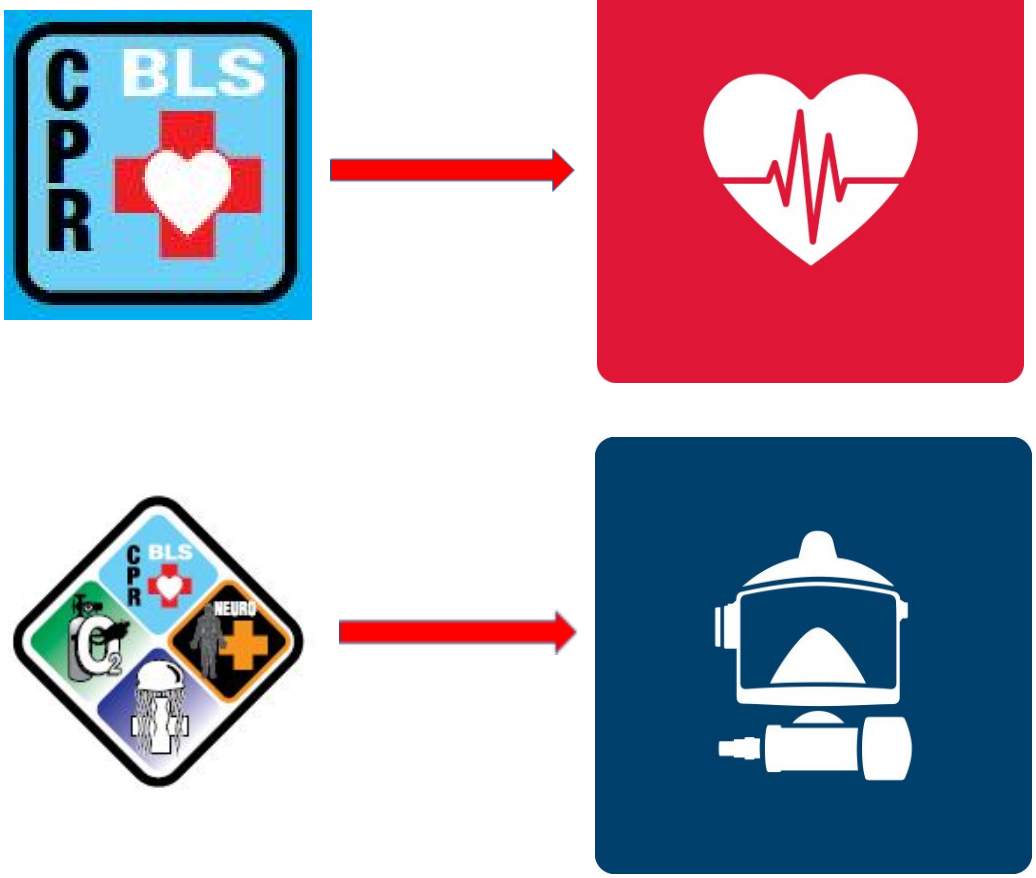
UPGRADE Workshop from Version 2.1 to Version 3.0 Instructor Guide



DAN
DIVERS ALERT NETWORK

Rev 10/21

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DAN Version 2.1 First Aid Courses to Version 3.0 Upgrade Instructor Guide

Overview and Instructions

The intent of this Instructor Guide (IG) is to assist DAN Full Suite Instructor Trainers and Examiners that have been authorized to conduct the V2.1 to V3.0 Upgrade for those DAN Instructors that are in need of the Upgrade to continue to teach DAN courses.

Some DAN Instructors may only need to complete the relevant e-learning modules while other will need to complete the e-learning modules and a workshop to review the various skills included in this guide.

This table may be helpful in determining what is needed for each instructor.

