



FR Instructor Skills

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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.

- 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.
- 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 SpO₂.

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.



Secondary Assessment

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

- If patient is responsive, explain the procedure throughout the survey and obtain consent before making any physical contact.
- Interview patient and/or bystanders:
 - Confirm chief complaint and mechanism of injury, as determined by primary assessment
 - Collect patient history (SAMPLE)
- Check and record vital signs:
 - Level of responsiveness (use Glasgow Coma Scale)
 - Pupils (size, pupils of equal size, and reactive to light)
 - Respiration (rate, rhythm, and quality)
 - SpO₂
 - Pulse (rate, rhythm, and quality)
 - Body temperature
 - Skin characteristics (colour, condition, and temperature)
 - Blood glucose level (BGL)
 - Blood pressure (palpation or auscultation, as situation dictates)
- Carefully and systematically examine (exposing when needed) and palpate:
 - Head and neck
 - Abdomen
 - Shoulders and collarbones
 - Pelvis and hips
 - Chest
 - Legs and arms
 - Back
- Document all findings

Organizational/local protocol for _____ :

Skill Notes

- The vital signs you document may vary based on your qualification and scope of practice.
- Initial vital signs should be reassessed and recorded every 5 minutes for an unstable patient, and every 30 minutes for a stable patient.



Blood Pressure Measurement

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. Select the correct blood pressure cuff size.
3. Wrap the blood pressure cuff around the patient's arm so that the lower edge is about 2.5 cm (1 in.) above the crease of the elbow.
4. Choose either the palpation or auscultation method.

PALPATION

1. Locate the radial pulse.
2. Close the regulating valve and inflate the cuff until you can no longer feel the radial pulse. Continue to inflate the cuff for another 20 mmHg beyond this point.
3. Slowly deflate the cuff until the radial pulse returns, then deflate the cuff fully.
4. Record the approximate systolic blood pressure.

AUSCULTATION

1. Locate the brachial pulse.
2. Position the stethoscope over the brachial artery. Close the regulating valve and inflate the cuff to 20 mmHg above the approximate systolic blood pressure (as determined during palpation).
3. Slowly deflate the cuff, until the pulse is heard.
4. Continue deflating the cuff until the pulse is no longer heard, then deflate the cuff fully.
5. Record systolic and diastolic blood pressure.

Organizational/local protocol for _____ :

Skill Notes

- The centre of the cuff should be over the brachial artery.
- The cuff should be directly against the skin.
- Allow the cuff to deflate at a rate of about 2 mmHg per second.
- Record the blood pressure, whether the patient was sitting or lying down, and when the blood pressure was taken.



Using an Epinephrine Auto-Injector

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Check the Six Rights of Medication before proceeding.
2. Remove the safety cap.
3. Have the patient firmly push the tip of the epinephrine auto-injector against their quadriceps muscle in the centre of the outer thigh. A click should be heard.
4. Have the patient hold in place for up to 10 seconds.
5. Have the patient remove the epinephrine auto-injector.
6. Rub the injection site for 30 seconds.
7. Safely dispose of the auto-injector.

Organizational/local protocol for _____ :

Skill Notes

- Before using the auto-injector, quickly check for anything that might prevent the auto-injector needle from entering the skin (e.g., a mobile phone or a wallet in the pocket of the patient's pants).
- Ensure that the used epinephrine auto-injector is transported with the patient to the hospital in a rigid sharps container.
- If the patient does not improve within 5 minutes of the initial dose of epinephrine, a second dose may be indicated.



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 _____ :



Using a Meter-Dose Inhaler and a Spacer

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

USING AN INHALER

1. Check the Six Rights of Medication before proceeding.
2. Tell the patient to rapidly shake the inhaler 3 or 4 times.
3. Have the patient remove the cap from the inhaler.
4. Tell the patient to breathe out, away from the inhaler.
5. Have the patient bring the inhaler to the mouth. Help to put the mouthpiece between the patient's teeth and then tell patient to close his or her lips around it.
6. Tell the patient to press the top of the inhaler once while taking one slow, full breath in.
7. Have the patient hold the breath for as long as comfortable (up to 10 seconds) and then exhale.

