BLS Instructor Skills

Donning and Doffing PPE

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

DONNING PPE

1. Wash your hands.
2. Put on your gown.
3. Put on your mask.
4. Put on your protective eyewear.
5. Put on your disposable gloves.

DOFFING PPE

1. Remove your disposable gloves:
    - With one hand, pin. the glove at the wrist of your other hand, being careful to touch only the glove's outer surface.
    - Pull the glove down and off your hand.
    - Form the removed glove into a ball and hold it in the palm of your gloved hand.
    - Insert your gloveless fingers under the rim of the glove of your other hand, near your wrist.
    - Pull the glove down and off the hand. The glove will turn inside out and trap the balled glove inside.
2. Remove your gown.
3. Wash your hands.
4. Remove your protective eyewear.
5. Remove your mask.
6. Wash your hands.

Organizational/local protocol for _____ :

Skill Notes

- After removing your gloves, discard them appropriately.
- Wash your hands properly with soap and water for at least 30 seconds.

Scene and Primary Assessment

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Identify and reduce any potential environmental risks or hazards.
2. Identify mechanism of injury/chief complaint.
3. Identify number of patients.
4. Identify and request other required resources.
5. Introduce yourself and if the patient is responsive, explain the procedure and obtain consent before making any physical contact.
6. Determine level of responsiveness (AVPU).
7. Determine if spinal motion restriction is required.
8. Check ABCs simultaneously.
    - Open Airway.
    - Check Breathing.
    - Check Circulation.
9. Perform pulse oximetry.
10. Perform a rapid body survey, including skin check.
11. Determine your transport decision.
12. Establish appropriate patient positioning.

Organizational/local protocol for _____ :

Pulse Assessment — Adult/Child/Infant

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Place fingers in appropriate location:
   - Responsive adult or child: place two or three fingers over the radial artery.
   - Unresponsive adult or child: place two or three fingers over one of the carotid arteries.
   - Infant: place one or two fingers over the brachial artery.
2. Assess pulse for a maximum of 10 seconds.

Organizational/local protocol for _____ :

Skill Notes

- Do not use your thumb to take a patient's pulse.
- To find the carotid pulse, feel for the Adam's apple at the front of the neck and then slide your fingers into the groove of the neck on the side closest to you.
- To find the brachial pulse, slide your fingers to the underside of the infant's arm, halfway between the elbow and the shoulder.

Pulse Oximetry

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
	✓		✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Explain the procedure to the patient.
2. Turn on the pulse oximeter.
3. Ensure all variables such as nail polish, poor perfusion, and jewellery are appropriately managed.
4. Apply the pulse oximeter to the patient's fingertip.
5. Assess the patient's pulse manually and compare this number with the pulse oximeter's reading to ensure accuracy.
6. Document the SpO_2.

Organizational/local protocol for _____ :

Skill Notes

- Refer to the manufacturer's directions to ensure that you are using the device properly.
- Apply the pulse oximeter probe to a finger presenting sufficient perfusion.

Foreign-Body Airway Obstruction: Responsive Child or Adult

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Try to dislodge the object by alternating between at least two of the following methods: back blows, abdominal thrusts, and chest thrusts.
2. Perform each method up to five times, checking after each attempt to see whether the object has been dislodged. Continue alternating between methods until the object comes out, the patient begins to breathe, or the patient becomes unresponsive.
3. If the choking patient becomes unresponsive, focus on protecting the head and neck as much as possible as the patient collapses. Begin the care for an unresponsive patient.

BACK BLOWS

1. Stand or kneel behind the patient, ensuring that your stance is stable.
2. Wrap one arm across the patient's chest.
3. Bend the patient forward at the waist until the upper airway is at least parallel to the ground.
4. Deliver up to five firm back blows between the shoulder blades, checking after each one to see if the obstruction has cleared.

ABDOMINAL THRUSTS

1. Stand or kneel behind the person, ensuring that your stance is stable.
2. Make a fist and place it thumb-side-in against the patient's abdomen, just above the navel and well below the lower tip of the sternum.
3. Cover your fist with your other hand and give up to five quick, inward and upward thrusts, checking after each one to see if the obstruction has been cleared.

