



Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services NHS Trust

Community First Responder Initial Training
Day One Lesson Plan

Tutor: Jon Johnston	Session: Day One	Date: TBC	Time: TBC
Student Population:	Venue: TBC	Duration: 7.5 hours	Entry Behaviour: New entry volunteers

Equipment Required:

Laptop, training package, group work laminates, Manual handling equipment Responder bags and airway manikins

Paperwork required.

Sign off forms, online register to be completed.

Location Facilities Requirements

Risk assessed training environment.
Appropriate facilities to enable learning.
Facilitated by one instructor.

Risk Assessment: Low
COVID-19 Risk Assessment: Low

Session Aims: To increase confidence in your clinical scope of practice and your self-confidence to discharge duties on behalf of the Welsh Ambulance Service NHS Trust. Learning Outcomes: By the end of the day volunteers will be able to: ✓ Demonstrate correct use of the Manger Camel Lifting Equipment when assisting a non-injury faller. ✓ Demonstrate the appropriate and safe techniques to deescalate or escape from a conflict situation. ✓ Have an understanding of equipment carried by a Community First Responder. ✓ Demonstrate an appropriate systematic patient assessment of an adult patient. ✓ Recognise Normal Airway and demonstrate the correct management of a compromised airway.	Introduction: (Slide 1 – 3) Self Ground rules – Learner’s agreement – Slide 2 - Trust Behaviours Learning outcome for session – Slide 4 Reference JRCALC
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Objective:	Tutor Activity – Focus	Student Activity - Strategy	Equipment
Welcome all students to the session.	Complete the course online register – Training Website	Provide names and WAST PIN.	Training Website Online Register
Slide 5 – Ice Breaker	<u>Group work – Ice Breaker</u> Icebreaker- Instructions discretion of how this is run. Suggested for students to share their name, area they will be covering, current day job, why they want to be a CFR and previous medical experience.	Look, listen, ask questions.	Power Point, V1.
Slide 6 – Knowledge Check	Knowledge check completion allocate around 15 mins -Go through assessments, how they work, what we are looking for, and when they will be. Explain the reassessment process. -Knowledge checks. Explain when they will be, marking system and percentage of overall pass mark. -Complete knowledge check for induction, multiple choice	Look, listen, ask questions.	Power Point, V1.
Slide 7 – Safer Handling	<u>Group work – Safer Handling</u> Students will have covered the theory and underpinning knowledge in the pre-learning. Manual handling stations set out with printed laminates of all manual handling techniques. Split into groups where they read the laminated handout. Each lift should be demonstrated by staff or current responder, then practiced by the students. Push/Pull should be discussed.	Look, listen, ask questions, Demonstrate.	Power Point, V1.

	See appendix 1- Safer Handling Laminates 3, 2, 1 person transfer Basic lift Partial squat Tripod lift Power lift Golfers lift Manual handling sign offs to be completed.		
Slide 11 – Conflict Resolution	<u>Group work – Conflict Resolution</u> Students will have covered the theory and underpinning knowledge in the pre-learning. Safety briefing- Ask all students to remove watches etc and remain bare below the elbow for the session. Warn students that glasses and hearing aids may need to be removed for some techniques. Remind students- during all activities, please listen to the tutor and follow only their directions. The command STOP is to everyone in the room and MUST be acted upon immediately. Only use up to 40% effort in all training activities. Report any potential injuries to the tutor immediately. Respect all of your colleagues and their wishes e.g., personal space. Warm up- The warm up should not be excessively long - approximately 12 to 15 minutes of balanced exercises should suffice, with a systematic approach. Starting at the head or feet and working through the body to the opposite end. For example, only if you are able to, • Move head / neck from side to side. • Shake the hands and feet. • Move all your limbs through their whole RoM.	Look, listen, ask questions , Demonstrate	Power Point, V1.