USING AN INHALER WITH A SPACER

1. Check the Six Rights of Medication before proceeding.
2. Tell the patient to rapidly shake the inhaler 3 or 4 times.
3. Have the patient remove the cap from the inhaler (and spacer, if applicable).
4. Have the patient put the inhaler into the spacer.
5. Tell the patient to breathe out, away from the spacer.
6. Have the patient bring the spacer to the mouth.
7. Tell the patient to press the top of the inhaler once while taking one slow, full breath in.
8. Have the patient hold the breath for as long as comfortable (up to 10 seconds) and then exhale.

Organizational/local protocol for _____ :

Skill Notes

- If the patient is unable to press the top of the inhaler, you may do it instead if the patient asks you to.



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).



Applying a Tourniquet

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Apply a tourniquet 5 to 10 cm (2 to 4 in.) above the injury. If there is a joint within this range, apply the tourniquet above it, at least 2.5 cm (1 in.) away from the joint.
2. Tighten the tourniquet until the bleeding stops.
3. Secure the tourniquet in place.
4. Document the time the tourniquet was tightened.

Organizational/local protocol for _____ :

Skill Notes

- You should apply a tourniquet only for initial care, during situations when you are unable to use standard hemorrhage control (i.e., a mass casualty incident, injury in an environment that becomes unsafe, a patient hemorrhaging blood from a wound that cannot be accessed).
- A commercially manufactured tourniquet is preferred over an improvised device.
- Continue to apply direct pressure to the wound, if possible.
- Once a tourniquet is in place, you should not remove it for any reason.
- A patient with a tourniquet applied should always be in the rapid transport category.



Controlling External Bleeding

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Place the patient in a seated or recumbent position.
2. Apply firm, direct pressure to the wound with a gloved hand.
3. While maintaining direct pressure, apply a sterile dressing and bandage it in place.
4. Assess circulation distal to the injury, after applying a bandage. If circulation is impaired, you may have to loosen the bandage.
5. Reassess the wound. If direct pressure does not control the bleeding, consider using a tourniquet, if the wound is on a limb.

Organizational/local protocol for _____ :

Skill Notes

- Use clean, sterile dressings.
- Use a gloved hand to apply direct pressure, or if the patient is responsive, he or she may be able to maintain direct pressure on the dressing while you apply the bandage.
- Although exposing a wound can help to assess the degree of bleeding, do not delay applying direct pressure. If possible, expose the wound while applying direct pressure.
- If blood soaks through the bandage, apply additional dressings and bandages. Do not remove any blood-soaked dressings or bandages.



Splinting

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. Expose and examine injury.
3. Perform manual stabilization of the injury site and control any bleeding.
4. Assess distal pulse, and motor and sensory function.
5. Measure splint appropriately, using the uninjured limb first.
6. Pad splint as necessary.
7. Apply splint to immobilize limb above and below injury.
8. Secure splint in place.
9. Reassess circulation, and motor and sensory function.

Organizational/local protocol for _____ :

Skill Notes

- Remove any jewellery that the person is wearing below the site of the injury, or that may present a hinderance to performing the skill.
- Follow the manufacturer’s directions for commercial splints.
- If the area becomes cold to the touch after immobilizing, or if the patient feels numbness and/or tingling, gently loosen the splint while monitoring the circulation distal to the injury site.
- For bone injuries, immobilize the joint above and below the site of the injury.
- For joint injuries, immobilize the bones above and below the site of the injury.



Applying a Tube Sling

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

1. Check the patient's circulation and sensation of the injured arm.
2. Have the person hold the injured arm across the body, with the fingers touching the opposite shoulder.
3. Place a triangular bandage over the forearm and hand of the injured arm, with the point of the bandage extending past the elbow.
4. Tuck the base of the triangular bandage under the injured arm, from the hand to the elbow.
5. Twist the end of the bandage hanging below the elbow to secure the injured arm.
6. Tie the ends of the bandage together by bringing the lower half of the bandage up the back to meet the other end near the person's neck.
7. Secure the arm to the body by applying a binder:
 - Wrap a broad bandage around the injured arm and the body.
 - Tie the bandage snugly at the uninjured side.
8. Recheck circulation and sensation.

Organizational/local protocol for _____ :

Skill Notes

- Remove jewellery below the site of the injury.
- Check for normal temperature and skin colour below the injured area before and after immobilizing the limb:
 - If the area is cold after immobilizing, or if the patient feels numbness and/or tingling, gently loosen the bandages.
- Pad slings to increase comfort.
- Tying the bandage toward one side of the neck, and not at the back, can reduce discomfort caused by the knot.
- Adjust the height of the sling before tying the ends together to make sure the sling is supporting the arm.



