

# oModule 1: Preparatory

## Lesson 1-1 Introduction to EMS Systems

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**Wisconsin First Responder, Basic**

Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1-1: Introduction to EMS Systems

# Objectives

## Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-1.1 Define the components of Emergency Medical Services (EMS) systems. (C-1)
- 1-1.2 Differentiate the roles and responsibilities of the First Responder from other out-of-hospital care providers. (C-3)
- 1-1.3 Define medical oversight and discuss the First Responder's role in the process. (C-1)
- 1-1.4 Discuss the types of medical oversight that may affect the medical care of a First Responder. (C-1)
- 1-1.5 State the specific statutes and regulations in your state regarding the EMS system. (C-1)

## Affective Objectives

- 1-1.6 Accept and uphold the responsibilities of a First Responder in accordance with the standards of an EMS professional. (A-3)
- 1-1.7 Explain the rationale for maintaining a professional appearance when on duty or when responding to calls. (A-3)
- 1-1.8 Describe why it is inappropriate to judge a patient based on a cultural, gender, age, or socioeconomic model, and to vary the standard of care rendered as a result of that judgement. (A-3)

## Psychomotor Objectives

*No psychomotor objectives identified.*

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# **Preparation**

#### **Motivation:**

The field of out-of-hospital emergency medical care is an evolving profession in which the reality of life and death is confronted at a moment's notice. EMS has developed from the days when the local funeral home served as the ambulance provider to a far more sophisticated system today. First Responders work within the EMS system to help deliver professional out-of-hospital emergency medical care. This course is designed to help the new First Responder gain the knowledge, skills, and attitudes necessary to be a competent, productive, and valuable member of the emergency medical services team.

#### **Prerequisites:**

None

#### **Materials**

#### **AV Equipment:**

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

#### **EMS Equipment:**

None required

#### **Personnel**

#### **Primary Instructor:**

One First Responder Instructor knowledgeable in First Responder Course overview, administrative paperwork, certification requirements, Americans with Disabilities Act issues, and roles and responsibilities of the First Responder. The medical director should be present for the discussion of medical oversight.

#### **Assistant Instructor:**

None required

#### **Recommended Minimum Time to Complete:**

One hour

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# Presentation

## Declarative (What)

1. Course Overview
  1. Paperwork
    1. School
    2. State
    3. Local
  2. Course description and expectations
  3. Immunizations/physical exam
  - A. Review criteria for certification
    1. Successful course completion
    2. Mentally/physically meet criteria of safe and effective practice of job functions. **(REFER TO APPENDIX A, Functional Job Analysis)**
    3. Written examination
    4. Practical examination
    5. State and local provisions
  4. Policy on the Americans with Disabilities Act (ADA)
    1. School policies
    2. State policies
    3. Local Policies
  5. Policy on harassment in the classroom environment
    1. School policies
    2. State policies
    3. Local Policies
  6. Advancement to the EMT-Basic Level
2. The Emergency Medical Services System and the First Responder
  1. Overview of the Emergency Medical Services system
    1. A network of resources to provide emergency care and transport to victims of sudden illness and injury
      1. Prevention of injury
      2. Occurrence of the event
      3. Recognition of the event and activation of the system
      4. Bystander care/dispatch instructions
      5. Arrival of First Responders
        - (1) Fire/Rescue Personnel
        - (2) Law enforcement
        - (3) Industrial response teams

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6. Arrival of additional EMS resources
7. Emergency medical care at the scene
8. Transport to receiving facility
9. Transfer to in-hospital care system
2. Ten Classic Components of an EMS System
  1. Regulation and policy
  2. Resource management
  3. Human resources and training
  4. Transportation
  5. Facilities
  6. Communications
  7. Public information and education
  8. Medical oversight
  9. Trauma systems
  10. Evaluation
3. Access to the emergency medical services system
  1. 9-1-1
    - (1) Basic
    - (2) Enhanced 9-1-1
  2. Non 9-1-1
4. Levels of training
  1. DOT First Responder
  2. First Responder - Basic
  - c. First Responder - Advanced
  - d. EMT-Basic
  - e. EMT-Intermediate
  - f. EMT-Paramedic
5. The in-hospital care system
  1. Emergency departments
  2. Specialty facilities
    - (1) Trauma centers
    - (2) Burn centers
    - (3) Pediatric Centers
    - (4) Perinatal centers
    - (5) Poison centers
  3. Hospital personnel
    - (1) Physicians
    - (2) Nurses
    - (3) Other allied health professionals
6. Overview of the local EMS system

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2. Roles of the First Responder
  1. Personal, crew, patient, and bystander safety
  2. Gaining access to the patient
  3. First Responder patient assessment to identify life threatening conditions
  4. Continuation of care through additional EMS resources
  5. Initial patient care based on assessment findings
  6. Assisting with the additional care
  7. Participation in record keeping/data collection as per local/state requirements
  8. Liaison with other public safety workers
    1. Local law enforcement
    2. State and federal law enforcement
    3. Fire departments
    4. EMS Providers
3. Responsibilities of the First Responder
  1. Personal health and safety
  2. Maintain caring attitude - reassure and comfort patient, family, and bystanders while awaiting additional EMS resources
  3. Maintain composure
  4. Neat, clean, and professional appearance
  5. Maintain up-to-date knowledge and skills
    1. Continuing education
    2. Refresher courses
  6. Put patient's needs as a priority without endangering self.
  7. Maintain current knowledge of local, state, and national issues affecting EMS.
- B. Medical Oversight
  8. Definition
    1. A formal relationship between the EMS providers and the physician responsible for the out-of-hospital emergency medical care provided in a community.
    2. This physician is often referred to as the system medical director.
    3. Every EMS System must have medical oversight.
    - d. All FRT- providers using advanced skills must have an active physician medical director.
  9. Types of medical oversight
    1. Direct medical control
      - (1) Also called "on-line", "base station", "immediate", or "concurrent"
      - (2) Simultaneous physician direction of a field provider.
      - (3) Communication may be via radio, telephone, or actual

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- contact with a physician on-scene
- 2. Indirect medical control
  - (1) Also called "off-line", "retrospective", or "prospective"
  - (2) Includes everything that is not direct medical control
  - (3) System elements under medical oversight include:
    - (1) system design
    - (2) protocol development
    - (3) education
    - (4) quality management
- 10. The relationship of the First Responder to medical oversight
  - 1. The First Responder may be a designated agent of the physician
  - 2. Care rendered may be considered an extension of the medical director's authority (varies by state law).
- 4. Specific statutes and regulations regarding EMS in your state

## Application

### Procedural (How)

None identified for this lesson.

### Contextual (When, Where, Why)

The student will use this information throughout the course to enhance his understanding and provide direction for the First Responder's relationship to the individual components of the EMS system. The lesson will provide the student with a road map for learning the skill and knowledge domains of the First Responder. Additionally, this lesson will identify that not all students meet the mental and physical requirements of the career field. After completion of the course, the First Responder will use this information to understand the process of gaining and maintaining certification, as well as understanding state and local legislation affecting the profession. This lesson sets the foundation for the remaining teaching/learning process. A positive, helpful attitude presented by the instructor is *essential* to assuring a positive, helpful attitude from the student.

## Student Activities

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#### **Auditory (Hearing)**

1. Students will hear specifically what they can expect to receive from the training program.
2. Students will hear the specific expectations of the training program.
3. Students will hear actual state and local legislation relative to EMS practice and certification.

#### **Visual (Seeing)**

1. Students will see audio-visual materials explaining the components of the health care system, First Responder level of care, First Responder's roles and responsibilities, professional attributes, and certification requirements.
2. Students will receive a copy of the cognitive, affective, and psychomotor objectives for the entire curriculum.
3. Students will receive the final skill evaluation instruments.