CHEST THRUSTS

1. Stand or kneel behind the person, ensuring that your stance is stable.
2. Wrap both of your arms around the person's chest.
3. Make a fist and place it thumb-side-in against the patient's sternum, and place your other hand over your fist.
4. Give up to five chest thrusts by pulling straight back toward you, checking after each one to see if the obstruction has been cleared.

Organizational/local protocol for _____ :

Skill Notes

- Standing slightly to one side can make your back blows more effective.
- When doing chest thrusts, your arms should be wrapped around the person's chest, just below his or her underarms.
- If the first chest thrusts aren't effective, pull more sharply and deeply.
- Abdominal thrusts are a good default choice for most patients, but they may be difficult with bariatric patients and are not suitable for pregnant women.

Foreign-Body Airway Obstruction: Responsive Infant

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Sit or kneel with the infant's body prone on your forearm, and the head supported in your hand.
2. Place the thumb of the hand supporting the head at the angle of the infant's lower jaw, and one or two fingers from the same hand at the same point on the opposite side of the infant's jaw.
3. Deliver five firm back blows between the shoulder blades, checking after each one to see if the obstruction has been cleared.
4. If the object does not come out, turn the infant supine, ensuring you support the head.
5. Place two fingers on the sternum just below the nipple line and deliver five firm chest compressions, pushing down one-third of the chest's depth. Check after each one to see if the obstruction has been cleared.
6. Repeat the five firm back blows and five chest compressions until the object comes out, the infant begins to breathe normally or cry, or the infant becomes unresponsive.
7. If the infant becomes unresponsive, begin the care for an unresponsive patient.

Organizational/local protocol for _____ :

Skill Notes

- When placing two fingers on the infant's chest, you can use the nipple line as a landmark, placing your fingers just below it.
- Be careful not to compress the soft tissues under the chin.
- Position the infant so that the head is lower than the chest. This allows gravity to assist in dislodging the foreign body.
- Back blows should be delivered directly between the shoulder blades and should not glance off.

Unresponsive Foreign-Body Airway Obstruction

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

IF CIRCULATION IS ABSENT:

1. Perform 30 compressions, attempt one ventilation.
2. If there is no air entry, reposition head and attempt to ventilate again.
3. If air still does not enter, resume the CPR sequence, starting with 30 chest compressions.
4. Look in the patient's mouth for a foreign object (using a tongue-jaw lift or cross-finger technique); remove object, if one is found.
5. Attempt one ventilation.
    a) If air does not enter, repeat step 3.
    b) If air does enter, then give a second ventilation. Continue with CPR protocol.

IF CIRCULATION IS PRESENT:

1. If first ventilation is **successful**, deliver a second ventilation.
2. Continue ventilating and assessing circulation.

1. If first ventilation is **unsuccessful**, reposition airway and attempt a second ventilation.
2. If second ventilation attempt does not enter, initiate CPR sequence of 30 compressions.
3. Look in mouth for a foreign object; remove if one is found.
4. Attempt to ventilate; if unsuccessful, continue CPR compressions cycles.

VENTILATION RATES

Adult: one ventilation every 5 to 6 seconds.

Child and infant: one ventilation every 3 to 5 seconds.

Organizational/local protocol for _____ :

Assisted Ventilations — Adult/Child/Infant

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Determine the need for assisted ventilations.
2. Maintain an open airway using the head-tilt/chin-lift or jaw thrust.
3. Give one ventilation:
   - Every 5 to 6 seconds for an adult.
   - Every 3 to 5 seconds for a child or an infant.
   - On inhalation, and a second ventilation after exhalation if the patient has bradypnea (breathing too slowly).
   - On every second ventilation if the patient has tachypnea (breathing too quickly).
4. Watch the chest:
   - The chest should just start to rise with each ventilation.

Organizational/local protocol for _____ :

Skill Notes

- Assisted ventilation is indicated for the following conditions:
  - Respiratory arrest
  - Irregular respiratory rates (i.e., lower than 10 breaths per minute or higher than 30 breaths per minute)
- If the patient is responsive, he or she may resist the ventilations. Try to calm and reassure the patient.
- The procedure is the same even if the patient's mouth is compromised.