Applying a Regular Sling

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

1. Check the patient's circulation and sensation of the injured arm.
2. Have the patient hold the injured arm across his or her body.
3. Slide a triangular bandage under the injured arm.
4. Bring the bottom end of the bandage over the shoulder of the injured side and tie the ends together behind the neck.
5. Secure the elbow by twisting, tying, or pinning the corner of the bandage.
6. Secure the arm to the body by applying a binder:
 - Wrap a broad bandage around the injured arm and the body.
 - Tie the bandage snugly at the uninjured side.
7. Recheck circulation and sensation.

Organizational/local protocol for _____ :

Skill Notes

- Remove jewellery below the site of the injury, if possible.
- Check for normal temperature and skin colour below the injured area before and after immobilizing the limb:
 - If the area is cold after immobilizing, or if the patient feels numbness and/or tingling, gently loosen the bandages.
- Pad slings to increase comfort.
- Tying the bandage toward one side of the neck, and not at the back, can reduce discomfort caused by the knot.
- Adjust the height of the sling before tying the ends together to make sure the sling is supporting the arm.



Pelvic Binding

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. Remove patient's outer clothing.
3. Bring the legs together.
4. Place a narrow, folded sheet—20 to 30 cm (8 to 12 in.) wide—across a multi-level stretcher.
5. Pad the spaces between the knees and ankles, and secure the legs together.
6. Using a scoop stretcher (clamshell stretcher), lift the patient onto the prepared folded sheet on the multi-level stretcher.
7. Ensure that the top of the sheet is level with the patient's iliac crest.
8. Cross the ends of the sheet on the anterior side of the pelvis and apply gentle tension, or twist the sheet's end until the desired tension is reached.
9. Secure the binding to prevent loss of tension.
10. Reassess sensation and distal circulation in the lower extremities.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders.
- The width of the sheet should correlate with the distance between the patient's iliac crest and pubis symphysis.
- If a stretcher is not readily accessible, insert the folded sheet from under the knees, and slide it up and under the pelvis.
- Synchronize the movements of each side of the sheet to ensure even pressure is applied. Avoid any movement of the patient.
- Secure the binding with clamps (or by knotting the ends). If using clamps, position clamps laterally to avoid obstructing X-ray views.
- Tuck any loose ends of the sheet away so they will not interfere with the transporting of the patient.
- Reassess the binding periodically to ensure the tension is maintained.



Applying an Upper Body Motion Restriction Device

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Determine the need for immobilization (patient should already be fitted with a cervical collar).
2. Explain the procedure to the patient.
3. Assign a responder to maintain spinal motion restriction of the head and neck, until the other equipment is applied.
4. Position the device behind the patient.
5. Secure straps in proper order, starting with middle and lower torso straps.
6. Position and secure each groin/leg strap.
7. Pad head appropriately.
8. Secure head to device.
9. Secure upper torso strap.
10. Communicate with other responders and safely move patient to a backboard as a team.
11. Once supine and positioned on a backboard, release leg straps and slowly lower patient's legs to an in-line position.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders.
- The torso straps should be snug enough that fingers cannot be slipped beneath them.



Securing a Patient on a Backboard

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Determine the need for immobilization.
2. Explain the procedure to the patient.
3. Apply cervical collar and manual spinal motion restriction, and maintain in-line stabilization.
4. Place hands in appropriate position.
5. Using a minimum of two responders, roll the patient onto the backboard as one unit, using the appropriate technique.
6. Position the patient in centre of the backboard, using the appropriate technique.
7. Secure the patient's body to the backboard, using the appropriate strapping devices in the correct sequence.
8. Pad any natural hollows.
9. Secure the patient's head to the backboard, using the appropriate equipment.
10. Confirm the patient is secure before moving.

Organizational/local protocol for _____ :

Skill Notes

- Spinal motion restriction may be accomplished with a long backboard or a scoop stretcher (clamshell), although in some cases it may be sufficient to apply a hard cervical collar and then place the patient supine on a soft mattress; follow local protocol.
- The top of the patient's head should not go beyond the end of the board.
- The backboard straps should be snug, but not so tight that they cause discomfort or restrict the patient's respiration.
- You may have a commercially made head restriction device available. Follow the manufacturer's directions when using these devices, along with local protocol.
- If necessary, reapply/adjust the cervical collar and secure the patient's arms and hands in front of their body.
- There may be instances in which SMR must be performed for a patient in a prone or lateral position. In these cases, follow local protocol.



Rolling a Patient onto a Backboard: From a Semi-Prone Position

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Establish a plan with the other responders and work as a team.
2. Explain the procedure to the patient.
3. Responder A: maintain manual spinal motion restriction (SMR) and in-line stabilization of patient's head and neck throughout procedure.
4. Responder B: examine patient's back.
5. Responders B and C: kneel beside patient and place backboard behind patient.
6. Responder B: grasp patient's far shoulder and hip to stabilize patient.
7. Responder C: grasp patient's far hip and knee to stabilize patient.
8. Responder A: give pre-arranged command to roll patient as one unit onto backboard.
9. Responders roll patient as one unit onto backboard.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders. If possible, it is preferable to perform this technique with at least three responders.
- Responder A needs to be careful not to roll patient onto his or her face.



Rolling a Patient onto a Backboard: From a Supine Position

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Establish a plan with the other responders and work as a team.
2. Explain the procedure to the patient, if appropriate.
3. Apply cervical collar, if appropriate.
4. Responder A: maintain manual spinal motion restriction (SMR) and in-line stabilization of patient's head and neck throughout procedure.
5. Responders B and C: place backboard beside patient and kneel on other side of patient.
6. Responder B: grasp patient's far shoulder and hip to stabilize patient.
7. Responder C: grasp patient's far hip and knee to stabilize patient.
8. Responder A: give a pre-arranged command to roll patient.
9. Responders roll patient as one unit onto patient's side.
10. Responder B: examine patient's back while keeping one hand on patient's shoulder and supporting patient against your thighs.
11. Responders B and C: position backboard against patient.
12. Responder A: give pre-arranged command to roll patient as one unit onto backboard.
13. Responders roll patient as one unit onto backboard.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders: one to maintain in-line stabilization and another to position the backboard and roll the patient's body onto it while keeping the spine in a straight line. If possible, it is preferable to perform this technique with at least three responders.



Rolling a Patient onto a Backboard: From a Prone Position

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Establish a plan with the other responders and work as a team.
2. Explain the procedure to the patient.
3. Responder A: maintain manual spinal motion restriction (SMR) and in-line stabilization of patient's head and neck throughout procedure.
4. Responder B: examine patient's back.
5. Responders B and C: kneel beside patient and place backboard between patient and yourselves.
6. Responder B: grasp patient's far shoulder and hip to stabilize patient.
7. Responder C: grasp patient's far hip and knee to stabilize patient.
8. Responder A: give a pre-arranged command to roll patient.
9. Responders roll patient as one unit onto patient's side.
10. Responders B and C: position backboard against patient.
11. Responder A: give pre-arranged command to roll patient as one unit onto backboard.
12. Responders roll patient as one unit onto backboard.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders. If possible, it is preferable to perform this technique with at least three responders.



Applying a Cervical Collar

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Determine the need for spinal motion restriction (SMR).
2. Explain the procedure to the patient.
3. Instruct the patient not to move and to inform you if there is any pain and/or resistance.
4. Responder A: apply manual SMR throughout the procedure.
5. Responder A: move the patient’s head into the neutral position.
6. Responder B: remove or cut away any items (e.g. shirt collars, necklaces, etc.) that could interfere with the placement of the collar.
7. Responder B: measure the patient accurately and select the correct size of cervical collar.
8. Responder B: apply and secure the collar with minimal movement to the patient’s head and spine.
9. Responder B: visually check the collar to make sure it is correctly placed and fitted properly.
10. Responder A: maintain SMR until the patient is fully secured to a spinal restriction device, if required.

Organizational/local protocol for _____ :

Skill Notes

- When holding in-line stabilization, Responder A’s fingertips should not extend beyond the patient’s earlobe.
- If moving the patient’s head into neutral alignment is not safe or possible, use manual stabilization instead of a cervical collar.
- Determine the correct collar size by measuring the distance between the top of the patient’s trapezius and the bottom of the patient’s chin and comparing this to the manufacturer’s sizing specifications.
- The chin piece should rest snugly beneath the patient’s chin, supporting it gently. The lower portion of the collar should be centered and resting on the patient’s sternum.
- Gently tug the collar where it meets the sternum, then check the collar at the sternum, at each shoulder, and at the chin to ensure that the collar is positioned correctly at each point. If the patient is responsive, ensure that the patient is comfortable and can breathe normally.