#### **Kinesthetic (Doing)**

1. Students will complete the necessary course paperwork.
2. Students will practice situations in which First Responders portray professional attributes.
3. Students will indicate if they will require/request assistance during the course or certification process based on the Americans with Disabilities Act. Additionally, students will provide the necessary documentation to support the requirements/request.

#### **Instructor Activities**

Facilitate discussion and supervise practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content. (Complete remediation form.)

## **Evaluation**

#### **Written:**

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

#### **Practical:**

Evaluate the actions of the First Responder students during role play, practice or other skill stations to determine their compliance with the cognitive and affective

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objectives and their mastery of the psychomotor objectives of this lesson.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **Enrichment**

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.

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# Lesson 1-2

## The Well-Being of the First Responder

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### Lesson 1 - 2: The Well-Being of the First Responder

# Objectives

## Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-2.1 List possible emotional reactions that the First Responder may experience when faced with trauma, illness, death, and dying. (C-1)
- 1-2.2 Discuss the possible reactions that a family member may exhibit when confronted with death and dying. (C-1)
- 1-2.3 State the steps in the First Responder's approach to the family confronted with death and dying. (C-1)
- 1-2.4 State the possible reactions that the family of the First Responder may exhibit. (C-1)
- 1-2.5 Recognize the signs and symptoms of critical incident stress. (C-1)
- 1-2.6 State possible steps that the First Responder may take to help reduce/alleviate stress. (C-1)
- 1-2.7 Explain the need to determine scene safety. (C-2)
- 1-2.8 Discuss the importance of body substance isolation (BSI). (C-1)
- 1-2.9 Describe the steps the First Responder should take for personal protection from airborne and blood borne pathogens. (C-1)
- 1-2.10 List the personal protective equipment necessary for each of the following situations:(C-1)
  - Hazardous materials
  - Rescue operations
  - Violent scenes
  - Crime scenes
  - Electricity
  - Water and ice
  - Exposure to blood borne pathogens
  - Exposure to airborne pathogens
- 1-2.11 Describe the legal requirements of operating emergency vehicles in Wisconsin. (C-1)
- 1-2.12 Discuss the critical important of careful and prudent vehicle operation both in responding to the scene or to the station. (C-1)

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#### **Affective Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 1-2.13 Explain the importance for serving as an advocate for the use of appropriate protective equipment. (A-3)
- 1.2.14 Explain the critical importance of proper vehicle operation in responding to an emergency. (A-3)
- 1-2.15 Explain the importance of understanding the response to death and dying and communicating effectively with the patient's family.
- 1-2.16 Demonstrate a caring attitude towards any patient with illness or injury who requests emergency medical services. (A-3)
- 1-2.17 Show compassion when caring for the physical and mental needs of patients. (A-3)
- 1-2.18 Participate willingly in the care of all patients. (A-3)
- 1-2.19 Communicate with empathy to patients being cared for, as well as with family members, and friends of the patient. (A-3)

#### **Psychomotor Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 1-2.20 Given a scenario with potential infectious exposure, the First Responder will use appropriate personal protective equipment. At the completion of the scenario, the First Responder will properly remove and discard the protective garments. (P-1,2)
- 1-2.21 Given the above scenario, the First Responder will complete disinfection/cleaning and all reporting documentation. (P-1,2)

## Preparation

#### **Motivation:**

First Responders encounter many stressful situations when providing emergency medical care to patients. These range from death and terminal illness to major traumatic situations and child abuse. First Responders will treat angry, scared, violent, seriously injured and ill patients and family members. The First Responder is not immune to the personal effects of these situations. First Responders will learn during this lesson what to expect and how to assist the patient, patient's family, the First Responder's family, and other First Responders in dealing with the stress. This lesson discusses methods of talking to friends

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and family, without violating confidentiality, but as a means of helping them cope with involvement in EMS. Finally, aspects of personal safety and the safety of others will be discussed. It is important to realize this is only a brief overview and will be readdressed with each specific skill or topic. To put this in perspective, remember: A dead or injured First Responder is of little or no use to a patient.

#### **Prerequisites:**

None

#### **Materials**

#### **AV Equipment:**

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

#### **EMS Equipment:**

Eye protection, gowns, gloves, masks, forms for reporting exposures.

#### **Personnel**

#### **Primary Instructor:**

One First Responder instructor knowledgeable in critical incident stress debriefing, identifying child/elderly abuse, stages of death and dying, and aspects of scene safety.

#### **Assistant Instructor:**

None required

#### **Recommended Minimum Time to Complete:**

One hour

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# Presentation

## Declarative (What)

- I Emotional Aspects of Emergency Medical Care
  - A0 Stressful situations
    - 1 Examples of situations that may produce a stress response
      - a0 Mass casualties
      - b0 Pediatric patients
      - c0 Death
      - d0 Infant and child trauma
      - e0 Amputations
      - f0 Violence
      - g0 Infant/child/elder/spouse abuse
      - h0 Death/injury of co-worker or other public safety personnel
    - 2 The First Responder will experience personal stress as well as encounter patients and bystanders in severe stress.
  - B0 Death and dying
    - 1 Everyone is affected by death (family, First Responder, bystanders)
    - 2 Response is highly individualized
    - 3 The grieving process helps people cope with death
    - 4 You will interact with people in all phases of the grieving process
    - 5 Familiarity with the normal grieving process may provide insight to reactions.
      - a0 Denial/Disbelief
        - (1) "Not me."
        - (2) Defense mechanism creating a buffer between shock of dying and dealing with the illness/injury.
        - (3) Often families will be at the denial stage, which is difficult to deal with.
      - b0 Anger
        - (1) "Why me?"
        - (2) First Responders may be the target of the anger.
          - (a) Don't take anger or insults personally.
          - (b) Be tolerant.
          - (c) Do not become defensive.
          - (d) Employ good listening and communication skills.
          - (e) Be empathetic.

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- c0 Bargaining
  - (1) "OK, but first let me..."
  - (2) Agreement that, in the patient's mind, will postpone the death for a short time.
- d0 Depression
  - (1) Characterized by sadness and despair.
  - (2) Patient is usually silent and retreats into his own world.
- e0 Acceptance
  - (1) Does not mean the patient will be happy about dying.
  - (2) The family will usually require more support during this stage than the patient.
- 6 Dealing with the dying patient and family members
  - a0 Patient needs include dignity, respect, sharing, communication, privacy, and control.
  - b0 Allow family members to express rage, anger, and despair.
  - c0 Listen empathetically.
  - d0 Do not falsely reassure.
  - e0 Use a gentle tone of voice.
  - f0 Let the patient know that everything that can be done to help will be done.
  - g0 Use a reassuring touch, if appropriate.
  - h0 Comfort the family.
- C0 Stress management
  - 1 Recognize warning signs
    - a0 Irritability to co-workers, family, friends
    - b0 Inability to concentrate
    - c0 Difficulty sleeping/nightmares
    - d0 Anxiety
    - e0 Indecisiveness
    - f0 Guilt
    - g0 Loss of appetite
    - h0 Loss of interest in sexual activities
    - i0 Isolation
    - j0 Loss of interest in work
  - 2 Life-style changes
    - a0 Helpful for "job burnout"
    - b0 Change diet
      - (1) Reduce sugar, caffeine, and alcohol intake
      - (2) Avoid fatty foods
    - c0 Avoid alcohol