Version 2.1 Instructor	Required Version 3.0 Instructor E-Learning	Version 3.0 Upgrade Workshop	What You Will Become in Version 3.0
BLS	Yes (BLS)	Yes	BLS Instructor
HCP	Yes (BLS)	No	BLS Instructor
EO2	Yes (EO2)	No	EO2 Instructor
Neuro	n/a	n/a	n/a
HMLI	n/a	n/a	n/a
DEMP	Yes (BLS, EO2 & DFA Pro)	Yes	DFA Pro Instructor
DFA Pro	Yes (BLS, EO2 & DFA Pro)	No	DFA Pro Instructor
DEMP IT	Yes (BLS, EO2 & DFA Pro and Full Suite IT)	Yes	Full Suite IT
DFA Pro (Full Suite) IT	Yes (BLS, EO2 & DFA Pro and Full Suite IT)	No	Full Suite IT
Examiner	Yes (BLS, EO2 & DFA Pro, Full Suite IT and Examiner)	No	Examiner

For example: If someone is *just* a BLS Instructor they will need to do the BLS Instructor V3.0 e-learning and the hands-on workshop. But, if they are also an HCP Instructor, they will only need to do the BLS Instructor V3.0 e-learning.

Similarly, if someone is a DEMP Instructor and *not* a DFA Pro Instructor, they will need to complete the V3.0 Instructor modules for BLS, EO2 and DFA Pro *and* complete the hands-on workshop. If someone is a V2.1 DFA Pro (Full Suite) instructor, they will only need to complete the same V3.0 Instructor modules of BLS, EO2 and DFA Pro. Same idea for DEMP ITs and Full Suite ITs.

As always, if you have questions, please don't hesitate to e-mail DAN Training email at training@dansa.org.

To conduct the Upgrade, essentially, you will follow the same procedure as if you have a 'new' Instructor or Instructor Trainer Candidate.

For BLS instructors, please invite them to the **Basic Life Support: CPR and First Aid (BLS) - Instructor Module Version 3.0.**

For DEMP Instructors, please invite them to the **Basic Life Support: CPR and First Aid (BLS) - Instructor Module Version 3.0, Emergency Oxygen for Scuba Diving Injuries - Instructor Module Version 3.0,** and the **Diving First Aid for Professional Divers - Instructor Module Version 3.0.**

For DEMP Instructor Trainers, please invite them to the **Basic Life Support: CPR and First Aid (BLS) - Instructor Module Version 3.0, Emergency Oxygen for Scuba Diving Injuries - Instructor Module Version 3.0,** and the **Diving First Aid for Professional Divers - Instructor Module Version 3.0.** Then the **Instructor Trainer Workshop Full Suite Version 3.0.**

Once they have completed the required e-learning, you will then conduct the Upgrade Workshop.

For the Upgrade Workshop, please cover the following Required skills:

- Two-rescuer CPR for Adults
- One- and two-rescuer CPR for Children
- One- and two-rescuer CPR for Infants
- Bag Valve Mask (BVM)
- Foreign Body Airway Obstruction (FBAO) for Adults and Children
    - Abdominal Thrusts (as a review)
    - Chest Thrusts (as a review)
    - Back Blows
    - (emphasize that a combination of techniques may have to be used to clear the foreign body)
- Foreign Body Airway Obstruction (FBAO) for Infants
- Wound Packing
- (optional) if you have a ratcheting style tourniquet, like the OMNA Tourniquet, please review the operation of that device.

Feel free to review any other skills you think need to be covered. Review and practice is a good thing.

Instructors will have to pass one, (1), teaching presentation on one of the skills listed above.

Instructor Trainers will have to also evaluate one, (1), teaching presentation of one of the skills listed above.

Once the Workshop is done, you will approve the candidate as normal.

As an introductory special, between November 1, 2021 and December 31, 2021, there is no charge to approve these candidates!

As always, if you have questions, please don't hesitate to e-mail DAN Training email at training@dansa.org.

Notes:

Skill: Chest Compressions for CPR

Required equipment:

1. Non-latex medical gloves
2. Adult CPR manikin
3. Infant CPR manikin

Objectives:

1. Demonstrate proper hand positioning for chest compressions on a manikin for both an adult and a child.
2. Utilize proper body mechanics to accomplish chest compressions consistently to a minimum depth of 2-2 ½"/5-6 cm on an adult CPR manikin at a rate of 100-120 compressions per minute.
3. Utilize proper body mechanics to accomplish chest compressions consistently to 1/3 the chest depth for a child using one hand on a CPR manikin at a rate of 100-120 compressions per minute (adult or child)
4. Demonstrate proper finger/thumb placement for infant chest compressions
5. Utilize proper body mechanics to accomplish chest compressions consistently to 1/3 the chest depth on an infant CPR manikin at a rate of 100-120 compression per minute.

