|  |
| --- |
| D-fd-22 (Rev 10/19) |
| C:\Users\mackesl\Desktop\FORMS\DATCPlogo_1in_g.jpg | Wisconsin Department of Agriculture, Trade and Consumer Protection*Division of Food and Recreational Safety* PO Box 8911, Madison, WI 53708-8911Phone: (608) 224-4683 Fax: (608) 224-4710 |

**FIRST AID COURSE CRITERIA ASSESSMENT**

*Wis. Stat. § 97.69(5m) (a) 7. & 8. and (6)*

**CERTIFICATION COURSE INFORMATION BOX** *Wis. Admin. Code § ATCP 78.19 (5) (b) 1. & 3.*

|  |
| --- |
| **ASSOCIATION NAME:**       |
| **COURSE NAME:**       | **DATE OF LATEST REVISION:**       |
| **CONTACT PERSON NAME:**       |
| **MAILING ADDRESS:**       |
| **EMAIL ADDRESS:**       | **PHONE NUMBER:**       |
| **NUMBER OF YEARS THE CREDENTIAL ISSUED UPON COURSE COMPLETION IS VALID:**       |

| **COURSE CRITERIA** | **PAGE(S)** | **COMMENTS** |
| --- | --- | --- |
| **1.TEACHING METHODS** |
| Basing the curriculum on a consensus of scientific evidence where available |       |       |
| Having trainees develop “hands-on” skills through the use of mannequins and partner practice |       |       |
| Having appropriate first-aid supplies and equipment available |       |       |
| Exposing trainees to acute injury and illness settings as well as to the appropriate response through the use of visual aids |       |       |
| Including a course information resource for reference both during and after training |       |       |
| Allowing enough time for emphasis on commonly occurring situations |       |       |
| Emphasizing skills training and confidence-building over classroom lectures |       |       |
| Emphasizing quick response to first-aid situations |       |       |
| **2. PREPARING TO RESPOND TO A HEALTH EMERGENCY** |
| Prevention as a strategy in reducing fatalities, illnesses and injuries |       |       |
| Interacting with the local EMS system |       |       |
| Maintaining a current list of emergency telephone numbers (police, fire, ambulance, poison control) accessible by all employees |       |       |
| Understanding the legal aspects of providing first-aid care, including Good Samaritan legislation, consent, abandonment, negligence, assault and battery, State laws and regulations |       |       |
| Understanding the effects of stress, fear of infection, panic; how they interfere with performance; and what to do to overcome these barriers to action |       |       |
| Learning the importance of universal precautions and body substance isolation to provide protection from blood-borne pathogens and other potentially infectious materials. Learning about personal protective equipment -- gloves, eye protection, masks, and respiratory barrier devices. Appropriate management and disposal of blood-contaminated sharps and surfaces; and awareness of OSHA’s Blood borne Pathogens standard. |       |       |
| **3. ASSESSING THE SCENE AND THE VICTIM(S)** |
| Assessing the scene for safety, number of injured, and nature of the event |       |       |
| Assessing the toxic potential of the environment and the need for respiratory protection |       |       |
| Establishing the presence of a confined space and the need forrespiratory protection and specialized training to perform a rescue |       |       |
| Prioritizing care when there are several injured |       |       |
| Assessing each victim for responsiveness, airway patency (blockage), breathing, circulation, and medical alert tags |       |       |
| Taking a victim’s history at the scene, including determining themechanism of injury |       |       |
| Performing a logical head-to-toe check for injuries |       |       |
| Stressing the need to continuously monitor the victim |       |       |
| Emphasizing early activation of EMS |       |       |
| Indications for and methods of safely moving and rescuing victims |       |       |
| Repositioning ill/injured victims to prevent further injury |       |       |
| **4. RESPONDING TO LIFE-THREATENING EMERGENCIES** |
| Establishing responsiveness |       |       |
| Establishing and maintaining an open and clear airway |       |       |
| Performing rescue breathing |       |       |
| Treating airway obstruction in a conscious victim |       |       |
| Performing CPR  |       |       |
| Using an AED (Automatic External Defibrillator) |       |       |
| Recognizing the signs and symptoms of shock and providing first aid for shock due to illness or injury |       |       |
| Assessing and treating a victim who has an unexplained change in level of consciousness or sudden illness |       |       |
| Controlling bleeding with direct pressure |       |       |
| **TREATING POISONING BY INGESTION** |  |  |
| Treating poisoning by Inhalation: carbon monoxide; hydrogen sulfide; smoke; and other chemical fumes, vapors, and gases. Assessing thetoxic potential of the environment and the need for respirators |       |       |
| Knowledge of the chemicals at the worksite and of first aid andtreatment for inhalation or ingestion |       |       |
| Knowledge of effects of alcohol and illicit drugs so that the first-aid provider can recognize the physiologic and behavioral effects of these substances |       |       |
| Recognizing asphyxiation and the danger of entering a confined space without appropriate respiratory protection. Additional training is required if first-aid personnel will assist in the rescue from the confined space. |       |       |
| **RESPONDING TO MEDICAL EMERGENCIES:** |  |  |
| Chest pain |       |       |
| Stroke |       |       |
| Breathing problems |       |       |
| Anaphylactic reaction (epinephrine auto injector use) |       |       |
| Hypoglycemia in diabetics taking insulin |       |       |
| Seizures |       |       |
| Pregnancy complications |       |       |
| Abdominal injury |       |       |
| Reduced level of consciousness |       |       |
| Impaled object |       |       |
| **5. RESPONDING TO NON-LIFE-THREATENING EMERGENCIES** |
| **WOUNDS** |  |  |
| Assessment and first aid for wounds including abrasions, cuts,lacerations, punctures, avulsions, amputations and crush injuries |       |       |
| Principles of wound care, including infection precautions |       |       |
| Principles of body substance isolation, universal precautions and use of personal protective equipment |       |       |
| **BURNS** |  |  |
| Assessing the severity of a burn |       |       |
| Recognizing whether a burn is thermal, electrical, or chemical and the appropriate first aid |       |       |
| Reviewing corrosive chemicals at a specific worksite, along with appropriate first aid |       |       |
| **TEMPERATURE EXTREMES** |  |  |
| Exposure to cold, including frostbite and hypothermia |       |       |
| Exposure to heat, including heat cramps, heat exhaustion and heat stroke |       |       |
| **MUSCULOSKELETAL INJURIES** |  |  |
| Fractures |       |       |
| Sprains, strains, contusions and cramps |       |       |
| Head, neck, back and spinal injuries |       |       |
| Appropriate handling of amputated body parts |       |       |
| **EYE INJURIES** |  |  |
| First aid for eye injuries |       |       |
| First aid for chemical burns |       |       |
| **MOUTH AND TEETH INJURIES** |  |  |
| Oral injuries; lip and tongue injuries; broken and missing teeth |       |       |
| The importance of preventing aspiration of blood and/or teeth |       |       |
| **BITES AND STINGS** |  |  |
| Human and animal bites |       |       |
| Bites and stings from insects; instruction in first-aid treatment of anaphylactic shock (including use of epinephrine auto injector) |       |       |
| **6. LEGAL ISSUES** |  |  |
| Exposure Control Plan  |       |       |
| Duty to Act |       |       |
| Standard of care |       |       |
| Negligence |       |       |
| Consent |       |       |
| Refusal of care |       |       |
| Abandonment |       |       |
| Confidentiality |       |       |
| Documentation |       |       |
| **7. TRAINEE ASSESSMENT** |
| Instructor observation of acquired hands-on skills and written exam |       |       |
| Passing score of exam |       |       |