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- d0 Exercise
- e0 Practice relaxation techniques, meditation, visual imagery
- 3 Balance work, recreation, family, health, etc.
- 4 EMS personnel and their families and friends responses
  - a0 Lack of understanding
  - b0 Fear of separation and being ignored
  - c0 On-call situations cause stress
  - d0 Frustration caused by wanting to share
- 5 Work environment changes
  - a0 Request work shifts allowing for more time to relax with family and friends.
  - b0 Request a rotation of duty assignment to a less stressful assignment.
- 6 Seek/refer professional help.
  - a0 Mental health professionals
  - b0 Social workers
  - c0 Clergy
- D0 Comprehensive critical incident stress management includes:
  - 1 Pre-incident stress education
  - 2 On-scene peer support
  - 3 One-on-one support
  - 4 Disaster support services
  - 5 Critical Incident Stress Debriefing (CISD)
  - 6 Follow-up services
  - 7 Spouse/family support
  - 8 Community outreach programs
  - 9 Other health and welfare programs such as wellness programs
- E0 Critical incident stress
  - 1 The normal stress response to abnormal circumstances
  - 2 A system has been developed to assist emergency workers to cope with stressful situations.
  - 3 Usually consists of a team of peer counselors and mental health professionals.
  - 4 Designed to accelerate the normal recovery process after experiencing a critical incident.
  - 5 Techniques
    - a0 Defusings
      - (1) Much shorter, less formal and less structured version of CISD
      - (2) Used a few hours after the event
      - (3) Last 30-45 minutes.

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- (4) Allow for initial ventilation
      - (5) May eliminate the need for a formal debriefing
      - (6) May enhance the formal debriefing.
    - b0 Debriefings
      - (1) Meeting is held within 24 to 72 hours of a major incident.
      - (2) Open discussion of feelings, fears, and reactions
      - (3) Not an investigation or interrogation
      - (4) All information is confidential
      - (5) CISD leaders and mental health personnel evaluate the information and offer suggestions on overcoming the stress.
  - 6 When to access CISD
    - a0 Line of duty death or serious injury
    - b0 Multiple casualty incident
    - c0 Suicide of an emergency worker
    - d0 Serious injury or death of children
    - e0 Events with excessive media interest
    - f0 Victims known to the emergency personnel
    - g0 Event that has unusual impact on the personnel
    - h0 Any disaster
  - 7 How to access the local CISD system
- II Body Substance Isolation (BSI)
- A0 First Responders must be aware of the risks associated with emergency medical care.
    - 1 Barrier devices or ventilation masks should be used when ventilating a patient.
    - 2 Personal protective equipment should be utilized as needed or required by the local system.
    - 3 First responders are exposed to infectious diseases when treating patients.
      - a0 Assess potential for risk
      - b0 Take appropriate precautions
  - B0 OSHA/state regulations regarding BSI
  - C0 Infection Control
    - 1 Techniques to prevent disease transmission
      - a0 Hand-washing/personal hygiene
      - b0 Equipment replacement, cleaning, and disinfection

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- 2 Body substance isolation
  - a0 Eye protection
    - (1) If prescription eyeglasses are worn, then removable side shields can be applied to them.
    - (2) Goggles are NOT required.
  - b0 Gloves (vinyl or latex, synthetic)
    - (1) Needed for contact with blood or other body fluids.
    - (2) Should be changed between contact with different patients.
  - c0 Gloves (utility) - needed for cleaning vehicles and equipment
  - d0 Gowns
    - (1) Needed for large splash situations such as with childbirth and major trauma.
    - (2) Change of uniform is preferred.
  - e0 Masks
    - (1) Surgical type for possible blood splatter (worn by care provider)
    - (2) High Efficiency Particulate Air (HEPA) respirator (worn by provider) if patient is suspected of or diagnosed with tuberculosis. HEPA filters are primarily used in enclosed spaces - uncommon for First Responder
    - (3) Airborne disease - surgical type mask (worn by patient)
  - f0 Requirements and availability of specialty training
- 3 Recommended immunizations
  - a0 Tetanus prophylaxis
  - b0 Hepatitis B vaccine
  - c0 Tuberculin testing
  - d0 Others
  - e0 Access or availability of immunizations in the community
- D0 Statutes/regulations reviewing notification and testing in an exposure incident

### III. Responding

- A. In your personal vehicle
  - 1. Defining an Emergency Vehicle
    - a. Designation as an emergency vehicle
    - b. Wisconsin Statutes Chapter 347
  - 2. Warning devices
    - a. Visual
    - b. Audible

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3. Insurance considerations
  4. The "Emergency mode"
    - a. Must be formally designated as an emergency vehicle
    - b. Must meet all requirements pertaining to audible and visual warning devices
    - c. May exercise the privileges of an emergency vehicle while continuing to exercise due caution for the rights and safety of others
    - d. Is often of questionable value
- B. In a rescue vehicle
1. Defining an Emergency Vehicle
    - a. Designation as an emergency vehicle
    - b. Wisconsin Statutes Chapter 347
  2. Warning devices
    - a. Visual
    - b. Audible
  3. Trans 309
  4. Minimum equipment lists
- C. Driving
1. Seat belts are essential
  2. Always use all available warning devices
  3. Beware of other emergency vehicles who are also responding
  4. Drive at a sensible speed
    - a. Stopping distances
    - b. The impact of weather and road conditions
    - c. Crew & equipment considerations
    - d. The reactions of other drivers, pedestrians & animals
  5. Make gradual transitions
    - a. Acceleration & deceleration
    - b. Lane changes
    - c. Turns
  6. Get and give the big picture
    - a. Proper eye movement
    - b. Proper use of mirrors
    - c. Clearly signaling your intentions
  7. Special conditions
    - a. Intersections
      - (1) "Due caution"
      - (2) Most common place for accidents involving emergency vehicles

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- b. Passing
    - (1) Unpredictable reactions
    - (2) Adequate following distances
  - c. Speed restrictions
    - (1) Reasonable and prudent
    - (2) Conditions requiring reduced speed
  - d. Arrival at the scene
    - (1) Approach
    - (2) Hazardous environments
    - (3) Parking
      - (a) Safety of crew members
      - (b) Safety of patient(s)
      - (c) Arrival & interaction with other emergency vehicles
      - (d) Traffic considerations
  - e. Incidental hazards
    - (1) Pedestrian congestion
      - (a) Schools
      - (b) Sporting events
      - (c) Church services
      - (d) Other
    - (2) Vehicle congestion
      - (a) Factory shift changes
      - (b) Special events
      - (c) Other
    - (3) Slow moving vehicles
      - (a) Agricultural equipment
      - (b) Bicyclists
      - (c) Horse-drawn vehicles
    - (4) Animals
      - (a) Domestic
      - (b) Wild Life
- C. Driving systems & Techniques
- 1. The Smith System
    - a. Aim high in driving
    - b. Keep your eyes moving
    - c. Get the big picture
    - d. Leave yourself an out
    - e. make sure they see you

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#### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 2: The Well-Being of the First Responder

2. SIPDE System
    - a. Search
    - b. Identify
    - c. Predict
    - d. Decide
    - e. Execute
  3. Availability of AEVO training
- IV. Scene Safety
- A. Scene safety
    - 1 Definition - an assessment of the scene and surroundings that will provide valuable information to the First Responder and will help ensure the well-being of the First Responder.
    - 2 Personal protection - Is it safe to approach the patient?
      - a0 Crash/rescue scenes
      - b0 Toxic substances - low oxygen areas
      - c0 Crime scenes - potential for violence
      - d0 Unstable surfaces: slope, ice, water
    - 3 Protection of the patient - environmental considerations
    - 4 Protection of bystanders - do not let the bystander become ill or injured
    - 5 If the scene is unsafe, make it safe. Otherwise, do not enter.
  - B. Personal Protection
    1. Hazardous materials
      - a0 Identification of potential hazards
        - (1) Binoculars
        - (2) Placards
        - (3) Hazardous Materials, The Emergency Response Handbook, published by the United States Department of Transportation
      - b0 First Responders provide care only after the scene is safe and containment is completed.
      - c0 Hazardous materials scenes are controlled by hazardous materials teams.
      - d0 Requirements and availability of specialty training
      - e0 Accessing local teams
    2. Motor vehicle crashes
      - a. Identify and reduce potential life threats
        - (1) Electricity
        - (2) Fire
        - (3) Explosion

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#### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 2: The Well-Being of the First Responder

- (4) Hazardous materials
- (5) Traffic
- b Dispatch rescue teams for extensive or heavy rescue
- 3. Violence
  - f0 Violent scenes should always be controlled by law enforcement personnel before the First Responder enters the scene and provides patient care.
  - g0 Actions at crime scene
    - (1) Don't disturb scene unless required for medical care.
    - (2) Maintain a chain of evidence.