Using a Resuscitation Mask

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Position yourself by the patient's head, facing the chest **OR** to the patient's side, by the patient's head.
2. Place one thumb on each side of the mask to maintain a tight seal on the patient's face.
3. Seal mask onto the patient's face in a way that the airway is positioned open.

Organizational/local protocol for _____ :

Skill Notes

- The position of the responder depends on whether the responder is working alone or as part of a team.
- A resuscitation mask is indicated for a patient in respiratory arrest, or a patient whose respiratory rate is too low or too high.
- Some resuscitation masks are designed specifically for children and infants.
- Resuscitation masks may also include an oxygen inlet port.

Using a Bag-Valve-Mask (BVM) — Adult/Child/Infant

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Select the correct size of BVM.
2. Attach the BVM to supplemental oxygen (if available).

TWO RESPONDERS

Responder A:

1. Position yourself by the patient's head, facing the chest.
2. Open the airway and seal the mask:
    a) Place thumbs on each side of the mask, toward the chest, and apply downward pressure.
    b) Place fingers of both hands along the patient's mandible.
    c) Open the airway using head-tilt/chin-lift or jaw thrust .

Responder B – provide ventilations:

1. Squeeze bag smoothly just until the chest starts to rise.
2. Watch the chest to see if air is going in.
3. Recheck the pulse and breathing after two minutes and every two minutes thereafter.

SINGLE RESPONDER

1. Position yourself by the patient's head, facing the chest.
2. Position the mask.
3. Seal the mask:
    a) Make a "C" with your thumb and index finger to maintain the seal.
    b) Place the other three fingers of the same hand along the patient's cheek, with your fingertips hooked under the mandible to maintain the angle of the head.
4. Open the airway using head-tilt/chin-lift or jaw thrust.
5. Provide ventilations:
    a) With the free hand, squeeze the bag smoothly just until the chest starts to rise.
    b) Watch the chest to see if air is going in.
    c) Recheck the pulse and breathing after two minutes and every two minutes thereafter.

Using a Bag-Valve-Mask (BVM) — Adult/Child/Infant

Skill Sheet

Organizational/local protocol for _____ :

Skill Notes

- A bag-valve-mask (BVM) is indicated for a patient in respiratory arrest, or a patient whose respiratory rate is too low or too high.
- A BVM is best used by two responders.
- If you are using a BVM without a partner, you must maintain the mask seal with one hand, monitor the airway, and simultaneously provide ventilations with your other hand.
- Some BVMs are designed specifically for children and infants. These BVMs also include a valve that prevents over inflation of the lungs.
- When using a BVM on a non-breathing patient, ensure that the patient's airway is open. Inserting an airway adjunct as soon as possible will assist in maintaining the patient's airway.

Oxygen Therapy — Set-Up and Delivery

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
	✓		✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

Set-Up:

1. Ensure oxygen cylinder is safely handled and positioned.
2. Check the cylinder to confirm that it contains medical-grade (USP) oxygen.
3. Clear valve:
    a) Ensure that you are at a safe distance from others and that the valve is facing away from yourself and others – caution anyone nearby of your intent.
    b) Remove protective covering and set aside O-ring.
    c) Quickly open the cylinder's valve (for a maximum of one second) to clear debris.
4. Attach pressure regulator:
    a) Confirm that the gasket (O-ring) is properly inserted/positioned.
    b) Check to see that the pin index corresponds to the oxygen tank.
    c) Seat the two metal prongs of the regulator inside the holes of the valve stem.
    d) Hand-tighten the screw until the regulator is snug.
    e) Open the cylinder by giving the valve one full turn and listen for leaks.
    f) Examine the regulator's gauge to determine the pressure in the cylinder.

ADMINISTERING OXYGEN

1. Attach the delivery device to the oxygen port on the regulator.
2. Set the appropriate flow rate.
3. Listen and feel to make sure that oxygen is flowing into the delivery device.
4. If patient is responsive, explain the procedure.
5. Place the delivery device on the patient.

