IHCD AWARDS

TRAINING SYLLABUS FOR

FIRST PERSON ON SCENE (Basic)

Entry requirements	**DIRECT ENTRY**	**DIRECT ENTRY**	**PRE-ENTRY ASSESSMENT**
Ambulance Response	**< 20 MINUTES**	**20 - 40 MINUTES**	**40+ MINUTES**
Title	**FIRST PERSON *(Basic)***	**FIRST PERSON *(Intermediate)***	**FIRST PERSON *(Advanced)***
THE PRE-HOSPITAL ENVIRONMENT	A1.1. The role of FPOS A1.2. Scene safety A1.3. Minimising risk of infection A1.4. Post-incident procedures	As for FPOS Basic plus : B 1.5 Scene management - Safety - Triage	As for FPOS Intermediate plus : C1.6. Documentation
PATIENT ASSESSMENT	A2.1 Communicating with patients A2.2 Examination and assessment	B2.1 Communicating with patients B2.2 Primary survey and assessment B2.3 Safe moving and handling	As for FPOS Intermediate, plus : C2.5 Vital signs and blood pressure measurement C2.6 Infants and children C2.7 Safe moving and handling (Common with A2.3.)
AIRWAY MANAGEMENT	A3.1. Basic airway management - Causes of blocked airway - Opening and maintaining a clear airway - Choking - A 3.2 Use of suction	As for FPOS Basic, plus : B3.3 Removal of crash helmets B3.4 Use of oro-pharyngeal airways	As for FPOS Intermediate, plus : C3.1 Advanced anatomy and physiology C3.2 Use of Airway adjuncts - Laryngeal mask - Combitube - Naso pharyngeal airway C3.3 Assisting the paramedic C3.4 Paediatric basic airway management
RESPIRATION AND VENTILATION	A4.1. Recognition of respiratory problems A4.2. Common breathing difficulties - Asthma - Hyperventilation	As for FPOS Basic, plus : B4.3 Oxygen supplementation - mechanical - bag/valve/mask B4.4 Ventilation support - Pocket face mask 0_2 nipple	C4.5 Advanced anatomy and physiology C4.6 Bag valve mask resuscitator C4.7 Use of nebuliser C4.8 Paediatric ventilation
BASIC LIFE SUPPORT	A5.1 Perform basic life support A5.2 Recovery position	As for FPOS Basic, plus : B5.3 Perform child and infant basic life support	As for FPOS Intermediate, plus : C5.4 Ethics of resuscitation C5.5 Dealing with distressed relatives

Entry requirements	DIRECT ENTRY	DIRECT ENTRY	PRE-ENTRY ASSESSMENT
Ambulance Response	**<20 MINUTES**	**20-40 MINUTES**	**40+ MINUTES**
	FIRST PERSON *(Basic)*	**FIRST PERSON *(Intermediate)***	**FIRST PERSON *(Advanced)***
DEFIBRILLATION	B6.1 Automated external defibrillation	As for FPOS Basic plus B6.2 Normal / abnormal heart rhythms	As for FPOS Intermediate, plus : C6.2 Advanced anatomy and physiology C6.3 Abnormal conditions of the cardiovascular system C6.4 Cardiac monitoring & manual defibrillation C6.5 Reporting, recording and audit
CIRCULATION AND SHOCK	A.7.1 Recognition and initial care of haemorrhage - Bleeding - Shock (to include faints)	As for FPOS Basic	C7.1 Advanced anatomy and physiology C7.2 Blood pressure measurement C7.3 Assisting the paramedic
MEDICAL RELATED EMERGENCIES	Recognition and initial care of : A 8.1 Heart attack/angina A.8.2 Diabetes A.8.3 Stroke A.8.4 Epilepsy A.8.5 Unconscious patient A.8.6 Asthma / anaphylaxis	As for FPOS Basic B8.7. Assisting the Paramedic	C8.8 Abdominal emergencies C8.9 Obstetrics C8.10 Poisoning C8.11 Assisting the paramedic C8.12 Drug therapy
TRAUMA RELATED EMERGENCIES	A.9.1. Recognition and initial care of injuries to bones, joints, tendons and ligaments A.9.2. Recognition and initial care of burns and scalds	As for FPOS Basic, plus : B9.3 Recognition and initial care of other trauma related injuries B9.4 Skeletal stabilisation	C9.5 Advanced anatomy and physiology C9.6 Use of pain relieving gas C9.7 Trauma in pregnancy C9.8 Assisting the paramedic

1. THE PRE-HOSPITAL ENVIRONMENT

Units in this area describe the considerations that those first on scene need to make in order to manage the scene safely and effectively, working within their given role. The purpose is to minimise the risk to themselves and others and promote a safe working environment.