## Application

### Procedural (How)

1. The First Responder will know how to access additional information on hazardous materials and infectious disease exposure, notification and follow-up.
2. The First Responder will know the basic principles of defensive driving and emergency vehicle operation.
3. The First Responder will know how to access additional information and training in the areas of defensive driving and Advanced Emergency Vehicle Operations.

### Contextual (When, Where, Why)

1. The First Responder will use the aspects of scene safety and personal protection every day and on every emergency run.
2. While the First Responder may not be a member of a hazardous material or heavy rescue team, this lesson should provide the personal incentive to seek out and attend continuing education programs relative to personal safety during hazardous material incidents, rescue situations, and violent crime scenes.
3. If the First Responder fails to develop personal safety skills, his or her First Responder career may come to a premature end through serious injury or death.
4. The well-being of the First Responder depends upon the ability to recognize that stressful traumatic situations do occur and that the effect of those situations is felt by the patient, family members, and the First Responder. In recognizing this, the First Responder must be aware of internal and external mechanisms to help himself or herself, the patient, the patient's family, First Responder's family, and other First Responder's deal with reactions to stress.

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### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## **Module 1: Preparatory**

### **Lesson 1 - 2: The Well-Being of the First Responder**

5. The First Responder will use proper communication techniques when dealing with the grieving process.

## **Student Activities**

### **Auditory (Hearing)**

1. The student should hear the instructor state methods of communicating with patients and family members of terminally ill patients.
2. The student should hear the instructor state methods of communicating with friends and family members of a dead or dying patient.

### **Visual (Seeing)**

1. The student should see various audio-visual materials of scenes requiring personal protection.
2. The student should see various audio-visual materials of personal protection clothing worn by hazardous material/rescue teams.
3. The student should see the gown, gloves, masks, and eye protection associated with body substance isolation (BSI).

### **Kinesthetic (Doing)**

1. The student should role play, talking to patients in various stressful/traumatic situations.
2. The student should practice putting on and removing gowns, gloves and eye protection gear.

## **Instructor Activities**

Facilitate discussion and supervise practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content. (Complete remediation form.)

## **Evaluation**

### **Written:**

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

## **Module 1: Preparatory**

### **Lesson 1 - 2: The Well-Being of the First Responder**

#### **Practical:**

Evaluate the actions of the First Responder students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **Enrichment**

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.

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**Wisconsin First Responder, Basic**

1-26  
Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Lesson 1-3

## Legal and Ethical Issues

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**Wisconsin First Responder, Basic**

Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 3: Legal and Ethical Issues

# Objectives

## Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-3.1 Define the First Responder scope of care. (C-1)
- 1-3.2 Discuss the importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application. (C-1)
- 1-3.3 Define consent and discuss the methods of obtaining consent. (C-1)
- 1-3.4 Differentiate between expressed and implied consent. (C-3)
- 1-3.5 Explain the role of consent of minors in providing care. (C-1)
- 1-3.6 Discuss the implications for the First Responder in patient refusal of transport. (C-1)
- 1-3.7 Discuss the issues of abandonment, negligence, and battery and their implications to the First Responder. (C-1)
- 1-3.8 State the conditions necessary for the First Responder to have a duty to act. (C-1)
- 1-3.9 Explain the importance, necessity and legality of patient confidentiality. (C-1)
- 1-3.10 List the actions that a First Responder should take to assist in the preservation of a crime scene. (C-3)
- 1-3.11 State the conditions that require a First Responder to notify local law enforcement officials. (C-1)
- 1-3.12 Discuss issues concerning the fundamental components of documentation. (C-1)

## Affective Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-3.13 Explain the rationale for the needs, benefits and usage of advance directives. (A-3)
- 1-3.14 Explain the rationale for the concept of varying degrees of DNR. (A-3)

## Psychomotor Objectives

*No psychomotor objectives identified.*

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## Wisconsin First Responder, Basic

1-28  
Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

**Module 1: Preparatory**  
**Lesson 1 - 3: Legal and Ethical Issues**

# Preparation

**Motivation:**

Legal and ethical issues are a vital element of the First Responder's daily life. Should a First Responder stop and treat an automobile crash victim when off duty? Should patient information be released to the attorney on the telephone? Can a child with a broken arm be treated even though the parents are not at home and/or only the child care provider is around? These and many other legal and ethical questions face the First Responder every day. Guidance will be given in this lesson to answer these questions and learn how to make the correct decision when other legal and ethical questions arise.

**Prerequisites:**

None.

## Materials

**AV Equipment:**

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

**EMS Equipment:**

None required.

## Personnel

**Primary Instructor:**

One First Responder instructor knowledgeable in the legal aspects and ethical issues that the First Responder will encounter.

**Assistant Instructor:**

None required

**Recommended Minimum Time to Complete:**

One-half hour

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**Wisconsin First Responder, Basic**

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Presentation

## Declarative (What)

- I Scope of Care
  - A0 Legal duties to the patient, medical director, and public
    - 1 Provide for the well-being of the patient by rendering necessary interventions outlined in the scope of care.
    - 2 Defined by state law
      - a0 Enhanced by medical oversight through the use of protocols and standing orders
      - b0 Referenced to the National Standard Curricula
    - 3 Legal right to function as a First Responder may be contingent upon medical oversight.
      - a0 Telephone/radio communications
      - b0 Approved standing orders/protocols
      - c0 Responsibility to medical oversight
  - B0 Ethical responsibilities
    - 1 Make the physical/emotional needs of the patient a priority.
    - 2 Practice of skills to the point of mastery.
    - 3 Attend continuing education/refresher programs.
    - 4 Review performances, seeking ways to improve response time, patient outcome, communication.
    - 5 Honesty in reporting
- II Competence
  - A0 Competence is the ability to understand the questions of the First Responder and to understand the implications of decisions made.
  - B0 In order for a First Responder to receive consent or refusal of care, the First Responder should determine competence.
  - C0 May not be possible in certain cases:
    - 1 Intoxication
    - 2 Drug ingestion
    - 3 Serious injury
    - 4 Mental incompetence
- III Consent
  - A0 A competent patient has the right to make decisions regarding care.
  - B0 A patient must consent to emergency medical care.
  - C0 The acceptance of care based on the information provided

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### Wisconsin First Responder, Basic

1-30  
Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 3: Legal and Ethical Issues