	Gentle stretch these muscles through their RoM. Students should be encouraged to run, talk or try to de-escalate the situation where possible. Their safety is paramount. Where breakout techniques are necessary only reasonable force should be used. Students must be told to follow the PLAN- all techniques must be: P-Proportionate L-Legal A-Accountable N-Necessary Demonstrate and practice- passive posture (low guard) and active posture (high guard) Breakout techniques: See train the trainer notes for techniques. Single wrist grab Double wrist grab, one arm Double wrist grab, two arms Clothes grab, single hand Clothes grab, two hands Hair grab, top of head Hair grab, long hair Strangle hold, from the front Strangle hold, from the side (headlock) Strangle hold, from behind 1 Strangle hold, from behind 2 (colleague release) See trainers notes		
Slide 9 – Break	15 Minute Break		Power Point, V1.

Slide 10	<u>Group work – Non-injury Faller</u> Handout iSTUMBLE laminates (Appendix 2) Falls Response Model The Falls Response model consists of three broad categories; uninjured, possibly injured, injured. We have developed a model that recognise that not all falls will require an emergency ambulance response and that many people who have fallen do not need to be conveyed to hospital. A Level One response is described as a Falls Assistant (Community First Responder). The assistant attends the patient to pick them up safely from the floor and undertake a further assessment of the situation. Handout laminates- talk through iSTUMBLE, discussion over differences between a collapse and a fall. Students must be taught to complete a set of observations prior to moving a patient, including a head-to-toe to look for injuries. Distracting injuries should be explained and discussed. Introduction to Mangar Camel. Maximum lifting weight 50 stone / 320kg. • Position the Camel at the side of the patient so that the patient's head is level with the Camel badge NOTE: Place a blanket, groundsheet, towel or similar under the Camel if using it on a rough surface. • Ask the patient to transfer the onto the Camel. The head should lie on the Camel badge and the body should lie centrally.	Look, listen, ask questions Demonstration.	Power Point, V1.
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	• Switch the Airflo 24 to 'On', warning the patient that it will be noisy. • Press the number 1 button on the hand control to partially inflate the backrest section until the patient is in a comfortable position • Press the number 2 button to inflate the bottom section until it becomes rigid • Continue to press buttons 3 and 4 in sequence until the sections become rigid • Press button 1 to fully raise the backrest and arrive at a sitting position • Ensure the patient has somewhere to transfer to from the Camel Note: the cushion must be supported as the patient rises as it is light and may move • WARNING: In order to maintain stability, sections must always be fully inflated from the bottom up, in sequence. • Note: only the backrest (section 1) may be partially inflated before the lower sections. • Demonstrate the slow and rapid deflation of the cushions and when appropriate Note: the patient must be supported on deflation to avoid falling • Give explanation of cleaning of the Mangar Camel with Clinell wipes, storage, and charging. Students to practice using Mangar Camel under instructors supervision, using laminates to assess patient prior to lifting. Sign offs to be completed.		
Slide 11 – Kit Introduction	<u>Group work – Kit introduction</u> Ask the students to work in pairs, each pair should have a response bag and enhanced kit bag. Sitting in a circle, go through the bag and	Look, listen, ask questions.	Power Point, V1.

	its contents allowing time for the students to work through the equipment. Demonstrate the ergonomics of the response bag as a holdall and backpack, with waist strap. Work through contents and layout of the response and enhanced kit bags- see appendix 3. Demonstration of ePCR, show the students the back-up paper version of the PCR. Allow students to practice inputting obs and patient details. This will be practiced more throughout the course. Sign offs to be completed.		
Slide 11 – Oxygen Cylinder Features	Describing the Oxygen Cylinder Features. • Ensure labels remain clearly visible at all times. • Lasts for 30 minutes at 15l if full • Do not refill or tamper with cylinders. • Do not use oil or grease (including hand creams) near cylinders. • Do not clean cylinders with products containing ammonia or chlorine. • Display warning sign in vehicle when carrying	Look, listen, ask questions.	Power Point, V1.
Slide 13	Learning outcomes – Patient Assessment ✓ Describe the CABCADE approach to initial casualty assessment ✓ Explain factors that affect airway, breathing, circulation and neurological function ✓ Describe procedures of a secondary survey ✓ Describe procedures of a History take to include: ✓ -SAMPLE	Look, listen, ask questions.	Power Point, V1.