The units within this work role cover both the physical and personal protection aspects; in the advanced award, the role also covers the principles of triage and documentation.

A1.1. The Role of the First Person (Basic)

The student should be able to;

State the nature of resources available to respond to the needs of the patient

Explain their role to the patient

Key learning points

* The need to summon medical assistance
  - advanced assessment skills
  - oxygen
  - airway skills
  - drugs / fluids
  - rapid transfer to A&E

* Posture and presentation (clothing & ID cards)

A1.2. Scene Safety

The student should be able to;

State the considerations to be made for self and others when first on the scene of an emergency

Key learning points

* likely causes of danger to self and others
  - environmental
  - causative factors

* use of bystanders to summon help and/or provide assistance

- the need for individual protective equipment (IPE), including pocket masks

A1.3. Minimising the Risk of Infection

The student should be able to;

Explain the reasons for, and principles of, Universal Precautions

Explain the importance of immunisation for the First Person On Scene

Describe the safe disposal of clinical waste

Discuss cleaning arrangements for soiled clothing

Describe the action to be taken by FPOS if they suffer an inoculation injury

Act in accordance with local infection risk procedures

Key learning points

Supporting evidence is required of the student's understanding of:

* each element of Universal Precautions
  - gloves
  - glasses
  - protective clothing
* the importance of handwashing and hand disinfection in preventing the spread of infection
* the importance of protecting cracks and lesions on the hands with appropriate dressings
* the hazards posed to FPOS by spillages of blood and body fluids
* the procedure and equipment used for cleaning spillages of blood and body fluids
* the benefits of single-use equipment in reducing cross-infection risks where appropriate
* awareness of the risks from sharps injuries
* the procedure to be adopted following sharps injury
* actions to be taken following contact with a known infectious disease
* access to advice, support and, if required, immunisation
* principles of handling and disposing of clinical waste and contaminated material
* the use of protective clothing

A1.4. Post-incident Procedures

The student should be able to;

Describe the reporting procedures for critical incidents and “near-misses”

State the access to critical incident de-briefing and post-incident feedback and support

State the cleaning and re-stocking procedures

Complete appropriate documentation

Key learning points:

* recognition of responsibilities for own well being
* recognition of responsibilities for own actions
* importance of accurate information during handover
* risk factors of attending / witnessing traumatic incidents and fatalities
* understand manifestations of stress
* how to manage stress and stresses of the role

2. PATIENT ASSESSMENT

A2.1. Communicating with Patients

The student should be able to;

Describe and demonstrate effective communication skills when examining a patient (in simulated conditions)

Key learning points

Supporting evidence is required of the students understanding of:

* the cycle which occurs as a result of communication difficulties which increases stress
* means of using verbal & non-verbal communications to reassure and reduce stress
* methods of simplifying language to aid comprehension.
* respect for ethnic and cultural factors affecting communication and actions

A2.2 Examination and Assessment

The student should be able to;

Describe how to rapidly identify life-threatening conditions

- blocked airway
- bleeding patient
- respiratory arrest
- cardiac arrest

State the relevant actions to be taken in response to the findings at each stage of the primary survey

Describe the importance of interpreting the mechanism of injury

Describe the assessment level of consciousness using the AVPU scale

Report the findings of an examination and history on handover in a clear, concise and sequential manner

Demonstrate the skills of look, listen, feel and smell when examining a patient

Key learning points

Supporting evidence is required of the students understanding of:

* importance of priority of actions during assessment and re-assessment
* importance of the re-assessment and obtaining accurate history
* which observations to make
* the normal breathing rates for adults
* the normal pulse rate for adults
* considerations when making observations on dark skin
* appropriate action to take following assessment
* need for minimum patient movement during examination and treatment
* importance and value of clear, concise and sequential reporting when handing over the patient to medical personnel
* medi-alert bracelets / tags / hospital cards

3. AIRWAY MANAGEMENT

A3.1. Basic Airway Management

The student should be able to:

Describe normal anatomy of a patent airway

Describe the signs and / or symptoms of airway obstruction (partial and complete)

Describe the treatment / management of the above

In simulated situations, demonstrate the stepped airway approach for a patient with a compromised airway in line with national guidelines in force at the time.