- D0 Types of consent
    - 1 Expressed
      - a0 Patient must be competent and of legal age
      - b0 Patient must be informed of the steps of the procedures and all related risks.
      - c0 Must be obtained from every responsive, mentally competent adult before rendering emergency medical care.
      - d0 Methods of obtaining consent
        - (1) Identify yourself
        - (2) Inform the patient of your level of training
        - (3) Explain the procedures to the patient
          - (a) Identify the benefits
          - (b) Identify the risks
    - 2. Implied
      - a. Consent assumed from the unresponsive patient requiring emergency intervention
      - b. Based on the assumption that the unresponsive patient would consent to life saving interventions
  - E. Children and mentally incompetent adults
    - 1. Consent for emergency medical care must be obtained from the parent or legal guardian.
      - a. Emancipation issues
      - b. State regulations regarding age of minors
    - 2. When life threatening situations exist and the parent or legal guardian is not available for consent, emergency medical care should be rendered based on implied consent.
- IV. Advance Directives/Do Not Resuscitate (DNR) orders
- A. Patient has the right to refuse resuscitative efforts.
  - B. In general, requires written order from physician.
  - C. Review state and local legislation/protocols relative to DNR orders and advance directives.
  - D. When in doubt or when written orders are not present, the First Responder should begin resuscitation efforts.
- V. Refusals
- A. Competent adult patients have the right to refuse emergency medical care.
  - B. The First Responder should not make an independent decision regarding the refusal of care.

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#### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 3: Legal and Ethical Issues

- C. The patient may withdraw from emergency medical care at any time.  
Example: an unresponsive patient regains responsiveness and refuses transport to the hospital.
  - D. Refusals must be made by mentally competent adults following the rules of expressed consent.
  - E. The patient must be informed of and fully understand all the risks and consequences associated with refusal of emergency medical care
  - F. When in doubt, err in favor of providing care.
  - G. The First Responder must ensure that additional EMS resources will evaluate the patient.
  - H. While awaiting arrival of additional EMS resources the First Responder should:
    - 1. Try again to persuade the patient to accept care.
    - 2. Determine whether the patient is able to make a rational, informed decision, e.g., is not under the influence of alcohol or other drugs or illness/injury effects.
    - 3. Inform the patient why he/she should accept care and what may happen to him if he does not.
    - 4. Consult medical oversight as directed by local protocol.
    - 5. Consider assistance of law enforcement.
    - 6. Report any assessment findings and emergency medical care provided.
- VI. Assault/Battery
- A. Not a universal definition
  - B. Unlawfully touching a patient without consent
  - C. Providing emergency medical care when a competent patient does not consent to the emergency medical care
- VII. Abandonment - terminating care of the patient without insuring that care will continue at the same level or higher.
- VIII. Negligence
- A. Deviation from the accepted standard of care resulting in further injury to the patient.
  - B. Components of negligence
    - 1. Duty
      - a. Duty to Act
        - (1) A contractual or legal obligation must exist.
        - (2) Formal - As part of First Responder's occupation, they are required to render emergency medical care.

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#### Wisconsin First Responder, Basic

1-32  
Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 3: Legal and Ethical Issues

- (3 Implied
  - (a Patient calls for assistance and the dispatcher confirms that help is being sent.
  - (b The First Responders are dispatched as part of the EMS response.
  - (c Emergency medical care is begun on a patient.
- (4 "Legal" duty to act
  - (a Varies according to state law
  - (b Moral considerations
  - (c Ethical considerations.
- (5 Specific state regulations regarding duty to act.
- b. Duty to act appropriately
  - (1 Following guidelines for standards of care
  - (2 Acting as another prudent individual would in that situation
- 2. Breach of the duty
  - a. Failure to act
  - b. Failure to act appropriately
- 3. Injury/damages were inflicted
  - a. Physical
  - b. Psychological
- 4. The actions or lack of actions of the First Responder caused the injury/damage.

#### IX. Confidentiality

- A. Confidential information
  - 1. Patient history gained through interview
  - 2. Assessment findings
  - 3. Emergency medical care rendered
- B. Releasing confidential information
  - 1. Release of information requires a written release form signed by the patient.
  - 2. Do not release any patient information on request, unless authorized in writing.
  - 3. Release are not required when:
    - a. Other health care providers need to know information to continue care.
    - b. State law requires reporting incidents (examples: rape, abuse or gun shot wounds).

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#### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 3: Legal and Ethical Issues

- c. Subpoena
  
- X. Special Situations - Medical Identification Insignia
  - A. Bracelet, necklace, card
  - B. Indicates a medical condition of the patient
    - 1. Allergies
    - 2. Diabetes
    - 3. Epilepsy
  
- XI. Potential Crime Scene/Evidence Preservation
  - A. Dispatch should notify police personnel.
  - B. Responsibility of the First Responder
    - 1. Emergency medical care of the patient is the First Responder's priority.
    - 2. Do not disturb any item at the scene unless emergency medical care requires it.
    - 3. Observe and document anything unusual at the scene.
    - 4. If possible, do not cut through holes in clothing from gunshot wounds or stabbing.
  
- XII. Documentation
  - A. Fundamental medical documentation
    - 1. System/local requirements for documentation
    - 2. State requirements for documentation
  - B. Special Reporting Situations
  - C. Established by state regulations or statutes and may vary from state to state
  - D. Commonly required reporting situations
    - 1. Abuse
      - a. Child
      - b. Elderly
      - c. Spouse
    - 2. Crime
      - a. Wounds sustained or potentially sustained by violent crime
      - b. Sexual assault
  - E. Infectious disease exposure

## Application

### Procedural (How)

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#### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Module 1: Preparatory

## Lesson 1 - 3: Legal and Ethical Issues

None identified for this lesson.

### Contextual (When, Where, Why)

Legal and ethical issues are present in every aspect of patient care. Decisions to treat or not treat a patient, to release or not release information, to report or not report an incident all require a knowledge of current state and local legislation, policy, and protocol. Up-to-date knowledge of the current legal interpretation of issues such as negligence, battery, confidentiality, consent, and refusal of emergency medical care is essential for the First Responder.

### Student Activities

#### Auditory (Hearing)

1. Students should hear actual case law and common law decisions relative to First Responder care.

#### Visual (Seeing)

1. Students should see actual copies of medical identification insignia, organ donor cards, Do Not Resuscitate orders, and information release forms.
2. Students should see audio-visual materials of definitions of legal terms such as negligence, abandonment, battery, duty to act, consent, confidentiality.

#### Kinesthetic (Doing)

1. Students should practice making decisions while role playing the various legal and ethical situations that occur in the EMS environment (including consent, abandonment, battery, duty to act, negligence, and confidentiality).
2. Students should role play situations in which DNR orders are in effect.
3. Students should role play situations of patients refusing emergency medical care.

### Instructor Activities

Facilitate discussion and supervise practice.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content. (Complete remediation form.)

## Evaluation

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### Wisconsin First Responder, Basic

Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

**Written:**

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

**Practical:**

Evaluate the actions of the First Responder students during role play, practice, or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## Remediation

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## Enrichment

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.

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**Wisconsin First Responder, Basic**

1-36  
Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Lesson 1-4

## The Human Body

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**Wisconsin First Responder, Basic**

Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

1-37

**Module 1: Preparatory**  
**Lesson 1 - 4: The Human Body**

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# Objectives

## Objectives Legend

- C=Cognitive P=Psychomotor A=Affective  
1 = Knowledge level  
2 = Application level  
3 = Problem-solving level

### Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-4.1 Describe the anatomy and function of the respiratory system. (C-1)
- 1-4.2 Describe the anatomy and function of the circulatory system. (C-1)
- 1-4.3 Describe the anatomy and function of the musculoskeletal system. (C-1)
- 1-4.4 Describe the components and function of the nervous system. (C-1)

### Affective Objectives

*No affective objectives identified.*

### Psychomotor Objectives

*No psychomotor objectives identified.*

# Preparation

### Motivation:

To perform an adequate patient assessment, the First Responder must be familiar with the normal anatomy of the human body and topographical terminology. This information will provide a solid cornerstone on which the First Responder can build the essentials of quality patient assessment and management.

### Prerequisites:

None

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### Wisconsin First Responder, Basic

1-38  
Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 4: The Human Body

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#### Materials

##### AV Equipment:

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

##### EMS Equipment:

Anatomy models (skeleton, respiratory system, airway, heart)

#### Personnel

##### Primary Instructor:

One First Responder instructor knowledgeable in human body systems and topographical terminology.

##### Assistant Instructor:

None required.

##### Recommended Minimum Time to Complete:

One hour

## Presentation

#### Declarative (What)

- I. Body Systems
  - A. The Musculoskeletal system
    1. The Skeletal System
      - a. Function
        - (1 Gives the body shape
        - (2 Protects vital internal organs
      - b. Components
        - (1 Skull - houses and protects the brain
        - (2 Face
        - (3 Spinal Column
        - (4 Thorax
          - (a Ribs

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#### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 4: The Human Body

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- (b) Breastbone (sternum)
    - i) Xiphoid process - lowest portion of the sternum
    - ii) Landmark for determining hand position for chest compressions
  - (5) Pelvis
  - (6) Lower extremities
    - (a) Thigh (femur)
    - (b) Knee cap (patella)
    - (c) Shin (tibia and fibula)
    - (d) Ankle
    - (e) Feet
    - (f) Toes
  - (7) Upper extremities
    - (a) Shoulder (collar bone and shoulder blade)
    - (b) Upper arm (humerus)
    - (c) Forearm (radius and ulna)
    - (d) Wrist
    - (e) Hand
    - (f) Fingers
  - (8) Joints - where bones connect to other bones
2. The Muscular System
- a. Function
    - (1) Give the body shape.
    - (2) Protect internal organs.
    - (3) Provide for movement.
  - b. Components
    - (1) Voluntary (skeletal)
      - (a) Attached to the bones.
      - (b) Under control of the nervous system and brain. Can be contracted and relaxed by the will of the individual.
      - (c) Responsible for movement.
    - (2) Involuntary (smooth)
      - (a) Found in the walls of the tubular structures of the gastrointestinal tract and urinary system.
      - (b) Also in the blood vessels and bronchi.

# Module 1: Preparatory

## Lesson 1 - 4: The Human Body

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- (3 Cardiac
  - (a Found only in the heart.
  - (b Can tolerate interruption of blood supply for only very short periods.
  
- B. The Respiratory system
  - 1. Function
    - a. Deliver oxygen to the body
    - b. Remove carbon dioxide from the body
  - 2. Components/anatomy
    - a. Nose and mouth
    - b. Pharynx
      - (1 Oropharynx
      - (2 Nasopharynx
      - (3 The concept of "dead space"
    - c. Epiglottis - a leaf-shaped structure that prevents food and liquid from entering the trachea during swallowing.
    - d. Windpipe (trachea)
    - e. Voice box (larynx)
    - f. Lungs
      - (1 Tidal volumes
      - (2 Total capacity
    - g. Diaphragm
  - 3. Physiology
    - a. Diaphragm moves down, chest moves out, drawing air into the lungs (inhalation)
    - b. Exchange of oxygen and carbon dioxide in the lungs
    - c. Diaphragm moves up causing air to exit the lungs (exhalation)
  - 4. Infant and child anatomy and physiology considerations
    - a. All structures are smaller and more easily obstructed than in adults.
    - b. Infants' and children's tongues take up proportionally more space in the mouth than adults.
    - c. The trachea is more flexible in infants and children.
    - d. The primary cause of cardiac arrest in infants and children is an uncorrected respiratory problem.
  
- C. The Circulatory system
  - 1. Function
    - a. Deliver oxygen and nutrients to the tissues
    - b. Remove waste products from the tissues

## Module 1: Preparatory

### Lesson 1 - 4: The Human Body

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2. Components/Anatomy
  - a. Heart
  - b. Atrium
    - (1) Right - receives blood from the veins of the body
      - (a) Left - receives blood from the lungs
    - (2) Ventricle
      - (a) Right - pumps blood to the lungs.
      - (b) Left - pumps blood to the body.
      - (c) Valves prevent back flow of blood.
  - c. Arteries
    - (1) Carry blood away from the heart to the rest of the body.
    - (2) Major arteries
      - (a) Carotid
        - i) Major artery of the neck.
        - ii) Pulsations can be palpated on either side of the neck.
        - iii) Presence of a carotid pulse indicates a systolic blood pressure of 60 mm Hg or more.
      - (b) Femoral
        - i) The major artery of the thigh.
        - ii) Pulsations can be palpated in the groin area (the crease between the abdomen and thigh).
        - iii) Presence of a femoral pulse indicates a systolic blood pressure of 70 mm Hg or more.
      - (c) Radial
        - i) Major artery of the lower arm.
        - ii) Pulsations can be palpated at palm side of the wrist thumb-side.
        - iii) Presence of a radial pulse indicates a systolic blood pressure of 80 mm Hg or more.
      - (d) Brachial
        - i) An artery of the upper arm.
        - ii) Pulsations can be palpated on the inside of the arm between the elbow and the shoulder.

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#### Wisconsin First Responder, Basic

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Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 4: The Human Body

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- d. Capillaries
  - (1) Tiny blood vessels that connect arteries to veins
  - (2) Found in all parts of the body
  - (3) Allow for the exchange of oxygen and carbon dioxide
- e. Veins - vessels that carry blood back to the heart
- f. Blood
  - (1) Fluid of the circulatory system
  - (2) Carries oxygen and carbon dioxide
- 3. Physiology
  - a. Left ventricle contracts, sending a wave of blood through the arteries.
  - b. Pulse can be felt anywhere an artery passes near the skin surface and over a bone.
    - (1) Carotid
    - (2) Femoral
    - (3) Radial
    - (4) Brachial
- D. The Nervous system
  - 1. Function
    - a. Controls the voluntary and involuntary activity of the body.
    - b. Provides for higher mental function (thought, emotion)
  - 2. Components/Anatomy
    - a. Central nervous system
      - (1) Brain - located within the cranium.
      - (2) Spinal cord - located within the spinal column
    - b. Peripheral nervous system
      - (1) Sensory - carries information from the body to the brain and spinal cord.
      - (2) Motor - carries information from the brain and spinal cord to the body.
- E. Skin
  - 1. Function
    - a. Protects the body from the environment, bacteria and other organisms.
    - b. Helps regulate the temperature of the body.
    - c. Prevents dehydration
    - d. Senses heat, cold, touch, pressure and pain; transmits this information to the brain and spinal cord.

## Application

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### Wisconsin First Responder, Basic

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## **Module 1: Preparatory**

### **Lesson 1 - 4: The Human Body**

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#### **Procedural (How)**

None identified for this lesson.

#### **Contextual (When, Where, Why)**

It is of utmost importance that the First Responder have a basic level of knowledge concerning the human body. To accurately communicate to other health professionals, the First Responder must be able to identify topographic anatomy.

The First Responder must also understand the basic components of the body systems. Knowledge obtained in this lesson will be extremely beneficial in other modules throughout this curriculum.

### **Student Activities**

#### **Auditory (Hearing)**

1. The student should hear the instructor describe the various components of the human body.

#### **Visual (Seeing)**

1. The students should see models of the human body.
2. The students should see diagrams of the human body.
3. The students should see a skeleton of the human body.

#### **Kinesthetic (Doing)**

1. The students should identify various structures of the human body.
2. The students should demonstrate their ability to identify topographic anatomy.

### **Instructor Activities**

Facilitate discussion and supervise practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content. (Complete remediation form.)

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#### **Wisconsin First Responder, Basic**

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National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Evaluation

## **Written:**

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

## **Practical:**

Evaluate the actions of the First Responder students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

# Remediation

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

# Enrichment

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.

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**Wisconsin First Responder, Basic**

1-46  
Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Lesson 1-5

## Lifting and Moving Patients

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**Wisconsin First Responder, Basic**

Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 5: Lifting and Moving Patients

# Objectives

## Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

## Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-5.1 Define body mechanics. (C-1)
- 1-5.2 Discuss the guidelines and safety precautions that need to be followed when lifting a patient. (C-1)
- 1-5.3 Describe the indications for an emergency move. (C-1)
- 1-5.4 Describe the indications for assisting in non-emergency moves. (C-1)
- 1-5.5 Discuss the various devices associated with moving a patient in the out-of-hospital arena. (C-1)

## Affective Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-5.6 Explain the rationale for properly lifting and moving patients. (A-3)
- 1-5.7 Explain the rationale for an emergency move. (A-3)

## Psychomotor Objectives

- 1-5.8 Demonstrate an emergency move. (P-1,2)
- 1-5.9 Demonstrate a non-emergency move. (P-1,2)
- 1-5.10 Demonstrate the use of equipment utilized to move patient's in the out-of-hospital arena. (P-1,2)

# Preparation

## Motivation:

Many First Responders are injured every year because they attempt to lift or move patients improperly.

## Prerequisites:

None

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## Wisconsin First Responder, Basic

1-48  
Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## **Module 1: Preparatory**

### **Lesson 1 - 5: Lifting and Moving Patients**

#### **Materials**

##### **AV Equipment:**

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

##### **EMS Equipment:**

None required.

#### **Personnel**

##### **Primary Instructor:**

One First Responder instructor knowledgeable in the principles and techniques of lifting and moving patients.

##### **Assistant Instructor:**

The instructor-to-student ratio should be 1:6 for psychomotor skills practice. Individuals used as assistant instructors should be knowledgeable about lifting and moving patients.

##### **Recommended Minimum Time to Complete:**

One hour

## **Presentation**

#### **Declarative (What)**

- I. Role of the First Responder
  - A. Moving patients that are in immediate danger
  - B. Position patients to prevent further injury
  - C. Assist other EMS responders in lifting and moving
- II. Body Mechanics/Lifting Techniques
  - A. Safety precautions
    1. Use legs, not back, to lift.
    2. Keep weight as close to body as possible.

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#### **Wisconsin First Responder, Basic**

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 5: Lifting and Moving Patients

- B. Guidelines for lifting
    - 1. Consider weight of patient and the need for help.
    - 2. Know physical ability and limitations.
    - 3. Lift without twisting.
    - 4. Have feet positioned properly.
    - 5. Communicate clearly and frequently with partner and other EMS providers.
  - C. Work with the EMS system in your area to practice the guidelines and use of equipment.
- III. Principles of Moving Patients
- A. General considerations
    - 1. In general, a patient should be moved immediately (emergency move) only when:
      - a. There is an immediate danger to the patient if not moved.
        - (1) Fire or danger of fire.
        - (2) Explosives or danger of explosion
        - (3) Inability to protect the patient from other hazards at the scene.
        - (4) Inability to gain access to other patients in a vehicle who need life-saving care.
      - b. Life-saving care cannot be given because of the patient's location or position, e.g., a cardiac arrest patient sitting in a chair or lying on a bed.
    - 2. If there is no threat to life, the patient when ready for transportation should be moved by the EMS crew. It is not within the scope of practice of the First Responder to immobilize or package patients for transport.
  - B. Emergency moves
    - 1. The greatest danger in moving a patient quickly is the possibility of aggravating a spine injury.
    - 2. In an emergency, every effort should be made to pull the patient in the direction of the long axis of the body to provide as much protection to the spine as possible.
    - 3. It is impossible to remove a patient from a vehicle quickly and at the same time provide much protection to the spine.
    - 4. If the patient is on the floor or ground, he can be moved by:
      - a. Pulling on the patient's clothing in the neck and shoulder area.
      - b. Putting the patient on a blanket and dragging the blanket.

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#### Wisconsin First Responder, Basic

1-50  
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**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 5: Lifting and Moving Patients

- c. Putting the First Responder's hands under the patient's armpits (from the back), grasping the patient's forearms and dragging the patient.
  - d. Never pull the patient's head away from the neck and shoulders.
- C. Non-urgent moves - performed with other responders
- 1. Direct ground lift (no suspected spine injury)
    - a. Two or three rescuers line up on one side of the patient.
    - b. Rescuers kneel on one knee (preferably the same for all rescuers).
    - c. The patient's arms are placed on his/her chest if possible.
    - d. The rescuer at the head places one arm under the patient's neck and shoulder and cradles the patient's head. The rescuer places his/her other arm under the patient's lower back.
    - e. The second rescuer places one arm under the patient's knees and one arm above the buttocks.
    - f. If a third rescuer is available, he should place both arms under the waist and the other two rescuers slide their arms either up to the mid-back or down to the buttocks as appropriate.
    - g. On signal, the rescuers lift the patient to their knees and roll the patient in toward their chests.
    - h. On signal, the rescuers stand and move the patient to the stretcher.
    - i. To lower the patient, the steps are reversed.
  - 2. Extremity lift (no suspected extremity injuries)
    - a. One rescuer kneels at the patient's head and one kneels at the patient's side by the knees.
    - b. The rescuer at the head places one hand under each of the patient's shoulders while the rescuer at the foot grasps the patient's wrists.
    - c. The rescuer at the head slips his/her hands under the patient's arms and grasps the patient's wrists.
    - d. The rescuer at the patient's foot slips his/her hands under the patient's knees.
    - e. Both rescuers move up to a crouching position.
    - f. The rescuers stand up simultaneously and move with the patient to a stretcher.

## Module 1: Preparatory

### Lesson 1 - 5: Lifting and Moving Patients

3. Transfer of supine patient from bed to stretcher
  - a. Direct carry
    - (1) Position cot perpendicular to bed with head end of cot at foot of bed.
    - (2) Prepare cot by unbuckling straps and removing other items.
    - (3) Both rescuers stand between bed and stretcher, facing patient.
    - (4) First rescuer slides arm under patient's neck and cups patient's shoulder.
    - (5) Second rescuer slides hand under hip and lifts slightly.
    - (6) First rescuer slides other arm under patient's back.
    - (7) Second rescuer places arms underneath hips and calves.
    - (8) Rescuers slide patient to edge of bed.
    - (9) Patient is lifted/curled toward the rescuers' chests.
    - (10) Rescuers rotate and place patient gently onto cot.
  - b. Draw sheet method
    - (1) Loosen bottom sheet of bed.
    - (2) Position cot next to bed.
    - (3) Prepare cot: Adjust height, lower rails, unbuckle straps.
    - (4) Reach across cot and grasp sheet firmly at patient's head, chest, hips and knees.
    - (5) Slide patient gently onto cot.
- D. Patient positioning
  1. An unresponsive patient without trauma should be moved into the recovery position by rolling the patient onto his/her side (preferably the left).
  2. A patient with trauma should not be moved until additional EMS resources can evaluate and stabilize the patient.
  3. A patient experiencing pain or discomfort or difficulty breathing should be allowed to assume a position of comfort.
  4. A patient who is nauseated or vomiting should be allowed to remain in a position of comfort; however, the First Responder should be positioned appropriately to manage the airway.

## Module 1: Preparatory

### Lesson 1 - 5: Lifting and Moving Patients

- IV. Equipment familiarity
  - A. The First Responder should be familiar with equipment used in the local EMS system
  - B. Typical equipment used in EMS Systems
    - 1. Stretchers/cots
    - 2. Portable stretcher
    - 3. Stair chair
    - 4. Backboards
      - a. Long
      - b. Short
    - 5. Scoop or orthopedic stretcher

## Application

### Procedural (How)

- 1. Show examples of situations where emergency moves are appropriate.
- 2. Demonstrate emergency moves.
- 3. Demonstrate positioning patients with different conditions.
  - A. Unresponsiveness
  - B. Chest pain/discomfort or difficulty breathing
  - C. Patients who are vomiting or nauseated

### Contextual (When, Where, Why)

When to move a patient is determined by both the patient's condition and the environment in which he/she is found. The determination of how to move the patient is made by considering the complaint, the severity of the condition and the location.

## Student Activities

### Auditory (Hearing)

- 1. The student should hear instructor explanations of body mechanics.
- 2. The student should hear the principles of lifting and moving.
- 3. The student should hear the indications for emergency moves.

### Visual (Seeing)

- 1. The student should see situations where emergency moves are appropriate.
- 2. The student should see emergency moves.

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### Wisconsin First Responder, Basic

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**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## Module 1: Preparatory

### Lesson 1 - 5: Lifting and Moving Patients

3. The student should see non-emergency moves.
4. The student should see various lifting and moving devices.
5. The student should see patients with different conditions positioned properly.
  - A. Unresponsiveness
  - B. Chest pain/discomfort or difficulty breathing
  - C. Patients who are vomiting or nauseated
6. Students should see patients moved with various lifting and moving devices.

#### **Kinesthetic (Doing)**

1. The student should practice determining whether emergency, urgent, or non-emergency moves are appropriate.
2. The student should practice emergency moves.
3. The student should practice non-emergency moves.
4. The student should practice positioning patients with different conditions.
  - A. Unresponsiveness
  - B. Chest pain/discomfort or difficulty breathing
  - C. Patients who are vomiting or nauseated
5. The student should practice using equipment for lifting and moving patients.

#### **Instructor Activities**

Facilitate discussion and supervise practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation form)

## Evaluation

#### **Written:**

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

#### **Practical:**

Evaluate the actions of the First Responder students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

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Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Remediation

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

# Enrichment

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.

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**Wisconsin First Responder, Basic**

1-56  
Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

# Lesson 1-6

## Evaluation: Preparatory

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**Wisconsin First Responder, Basic**

Based on: United States Department of Transportation  
National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

1-57

## Module 1: Preparatory

### Lesson 1 - 6: Evaluation: Preparatory

# Objectives

## Objectives Legend

**C=Cognitive P=Psychomotor A=Affective**

1 = Knowledge level

2 = Application level

3 = Problem solving level

## Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-6.1 Demonstrate competence in the cognitive objectives of Lesson 1-1: Introduction to EMS System.
- 1-6.2 Demonstrate competence in the cognitive objectives of Lesson 1-2: Well-Being of the First Responder.
- 1-6.3 Demonstrate competence in the cognitive objectives of Lesson 1-3: Legal and Ethical Issues.
- 1-6.4 Demonstrate competence in the cognitive objectives of Lesson 1-4: The Human Body.
- 1-6.5 Demonstrate competence in the cognitive objectives of Lesson 1-5: Lifting and Moving Patients.

## Affective Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-6.6 Demonstrate competence in the affective objectives of Lesson 1-1: Introduction to EMS System.
- 1-6.7 Demonstrate competence in the affective objectives of Lesson 1-2: Well-Being of the First Responder.
- 1-6.8 Demonstrate competence in the affective objectives of Lesson 1-3: Legal and Ethical Issues.
- 1-6.9 Demonstrate competence in the affective objectives of Lesson 1-4: The Human Body.
- 1-6.10 Demonstrate competence in the affective objectives of Lesson 1-5: Lifting and Moving Patients.

## Psychomotor Objectives

At the completion of this lesson, the First Responder student will be able to:

- 1-6.11 Demonstrate competence in the psychomotor objectives of Lesson 1-1: Introduction to EMS System.
- 1-6.12 Demonstrate competence in the psychomotor objectives of Lesson 1-2: Well-Being of the First Responder.

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## Wisconsin First Responder, Basic

1-58  
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National Highway Traffic Safety Administration

**First Responder: National Standard Curriculum** (Revised: October 6, 1998)

## **Module 1: Preparatory**

### **Lesson 1 - 6: Evaluation: Preparatory**

1-6.13 Demonstrate competence in the psychomotor objectives of Lesson 1-3: Legal and Ethical Issues.

1-6.14 Demonstrate competence in the psychomotor objectives of Lesson 1-4: The Human Body.

1-6.15 Demonstrate competence in the psychomotor objectives of Lesson 1-5: Lifting and Moving Patients.

## **Preparation**

### **Motivation:**

Evaluation of the student's attainment of the cognitive and affective knowledge and psychomotor skills is an essential component of the First Responder's educational process. The modules are presented in a "building block" format. Once the students have demonstrated their knowledge and proficiency, the next lesson can be built upon that knowledge. This evaluation will help to identify students or groups of students having difficulty with a particular area. This is an opportunity for the instructor to evaluate their performance and make appropriate modifications to delivery of the material.

### **Prerequisites:**

Completion of Lessons 1-1 through 1-5.

## **Materials**

### **AV Equipment:**

Typically none required.

### **EMS Equipment:**

The EMS equipment used in the Lessons of Module 1.

## **Personnel**

### **Primary Instructor:**

One proctor for the written evaluation.

### **Assistant Instructor:**

One practical skills examiner for each 6 students.

### **Recommended Minimum Time to Complete:**

One hour

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### **Wisconsin First Responder, Basic**

Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## **Module 1: Preparatory**

### **Lesson 1 - 6: Evaluation: Preparatory**

# **Presentation**

#### **Declarative (What)**

- I. Purpose of the evaluation
- II. Items to be evaluated
- III. Feedback from evaluation

# **Application**

#### **Procedural (How)**

1. Written evaluation based on the cognitive and affective objectives of Lessons 1-1 > 1-5.
2. Practical evaluation stations based on the psychomotor objectives of Lessons 1-1 > 1-5.

#### **Contextual (When, Where and Why)**

The evaluation is the final lesson in this module and is designed to bring closure to the module and to assure that students are prepared to proceed to the next module.

This modular evaluation is done to determine the effectiveness of the presentation of materials and how well students have retained the material. This is an opportunity for the students to make necessary adjustments in study habits or for the instructor to adjust the manner in which material is presented.

# **Instructor Activities**

Supervise student evaluation.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content. (Complete remediation forms.)

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#### **Wisconsin First Responder, Basic**

1-60  
Based on: United States Department of Transportation

National Highway Traffic Safety Administration

**First Responder:** National Standard Curriculum (Revised: October 6, 1998)

## **Module 1: Preparatory**

### **Lesson 1 - 6: Evaluation: Preparatory**

# **Remediation**

Identify students and/or groups of students who are having difficulty with this subject content. Complete a remediation sheet from the instructor's course guide. If students continue to have difficulty demonstrating knowledge of the cognitive and affective objectives, or demonstrating proficiency in psychomotor skills, the students should be counseled, remediated and re-evaluated. If improvements in cognitive, affective or psychomotor skills are not achieved, consideration regarding the ability of the student to progress in the program should be taken into account.

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#### **Wisconsin First Responder, Basic**

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