Rationale:

Hand placement and depth are critical to the effectiveness of CPR. While CPR will not restart a heart, effective compressions can sustain life until advanced care is available.

Conduct Real Time Demonstration

Talk Through Demonstration Skill Descriptions:

Adult CPR

- Kneel by the side of the person
- Place heel of one hand in the **center of the chest between the nipples**
- Place the heel of your other hand on top of the first hand interlocking the fingers of your hands.
  - Do not apply pressure on the bottom end of the sternum (breastbone) or the upper abdomen
- **Position yourself vertically over the chest with your arms straight and shoulders directly above elbows and hands**
- Using your hips as a pivot point and the weight of your whole body, forcefully but smoothly **press down vertically on the sternum at least 2-2 ½ inches/5-6 cm**

- After each compression, release all the pressure on the chest without losing contact between your hands and the sternum; repeat at a **rate of 100-120/minute**
  - **Do not lean on chest during recoil.**

✓ Compression and release should take equal amounts of time

NOTE:
The same technique for chest compressions on adults and children is used for both one- and two-person CPR.

Child CPR

- The same technique applies as for adult except that **one hand may be all that is required to achieve adequate depth**
  - Compression depth on a child (up to puberty) should be 1/3 the depth of the chest.

NOTE:
The size of the child (not their age) and the rescuer's ability to achieve adequate compression depth should guide the decision to use one or two hands for CPR.

Infant CPR Single Rescuer

- Position yourself to the side of the infant
- Place **two or three fingers side by side in the center of the infant's chest** perpendicular to the nipple line.
- **Using vertical force from your shoulder through your fingertips, compress the chest 1/3 the depth of the infant's chest.**
- After each compression, release all the pressure on the chest without losing contact between your fingers and the sternum; repeat at a **rate of 100-120 per minute.**
- Compression and release should take equal amounts of time.

Two Rescuers

- Position yourself at the infant's feet
- Circle the infant's chest with both hands placing the thumbs in the center of the chest at the nipple line.
  - **Thumbs may be side by side or stacked on top of each other.**
  - Use the fingers to support the infant's back.

Teaching Tip Reminder:
The size of the child (not their age) and the rescuer's ability to achieve adequate compression depth should guide the decision to use one or two hands for CPR.

Teaching Tip Reminder:
Continuous chest compressions are critical to the effectiveness of CPR. Compressions should not be interrupted unnecessarily except when an AED is in use.

Debrief skill.

Chest Compressions Key Points:

1. Hand positions:
   - For adult CPR, stack hands on top of each other in the center of the chest along the nipple line
   - For child CRP, use one hand in the center of the chest along the nipple line
   - For infants, use 2-3 fingers in the center of the chest along the nipple line
2. Use vertical pressure to compress chest
   - For adults, compress 2-2.5 inches/5-6 cm
   - For children and infants, compress about 1/3 of the chest depth
3. Use body weight for effective depth.
   - Arms should remain straight when performing CPR on adults and children
   - Do not allow hands/fingers to lose contact with chest wall between compressions but do allow for full recoil of the chest.
     - Do not lean on chest during recoil.
4. Rate of compressions for all ages is 100-120 per minute.
5. Techniques do not change for adults and children when two rescuers are available.
   - Rescuer position shifts for two-person CPR on an infant.