State the importance of re-assessment of a patient's airway

Key learning points

- the importance of using careful observation to detect deterioration in the patient's condition
- the importance of obtaining accurate history of the event and its relevance on potential outcome.
* the main causes of airway obstruction
* the need for an immediate response and the management of airway obstruction take priority over all other disorders
* the risk of airway obstruction in injuries to the face
* appreciation of patients with dentures
  - may cause obstruction of the airway if loose or broken
  - can give shape and support to assist resuscitation if correctly placed
- the correct positioning of the unconscious patient to maintain the airway
- the importance of maintaining a clear airway
* the need for regular re-assessment of the patient's airway
- techniques for dealing with the choking patient

A3.2. Use of Suction (this element is optional)

The student should be able to;

Demonstrate effective airway aspiration on appropriate manikins using equipment

Perform operational checks and maintenance procedures on suction equipment

State the indications and contra-indications for suction

Key learning points

* reinforce positioning as first option when at all possible
* the indications for airway aspiration
* the potential dangers of inappropriate suction
* the damage which may be caused to tissues by excessive suction
* methods of clearing a blocked catheter
* the need to dispose of used catheters
* the use of rigid suction catheters in the pre-Hospital environment

4. RESPIRATION AND VENTILATION

A4.1. Recognition of Respiratory Problems

The student should be able to:

Describe the basic respiratory system

Describe the components required for normal breathing

Assess the effectiveness of a patient's breathing

Describe the signs of hypoxia

Key learning points

* just because a patient is breathing, it doesn't mean they are ventilating

* the causes of respiratory distress and how to recognise it

A4.2. Common Breathing Difficulties

The student should be able to:

ASTHMA

Define asthma

Describe the signs and symptoms of asthma

Describe the initial care of patients suffering an asthma attack

HYPERVENTILATION

Recognise the signs and symptoms of hyperventilation

Importance of history

Describe the initial care of patients suffering hyperventilation

Key learning points

ASTHMA

- changed anatomy
- initial care of the asthma patient

HYPERVENTILATION

* self-correcting condition
* the importance of history
* the need to be calm but firm with the patient
* need to remove/distract patient from cause
* importance of patient re-assurance

5 : BASIC LIFE SUPPORT

A5.1. Perform Basic life support

The student should be able to:

Demonstrate the effective use of a face mask

Perform effective basic life support in line with current national guidelines for adults on an appropriate manikin

Demonstrate post-arrest management

Key learning points

* looking and feeling for signs of life
- circumstances under which resuscitation is performed for 1 minute before summoning help
    - drowning
    - trauma
    - choking
    - intoxication of drugs/alcohol
* the need for early intervention in respiratory emergencies
* monitor and respond to changes in a patient's condition as a result of basic life support
* the relative benefits of various ventilation techniques
    - mouth to mouth
    - mouth to nose
    - mouth to stoma
* the limitations of basic life support and the benefits of adjunctive equipment
* the importance of correct basic life support techniques for adults
* the differences in technique when single and multiple rescuers are present, and the physical demands of performing basic life support
* awareness of potential difficulties in ventilating patients, e.g.
    - asthmatic (stiff chests, steroids)
    - burns victims (airway burns, contaminated lungs, obvious dangers)
    - pregnant women (patient positioning, high risk of being sick, mother comes first, breast tissue in AEDs (a link to AED)
    - hypothermia (and the dangers of chest compression)
* physical and psychological demands of performing basic life support

A5.2. Recovery Position

The student should be able to;

Demonstrate the safe and effective technique for placing a range of patients in the recovery position

Key learning points

- preparation of patient before movement
  - pockets
  - glasses
  - checking for injuries
  - loosen clothing