Helmet and Shoulder Pad Removal

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓		

Steps

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

1. Ensure that the patient is supine.
2. If patient is responsive, explain the procedure.
3. Responder A: hold both sides of the helmet, maintaining manual spinal motion restriction (SMR) throughout.
4. Responder B: cut away the chinstrap, shoulder pad straps (sides and front), and jersey.
5. Responder B: remove the internal cheek pads and/or deflate the helmet's air bladder system.
6. Responder B: grasp the patient's mandible with the web space of your hand, so the thumb is on one side and the middle and index fingers are on the other, while resting your forearm on the patient's sternum for stability.
7. Responder B: slide your other hand between the top of the athlete's shoulder and the inside of the shoulder pad, underneath the deltoid cup.
8. Responder B: continue to slide your hand up towards the back of the patient's neck through the opening of the shoulder pads, stopping at the back of the patient's head (occipital region). You should be able to grasp the head without lifting it off the ground.
9. Responder A: carefully slide the helmet gently up until it just clears the patient's ears, then pause while Responder B re-adjusts his or her hand position under the patient's head.
10. Responder A: remove the helmet the rest of the way, making sure to tilt it backwards to avoid hitting the patient's nose.
11. Responder B: maintain manual SMR from below to prevent the head from tilting during helmet removal.
12. Responder A: Positioned at the top of the patient's head, place both hands on the sides of the neck opening of the shoulder pads and pull straight back along the ground, bringing the shoulder pads up over the patient's head.
13. Once the shoulder pads have been removed, Responder A takes over manual SMR of the patient's head from Responder B and lowers the head to the ground.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders.
- If the patient is wearing glasses, remove them before removing the helmet.
- Two or three tongue depressors taped together can be used to remove the cheek pads.
- The helmet's air bladder system can be deflated using a syringe or air pump.
- Responder A may need to use a gentle forward and backward motion to slide the helmet off, but care should be taken to avoid causing any motion of the head.
- Care should be taken to help clear the shoulder pads over the patient's nose to avoid causing excessive cervical extension.



Helmet Removal

Skill Sheet

BLS	OT	AM	FR	EMR	AFA	MAFA
			✓	✓	✓	✓

Steps

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

1. Ensure that the patient is supine.
2. If patient is responsive, explain the procedure.
3. Responder A: hold both sides of the helmet, maintaining manual spinal motion restriction (SMR) throughout.
4. Responder B: remove any face piece that may interfere with normal breathing.
5. Responder B: loosen the chin strap or any other securing devices.
6. Responder B: place one hand on the patient's mandible at an angle, with the thumb on one side and the middle and index fingers on the other.
7. Responder B: with your other hand, hold the back of the patient's head (occipital region) as high up as possible without lifting the head off the ground.
8. Responder A: carefully slide the helmet gently up until it just clears the patient's ears, then pause while Responder B re-adjusts his or her hand position under the patient's head.
9. Responder A: remove the helmet the rest of the way, making sure to tilt it backwards to avoid hitting the patient's nose.
10. Responder B: maintain manual SMR from below to prevent the head from tilting during the helmet removal. After the helmet has been removed, Responder A lowers the head to the ground while maintaining manual SMR.

Organizational/local protocol for _____ :

Skill Notes

- This requires a minimum of two responders.
- If the patient is wearing glasses, remove them before removing the helmet.
- Responder A may need to use a gentle forward and backward motion to slide the helmet off, but care should be taken to avoid causing any motion of the head.



Administering Glucose Gel

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. Position the responsive patient in a comfortable position.
3. Check the Six Rights of Medication.
4. Measure approximately 12 g of glucose gel.
5. Have the patient self-administer the glucose gel.

If local protocol indicates glucose gel for an unresponsive patient:

- a) Position unresponsive patient in semi-prone position.
 - b) Spread glucose gel on the inside of the patient's lower cheek (buccal area).
 - c) Promote absorption of the glucose gel by massaging the outer lower cheek.
6. Document the time, route, dose, and effect on the Patient Care Report.

Organizational/local protocol for _____ :

Skill Notes

- The end of a tongue depressor can be used as an application tool.
- Oxygen mask and OPA should be removed prior to administration of oral glucose gel, and replaced once gel has been administered.
- Ensure that suction devices are ready to use.
- After administering glucose gel, reassess and continue to monitor the patient's airway.