Skill: Ventilations

Required Equipment:
1. Non-latex medical gloves
2. Adult CPR Manikin
3. Infant CPR manikin
4. Oronasal resuscitation mask (one for each student or clean chimney for each student to use on a circulating mask)

Recommended equipment:
1. Child CPR manikin

Objectives:

1. Demonstrate proper rescue-breathing technique for an adult and child on a CPR manikin. (Adult manikin may be used for both adult and child although a child manikin is preferred.)
2. Demonstrate proper rescue-breathing technique on an infant manikin

Rationale:

Proper rescue breathing technique is an integral part of full CPR. In addition, ventilations may be all that is required in some situations. The heart continues to beat for a short while after breathing ceases. Providing rescue breaths may pre-empt the need for CPR.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:

Adult and Child

- Remain at the side of the person.
- Place the face shield or resuscitation mask on the person's face using the bridge of the nose as a guide for correct positioning.
- Seal the mask by placing your index finger and thumb of the hand closest to the top of the person's head along the border of the mask.
- Use the thumb and first finger of the other hand to pinch the lower border of the mask to the chin. (Other techniques are acceptable just **avoid pressing on the soft tissue under the chin.)**
- **Press firmly and completely around the outside margin of the mask to form a tight seal.**

- **Tip the head back and pull the chin up into the mask so the chin is pointing up. (head tilt-chin lift)**
  - **Keep fingers on bony structures of the jaw.**
- Seal your lips around the one-way valve and blow through it. **Each breath should last about one second.** Watch for the chest to rise.
- Take your mouth away from the mask and watch for the chest to fall as the breath is exhaled. (about 1 second)
- Deliver a second breath as before:
- If rescue breaths do not make the chest rise,
  - reposition the head using a head tilt-chin lift technique and reattempt to ventilate
  - check the person's mouth and remove any obstruction
  - **do not attempt more than two breaths each time before returning to chest compressions**

NOTE:
When in doubt, do not keep trying to ventilate. Compressions should not be interrupted for more than 10 seconds.

Infants

- When using an oronasal mask on an infant, place the mask on the infant's face so the narrow portion of the mask covers the chin (placement is 180° to placement on an adult.)
  - For infant rescue breathing, use of an oronasal mask is optional. When using mouth to mouth resuscitation on an infant, it may be necessary to cover both the mouth and nose.
- Seal the mask tightly with downward pressure along all edges and gently tipping the infant's head back, simulating a 'sniffing' position.
  - **Avoid overextending the head and collapsing the airway**
- **Use gentle puffs of air from your cheeks to ventilate an infant.**
  - Allow the chest to fall with the exhale before ventilating again.

Set up practice groups and provide scenario.

SCENARIO

As a single rescuer, you have completed 30 chest compressions.

Instructor: What is your next step?
Students: Rescue breathing

Debrief skill.

Rescue Breathing Key Points:

1. Open the airway by tipping the head back with the head tilt chin lift technique
   - Avoid overextending an infant's head as their airway is easily collapsed.
2. Secure a tight mask seal against the person's face.
   - Avoid contact with the soft tissue under the chin.
   - Keep fingers and hands on the face and bony features
3. Blow into the ventilation barrier just enough to make the chest rise
   - For infants, light puffs of air from the rescuers cheeks are usually sufficient.
4. Allow 1 second for each breath with one second in between
5. Do not attempt more than 2 breaths before returning to chest compressions

Skill: Full CPR

Required Equipment:
1. Non-latex medical gloves
2. Adult CPR Manikin
3. Infant CPR manikin
4. Oronasal resuscitation mask (one for each student or clean chimney for each student to use on a shared mask)

Recommended equipment:
1. Child CPR manikin

Objectives:

1. Perform two minutes of full CPR as a single rescuer on adult and infant CPR manikins, completing at least five cycles of 30:2 compressions/ ventilations.
2. Perform four minutes of full CPR as a two person rescue team on an adult CPR manikin, completing at least ten cycles of 30:2 compressions/ ventilations.
3. Perform four minutes of full CPR as a two person rescue team on an infant CPR manikin, completing at least 20 cycles of 15:2 compressions/ ventilations.

Rationale:

Full CPR is strongly recommended for incidents involving scuba diving injuries or immersion (drowning).

Conduct Real Time demonstrations.

Talk through demonstration Skill Description:

Once unresponsiveness in adults has been established, immediately call EMS.

