



Skill Sheets: SFA

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Skill Sheet: Check, Call, Care

Goal

Check: To identify any existing dangers and the level of help that the ill or injured person needs.

Call: To contact more advanced care if necessary.

Care: To provide care appropriate to your level of training.

What to Do

Check

Check the Scene

- Stop and look at the scene.
- Check to see if the scene is safe and if there are any hazards.
- Look around to see what happened and how it happened. Ask any other people who are at the scene if they saw anything.
- Look around to see who else is available to help.

Check the Person (Primary Assessment)

Check the person's level of responsiveness:

- 1. Approach and communicate with the person so that they can see you. Avoid positions where they have to move to look at you.
- 2. Talk to them.
- 3. If they don't respond, bang on the floor near them.
- 4. If they still don't respond, tap them on **both** shoulders. Do not pinch a person's ears or rub their sternum or stomach.

If the person is responsive, introduce yourself and ask them if you can help (i.e., get consent).

If the person is unresponsive, check their ABCs (Airway, Breathing, and Circulation):

- Open the person's airway and look and listen for breathing for 5 to 10 seconds.
- Look for signs of blood or bodily fluids on or near the person.



Skill Sheet: Check, Call, Care

Call

If available, ask someone else at the scene to help you by telling them to make the call:

- Be specific when speaking directly to people. Identify them clearly using their name or an item of clothing so they know you are speaking to them. For example: "You in the baseball hat!"
- Tell them what has happened.
- Tell them the signs and symptoms you can see.
- Tell them to call 911 or the local emergency number.
- Tell them to come back to you when they have done so.

If no help is available, or if the person you told to call for help left and did not come back:

- Use your phone to call 911 or your local emergency number
- Put it on speakerphone, if possible, so you can multi-task.

If you do not have a mobile phone:

- Get to a phone as quickly as you can and call 911 or your local emergency number.
- If you can carry the person safely, take the person with you.

Care

When providing care for any ill or injured person, including someone who has gone into shock:

- If possible, wear personal protective equipment (PPE), such as disposable gloves, or cover your hands with plastic bags.
- Care for any life-threatening conditions first.
- Stay with the person until help arrives.
- Assist the person with their medication, if required.



Skill Sheet: Check, Call, Care

- If necessary, roll the person into the recovery position.
- Provide continual care:
 - Monitor the person's breathing, level of responsiveness, and overall condition.
 - Allow the person to rest in a comfortable position.
 - Keep the person from getting chilled or overheated.
 - Reassure the person.

Considerations

- If the person is wearing tight clothing around their neck, chest, or waist, loosen it.
- If checking whether a baby is responsive, clap loudly and flick the bottoms of the baby's feet.
- If opening a baby's airway, put them in the sniffing position:
 - Place one hand on the baby's forehead and the finger(s) of your other hand under the chin.
 - Gently tilt the head back until the chin, nose, and mouth are horizontal.
- If opening a child's or adult's airway, use the head-tilt/chin-lift technique:
 - Place one hand on the person's forehead and the finger(s) of your other hand under the chin.
 - Gently tilt the head back until the chin is pointing upward.

Reminder

- Encourage the person to stay in the position they were found in. Do not jostle their head, neck, or spine.



Skill Sheet: Heart Attack and Angina

Goal

To get advanced medical care for a person who has a suspected heart attack or angina and provide appropriate care while you wait.

What to Do

- 1. Have the person rest in a comfortable position.
 - 2. If ASA (acetylsalicylic acid, often sold as Aspirin) is available, encourage the person to **chew** uncoated ASA.
 - 3. If the person takes a prescribed medication to relieve chest pain (e.g., nitroglycerin), offer to locate the medication and hand it to the person.
 - 4. Reassure the person. Anxiety may increase their discomfort.
-

Considerations

- If the person becomes unresponsive and their breathing is abnormal, start CPR.
 - If the person has taken an erectile dysfunction drug in the previous 48 hours, the person **MUST NOT** take nitroglycerin.
 - If the person has nitroglycerin in a spray or pill form, ensure that the person sprays or places the nitroglycerin under their tongue.
 - If the person has a bleeding disorder or an allergy to ASA, do not give them ASA.
-

Reminders

- Always call 911 or your local emergency number and get an AED and a first aid kit for angina or a heart attack.
- Because it is not possible for First Aiders to distinguish between angina and a heart attack, you should treat a person with angina as you would treat a person having a heart attack.
- Do not substitute other medications for ASA. Other medications do not have the same effect as ASA in reducing damage due to heart attacks.



Skill Sheet: Heart Attack and Angina

- The person should not take more than 325 mg of ASA (1 regular strength tablet).
- Make sure that the person chews and swallows the ASA. They should not have a second dose.
- Not everyone experiences chest pain during a heart attack. Subtle signs should not be overlooked.



Skill Sheet: Stroke and TIA

Goal

To gather information about a person's stroke or TIA symptoms to pass on to emergency personnel and give appropriate care while you wait.

What to Do

- 1. If possible, help the person into a comfortable position.
 - 2. Assess the person using F.A.S.T:
 - F.** FACE
 - A.** ARM
 - S.** SPEECH
 - T.** TIME
 - 3. Keep the person calm by talking to them.
-

Considerations

- If the person is unresponsive and their breathing is abnormal, begin CPR.
 - If the person is unresponsive but their breathing is normal, place them in the recovery position.
-

Reminders

- The signs and symptoms of a stroke vary from person to person.
- Call 911 or your local emergency number and get an AED and a first aid kit any time you suspect that a person has had a stroke or TIA.
- Do not encourage the person to take any medications, food, or drink.



Skill Sheet: Minor Bleeding

Goal

To safely stop a minor bleed and prevent infection.

What to Do

- 1. Apply direct pressure until the bleeding stops.
 - 2. Rinse the wound with clean liquid for 5 minutes.
 - 3. Cover the wound with a clean dressing and bandage.
-

Considerations

- If you believe that the wound requires stitches, encourage the person to contact their care provider.
 - If the wound does not stop bleeding, even after you have applied direct pressure, see **Skill Sheet – Life-Threatening External Bleeding**.
 - If the injury is on their eye, ear, nose, or mouth, see **Skill Sheet – Eye, Ear, Nose, and Mouth Injuries**.
-

Reminder

- Encourage the person to watch for signs of infection over the next few days.



Skill Sheet: Two-Person CPR (Adult)

Goal

To pump oxygen to the person's brain to keep them alive until help arrives.

What to Do

- 1. Person 1 begins compressions, counting out loud.
 - 2. Meanwhile, Person 2 calls 911 or the local emergency number and gets an AED and a first aid kit.
 - 3. Person 2 attaches the AED pads, if available.
 - 4. Person 2 opens the airway with a head-tilt/chin-lift.
 - 5. Every 30 compressions, Person 1 pauses compressions and Person 2 gives 2 breaths.
 - 6. Person 1 and Person 2 should switch places after every 5 cycles of 30 compressions and 2 breaths, when they are tired, or when the AED re-analyzes.
-

Considerations

- If you're using a flat plastic shield as your barrier device, pinch the person's nostrils when giving rescue breaths.
- If your breaths do not go in, follow the steps in **Skill Sheet – If Rescue Breaths Do Not Go In**.
- If the person appears to be pregnant, roll up a soft object and place it under their right hip. The aim is to raise the right hip by 7.5 to 10 cm (3 to 4 in.), about 1 hand's width.
- If you are unwilling or unable to give rescue breaths, do compression-only CPR.
- If the person has a stoma, give compression-only CPR.
- If the person is wearing a helmet, leave the helmet in place. If the helmet prevents you from reaching the person's mouth to give breaths, do compression-only CPR.
- If the person begins to vomit while you are giving CPR:
 1. Roll the person onto their side, facing you.
 2. Quickly wipe the person's mouth clean.
 3. Roll the person onto their back and continue with CPR.



Skill Sheet: Two-Person CPR (Adult)

Reminders

- Interrupting chest compressions to deliver 2 rescue breaths should take less than 10 seconds.
- Do between 100 and 120 chest compressions per minute (roughly 2 compressions per second).
- Let the chest rise after each compression.
- The depth of compressions should be 5 cm (2 in.), or about 3 fingers' width.
- Breathe with just enough air to cause the chest to rise.
- Any time you do CPR, you must call 911 or your local emergency number and get an AED and first aid kit.



Skill Sheet: Two-Person CPR (Child)

Goal

To pump oxygen to the child's brain to keep them alive until help arrives.