* importance of assessing the size and weight of the patient and the need to summon additional assistance

* techniques for the safe moving of patients

* knowledge of potential risks to the patient when placing in the recovery position

* ongoing need to monitor the patients condition and respond to changes

* a patient's tendency to adopt the position which gives them most comfort

* importance of gaining the patient's co-operation when being positioned by adequate explanation

* circumstances or changes which may necessitate a change in the patient's position

* considerations for positioning of patient's with breathing difficulties e.g. asthma

6. DEFIBRILLATION

A6.1 Automated External Defibrillation

The student should be able to:

Describe normal / abnormal heart activity

Explain the role of the automated external defibrillator in relation to pre-hospital care and the chain of survival

Describe the five point safety considerations when performing defibrillation shocks

- water/liquid on the patients chest
- direct contact
- indirect contact (metal/wet surfaces, volatile gases, oxygen)
- jewellery/GTN patches
- pacemakers

Preparation of patients prior to performing defibrillation shocks

Demonstrate and explain the operation of an automated external defibrillator

State the ***post-resuscitation*** care necessary for a successfully defibrillated patient

Correctly position the electrode pads in accordance with manufacturers guidelines

Maintain the dignity and wishes of the patient at all times

Key learning points

* the safety precautions to be taken during defibrillation
* environmental (water, metal, flammable gases, direct/indirect contact)
* patient (medication patches, jewellery, moisture, pacemakers, body hair)
* automated external defibrillation operational procedures - rescuer/team safety (direct/indirect contact)
* the importance of following local reporting procedures for the use of AED and data capture
* maintenance procedures for the automated external defibrillator

7 : CIRCULATION AND SHOCK

A7.1. Recognition and Initial Care of Haemorrhage

The student should be able to;

BLEEDING

Recognise normal circulation :

- colour
- presence of a radial pulse
- talking patient

Recognise the difference between major and minor bleeding

Recognise the need for speed in identifying any major source of external blood loss

Describe and demonstrate the initial care of external haemorrhage

- elevation
- direct pressure
- indirect pressure

SHOCK (to include faints)

Define '***shock***' : lack of circulating blood volume to the vital organs

In simulated situations, demonstrate effective techniques for the management of shock

Define the term faint : lack of perfusion to the brain

Demonstrate the management techniques for a faint

Key learning points

* loss of a radial pulse
* management of foreign bodies in situ
* the need to look for "hidden" external blood loss eg, loose clothing; at night-time; leathers; patient positioning
* the need for careful monitoring for evidence of bleeding continuing
* the location of 'pressure points'
    - brachial
    - femoral
* positioning of patient in the absence of a radial pulse

SHOCK (to include faints)

* relevant history as well as common signs and symptoms (to include mechanism of injury)
* the history, clinical signs and symptoms associated with faints
* the normally brief duration of a faint

8 : MEDICAL RELATED EMERGENCIES

A8.1. Recognition and initial care of heart attack & angina

The student should be able to;

Describe the history, signs and symptoms usually associated with “heart attack”

In simulated situations, demonstrate the management of “heart attack”

Key learning points

* difference in signs and symptoms between heart attack and angina
* describe some common medication associated with angina treatment
* the importance of obtaining accurate patient history
* the importance of reassurance and patient confidence in the management of acute cardiac illnesses
* patient positioning for “heart attack”

A8.2 Recognition and initial care of diabetes

The student should be able to:

Define diabetes

Demonstrate techniques for assessing and managing hypoglycaemia

Key learning points

* history, clinical signs and symptoms commonly associated with hypoglycaemia and hyperglycemia
* normally rapid improvement in hypoglycaemic episode
* potential of secondary injuries

A8.3 Recognition and initial care of stroke

The student should be able to;

Define stroke: a bleed in or blockage of the circulation within the brain

Describe the signs and symptoms commonly associated with a stroke

Demonstrate effective management of a patient with clinical signs of a stroke.

Key learning points

* the difficulties experienced by stroke patients, especially in communication, mobility and anxiety
* immediate effects experienced by stroke patients
    - airway maintenance
    - mobility
    - anxiety
    - communication
    - visual disturbances
    - potential for fitting
    - over-heating
    - hypothermia
    - incontinence
* management of stroke patients, including positioning
* the importance of reassurance and patience in these cases

A8.4 Recognition and initial care of epilepsy

The student should be able to;

Describe the clinical presentation of minor and major epilepsy

Demonstrate, in simulated situations, management of a patient with minor or major epileptic seizures

Key learning points

* the history and clinical signs and symptoms associated with major and minor seizures
* the possibility of injury associated with epileptic seizure
* the need for tact, diplomacy and understanding as a patient recovers from epileptic events

A8.5 Recognition and initial care of the unconscious patient

The student should be able to;

Recognise the dangers of unconsciousness:

- airway compromise
- breathing impairment
- circulatory impairment
- extremes of temperature (cold and heat)

Discuss some of the causes of unconsciousness

Demonstrate the use of AVPU in assessing the conscious level of the patient

Key learning points

* importance of history taking

* correct positioning of the unconscious patient to maintain a patient airway

* the importance and method of patient monitoring

* the need to prioritise ABC assessments

* the effect of unconsciousness on the patients senses

* the necessity to conduct and record sequential observations to assess changes in the patients condition

* the patient who responds to pain only may require airway support until proven otherwise

A8.6 Asthma/anaphylaxis

The student should be able to;

Describe the signs and symptoms of an asthma attack

Describe the signs and symptoms of anaphylaxis

Effective patient positioning for those suffering anaphylactic reaction, and the importance of maintaining a patent airway

Key learning points

* the effective treatment for those suffering anaphylactic reaction and the need for urgent transfer to definitive treatment

9. TRAUMA RELATED EMERGENCIES

THIS IS AN OPTIONAL UNIT

A9.1. Recognition and initial care of injuries to bones, joints, tendons and ligaments

The student should be able to;

Define the signs and symptoms that may indicate skeletal and soft tissue injury

Relate mechanism of injury to severity

Demonstrate immobilisation techniques

Demonstrate 'jaw thrust' technique for the unconscious trauma patient

Key learning points

* the use of RICE in the treatment of soft tissue injuries to ankles and knees

* the importance of accurate assessment and correct handling of such injuries

* the need for reassurance and patient co-operation when dealing with these injuries

* the common types of fractures
  - neck of femur
  - wrist
  - forearm
  - collar bone

* the management of soft tissue and skeletal injuries

* the vital need for early stabilisation of the head and neck in any case of confirmed or suspected spinal injury

* the need to minimise patient movement during treatment to reduce bleeding and pain

* the importance of comprehensive reporting of the circumstances and mechanism of the injury

* the need to keep well fitting footwear in place

* the need for simple effective splintage

* the ability to identify circulatory and nervous compromise in the affected limb

A9.2 Recognition and initial care of burns and scalds

The student should be able to;

State the classifications of burns and characteristics of each

Demonstrate, in simulated situations, the management of burns and scalds in accordance with national guidelines in force at the time

Key learning points

* the need for safety of self and others when dealing with burns
* the types of burns in terms of depth of tissue damage

SUPERFICIAL BURNS
- involves only the epidermis
- very painful
- heals 2-5 days

PARTIAL THICKNESS BURNS
- involves only the epidermis and dermis
- blisters will form. Extremely painful
- healing will take weeks

FULL THICKNESS BURNS
- involves epidermis and dermis
- fatty tissue
- may involve muscle tissue
- pain is absent, except from surrounding partial thickness burns
- healing will take months or years
- can need surgical repair

* the classification of burns by agent
    - dry heat : flame, hot objects
    - scald : hot vapours or liquids
    - chemical : acid, alkalis etc
    - electrical : direct current or high voltage AC
    - friction : various causes e.g. rope burn
    - radiation : sun, faulty x-ray equipment

* the need for reassurance for burns patients
* the danger in burns affecting the airway
* the importance of burn time (start of burn, end of burn, amount of cooling)
* the differences in relative body area between adults and children
* acceptable methods of cooling burns: running water; dressings
    - short 10 minute cooling period with running water
    - avoiding hypothermia
* the need to avoid self-contamination and danger in dealing with burns
* use of clingfilm to cover a burn
* the retention of burnt material for scene/patient assessment in hospital