Adult

- **Activate EMS upon establishing unresponsiveness**

Single Rescuer:

- Using the compression and rescue breathing techniques from the previous skills, deliver chest compressions at **a rate of 100-120 per minute to a depth of 2-2 ½ inches/5-6 cm** followed by rescue breaths using a ratio of **30:2 as a single rescuer** for a minimum of 5 cycles/two minutes.

Two Rescuers:

- Using the compression and rescue breathing techniques from the previous skills, deliver chest compressions at a rate of 100-120 per minute to a depth of 2-2½ inches/5-6 cm followed by breaths using a ratio of **30:2 as a two rescuer team** for two minutes.
- **Switch roles and re-assess. Continue for an additional 2 minutes of CPR.**

Children and Infants

- **Perform 2 minutes of CPR before activating EMS if alone.**

Single Rescuers:

- Using the compression and rescue breathing techniques from the previous skills, **deliver chest compressions at a rate of 100-120 per minute to 1/3 the chest depth** followed by breaths using a **ratio of 30:2 as a single rescuer** for a minimum of two minutes.

Two Rescuers:

- Using the compression and rescue breathing techniques from the previous skills, deliver chest compressions at a rate of 100-120 per minute to 1/3 the chest depth followed by breaths using a **ratio of 15:2 as a two rescuer team** for two minutes.
- **Switch roles and re-assess. Continue for an additional 2 minutes of CPR.**

NOTE:

Reassess the individual at the end of every two minute cycle.

Set up practice groups and provide scenario.

SCENARIO

You continue to provide care for the man who has collapsed and he does not have a pulse nor is he breathing on his own.

Instructor: What care should be provided?
Students: Provide 2 minutes of continuous CPR

Teaching Tip:
Demonstrate 2 full minutes of CPR to illustrate initial care and re-assessment.

Teaching Tip Reminder:
After the 2-minute reassessment, CPR should not be interrupted until the individual's condition obviously changes or EMS takes over care. CPR should not be interrupted unnecessarily.

Debrief skill.

Full CPR Key Points:

1. Call for assistance (EMS) immediately upon determining unresponsiveness for adults.
2. For infants and children, provide two minutes of CPR (if alone) before calling EMS.
3. Compression rate is at least 100 per minute and at least 2" deep for adults and children, 1/3 the chest depth for infants.
4. Ventilation ratio is 2 for every 30 compressions for a single rescuer in all cases.
   - Ratio for infants and children with 2 rescuers is 15:2
   - Ventilations should only last about 1 second each and should make the chest visibly rise.
   - If ventilations do not make the chest rise, reposition the head to open the airway. If that does not help, check the mouth for visible obstructions. Remove any you may find. If you are unable to accomplish ventilations due to an obstruction, return to chest compressions
5. Continue CPR for 2 minutes then reassess the individual.
6. For 2 person CPR, switch roles every 2 minutes, reassessing the individual as part of the process.

Notes:

Skill: Resuscitation with a Bag Valve Mask (BVM)

Required Equipment:
1. Oxygen System or equivalent
2. CPR manikin
3. Non-latex medical gloves
4. Bag valve mask (BVM)

Objective:
1. Provide emergency oxygen as part of a team to a non-breathing or inadequately breathing injured diver using a bag valve mask. Student must perform both team roles.

Rationale:
The BVM provides a higher concentration of oxygen when resuscitating a non-breathing diver. It is also less fatiguing than mouth to mask resuscitation efforts.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:
- Remember S-A-F-E.
- **Two rescuers are required** for this skill.
  - The first rescuer **begins single-rescuer CPR as soon as possible.**
  - The second rescuer should do the following:
    - **Prepare the oxygen equipment,** and connect BVM tubing to the constant-flow barb on the oxygen regulator.
    - Turn on constant flow to initial setting of 15 lpm, and allow the reservoir bag to inflate.
    - Seal the mask in place using head-tilt, chin-lift method, pulling the diver's jaw up and into the mask.
    - **Maintain the airway.**
    - **Monitor the oxygen supply.**

- The first rescuer should do the following:
  - **Compress the bag about one-third of the bag volume** to ventilate the injured diver.
    - Bag compressions should be slow and gentle, lasting about one second for the ventilation phase.
    - Allow the chest to fall completely before beginning each new ventilation. Deliver two ventilations.