What to Do

- 1. Person 1 begins compressions, counting out loud.
 - 2. Meanwhile, Person 2 calls 911 or the local emergency number and gets an AED and a first aid kit.
 - 3. Person 2 attaches the AED pads, if available.
 - 4. Person 2 opens the airway with a head-tilt/chin-lift.
 - 5. Every 30 compressions, Person 1 pauses compressions and Person 2 gives 2 breaths.
 - 6. Person 1 and Person 2 should switch places after every 5 cycles of 30 compressions and 2 breaths, when they are tired, or when the AED re-analyzes.
-

Considerations

- If you are using a flat plastic shield as your barrier device, pinch the child's nostrils when giving rescue breaths.
- If your breaths do not go in, follow the steps in **Skill Sheet – If Rescue Breaths Do Not Go In**.
- If you are unwilling or unable to give rescue breaths, do compression-only CPR.
- If the child has a stoma, do compression-only CPR.
- If the child is wearing a helmet, leave the helmet in place. If the helmet prevents you from reaching the child's mouth to give breaths, do compression-only CPR.
- If the child begins to vomit while you are doing CPR:
 1. Roll the child onto their side, facing you.
 2. Quickly wipe the child's mouth clean.
 3. Roll them onto their back and continue with CPR.



Skill Sheet: Two-Person CPR (Child)

Reminders

- Interrupting chest compressions to deliver 2 rescue breaths should take less than 10 seconds.
- Do between 100 and 120 chest compressions per minute (roughly 2 compressions per second).
- Let the chest rise after each compression.
- Push down about one-third of the depth of the chest. Do not push down more than half of the chest's depth.
- Breathe with just enough air to cause the chest to rise.
- Any time you do CPR, you must call 911 or your local emergency number and get an AED and first aid kit.



Skill Sheet: Two-Person CPR (Baby)

Goal

To pump oxygen to the baby's brain to keep them alive until help arrives.

What to Do

- 1. Person 1 begins compressions, counting out loud.
- 2. Meanwhile, Person 2 calls 911 or the local emergency number and gets an AED and a first aid kit.
- 3. Person 2 attaches the AED pads, if available.
- 4. Person 2 opens the airway by putting the baby in the sniffing position.
- 5. Every 30 compressions, Person 1 pauses compressions and Person 2 gives 2 breaths.
- 6. Person 1 and Person 2 should switch places after every 5 cycles of 30 compressions and 2 breaths, when they are tired, or when the AED re-analyzes.

Considerations

- If a CPR barrier device is available, you should use it on babies.
- If using a pocket mask on a baby, orient the mask whichever way up gives the best seal. Do not lean on the baby's head to make the seal.
- If you're using a flat plastic shield as your barrier device, you need to cover the mouth and nose with your mouth while giving rescue breaths.
- If your breaths do not go in, follow the steps in **Skill Sheet – If Rescue Breaths Do Not Go In**.
- If you are unwilling or unable to give rescue breaths, do compression-only CPR.
- If the baby has a stoma, give compression-only CPR.
- If the baby is wearing a helmet, leave the helmet in place. If the helmet prevents you from reaching the baby's mouth to give breaths, do compression-only CPR.
- If the baby begins to vomit while you are giving CPR:
 1. Roll them onto their side, facing you.
 2. Quickly wipe their mouth clean.
 3. Roll them onto their back and continue with CPR.



Skill Sheet: Two-Person CPR (Baby)

Reminders

- Interrupting chest compressions to deliver 2 rescue breaths should take less than 10 seconds.
- Do between 100 and 120 chest compressions per minute (roughly 2 compressions per second).
- Let the chest rise after each compression.
- Push down about one-third of the depth of the chest. Do not push down more than half of the chest's depth.
- Breathe with just enough air to cause the chest to rise.
- When placing 2 fingers or thumbs on the baby's chest, you can use the nipple line or the armpit as a landmark.
- Any time you do CPR, you must call 911 or your local emergency number and get an AED and first aid kit.



Skill Sheet:

Eye, Ear, Nose, and Mouth Injuries

Goal

To safely provide care for injuries of the eyes, ears, nose, and mouth.

Eyes: What to Do

Object is impaled in or around the eye

- 1. Have the person lie on their back and keep as still as possible.
- 2. Stabilize the object with bulky dressings but avoid putting pressure directly on the injury.
- 3. Cover **both** eyes with gauze or another light material.
- 4. Provide comfort and reassurance until emergency personnel arrive.

Object is in the eye but is not impaled

- 1. Try to remove the foreign object by having the person blink several times.
- 2. Gently clean away any dirt around the eye, being careful to avoid getting any more material into the eye.
- 3. Gently flush the eye with running water, making sure the water runs away from the unaffected eye.
- 4. If these steps do not remove the object, the person should contact their care provider.

Eye is out of the socket

Either:

- Support the eye using a clean damp cloth.

Or

- Support the eye using a clean, disposable cup, and tape the cup to the person's face.



Skill Sheet:

Eye, Ear, Nose, and Mouth Injuries

Chemical in the eye

- 1. Consult the appropriate Safety Data Sheet (SDS) for the substance, if it is available.
- 2. Depending on what the SDS says, either brush powdered chemicals off the face with a gloved hand or cloth, or gently flush the eye with running water (making sure the water runs away from the unaffected eye) for at least 15 minutes, or until emergency personnel arrive.
 - Have the person remove any contact lenses during a rinse (only if they are not stuck to the eye).
- 3. Have the person remove any contaminated clothing.
- 4. Do NOT apply any other products without consulting a care provider.

Considerations

- Call 911 or the local emergency number and get an AED and a first aid kit if:
 - There is an impaled object in or near the eye.
 - The eye is out of the socket.
 - The eye has been exposed to a chemical or caustic substance.
- If the person has a chemical in their eye, give emergency personnel a copy of the SDS, if possible.
- If you do not have access to the SDS, check the packaging for instructions or call your local poison centre.

Reminders

- Eye injuries can have long-term consequences for a person's vision. The eyes must always be treated with extreme care.
- Avoid touching the eye or putting pressure on or around it, as this can cause further damage.



Skill Sheet:

Eye, Ear, Nose, and Mouth Injuries

Ears: What to Do

Ear injury

- 1. If the injury is an external wound, provide care for it the same way you would provide care for a wound on any other part of the body.

Object in the ear

- 1. Encourage the person to contact their care provider.
-

Considerations

- If the bleeding appears to be coming from inside the ear, call 911 or your local emergency number.
-

Reminders

- Be sure to check for other injuries. An ear injury may be caused by the following:
 - An impact to the head.
 - A loud noise.
 - An explosion.
 - A foreign object or substance in the ear.
- Do not attempt to remove an object from a person's ear.



Skill Sheet:

Eye, Ear, Nose, and Mouth Injuries

Nose: What to Do

Bleeding from the nose

- 1. Have the person sit with their head slightly forward, pinching their nostrils, for 10 to 15 minutes.
- 2. Once you have controlled the bleeding, tell the person to avoid rubbing, blowing, or picking their nose, because this could start the bleeding again.
- 3. If the person becomes unresponsive, place them in the recovery position to allow blood to drain from the nose.

Object in the nose

- 1. If you can see and grasp the object from outside of the nostril, and you think you can do so without pushing it further in, remove the object with your fingers.
- 2. If the object cannot be dislodged easily, or you think pulling it out will damage the person's nose, leave it in place and advise the person to contact their care provider.
- 3. Tell the person not to attempt to remove the object by blowing their nose.

Considerations

Call 911 or your local emergency number and get an AED and a first aid kit if:

- The bleeding continues for more than 10 minutes, the bleeding is the result of a head injury, or the person is losing a large amount of blood.
- The person complains of a severe headache or dizziness.
- The person has a bleeding disorder.
- The nosebleed was caused by a severe head injury. In this case, do not pinch the nose. Instead, use a cloth to absorb the blood, without applying pressure.



Skill Sheet:

Eye, Ear, Nose, and Mouth Injuries

Mouth: What to Do

Bleeding from the mouth

- 1. Help the person into a comfortable position where blood can drain out of the mouth.
- 2. Put pressure on a cut inside the cheek by asking the person to pinch the wound with their thumb on the inside of the cheek and their fingers on the outside. Use clean material on the inside of the cheek.
 - Do not put gauze farther back in the mouth than the person's molars, as they could choke or gag.

Considerations

- If the bleeding cannot be controlled with pressure, or you cannot maintain pressure on the injury, call 911 or your local emergency number and get an AED and a first aid kit.
- If the mouth is bleeding because of a knocked-out tooth, have the person bite down on some clean fabric.
- If the bleeding was caused by a blow to the head, call 911 or your local emergency number, get an AED and a first aid kit, and provide care for a head, neck, or spine injury.
- If an object is impaled in the cheek or lips, leave it in place advise the person to contact their care provider.

Reminders

- Blood in the mouth could cause a person to choke.
- A person who swallows a lot of blood may vomit.



Skill Sheet: Burns

Goal

To stop the burning process, minimize the damage that a burn causes, and protect the skin.

What to Do

- 1. Remove jewellery and clothing from the burn site, but do not attempt to move anything that is stuck to the skin.
 - 2. Cool the affected area with clean liquid for at least 10 minutes, 20 minutes if possible. A clean compress that is cool (but not freezing) can be used as a substitute.
 - 3. Once the burn is cool, cover it loosely with clean, dry, absorbent fabric (not a material that can leave pieces behind).
-

Considerations

- Call 911 or your local emergency number and get an AED and a first aid kit for burns if:
 - The burns were caused by chemicals, electricity, or an explosion.
 - You suspect the person's airway or lungs may be burned (inhalation burns).
 - The burns are full-thickness or involve a large amount of blistering or broken skin.
 - The person is in a great deal of pain.
 - The person becomes unresponsive.
 - The person's breathing is abnormal.
 - The burn is larger than 1% of the person's body (about the size of the person's palm).
 - The burn is on the genitals or covers the face, neck, or hands.
 - The person is going into shock.
- If the wound is oozing, if there is increasing pain, or if there are signs of infection, advise the person to contact their care provider.
- If the person complains of feeling cold, cover them with a blanket.



Skill Sheet: Burns

- If you suspect that the person's airway or lungs may be burned, monitor the person's breathing closely while you wait for emergency personnel.
- If the burn results from **electricity**, treat it as a thermal burn and also treat the person as if they had a head, neck, or spinal injury.
- If the burn results from exposure to a **radioactive** substance, consult the appropriate workplace safety system (e.g., WHMIS 2015) and safety data sheet (SDS) for specific first aid steps.
- If the burn results from **chemicals**:
 1. Wear personal protective equipment to avoid being burned yourself.
 2. Brush any dry chemicals off the person's skin before flushing with water.
 3. Flush the affected areas with large amounts of cool running water for at least 15 minutes, or until emergency personnel arrive.
 4. Flush the chemicals away from areas of the body that have not been contaminated.
 5. Remove any clothing that is wet or that has been contaminated by the chemical.
 6. Refer to the appropriate SDS for additional first aid measures, if it is available, but don't delay calling 911 or your local emergency number to do so.
 7. Give emergency personnel a copy of the SDS, if possible.

Reminders

- Do not use ointments on partial or full thickness burns.
- Leave any blisters intact.
- Only touch a burn with clean dressings.



Skill Sheet: Head, Neck, and Spine Injuries

Goal

To minimize complications from a head, neck, or spine injury and be prepared to respond to any changes in the person's condition while you wait for emergency personnel.

What to Do

- 1. Tell the person not to move.
 - 2. Gently support the person's head and neck if they cannot maintain the position you found them in.
-

Considerations

- If the person's breathing becomes abnormal, roll them onto their back (supporting their head and spine if possible) and begin CPR.
- If the person wants to move to a comfortable position and can do so without pain or discomfort, allow them to assume the most comfortable position.
- If the person is unresponsive, not talking or communicating with you, their breathing is abnormal, or you cannot tell if their breathing is normal, open their airway using a head-tilt/chin-lift or the sniffing position in order to check their ABCs, even if you suspect a head, neck, or spine injury.
- If the person begins to vomit:
 - Turn the person onto their side, facing you.
 - Quickly wipe the person's mouth clean.
 - Return the person to their back.
- If you must move the person because they are face down and not breathing, follow the instructions in **Skill Sheet – Face-Down to Face-Up Roll**.



Skill Sheet: Head, Neck, and Spine Injuries

Reminders

- Any time a person is unresponsive, even for a moment, call 911 or your local emergency number and get an AED and a first aid kit.
- Approach the person so they can see you when you talk to them, so they won't turn their head.
- Call 911 or your local emergency number and get an AED and a first aid kit any time you suspect that a person has had a head, neck, or spine injury.



Skill Sheet:

Anatomical Splint – Legs

Goal

To support a leg or pelvis injury comfortably by using the person's body and whatever soft materials you have available.

What to Do

- 1. Check the person's circulation below the injured area and compare it to the non-injured side.
 - 2. Using the natural gap behind the knees or ankles, carefully slide at least three pieces of fabric under both legs. Avoid moving the injured limb.
 - 3. Fold a soft, thick object into a shape long enough to go from the person's groin to their ankles.
 - 4. Place the soft object between the person's legs.
 - Move the uninjured leg towards the injured side before tying.
 - 5. Attach the fabric. Avoid tying any fabric directly on top of the injured area.
 - a. Attach the piece of fabric closest to the pelvis.
 - b. Attach the fabric closest to the knee.
 - c. Attach the fabric nearest the ankle, in a figure eight around the sole of both feet.
 - 6. Check the person's circulation below the injured area again.
-

Considerations

- If possible, remove jewellery below the site of the injury.
- If the area below the injury is cold before immobilizing, call 911 or your local emergency number and get an AED and a first aid kit.
- If the area below the injury is cold after immobilizing, or if the person feels numbness or tingling, gently loosen the material.
- You can use tape to secure the splint if it is all that is available. Do not stick any kind of tape other than medical tape directly onto the person's skin.
- If commercial options are not available, you can use common items such as blankets, coats, and pillows to improvise an anatomical splint.



Skill Sheet:

Anatomical Splint – Legs

- If commercial bandages are not available, you can attach a splint with whatever lengths of fabric you have.
- If the person can tolerate it, apply an ice pack or other cold object wrapped in fabric to the injured area. Follow the rules for the timing of the application of ice.
- If more than three pieces of fabric are available, attach the additional ones in between the other pieces, avoiding the injured area.
- If only two pieces of fabric are available, tie one around the person's ankles and one around their thighs, but this is not ideal.

Reminders

- Splint the injured part in the position in which it was found. Do not try to straighten or move the injured body part. Allow the person to rest in the most comfortable position.
- You do not have to apply a splint for a person unless you must move them, or it makes them more comfortable while they wait for emergency personnel.



Skill Sheet: Blood Sugar (Diabetic) Emergency

Goal

To use sugar to return the person's blood sugar to a safer level.

What to Do

- 1. If possible, help the person into a comfortable position.
 - 2. If the person can swallow, give them some form of sugar.
 - 3. Monitor the person's condition for 10 minutes:
 - If the person's condition gets worse or does not improve within 10 minutes, call 911 or your local emergency number and give the person more sugar if they are still able to swallow.
 - If the person's condition improves, encourage them to eat a complete meal.
-

Considerations

Call 911 or your local emergency number and get an AED and a first aid kit for burns if:

- The person is unable to swallow.
- The person becomes unresponsive, even for a moment.
- The person's breathing is abnormal.
- The person's condition worsens or does not improve within 10 minutes after having sugar.
- The person has a seizure.



Skill Sheet: Blood Sugar (Diabetic) Emergency

Reminders

- Do not administer insulin or glucagon to another person.
- When giving sugar to a person in a diabetic emergency, use what you have available, but these are some good options:
 - Oral glucose tablets.
 - Chewable candy.
 - Fruit juice.
 - A non-diet soft drink.
 - 2 tablespoons of sugar mixed into a cup of water.



Skill Sheet: Seizure

Goal

To protect yourself and the person and provide and access appropriate care.

What to Do

- 1. If possible, help the person to the floor.
 - 2. When the seizure stops, check the person's level of responsiveness and ABCs.
 - 3. Place the person in the recovery position.
-

Considerations

- If you can do so safely, place a soft object under the person's head to protect it.
 - If the person is unresponsive and their breathing is abnormal following a seizure, begin CPR.
 - If the person is responsive, perform a secondary assessment and provide appropriate care.
 - If the person has shared their seizure plan with you and you are confident that you understand it, follow what it says.
-

Reminders

- Any time a person is unresponsive, even for a moment, call 911 or your local emergency number and get an AED and a first aid kit.
- Do not put yourself in a position where the ill or injured person could hurt you.
- Do not hold the person down.
- Do not put anything into the person's mouth.



Skill Sheet: Fainting

Goal

To get advanced care for a person who has fainted and provide appropriate care while you wait.

What to Do

- 1. If possible, help the person into a comfortable position.
 - 2. If the person is unresponsive, even for a moment:
 - Place them in the recovery position.
 - Check their ABCs.
 - Call 911 or your local emergency number and get an AED and a first aid kit.
 - Perform a secondary assessment and provide appropriate care while you wait for emergency personnel.
-

Considerations

- If the person is not responsive **and** their breathing is abnormal, begin CPR.
 - If the person is wearing tight clothing around their neck, loosen it.
-

Reminder

- Any time a person is unresponsive, even for a moment, call 911 or your local emergency number and get an AED and a first aid kit.



Skill Sheet:

Environmental Emergencies (Heat/Hyperthermia)

Goal

To safely cool a person experiencing the effects of a hot environment.

What to Do

- 1. Remove the person from the hot environment if possible.
 - 2. Loosen any tight clothing.
 - 3. Fan the person to increase evaporation.
 - 4. Apply ice or cold packs wrapped in fabric to the armpits, chest, and upper back to gradually cool the person.
 - 5. If the person is responsive and able to swallow, have them slowly sip a cool drink (no alcohol or caffeine).
 - 6. Encourage the person to rest in a cool environment until they feel better.
-

Considerations

Call 911 or your local emergency number and get an AED and a first aid kit if:

- The person is vomiting.
 - The person has an altered level of responsiveness.
 - The person is unable to drink fluids.
 - The person has hot, dry skin.
 - The person has an altered mental status (e.g., has vision problems or displays irritable, confused, or aggressive behaviour).
 - The person's breathing is abnormal.
 - The person has a seizure.
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Reminder

- Do NOT immerse the person in a body of water or ice bath. If they become unresponsive, you may not be able to get them back out.



Skill Sheet:

Environmental Emergencies (Cold/Hypothermia)

Goal

To give appropriate assistance to someone experiencing the effects of a cold environment.

What to Do

- 1. Remove the person from the cold environment.
 - 2. Have the person remove any wet clothing.
 - 3. Place a gentle heat source on the person's armpits, chest, and upper back. Examples of gentle heat sources include hot water bottles or warming packs, wrapped in fabric.
 - 4. Wrap the person in dry material, such as blankets or coats.
 - 5. If the person is responsive and able to swallow, offer them some food or a warm drink (no caffeine or alcohol).
 - 6. If the person's skin is frozen, warm the affected area with warm water or body heat. Do not rub their skin or break any blisters.
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Considerations

- If the person has moderate or severe hypothermia, call 911 or your local emergency number and get an AED and a first aid kit.
 - If an area of the person's body is frozen, it should not be allowed to thaw and then refreeze.
 - If the frozen area has thawed:
 - Don't break any blisters. Protect blisters with loose, dry dressings.
 - Place gauze between the fingers or toes if they are affected.
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Reminders

- If the person is cold and appears to not be breathing, check for signs of breathing for 60 seconds.
 - Do not rub the exposed skin of someone who may have frostbite or hypothermia.
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Skill Sheet: Poisons

Goal

To gather information that will help emergency personnel treat a poisoning, while keeping the person comfortable until they arrive.

What to Do

- 1. Look around the area for signs of what may have caused the poisoning.
 - 2. Help the person into a comfortable position, away from the source of the poison.
 - 3. Ask the person what type of poison caused their illness.
 - 4. Ask how much poison was taken and when.
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Considerations

- If the person has an altered level of responsiveness or their breathing is abnormal, call 911 or your local emergency number and get an AED and a first aid kit.
 - If the person needs CPR but there is poison on their face or mouth, do compression-only CPR.
 - If the person vomits, save a sample and give it to emergency personnel.
 - If the person is unable to answer, you may need to ask other people at the scene for information.
 - If the person is responsive, their breathing is normal, and they do not have any other injuries, you may call your local poison centre.
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Reminders

- Only approach the scene if it is safe for you to do so.
- Be careful to not contaminate yourself with the poison. Wear appropriate personal protective equipment (PPE). Refer to the SDS if available.
- Do not make the person vomit unless emergency personnel tell you to.
- Do not offer the person anything to eat or drink unless emergency personnel tell you to.