Organizational/local protocol for _____ :

Skill Notes

- If using a delivery device with an oxygen reservoir bag, ensure that it is full.
- Regulators and cylinders are pin indexed, meaning a regulator will fit into only the cylinder it was designed for. Be sure to confirm that the pin index on the regulator corresponds to that on the oxygen cylinder.
- To safely administer oxygen from an oxygen cylinder, you must first reduce the pressure of the oxygen inside from 2,000 pounds per square in. (psi) to a range of 30 to 70 psi. This is done using the oxygen regulator, which is either integrated or independent.

Insertion of an Oropharyngeal Airway (OPA)

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
		✓	✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

INSERTION

1. Size the OPA by measuring it against the side of the patient's face (should extend from the earlobe to the corner of the mouth).
2. Open patient's mouth using the crossed-finger technique.

ADULT:

1. With the curved end facing up towards the roof of the patient's mouth, insert the OPA by gently sliding the tip along the roof of the mouth.
2. When the device is approximately one-half to three-quarters of the way into the patient's mouth, rotate it a half-turn (180 degrees).
3. The OPA should drop into the throat without resistance. The flange end should rest on the patient's lips.

CHILD:

1. With the curved end facing the inside of the cheek, insert the OPA by gently sliding the tip along the inside of the cheek.
2. Rotate it 90 degrees to place it into the throat.
3. The OPA should drop into the throat without resistance. The flange end should rest on the child's lips.

INFANT:

1. Place padding under the shoulders to maintain a neutral position and avoid hyperextending the neck.
2. Use a tongue depressor to hold the tongue in place.
3. Place the OPA against the lower lip with the concave side facing down, and slide the OPA smoothly into place without rotating it, following the natural curvature of the mouth and throat.
4. The OPA should drop into the throat without resistance. The flange end should rest on the infant's lips.

REMOVAL

To remove an OPA from a patient of any age:

1. Grasp the flange between your thumb and index finger.
2. Pull gently towards the patient's chin; the OPA will slide out smoothly.

Insertion of an Oropharyngeal Airway (OPA)

Skill Sheet

Organizational/local protocol for _____ :

Skill Notes

- An airway adjunct may not suffice on its own. Be sure to continuously monitor the patient's respiration after inserting an adjunct and use manual techniques (e.g., head-tilt/chin-lift) as needed to maintain airway patency.

Insertion of a Nasopharyngeal Airway (NPA)

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
		✓	✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Determine if the use of an NPA is appropriate (i.e., recognizing contraindications and cautions).
2. Size the NPA by measuring it against the patient's cheek (should extend from the earlobe to the tip of the nose) and ensuring the diameter of the NPA is not larger than the nostril.
3. Lubricate the NPA with a water-soluble lubricant.
4. Insert the NPA into the right nostril, with the bevel towards the septum.
5. Gently advance the airway straight in (not upward) until the flange rests against the patient's nostril.
6. Remove airway, if required.

Organizational/local protocol for _____ :

Skill Notes

- Never force an NPA into the airway. If it does not pass easily, remove the NPA and try the other nostril.
- Insertion may cause epistaxis, which can cause blood to enter the airway.
- An airway adjunct may not suffice on its own. Be sure to continuously monitor the patient's respiration after inserting an adjunct and use manual techniques (e.g., head-tilt/chin-lift) as needed to maintain airway patency.

Suctioning
Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
		✓	✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. If patient is responsive, explain the procedure.
2. Measure the distance from the patient's earlobe to the corner of the mouth to determine the depth of insertion.
3. Use the crossed-finger technique or tongue-jaw lift to open the patient's mouth.
4. Insert the catheter into the upper airway to the maximum depth measured earlier.
5. Provide rapid suction until the airway is clear.
10. After providing suction, give the patient supplemental oxygen.

Organizational/local protocol for _____ :

Infant Note

- A bulb syringe is used to provide suction for an infant. Deflate the bulb syringe before inserting it into the infant's airway.

Skill Notes

- If the patient has an OPA inserted, remove it first. If necessary, reinsert the OPA once the airway is clear.
- If a suction device malfunctions, roll the patient onto his or her side immediately and clear the airway with a finger sweep.
- If a patient has a tracheostomy or stoma, suction through the tube or hole. Do not insert the catheter more than 5 cm (2 in.) beyond the lower edge of the opening.

Cardiopulmonary Resuscitation (CPR) — Adult/Child/Infant/Neonate

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Participants may not need to demonstrate skills for all age groups. The learning objectives for each course indicate the applicable content.

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Determine patient is in cardiac arrest.
2. Refer to the chart below for instructions.
3. Switch roles after approximately 2 minutes (5 cycles) of continuous CPR, if two or more responders are available.
4. Continue CPR until AED can be applied, more advanced care takes over, or local protocol dictates otherwise.

	Adult	Child	Infant	Neonate
HAND POSITION:	Two hands on sternum	One or two hands on sternum	Two fingers on sternum (just below nipple line) **OR** Encircling method	Two fingers on sternum (just below nipple line) **OR** Encircling method
COMPRESSION DEPTH:	5 cm (about 2 in.)	1/3 of the chest depth	1/3 of the chest depth	1/3 of the chest depth
ONE-RESPONDER CYCLE:	30 compressions 2 ventilations	30 compressions 2 ventilations	30 compressions 2 ventilations	3 compressions 1 ventilation
TWO-RESPONDERS CYCLE:	30 compressions 2 ventilations	15 compressions 2 ventilations	15 compressions 2 ventilations	3 compressions 1 ventilation
COMPRESSION RATE:	100–120 per minute (30 compressions in 15–18 seconds)	100–120 per minute (30 compressions in 15–18 seconds)	100–120 per minute (30 compressions in 15–18 seconds)	100–120 per minute (30 compressions in 15–18 seconds)

Organizational/local protocol for _____ :

Skill Notes

- Once CPR is started, it should be interrupted only to perform critical interventions, or when there are obvious changes in the patient's condition (i.e., speaking, coughing, moving purposefully, or opening the eyes).
- Chest compression fraction is the measurement of the amount of time that compressions are being performed. A chest compression fraction time of around 80% is the aim, with a minimum of around 60%.
- If the patient is pregnant, put a blanket or cushion under the patient's right hip to help blood return to the heart, if doing so does not disrupt CPR.
- If more than two responders are available, one responder should assume the role of team leader.
- You must use the two-finger method if the infant's torso is too large to encircle.
- The two-finger method is also recommended if you are performing CPR alone.

Using a Defibrillator

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
✓			✓	✓	✓	✓

Steps

Ensure you are always wearing proper PPE before performing the skill.

1. Activate the defibrillator immediately to allow the device to start recording time and to begin analyzing the patient as quickly as possible.
2. Expose and prepare the patient's chest.
3. Select the correct size of defibrillator pads.
4. Attach the pads to the patient's chest, as directed by the defibrillator's manufacturer.
5. Pause CPR to allow the defibrillator to analyze the patient's heart rhythm. Do not touch the patient or the defibrillator during this time. The defibrillator will notify you when the analysis is complete.
6. Follow the defibrillator's prompts.
7. Continue chest compressions while the defibrillator charges in preparation to deliver a shock.
8. Continue cycles of CPR and defibrillation until the person shows signs of recovery (i.e., speaking, coughing, moving purposefully, or opening the eyes) and starts to breathe normally.

Organizational/local protocol for _____ :

Skill Notes

- The automated external defibrillator (AED) is the most common defibrillator, but there are many others that vary slightly in use. It is important that you know and follow the manufacturer's instructions for proper use and maintenance of your defibrillator.
- Use a defibrillator in combination with CPR for patients in cardiac arrest.
- If two responders are present, one should begin CPR while the second prepares the defibrillator and applies the pads to the patient.
- Typically, one pad is placed on the upper right side of the chest and the other on the lower left side with a minimum of 2.5 cm (1 in.) of space between them.
- If the patient's chest is too small to allow at least 2.5 cm (1 in.) of space between the pads, place one on the front of the patient's chest (anterior) and one on the back (posterior).