- **Watch the stomach for signs of expansion** to prevent regurgitation.
- Continues to deliver chest compressions between ventilations.
- **Call EMS and DAN.**

Set up practice groups, and provide scenario.

SCENARIO

You hear somebody shouting for help. When you get to this person you see that a diver is lying on the ground. After performing SAFE, you determine the injured diver is not breathing.

Instructor: What is your next step?
Students: Begin CPR and provide oxygen with the BVM, by compressing the bag.

Instructor: After three minutes of resuscitation, you notice that the injured diver's stomach is distended. The injured diver begins vomiting.
Student: Clear, re-establish and maintain the airway and ventilations, using the BVM.

Instructor: A minute later the diver begins to cough and resumes breathing.
Student: Provide oxygen via a demand valve

Debrief skill.

Key points are on the next page.

Resuscitation with a Bag Valve Mask Key Points:

1. The BVM requires two rescuers.
2. Rescuer One performs chest compressions and compresses the ventilation bulb of the BVM during ventilations.
3. Rescuer Two sets up and monitors the oxygen equipment and maintains the airway and the seal of the resuscitation mask.
4. Use about one-third of the reservoir bag's volume to ventilate the injured diver.
    - Watch the stomach for signs of distension and to prevent regurgitation.
5. Monitor the oxygen supply.
6. Activate EMS.

NOTE:
A BVM should not be used on infants and children unless an appropriately sized unit is available.

Notes:

Skill: Foreign-Body Airway Obstruction - Adults and Children

Equipment:
1. Non-latex medical gloves
2. Adult CPR manikin

Objectives:

1. Demonstrate proper abdominal thrust, chest thrust and back blow techniques for management of an obstructed airway in adults and children

Rationale:

In just a few minutes a blocked airway can cause a person to lose consciousness. It can also cause cardiac arrest from hypoxia as the body tissues become starved of oxygen.

Abdominal Thrusts

Conduct Real Time Demonstration

Talk Through Demonstration Skill Description:

Adult

In the case of a **mild airway obstruction, encourage the choking victim to cough, but do nothing else**.

If the person shows signs of a **severe airway obstruction** and is conscious, **ask permission to assist**. Perform abdominal thrusts if permission is granted.

- Stand behind the person and put both arms around the upper part of the abdomen.
- With one hand locate the person's navel
- Clench your other hand into a fist and place it just above your first hand between the navel and bottom tip of the sternum with the thumb end of your fist against the choking victim's abdomen.
- Grasp it with your other hand and **pull forcefully inward and upward repeatedly.**
  - **Keep your hands off the person's rib cage.**
  - **Thrusts should be into the soft abdominal tissue.**

- Repeat until the object is expelled or the person loses consciousness.
- If you cannot reach around the person's abdomen or the choking victim is a pregnant woman, do chest thrusts instead.

If the person becomes unconscious:

- Lower the individual carefully to the ground
- Activate EMS
- Begin CPR (chest compressions followed by rescue breaths)
- Look in the mouth for the obstruction before giving rescue breaths
  - Remove object with a finger sweep only if visible

Always encourage the person who was choking to seek medical evaluation afterwards.

Chest Thrusts

Conduct Real Time Demonstration

Talk Through Demonstration Skill Description:

Adult

In the case of a **mild airway obstruction, encourage the choking victim to cough, but do nothing else**.

If the person shows signs of a **severe airway obstruction** and is conscious, **ask permission to assist**. Perform abdominal thrusts if permission is granted.

- Stand behind the person and encircle their chest, placing your arms directly under their armpits.
- Form a fist and place the thumb side of your fist on the middle of the breastbone (avoid the xiphoid process and the margins of the ribcage)
- Grasp it with your other hand and **pull forcefully inward repeatedly.**
- Repeat until the object is expelled or the person loses consciousness.

