- If the first cycle isn't successful, you will need to call 911 for an ambulance and medical assistance.
- Always examine the mouth area to see if you can see any objects that are blocking the airway.
- When dealing with a choking infant, make sure that you support their head and neck and throughout the procedure.
- When administering chest thrusts for an infant, place two fingers about an inch below the nipple line.
- When dealing with a choking infant, check for breathing after every chest thrust and back blow.

## Module 16: Choking

- Symptoms of tonic-clonic seizures:
  - Involuntary muscle movements
  - Arching of the back
  - Soiling themselves
  - Eyes rolling back
  - Stopping breathing
  - Blood at the mouth
- It's very important to time how long the seizure is lasting.
- Epilepsy is a neurological disorder marked by sudden recurrent episodes of sensory disturbance.
- Symptoms of focal seizures:
  - Staring into space (absence seizures)
  - Lip smacking
  - Plucking of clothes
  - Twitching
  - Random movements
- It's important that you put the casualty/injured person in a safe place, and you shouldn't try to snap them out of it.

- If the casualty/injured person is laying on a hard surface, try to make them more comfortable by giving them something to rest their head on.

### **Module 17: Burns & Scalds**

- Superficial (First Degree) Burn: It's the least serious type of burn that only affects the top layer of the casualty/injured person's skin.
- If the burn is chemical or covers more than 5% of the body, the casualty/injured person should go to the hospital.
- Partial-Thickness (Second Degree) Burn: It's more serious because it also affects deeper layers of skin, but there is no damage to the muscles or bones.
- Full-Thickness (Third-Degree) Burn: It's the most serious type of burn. It extends through every layer of the skin and may penetrate deeper to the layer of fat just below the skin.
- While dealing with burns, it's important to use cool, not cold running water on the burnt area to avoid hypothermia.
- If you are worried about any infections, you could cover the wound with a sterile bandage/dressing such as cling film/gauze.

### **Module 18: Foreign Objects**

- If the casualty/injured person gets something stuck in their ear or their nose, we shouldn't attempt to pull it out as it can cause more damage.
- If the casualty/injured person has swallowed something with sharp edges, they should be advised to go out to the hospital to get it checked out.
- If you're ever unsure on what to do, you can get advice by calling 911.

### **Module 19-21: Bleeding, Shock, Heart Conditions, Strokes and Applying a Sling**

- The bandage should be firmly wrapped around the wound but not cut off any blood circulation.
- Signs of shock:
  - Pale skin
  - Thirst
  - Cold touch
  - Rapid and weak heart rate
  - Feels dizzy
- Remember to keep the casualty/injured person's legs elevated to control circulation when possible.
- If the bleeding comes through the first bandage, you could apply a second bandage directly over the first bandage.
- Angina: The condition where the blood supply to the heart is restricted.
- Symptoms of angina are often brought on by physical activity. Most of the time the casualty can recover by taking a break or taking their medication.



- Heart Attack: A condition where the heart’s artery is completely blocked.
- Symptoms of a Heart Attack:
  - Chest Pain
  - Tightness around the chest
  - Arm Hurts (Often the left arm first)
  - Pain in the abdomen, the back and the jaw
  - Nausea
  - Being sick (Vomitting)
  - Feeling Dizzy
  - Feeling Clammy
  - Grey in color
- Taking 150-300mg of chewable aspirin can help thin the blood and slow the process down.
- Putting the casualty/injured person in the “W” position (seated with the knees raised) and supporting them by holding their back, will make them feel more comfortable.
- Cardiac Arrest: A condition where the heart stops completely and stops working.
- If a casualty/injured person has a cardiac arrest, it’s critical to get an AED as soon as possible and start performing CPR along with calling an ambulance.
- Stroke: A condition where the supply of blood to the brain is cut off.
- Two types of slings are Support Slings and Elevation Slings.

**Comments/Questions:**

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