	✓ -SOCRATES		
Slide 14	Introduction into systematic approach to patient assessment and the CFR incident Algorithm.	Look, listen, ask questions.	Power Point, V1.
Slide 15-16 – Dangers	Describe dangers found in the prehospital environment. SCENE Assessment.	Look, listen, ask questions.	Power Point, V1.
Slide – 17- 33 - Primary Survey	Primary Survey 60-90 seconds. If you find an issue you don't move on until you have corrected it Cat Haem- blood on the floor + 4 more. Consider the surface they are on, is it absorbent? Is the blood loss greater than it looks? Consider mechanism, internal haem, or aneurysms. Consider blood loss in the chest, abdomen, pelvis and long bones. Airway- Always check an airway prior to opening it. Check the lips, teeth, tongue and throat. Look for swelling, bleeding, soot, vomit, secretions, etc Breathing- Listen (without putting your face next to the patients mouth) look down their chest and if necessary put a hand on their chest/abdo to feel for breathing. This should be for 10 seconds, and during this time they should take 2 breathes. If no breathing or agonal breathing, commence CPR. If they are breathing but not adequately you will need to support ventilations. Circulation- Consider circulation to skin, by looking at the colour of their limbs. Feel for central pulse for 10 seconds, to check if its present. Disability- You will have already considered this during your AVPU assessment. Assessing the patients level of consciousness, or how awake they are. There are many causes of unconsciousness, these are covered in another module. During the primary survey consider	Look, listen, ask questions.	Power Point, V1.

	these causes and if you can correct them at this time, such as blood sugars and pupils. Exposure/Environment- This is a quick head to toe assessment, to look for possible injury or illness, such as broken limbs or rashes. You will undertake a full head to toe assessment during your secondary survey. Be mindful of patient privacy and dignity during this process. Consider the environment you are in, such as extremes of temperature.		
Slide 34-35– Pain Assessment	Discuss pain assessment and give example of AOCRATES assessment tool.	Look, listen, ask questions.	Power Point, V1.
Slide 36-37 – Reassessment and handover	Demonstrate a ATMIS handover		
Slide 38 – 39 – Consent	Partnership Consent is a partnership between the patient and the person providing care, so that decisions about treatment are made together. The patient then agrees to treatment and informed consent to treatment is given. Whatever the context in which the healthcare decision is made there must be a partnership between the person providing care and the patient. To do this it is necessary to: -Listen to patients and respect their views about the management of their condition -Discuss with patients what their condition means -Share with patients the information they need to make decisions about the management of their condition -Respect patients' decisions. Legal Issues Consent has to be valid in healthcare. Valid consent applies to first aid, ambulance care and transportation.	Look, listen, ask questions.	Power Point, V1.

	VALID This is the voluntary and continuing permission of the patient to be given a particular treatment. It is VALID only if given by an informed person with capacity to consent (Capacity is explored later in the session) <i>Informed</i> This means the patient has given consent only after they have been advised of all relevant facts and risks. Consent can only be given by a patient who has capacity to do so. It is of a specific duration. The length of time for consent usually remains until withdrawn by the patient. If the patient does withdraw consent, new information must be given before consent can be regained. Consent can only be obtained by the person actually treating the patient, so another first aider cannot gain consent and then pass on care. The next first aider would also have to gain consent. If working together (e.g. in a pair) then consent is valid for everyone present when consent is obtained – however if care is handed over to another then consent must be obtained again. Refusal It is not uncommon for patients to refuse care or treatment. Provided they have capacity a patient can withdraw consent at any time. This must be recorded on the patient report form. ('Capacity' is explored later in the session) A patient's decision to refuse the proposed treatment is to be respected even if you think the decision is wrong or irrational. Concerns should be communicated clearly to patients and the possible consequences of their actions outlined but no pressure should be exerted <i>Unobtainable</i>		
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	Patients can be treated without consent in an emergency if it is not possible to obtain consent. In this case the treatment must be necessary to save life or prevent deterioration of the presenting condition. Any treatment given must comply with current best practice in the management of that condition. In most cases of first aid and ambulance care the patient's condition is non-life-threatening, and this session will explore the principles for best practice in making decisions and obtaining consent. Types of consent It does not matter how a patient gives consent. A signature on a form does not in itself prove that consent is valid Before accepting a patients' consent to treatment of the presenting condition, consideration must be taken of whether relevant information has been communicated and how well the details and implications of what is proposed have been understood by the patient. This is more important than how consent is expressed or recorded. Consent can be: - Implied - Verbal - Written Implied consent In the case of routine investigation or clinical monitoring patients can give implied consent e.g. rolling up the sleeve for blood pressure measurement Oral consent In cases of minor treatment and routine monitoring it is usually sufficient to have verbal consent. This will be the method of choice for the majority of first aid treatments. Consent must be recorded on the patient report form (PRF) Written consent		
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	In cases that involve higher risk it is advisable to obtain written consent. This is so that everyone involved understands what was explained and agreed. If it is not possible to obtain written consent in a case when it is thought desirable e.g. in an emergency or if the patient needs treatment to relieve severe pain or distress it is acceptable to rely on verbal consent. However patients must still be given the information they might want or need to make a decision and the fact that they have given consent should be recorded on the PRF Refusal Adult patients are entitled to refuse treatment even when it would benefit their health. The only exception to this is when the treatment is for a mental disorder and the patient is detained under the Mental Health Act 1983 A pregnant woman is entitled to refuse treatment even if this is likely to be detrimental to the unborn baby		
Slide 40-41	Lunch and Recap of learning.	Look, listen, ask questions.	Power Point, V1.
Slide 42 – Airway management	<u>Group work – Airway Management</u> Demonstrate correct procedure for Airway Management. <i>Cover stepwise approach to airway management.</i> <i>Positioning- recovery position</i> <i>Suction</i> <i>Airway Manouvres</i> <i>Paeds</i> <i>BVM</i> <i>OPA</i> <i>NPA</i> <i>iGel</i> <i>Give out airway logs</i>	Look, listen, ask questions.	Power Point, V1.

	<i>"Establishing and maintaining a patent (open) airway and ensuring effective oxygenation and ventilation are vital aspects of effective patient care. Attempting to stabilise a patient whose airway is compromised is futile. No airway, no patient - it is that simple!"</i> Nancy Caroline's Emergency Care in the streets (7th Edition) JRCALC (Joint Royal Colleges Ambulance Liaison Committee) Recommends the using a stepwise approach to airway management, including a strategy on how and when to progress from one airway technique to another. It is important to note that this approach is not one way and if the technique is failing, then it is sometimes appropriate to move to a less advanced technique. The following flow chart shows the stepwise approach to airway management. In General, you will start with basic airway manoeuvres such as Head tilt - chin lift. Depending on the patient's condition and potential threats to their airway, you may elect to escalate their management to include airway adjuncts such as OPA/NPA or may progress to intubation. Ambulance Care Practice (2019)		
Slide 43	Airway stations should be set up for students to practice each airway technique. Competent volunteers can man each station to assist. Then students should be assessed on each technique by a member of staff. Station 1: Recovery position. Airway Manoeuvres, BVM ventilations- all ages Station 2: OPA NPA Station 3: iGel. Airway setup.	Look, listen, ask questions.	Power Point, V1.

	See Appendix 5 for assessors sheet. This should be signed off in their assessment sign offs. See appendix 6 for Station laminates		
Slide 44 – Wellbeing checklist – close	✓ Complete wellbeing checklist	Look, listen, ask questions.	Power Point, V1.