If the person becomes unconscious:

- Lower the individual carefully to the ground
- Activate EMS
- Begin CPR (chest compressions followed by rescue breaths)
- Look in the mouth for the obstruction before giving rescue breaths
  - Remove object with a finger sweep only if visible

Always encourage the person who was choking to seek medical evaluation afterwards.

Back Blows

Conduct Real Time Demonstration

Talk Through Demonstration Skill Description:

Adult
In the case of a **mild airway obstruction, encourage the choking victim to cough, but do nothing else.**

If the person shows signs of a **severe airway obstruction** and is conscious, **ask permission to assist.** Perform abdominal thrusts if permission is granted.

- Stand behind and slightly behind the victim.
- Support the chest with one hand and lean the victim forward.
- Give up to five sharp blows between the shoulder blades with the heel of your other hand.
- Check to see if each back blow has relieved the airway obstruction.

If the person becomes unconscious:

- Lower the individual carefully to the ground
- Activate EMS
- Begin CPR (chest compressions followed by rescue breaths)
- Look in the mouth for the obstruction before giving rescue breaths
  - Remove object with a finger sweep only if visible

Always encourage the person who was choking to seek medical evaluation afterwards.

Continue to apply the various techniques until the obstruction is relieved. Rotating techniques is acceptable

Set up practice groups and provide scenario.

SCENARIO

You and the entire dive team are relaxing over snacks and beverages after a long day when one member of the team stands up from the table grasping his throat.

Instructor: What is your first action?
Students: Ask if he is OK, can they speak?

Instructor: If he can't answer, what should you do?
Student: Perform abdominal thrusts, chest thrusts and/or back blows until the object is dislodged.
Instructor: What should you do if your cousin becomes unconscious? **Students:** Assist them to the floor gently. Begin CPR

Teaching tip:

1. Demonstrate these techniques on an assistant or student. **Do NOT** use full force but simulate force during the demonstration.

2. Have students practice self-rescue by using a chair to remove an airway obstruction. Have them lean over a chair from behind placing the area between their navel and rib cage on the chair back. They should then grasp either the chair arms or seat and pull themselves into the chair back with simulated force.

Debrief skill.

Foreign-Body Airway Obstruction - Key Points:

1. Do not interfere with person's attempts to clear their airway if they can cough but do stay ready to assist if they need help.
2. Ask permission to assist
3. Place your hands in the appropriate spot for each technique
4. Pull forcefully inwards repeatedly with abdominal and chest thrusts, or sharp blows between the shoulder blades to assist with releasing the obstruction.
5. If you cannot reach around the person's abdomen, perform chest thrusts
6. If the individual becomes unconscious, assist them to the ground as gently as possible and begin CPR (chest compressions).

Skill: Foreign-Body Airway Obstruction - Infants

Equipment:
1. Non-latex medical gloves
2. Infant CPR manikin

Objectives:

1. Demonstrate proper back blow/chest compression technique for management of an obstructed airway in an infant.

Rationale:

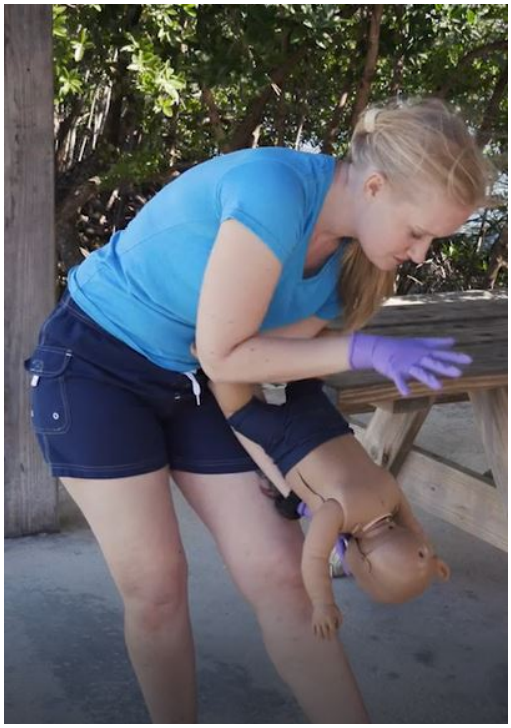
In just a few minutes a blocked airway can cause a person to lose consciousness. It can also cause cardiac arrest from hypoxia as the body tissues become starved of oxygen.

Conduct Real Time Demonstration

Talk Through Demonstration Skill Description:

In the case of a **mild airway obstruction, encourage the choking victim to cough, but do nothing else**.

If the infant shows signs of a **severe airway obstruction**, **ask permission to assist**. Proceed after permission is granted



- Hold the infant face down on your lower arm with your hand **supporting the infant's head** and the infant's legs straddling your arm. **The head should be lower than the body.**
    - Use your thigh to help support your arm with the infant if desired
- **Deliver five back blows between the infant's shoulder blades.**
- Place your other forearm over the infant along its back cupping its head with your hand, "sandwiching" the infant between your arms.
- **Turn the infant over and quickly check for the obstruction.** If visible, remove with a finger sweep.
- If the obstruction is not visible, **deliver five chest compressions using the same technique as for CPR.**
- Check for the obstruction. If visible, remove with a finger sweep.
- **Repeat steps as necessary until obstruction is relieved.**
- **If infant becomes unconscious, begin CPR**

Set up practice groups and provide scenario.

SCENARIO

You are at a family gathering and your cousin's infant begins to choke on an object. In a panic your cousin freezes up and doesn't know what to do.

Instructor: What is your first action?
Students: Ask if he is OK, can they speak?

Instructor: If he can't answer, what should you do?
Student: Perform abdominal thrusts, chest thrusts and/or back blows until the object is dislodged.
Instructor: What should you do if your cousin becomes unconscious?
Students: Assist them to the floor gently. Begin CPR

Debrief skill.

Foreign-Body Airway Obstruction Key Points:

1. Do not interfere with person's attempts to clear their airway if they can cough but do stay ready to assist if they need help.
2. Ask permission to assist
3. support the infant's head with the head lower than the body
4. Deliver five back blows between the infant's shoulder blades
5. "sandwich" the infant, turn the infant over and check for the obstruction
6. if the obstruction is visible, remove it. If it isn't deliver 5 chests thrusts using the same technique as for CPR
7. For infants, assure that the head is constantly supported and lower than the rest of their body.

Skill: Wound Packing

Required Equipment:

1. Non-latex Gloves
2. roller gauze
3. Training aid to simulate a wound packing injury

Objective:

1. Demonstrate applying a wound packing to control bleeding on a simulated injury

Rationale:

Some injuries may be too deep for direct pressure to be effective. Injuries like this may require bleeding-control measures beyond direct pressure and cold therapy. For these kinds of injuries, wound packing may be necessary.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:

- **Pack dressing material to the depth of the wound.** Advise the injured person this will hurt, but will help stop the bleeding.
- **Apply lateral outward pressure to the wound walls,** holding gauze in place on one side while additional gauze is packed on the other side
- **Maintain lateral outward pressure** on wound walls during the packing process.
- Hemostatic impregnated gauze, if available, is a good choice for this type of wound. **If it is used, advise EMS Personnel.** It will require them to modify their care.
- **Fully pack the wound.** Use additional dressing material if needed.

Set up practice groups, and provide scenario.

SCENARIO

A diver slipped and fell against a sharp edge on the dive boat and has a deep gash in their thigh.

Instructor: What is the next step?
Students: Pack the wound.

Teaching Tips:

- *Commercially available wound packing training aids are available*
- *An inexpensive alternative is use a section of a 'pool noodle' with a large gash to pack.*

Debrief skill.

Wound Packing Key Points:

1. Pack the injury to the depth of the wound
2. Apply lateral outward pressure to the wound walls, holding gauze in place on one side while additional gauze is packed on the other side
3. Maintain lateral outward pressure on wound walls during the packing process.
4. Hemostatic impregnated gauze, if available, is a good choice for this type of wound. If it is used, advise EMS Personnel. It will require them to modify their care.
5. Fully pack the wound. Use additional dressing material if needed.

Notes: