

**The Priory of Canada
ST. JOHN AMBULANCE BRIGADE**

***BRIGADE TRAINING SYSTEM
LEVEL 1***

***STANDARDS AND
REFERENCE GUIDE
(SRG)***

September 1997

PREFACE

The Brigade Training Network

Training by St. John Ambulance, whether undertaken in the Brigade or by a member of the public, draws on standards and experience developed nationally over many years. Brigade training is carried out by a range of qualified instructors and managed by the network of Training Officers at national, provincial and succeeding levels to the Divisional Training Officers (DTO) who hold the key role in the design and implementation of training programs for divisional members.

Training Officer Responsibilities

At each level of the Brigade, Training Officers are responsible for planning, organizing, managing and monitoring the ongoing training of the individual Brigade member and for the overall management of the Brigade training program as a whole. At the same time, they are responsive to the training network for the content and standards of the system. The final responsibility for the development of skills and knowledge in Brigade members rests with the Divisional Training Officer. DTOs have the following set of responsibilities:

1. Assessment of the knowledge and skill levels of members;
2. Design and publication of a training program to meet the needs of members and ensure their successful completion of the Brigade Assessment Process (BAP);
3. Acquisition of appropriate instructors, resources and materials to carry out the training program;
4. Ongoing monitoring of both the training program and the individual development of members' skills and knowledge;
5. Assessment and development of the leadership skills of members;
6. Recommendation to the Divisional Superintendent of the names of members suitably qualified for leadership roles;
7. Arrangement for and preparation of the BAP;
8. Logistical assistance to the evaluators at the BAP;
9. Completion of all necessary forms and records from the BAP for submission to the appropriate administrative officer;
10. Arrangement for all necessary follow-up training and required re-evaluation of members;
11. Maintenance of the Brigade Standards and Reference Guide and all associated documents which may, from time to time, be published or upgraded;
12. Updating of the skills and knowledge of divisional members in accordance with the new materials produced and published by, or on behalf of St. John Ambulance;
13. Liaise with Divisional physicians and nurses to ensure smooth functioning of all programs.

The Divisional Training Officer is the key to the successful development and maintenance of a high level of competence of our Brigade members. The DTO is a manager of training and not necessarily an instructor. The Brigade Training Standards and Reference Guide specifies and limits the set of skills and knowledge which are required by or available to the Brigade member in the performance of their St. John Ambulance patient care services.

THE BRIGADE TRAINING SYSTEM

Introduction

1. Patient care training forms the core of the Brigade Training System. It is intended as a means of providing the opportunity for the Brigade member to:
 - a. maintain a minimum standard of expertise in keeping with the expectations of the public served by the Brigade;
 - b. undergo an annual evaluation of skills and knowledge which will show areas of strength as well as areas which need study and improvement;
 - c. gain increasing levels of skill and knowledge in keeping with the interests and abilities of the members and the requirements of the local community in which the member serves.

The Divisional Training Program

2. The Brigade Training Standards and Reference Guide is the guideline by which the Divisional Training Officer plans and executes the training program.
3. The Brigade Training System is designed as a cyclical process which provides for the acquisition of skills by Brigade members in an efficient but flexible manner.
4. Under ideal circumstances, the entire cycle of training is carried out during divisional training meetings. A division which meets weekly and devotes 1.5 hours per meeting to training could complete this training level in 27 weeks or less and still have time remaining for other activities.
5. Divisional Training Officers may adapt the program for delivery in any way which suits the purposes of their division. Other means of delivery include:
 - longer block sessions (weekends, full days)
 - home study sessions for knowledge aspects
 - combined training sessions with other divisions
 - training carried out by other levels: Corps, Area, Province

Training Levels

6. There are three Levels to the Brigade Training System, each one building upon additional knowledge and skills from the one before it.

Level 1

Level 1 is the minimum training level consisting of all aspects of the traditional subjects of Standard First Aid, specific core modules of Family Health Care and Level C Basic Rescuer Cardiopulmonary Resuscitation considered as a minimum retained standard of expertise for all Adult Brigade members wishing to perform independent unsupervised patient care services (See *St. John Canada Instructions* for exceptions to this rule).

Although members are encouraged to develop their skills and expertise as far as they can, Level 1 training remains the basic required standard for all members who perform independent patient care services (See *Annual Requalification*).

Levels 2 and 3

Levels 2 and 3 offer the opportunity for a Divisional Training Officer to provide a review of basic skills and an enhancement and addition of new skills. Levels may be completed in total as outlined, or subjects may be selected as required to provide emphasis in a particular area to suit the needs of the patient care services provided or required by the community. The sequencing of subjects may also be changed to suit local needs and time constraints.

The Brigade Assessment Process (BAP) is a requirement for all members annually, regardless of the Level of training being undertaken by the members. Thus, DTOs must build in sufficient review of basic skills to ensure the competence of members.

Divisions which have completed Levels 2 or 3 in total may request that the BAP be administered at that level. Members who successfully complete the Level 2 or 3 BAP will receive the applicable certificate and pin for display on the uniform as long as the level of qualification is maintained.

Brigade Specialized Training Modules (BSTM)

Each optional Brigade Specialized Training Module carries its own prerequisite qualifications, performance standards, requirements for certification and recertification, and regulations for application. DTOs select the specialized training modules required for each particular individual situation.

Instructors

7. Instruction for various aspects of the BTS will be carried out by suitably qualified individuals who have been orientated to the method of instruction and the minimum level of skills and knowledge that must be demonstrated by the Brigade member upon completion of the BTS. It is not intended that the DTO undertake the instruction of the program. Rather, their job is to plan of the program and the acquisition of appropriate resources for its completion, and to monitor the Instructors chosen.
8. Instructors may include the following:
 - Qualified First Aid and CPR Instructors, NITDP trained
 - Registered Nurses
 - Lay Instructors in Family Health Care
 - Physicians
 - Ambulance Officers, Emergency Care Specialists
 - Respiratory Technicians
 - Other suitably trained and authorized health care providers.

Reference Materials and Resources

9. Each subject carries its own list of references. Suggestions regarding other sources of information such as government or other agencies are also included for the information of DTOs who may wish to bring in specialist speakers for Levels 2 and 3 or for Brigade Specialized Training Modules.

GLOSSARY OF TERMS AND SYMBOLS

Operative Terms

The “operative” words used to indicate the type of result intended in the column titled “Training Standards” are used consistently.

Define	Give the meaning for a term.
Demonstrate	Perform a skill or procedure correctly under the observation of the evaluator.
Describe	Give a complete account of a procedure, structure or situation.
Explain	Give the rationale or reason for some procedure so that others will understand and be able to explain it.
Name	Supply the proper answers in the manner required to questions of fact, procedure, terminology or function.
Simulate	Carry out a procedure or skill completely (usually on a live subject), except for those actions which might be injurious or uncomfortable to the subject or operator.
State	Supply the requested information.

In some instances, terms will be combined in phrases such as “Demonstrate and Explain”, or “Name and Describe”. In these instances, the expectations for both terms are carried.

Forms of Competence Required

In addition to the use of operative words to indicate training standards, the column to the right of the training standard contains a letter indicating the form of competence expected of the member.

K	=	Theoretical Knowledge
S	=	Practical, demonstrable Skill

LIST OF SUBJECTS

CODE	SUBJECT NAME	TIME (Minutes)
1T 1.0	Emergency Scene Management	115
1T 2.0	Respiratory Conditions	210
1T 3.0	Cardiovascular Conditions	290
1T 4.0	Wounds and Bleeding	300
1T 5.0	Musculoskeletal Injuries	330
1T 6.0	Neurological Conditions	160
1T 7.0	Medical Conditions	105
1T 8.0	Environmental Conditions	130
1T 9.0	Recording and Reporting Illnesses and Injuries	60
1T 10.0	Health and Lifestyle	60
1T 11.0	Extended Patient Care	170
1E 1.0	Cardiopulmonary Resuscitation (normally administered at the time of instruction)	60
1E 2.0	Brigade Assessment Process (Theoretical Patient Care Assessment, Patient Care Practical Assessment)	120
TOTAL		35 hours, 10 minutes

Subject names have been listed in this order as a reference only.
Subjects may be covered in any order which facilitates the unit's training program.

EXPLANATION OF CODES

A system of subject coding has been used throughout the Standards and Reference Guide to indicate the Level, Subject Category, Number and Training Item. For example:

1T 1.0 refers to

Level 1, Technical Subject, Subject Number 1.0 (Managing The Scene)

Within the Standards and Reference Guide, Subject Category Training Standards are numbered with the full code,

1T 1.1 for Training Standard No. 1

1T 1.2 for Training Standard No. 2

1T 1.3 for Training Standard No. 3

Subject Types

There are two subject types:

Technical (T) Subjects which deal with the technical, professional skills of the patient care provider

Evaluation (E) Time allocations allowing for the completion of evaluation sessions, specifically the Brigade Assessment Process (BAP) and the CPR qualification or requalification process.

Levels

The three levels of the Brigade Training System are indicated by the first number of the code:

1T 1.0 is Level 1, Technical Subject Number 1.0

2E 2.0 is Level 2, Evaluation Subject Number 2.0

3T 4.0 is Level 3, Technical Subject Number 4.0

LIST OF REFERENCES AND DOCUMENTS

REQUIRED

St. John Canada Instructions: Part 2 - Volunteers (StJCI)

2-4 *Brigade Training System for Patient Care Services (StJCI - PCS)*

2-7 *Community Service (StJCI - CS)*

2-7-4 *Patient Care Records (StJCI - PCR)*

2-9 *Recruitment and Retention (StJCI - RR)*

First on the Scene, current edition (FOTS)

General Knowledge and History of the Order of St. John for the Brigade member - document

HeartStart CPR Instructor's Guide, St. John Ambulance (HS-IG)

HeartStart CPR Workbook, St. John Ambulance (HS-W)

First on the Scene, Standard Level Activity Book, St. John Ambulance (FOTS-AB)

First on the Scene, Emergency/Standard Levels Instructor's Guide, St. John Ambulance (FOTS-IG)

The Complete Handbook of Family Health Care (FHC)

Family Health Care Instructor Guide (FHC Guide)

Being a Homemaker/Home Health Aide, by Elana Zucker, Brady Publishing (available at bookstores at a cost of \$40-\$50) (BHH)

Caring for the Sick, by St. John Ambulance (UK), St. Andrew's Ambulance Association, and the British Red Cross Society, Dorling Kindersley (available through St. John Stores in the UK at a cost of approximately \$15 Cdn) (CTS)

OTHER USEFUL REFERENCES

First Responder, by J. David Bergeron and Gloria Bizjak, Brady Publishing

First Responder: A Skills Approach, by Karren, Hafen and Limmer, Brady Publishing

Prehospital Emergency Care, by Hafen, Karren and Mistovich, Brady Publishing (PECCI)

St. John Ambulance Presents, Volume I-II (1994 Edition), a series of four videocassettes designed to complement St. John Ambulance Modular Emergency and Standard First Aid as well as the HeartStart programs.

Note: In all cases, the most current edition of the publication should be used.

KNOWLEDGE AND SKILLS CHECKLIST

1T 1.0 EMERGENCY SCENE MANAGEMENT

- scene survey (PC)
- primary survey (PC)
- secondary survey (PC)
- ongoing patient care (PC)

1T 2.0 RESPIRATORY CONDITIONS

- respiratory system (A & P)
- asphyxia (C, S & S)
- mouth-to-mouth, recovery position (PC)
- modifications (stoma, nose) (PC)
- radial and carotid pulse (PC)
- mouth-to-mouth with cervical injury (PC)
- choking (C, S & S)
- choking (infant, child, adult) (PC)
- choking (unconscious) (PC)
- flail chest (C, S & S, PC)

1T 3.0 CARDIOVASCULAR CONDITIONS

- definitions
- circulatory systems (A & P)
- heart attack and stroke (C, S & S, PC)
- one-rescuer CPR - adult (PC)
- two-rescuer CPR - adult (PC)
- infant/child CPR (PC)
- medical/legal considerations
- support roles
- Brigade Policy CPR Training

1T 4.0 CIRCULATORY CONDITIONS / WOUNDS AND BLEEDING

- circulatory system (A & P)
- temperature - 3 methods (PC)
- triangular bandage - 9 uses (PC)
- wound contamination; tetanus (PC)
- wounds and bleeding defined (PC)
- bleeding (S & S, PC)
- control of bleeding (PC)
- bleeding - embedded object (PC)
- nose, ear, scalp, gums, tongue, cheek (PC)
- bleeding from the palm (PC)
- abdomen, with protrusion (PC)
- penetrating wound of chest (PC)
- amputations, tourniquet (PC)
- shock, unconsciousness (PC)
- dressing change and wound care (PC)

1T 5.0 MUSCULOSKELETAL INJURIES

- musculoskeletal system (A & P)
- reducing muscle strain (PC)
- assisting fallen patient (PC)
- fractures (S & S)
- traction (PC)
- support and immobilize upper limb (PC)
- support and immobilize lower limb (PC)
- care of casts (PC)
- spinal injuries (C, S & S)
- spinal injury - transport (PC)
- strains and sprains (C, S & S)
- dislocation of shoulder (PC)
- compresses (PC)

1T 6.0 NEUROLOGICAL CONDITIONS

- nervous system (A & P)
- fainting (C, S & S, PC)
- head injuries (C, S & S, PC)
- fracture skull dressing (PC)
- epilepsy (C, S & S, PC)
- convulsions in children (C, S & S, PC)
- stroke (C, S & S, PC)
- Transient Ischemic Attack (C, S & S, PC)

1T 7.0 MEDICAL CONDITIONS

- diabetes (C, S & S, PC)
- diabetic coma, insulin shock (S & S, PC)
- heat illnesses (C, S & S, PC)
- emergency childbirth (A & P, PC)

1T 8.0 ENVIRONMENTAL CONDITIONS

- burns (C, S & S, PC)
- cold injuries (C, S & S, PC)
- poisoning (C, S & S, PC)
- bites and stings (C, S & S, PC)
- insects and allergic reactions (C, S&S, PC)

1T 9.0 RECORDING AND REPORTING ILLNESSES AND INJURIES

- importance of records
- initial assessment information
- planning, care, reporting
- storage of records
- consent for treatment

**1T 9.0 RECORDING AND REPORTING
ILLNESSES AND INJURIES (cont'd)**

- St. John Patient Care Record
- recording vital signs

1T 10.0 HEALTH AND LIFESTYLE

- explain and define health
- mental and physical health
- community resources
- immunization
- 12 ways to make home safe
- International Safety Symbols
- diet and good health
- food groups and daily intake
- stages of growth

1T 11.0 EXTENDED CARE

- preventing infection (PC)
- handwashing (PC)
- giving bedpan and urinal (PC)
- medication (5 rights) (PC)
- oral medication (PC)
- eye (A & P)
- eye (PC)
- admin. eye medication (PC)
- admin. ear drops - adult (PC)
- admin. ear drops - child (PC)
- admin. nose drops (PC)

ABBREVIATIONS

A & P	Anatomy and Physiology
C	Causes
S & S	Signs and Symptoms
PC	Patient Care

SUBJECT 1T 1.0
EMERGENCY SCENE MANAGEMENT

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 1.1	<p>State the objectives of emergency care given at the scene and the legal and ethical responsibilities of the Brigade member on and off duty.</p> <p>State the procedures to be used in accessing local emergency services (ambulance, fire, police, EMO, etc.) both as a member on duty and as a private citizen.</p>	K	<p>FOTS Chapter 1 FOTS-AB Chapter 1 StJCI 2-7-2, para 13</p>	10
1T 1.2	<p>State the procedure to be followed when a member administering care to a young person suspects child abuse.</p> <p>State the principle of consent.</p> <p>State the principle of providing patient care within the scope of the Brigade member's training.</p> <p>State the principle of abandonment.</p>	K	FOTS Chapter 1	5
1T 1.3	<p>State the reasons for the need of universal precautions and describe those that should be taken when providing first aid and CPR.</p> <p>Describe the use, care, removal and disposal of gloves used for first aid and CPR.</p> <p>Describe the essential properties of masks or face shields for mouth-to-mouth or mouth-to-nose ventilations and the use, care, decontamination and disposal of masks/face shields with one-way valves.</p>	K	<p>FOTS Chapter 1 FOTS-AB Chapter 1</p> <p>FOTS Chapter 1</p> <p>FOTS Chapter 1</p>	5

SUBJECT 1T 1.0
EMERGENCY SCENE MANAGEMENT

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 1.4	Define the term emergency scene management.	K	FOTS Chapter 2	20
	Define the term history and state why it is important in emergency scene management.	K	FOTS Chapter 1	
	Define the term mechanism of injury and state why it is important in patient care.	K	FOTS Chapter 1	
	Define the terms signs and symptoms and describe their use.	K	FOTS Chapter 1	
	Describe how to recognize head/spinal injuries through history/mechanism of injury and signs and symptoms.	K	FOTS Chapter 1	
	State the dangers of improper handling of a patient with head/spinal injuries.	K	FOTS Chapter 1	
	List the four sequential steps of emergency scene management.	K	FOTS Chapter 1	
1T 1.5	Demonstrate, on a simulated, conscious patient with suspected head/spinal injuries, the sequential steps of a scene survey: a) Take charge of the situation. If head/spinal injuries are suspected, tell the patient not to move. b) Call out for help to attract bystanders. c) Assess hazards at the scene. d) Make area safe for yourself and others. e) Find out "what happened", the number of patients and the mechanism of injury. f) Identify yourself as a first aider and offer to help (obtain consent).	K/S	FOTS-IG Chapter 1	15

<p>SUBJECT 1T 1.0 EMERGENCY SCENE MANAGEMENT</p>

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 1.7	(cont'd) State why it is important to monitor and note the changes in the patient's LOC.	K	BHH Chapter 15 FHC Chapter 7	
	State three responses used for assessing the levels of consciousness (modified Glasgow coma scale).	K		
	Describe effective breathing for a healthy adult patient at rest: a) rate b) rhythm c) depth, effort, sound.	K		
	State the characteristics of the pulse for a healthy adult at rest. a) average pulse rate b) normal range of pulse rate c) rate, rhythm and strength.	K		
	Demonstrate, on a simulated patient, how to assess the vital signs.	K/S		
	Demonstrate, on a simulated patient, how to perform a secondary survey.	K/S		
1T 1.8	Describe the steps of ongoing patient care until hand over when medical help is on the way.	K	FOTS Chapter 2	10
	Demonstrate, on a simulated patient, how to perform ongoing patient care until hand over, when medical help is on the way.	S		
	Demonstrate the correct procedure to be followed when reporting patient care carried out to an ambulance attendant or other health care professional.	K/S		

**SUBJECT 1T 1.0
EMERGENCY SCENE MANAGEMENT**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 1.9	Describe in simple terms the meaning and importance of triage.	K	FOTS Chapter 2 FOTS-AB Chapter 16	15
	Name three levels of priorities for patient care and transportation in a multiple patient situation and describe their significance.	K		
	State how triage priorities change in the first aid for lightning injuries.	K		
	Demonstrate, in a simulated multiple patient situation, the skills required to provide emergency care according to changing first aid priorities.	K/S		
	State how to provide maximum benefit to the patients and maintain them in the best possible condition until medical help assumes responsibility.	K		
			TOTAL TIME	115

Note:

- Members should be reminded that ambulance officers and other Health Care Professionals will carry out their own assessment as part of their responsibility in caring for the patient. However, the Brigade member's report is an essential part of the patient care record. See Subject 1T 8.0.

**SUBJECT 1T 2.0
RESPIRATORY CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 2.1	Explain the anatomy and physiology of the respiratory system.	K	FOTS Chapter 16	15
1T 2.2	State the causes, signs and symptoms of breathing emergencies and asphyxia.	K	FOTS Chapter 4	15
	State the time period when brain damage may result from lack of oxygen.	K		
	State the age ranges for adult, child and infant as they apply to first aid and CPR.	K		
1T 2.3	Demonstrate mouth-to-mouth artificial respiration (AR) on an adult manikin or a simulated patient without a suspected neck injury.	S	FOTS Chapter 4	30
	Demonstrate and explain the procedure for placing a patient in the recovery position.	S		
1T 2.4	Explain how to give mouth-to-mouth-to-stoma, mouth-to-nose and mouth-to-mouth-and-nose AR and state when each should be used.	K	FOTS Chapters 3,4	15
1T 2.5	Demonstrate how to take a radial and carotid pulse and explain how to interpret the results.	K/S	FOTS Chapter 2 FOTS-IG Chapter 3	15
1T 2.6	Demonstrate on an adult manikin or on a simulated patient mouth-to-mouth AR using the jaw-thrust without head-tilt and the application of a rigid cervical collar where a neck injury is suspected.	S	FOTS FOTS-IG Chapter 3	30
	Name two complications that may occur when giving AR.	K	FOTS Chapter 4	
	State the most common causes of gastric distension and vomiting during AR.	K	FOTS Chapter 4	

**SUBJECT 1T 2.0
RESPIRATORY CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 2.7	<p>State how to minimize the risk of gastric distension.</p> <p>Demonstrate, on an adult manikin or a simulated patient, how to deal with vomiting during AR.</p> <p>Define ineffective breathing.</p> <p>State when assisted breathing may be required.</p> <p>Describe and demonstrate how to provide assisted breathing.</p> <p>State four safety measures to prevent choking on foreign objects.</p> <p>Define partial and complete airway obstruction.</p> <p>State the possible effects of prolonged airway obstruction.</p> <p>State two causes of choking.</p> <p>Describe the signs of choking:</p> <ul style="list-style-type: none"> a) General signs. b) Partial airway obstruction: <ul style="list-style-type: none"> i. Good air exchange. ii. Poor air exchange. c) Complete airway obstruction. 	<p>K</p> <p>S</p> <p>K</p> <p>K</p> <p>K/S</p> <p>K</p>	<p>FOTS Chapter 4</p> <p>FOTS Chapter 4</p> <p>FOTS Chapter 4</p> <p>FOTS Chapter 3 FOTS-AB Chapter 4</p>	<p>20</p>
1T 2.8	<p>Describe the procedures for a conscious choking patient with a partial airway obstruction:</p> <ul style="list-style-type: none"> a) Good air exchange. b) Poor air exchange. 	<p>K</p>	<p>FOTS Chapter 3</p>	<p>20</p>

**SUBJECT 1T 2.0
RESPIRATORY CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 2.9	Simulate the first aid for choking in infant, child and adult patients a) Conscious b) Conscious who becomes unconscious c) Found unconscious	S	FOTS Chapter 3 FOTS-IG Chapter 4 FOTS-AB Chapter 4	50
	State two instances when chest thrusts should be used on an adult patient.	K	FOTS Chapter 3 FOTS-AB Chapter 4	
	Demonstrate chest thrusts on a simulated patient in the advanced stages of pregnancy or a markedly obese patient: a) Conscious b) Who becomes unconscious c) Found unconscious	S	FOTS Chapter 3 FOTS-IG Chapter 4	
	Describe two methods by which a conscious choking adult can assist him/herself: a) Pregnant or markedly obese patient b) Other patients	K	FOTS Chapter 3 FOTS-AB Chapter 4	
	Describe ongoing patient care for a complete airway obstruction: a) Conscious patient b) Unconscious	K	FOTS Chapter 3 FOTS-AB Chapter 4	
			TOTAL TIME	210

**SUBJECT 1T 3.0
CARDIOVASCULAR CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
	State the signs that indicate when CPR is required.	K		
	State the five links in the chain of survival.	K	FOTS Chapter 5	
	Describe one-rescuer CPR for an adult casualty: a) When to start/when to stop b) Techniques c) Sequencing d) Timings			
	Explain the importance of immediate activation of the EMS system.	K	FOTS Chapter 5 HS-W	
	State the three patient care measures which are priority for all cardiovascular emergencies: a) Get medical aid quickly b) Place the casualty at rest c) Provide AR and CPR if necessary	K	FOTS Chapter 5 FOTS-AB Chapter 8	20
	State why it is important to get medical help promptly.	K		
	State the cause for angina/heart attack.	K		
	State the signs and symptoms of angina/heart attack.	K		
	State the first aid for angina/heart attack.	K		
	Demonstrate the five “rights” to be observed when assisting with taking medication.	K/S		

**SUBJECT 1T 3.0
CARDIOVASCULAR CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 3.3	Demonstrate, on a manikin (adult), one-rescuer CPR for a minimum of one minute or four continuous cycles of 15 compressions and 2 ventilations to St. John Standards which are in accordance with the guidelines of the Heart and Stroke Foundation of Canada.	S	FOTS Chapter 5	60
1T 3.4	<p>Describe two-rescuer CPR for an adult patient when one-rescuer CPR is not in progress:</p> <ul style="list-style-type: none"> a) Role of ventilator: <ul style="list-style-type: none"> i. ESM <ul style="list-style-type: none"> - Bystander to activate ESM - No bystander ii. Ventilations/pulse checks <ul style="list-style-type: none"> - Techniques - Sequence - Timing b) Role of compressor: <ul style="list-style-type: none"> i. Compressions <ul style="list-style-type: none"> - Techniques - Sequence - Timing c) Switch-over procedure: <ul style="list-style-type: none"> i. Signals ii. Techniques iii. Timings <p>Demonstrate, on a manikin (adult), with a partner, to St. John Standards which are in accordance with the guidelines of the Heart and Stroke Foundation of Canada, the hand-over procedure to two-rescuer CPR when one-rescuer CPR is in progress.</p>	K		60
		S		

**SUBJECT 1T 3.0
CARDIOVASCULAR CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 3.5	Demonstrate on the appropriate manikin the techniques for CPR for a child for a minimum of one minute to St. John Standards which are in accordance with the guidelines of the Heart and Stroke Foundation of Canada.	S	FOTS Chapter 6 FOTS Chapter 7	60
	Demonstrate, on an infant manikin, one-rescuer CPR for a minimum of one minute to St. John Standards which are in accordance with the guidelines of the Heart and Stroke Foundation of Canada.	S		
1T 3.6	State the medical and legal considerations in terminating BLS.	K	FOTS Chapter 5	
1T 3.7	Explain the role of Brigade members as it relates to cardiopulmonary emergencies, as it relates to their level of BTS training.			
			TOTAL TIME	290

Notes:

1. CPR training to the standards outlined on the previous two pages is an integral part of the Brigade Training System for all adult and crusader members of the Brigade wishing to perform unsupervised independent patient care services.
2. After initial certification, annual retraining is required in order to sustain the validity of the CPR certificate, either St. John Ambulance or Heart and Stroke Foundation of Canada. This retraining is part of the training cycle, but is not assessed specifically during the BAP.
3. It is expected that all active Adult Brigade members aged 18 years and over will maintain valid certificates.
4. Brigade members who, for reasons of physical inability or ill health, are unable to perform CPR compressions and are specifically exempted by the Provincial Medical Officer, should attend training sessions and complete all skills except compressions with the intention that they become proficient in the support roles required in CPR. Members who attend training sessions may, at the discretion of the Instructor, receive certification at the Heart Saver level.
5. Members who do not meet the training standard for full Basic Rescuer CPR certification will not be assigned to unsupervised independent patient care services unless accompanied by a member qualified to at least BTS Level 1.

SUBJECT 1T 4.0
CIRCULATORY CONDITIONS/WOUNDS AND BLEEDING

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 4.1	Explain the anatomy and physiology of the circulatory system.	K	FOTS Chapter 16	15
1T 4.2	Explain the indications for, three methods, and interpretations of the body temperature. Demonstrate the technique for taking temperature: a) orally b) rectally (simulate or describe) c) axillary	K S	FOTS Chapter 11 CTS (Controlling Temperature) FHC Chapter 7	30
1T 4.3	Demonstrate correct care and cleaning of a thermometer	S	FHC Chapter 7	
1T 4.3	Describe the characteristics and uses of the triangular bandage (9 uses), commercial dressings and bandages, and cold compresses or cold pack.	K	FOTS Chapter 6 FOTS-AB Chapters 11, 15	15
1T 4.3	Demonstrate the use of the triangular bandage as: a) broad bandage b) narrow bandage c) arm sling d) St. John tubular sling e) ring pad f) head bandage g) hand and foot bandage h) elbow and knee bandage	S	FOTS Chapter 6 FOTS-IG Chapters 5, 11, 15	60
1T 4.4	State five measures to prevent further contamination and infection to a wound, and the role of the first aider regarding tetanus.	K	FOTS Chapter 6 FOTS-AB Chapter 15 FHC Chapters 4, 12	
1T 4.4	Demonstrate how to clean a wound.	S	FHC Chapters 4, 12	
1T 4.5	Define the terms: a) wound b) external and internal bleeding c) slight and severe bleeding.	K	FOTS Chapter 6 FOTS-AB Chapters 5, 15	

SUBJECT 1T 4.0
CIRCULATORY CONDITIONS/WOUNDS AND BLEEDING

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 4.6	<p>Describe signs and symptoms of arterial and venous bleeding.</p> <p>State the principles for the control of severe bleeding.</p> <p>Demonstrate the techniques used to control severe bleeding from a wound with no embedded object.</p> <p>State and demonstrate the techniques used to control severe bleeding from a wound with an embedded object.</p> <p>Describe the techniques used to control bleeding from the nose, ear, scalp, gums, tongue and cheek.</p> <p>Demonstrate the techniques used to control bleeding from the palm of the hand.</p> <p>Demonstrate the patient care for a crushed hand.</p>	<p>K</p> <p>S</p> <p>K/S</p> <p>K</p> <p>S</p> <p>S</p>	<p>FOTS Chapter 6 FOTS-AB Chapter 5</p> <p>FOTS-IG Chapter 5</p> <p>FOTS Chapter 6 FOTS-IG Chapter 15</p> <p>FOTS Chapter 6 FOTS-AB Chapter 15</p> <p>FOTS Chapter 6 FOTS-IG Chapter 15</p> <p>FOTS Chapter 6</p>	60
1T 4.7	<p>Describe the causes of impaired distal circulation.</p> <p>Describe the signs and the effects of impaired distal circulation.</p> <p>Demonstrate, on a simulated patient, how to check for and monitor distal circulation.</p> <p>Demonstrate, on a simulated patient, how to improve distal circulation, when a limb has been bandaged.</p>	<p>K</p> <p>K</p> <p>S</p> <p>S</p>	<p>FOTS Chapter 6</p> <p>FOTS Chapter 6</p> <p>FOTS Chapter 6</p> <p>FOTS Chapter 6</p>	30
1T 4.8	<p>Demonstrate the patient care for wounds of the abdomen, with and without protruding organs.</p>	<p>S</p>	<p>FOTS Chapter 6 FOTS-AB Chapter 15</p>	30

**SUBJECT 1T 4.0
CIRCULATORY CONDITIONS/WOUNDS AND BLEEDING**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
	Demonstrate the patient care for a penetrating wound of the chest.	S	FOTS Chapter 4 FOTS-IG Chapter 14	
1T 4.9	Describe the patient care procedures for partial and complete amputations.	K	FOTS Chapter 6 FOTS-AB Chapter 5	15
1T 4.10	Describe the signs and symptoms of, and the complete patient care procedures for, internal bleeding, shock and unconsciousness.	K	FOTS Chapters 1, 6 FOTS-AB Chapters 2, 5	30
1T 4.11	Describe the purpose of dressings and demonstrate the procedures to be used in changing dressings and caring for wounds.	K/S	FOTS Chapter 6 FHC Guide Chapter 12	15
			TOTAL TIME	300

**SUBJECT 1T 5.0
MUSCULOSKELETAL INJURIES**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 5.1	Explain the anatomy and physiology of the musculoskeletal system.	K	FOTS Chapter 16	30
1T 5.2	Describe the techniques for reducing strain on the muscles.	K	FOTS Chapter 14	10
1T 5.3	Demonstrate the techniques to be used to: a) assist a patient who has fallen; b) lift a stretcher or spine board	S	FHC Chapter 6 FOTS Chapter 14	30
1T 5.4	State the causes, signs and symptoms of bone and joint injuries. State the general rules of first aid for bone and joint injuries and the basic principles of immobilization. Describe the characteristics of a good splint.	K	FOTS Chapter 7 FOTS-AB Chapters 11, 12	20
1T 5.5	Demonstrate and explain the correct uses for traction.	K/S	FOTS Chapter 7 FOTS-IG Chapter 12	10
1T 5.6	Demonstrate, on a simulated patient, how to support and immobilize two of the following bone and joint injuries of the upper limb: a) A fracture of the collarbone using two triangular bandages. b) A dislocated shoulder using padding, three triangular bandages and the application of cold. c) An open fracture of the upper arm when the elbow can be bent, using padding and triangular bandages. d) A closed fracture of the forearm using an improvised or a commercial splint and triangular bandages. e) A closed fracture of the wrist using an improvised or a commercial splint and triangular bandages.	S	FOTS Chapter 7 FOTS-IG Chapter 11 FOTS-AB Chapter 11	50

**SUBJECT 1T 5.0
MUSCULOSKELETAL INJURIES**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 5.7	<p>Demonstrate, on a simulated patient, how to support and immobilize bone and joint injuries of the lower limbs</p> <p>a) a closed fracture of the upper leg using two padded splints or a long padded splint and a body splint.</p> <p>b) a closed fracture of the knee, when the knee cannot be straightened, using two padded splints, padding and triangular bandages.</p> <p>c) an open fracture of the lower leg using dressings, protective padding, six triangular bandages and two padded splints or the good leg as a body splint.</p> <p>d) a sprain of the ankle using a pillow splint or a blanket splint, triangular bandages and the application of cold.</p>	S	<p>FOTS Chapter 7 FOTS-IG Chapter 12 FOTS-AB Chapter 12</p>	50
1T 5.8	<p>Describe the care involved for casts.</p> <p>Demonstrate the procedure to be used when clothing the upper and lower parts of a patient.</p>	K S	FHC FHC	10
1T 5.9	Describe the causes, signs and symptoms of spinal injuries and the various approaches and precautions to be taken in providing patient care.	K	<p>FOTS Chapter 7 FOTS-IG Chapter 1 FOTS-AB Chapters 1, 13</p>	15
1T 5.10	Demonstrate, in a team, the procedures for procedures to prepare a patient for transport using a hard cervical collar, triangular bandages, log roll method and long spine board.	S	FOTS Chapter 7	45
1T 5.11	State the causes, signs and symptoms of muscle strains and repetitive strain injury and the general principles for first aid.	K	<p>FOTS Chapter 7 FOTS-AB Chapter 11</p>	15

**SUBJECT 1T 5.0
MUSCULOSKELETAL INJURIES**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 5.12	Explain the uses of and methods of preparation for hot and cold, moist and dry compresses.	K	FOTS Chapter 7 FHC Chapter 12 FHC Guide Module 12	15
	Demonstrate (or simulate) the preparation and application of a dry cold compress (ice bag) to an injured part.	S	FOTS Chapter 7 FOTS-AB Chapters 11, 12 FHC Chapter 12 FHC Guide Module 12	
1T 5.13	Describe the causes, signs and symptoms of a flail chest.	K	FOTS Chapter 4 FOTS-AB Chapter 14	30
	Demonstrate the patient care for flail chest and explain the factors to be considered in this type of injury.	K/S	FOTS Chapter 4 FOTS-IG Chapter 14 FOTS-AB Chapter 14	
			TOTAL TIME	330

Notes:

No mention is made in the BTS Standards and Reference Guide of the use of specific brand or type of equipment for use in patient care. It is recommended that DTO's design training sessions using equipment to which division members will be most likely to have ongoing access in the performance of their Brigade patient care services.

**SUBJECT 1T 6.0
NEUROLOGICAL CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 6.1	Explain the anatomy and physiology of the nervous system.	K	FOTS Chapter 16	20
1T 6.2	Define fainting.	K	FOTS Chapter 1 FOTS-AB Chapter 2	40
	Name three common causes of fainting.	K		
	Describe the signs and symptoms of an impending faint.	K		
	Describe the patient care for a person who: a) Feels faint. b) Has fainted.	K		
1T 6.3	Describe the causes, signs and symptoms of the three major types of head injuries: skull fractures, brain concussion and compression.	K	FOTS Chapter 7	15
1T 6.4	Demonstrate an effective method of applying and holding a dressing on a bleeding scalp wound with a suspected underlying fracture of the skull.	S	FOTS Chapter 6 FOTS-AB Chapters 12, 13	30
	Explain the patient care for skull fractures, brain concussion and compression when the casualty is conscious and unconscious.	K	FOTS Chapter 7	
1T 6.5	Describe the causes, signs, symptoms and stages of petit mal and grand mal epileptic seizures.	K	FOTS Chapter 11 FOTS-AB Chapter 21	30
	Explain and demonstrate the patient care to be given to a person who is having or has had an epileptic seizure.	K/S	FOTS Chapter 11 FOTS-AB Chapter 21	
1T 6.6	Explain the causes, signs, symptoms of and first aid for convulsions in children.	K	FOTS Chapter 11 FOTS-AB Chapter 21	15

**SUBJECT 1T 6.0
NEUROLOGICAL CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 6.7	State the two common causes of stroke (cerebrovascular accident - CVA).	K	FOTS Chapter 5 FOTS-AB Chapter 8	10
	Describe the signs and symptoms of a stroke and describe the first aid.	K		
	Define Transient Ischemic Attack (TIA) and describe the first aid.	K		
			TOTAL TIME	160

**SUBJECT 1T 7.0
MEDICAL CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 7.1	Explain the physiology of diabetes.	K	FOTS Chapter 11 FOTS-AB Chapter 21	10
1T 7.2	Describe the signs and symptoms of a diabetic emergency.	K	FOTS Chapter 11 FOTS-AB Chapter 21	10
	Explain the patient care for a diabetic emergency.	K	FOTS Chapter 11 FOTS-AB Chapter 21	
1T 7.3	State four conditions that cause heat illnesses.	K	FOTS Chapter 10 FOTS-AB Chapter 22	15
	State four safety measures to prevent heat illnesses.	K	FOTS Chapter 10	
	Describe the signs and symptoms of: a) Heat cramps b) Heat exhaustion c) Heatstroke i. Classic heatstroke ii. Exertional heatstroke	K	FOTS Chapter 10	
1T 7.4	Describe patient care to be given for: a) Heat cramps b) Heat exhaustion c) Heatstroke	K	FOTS Chapter 10 FOTS-AB Chapter 22	15
	Describe the procedure for giving a patient a tepid sponge bath; explain its function as a first aid procedure in heat related conditions.	K	FOTS Chapter 10	
1T 7.5	Describe the A & P of the female reproductive system.	K	FOTS Chapter 12	10
	State the three occurrences that indicate the beginning of labour.	K		
	Define the three stages of labour.	K		5
	State four signs of potential immediate delivery.	K		

<p>SUBJECT 1T 7.0 MEDICAL CONDITIONS</p>
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NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
	Demonstrate and describe the assistance to be given to the mother and the infant during and after delivery.	S/K		25
	Demonstrate and describe the care of the umbilical cord.	S/K		5
	Describe the signs and symptoms of a miscarriage.	K		10
	Describe the patient care for a miscarriage.	K		
			TOTAL TIME	105

**SUBJECT 1T 8.0
ENVIRONMENTAL CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 8.1	Describe the types, causes, signs and symptoms of burns.	K	FOTS Chapter 9 FOTS-AB Chapter 19	30
	Explain the complications which may arise from burns and state the treatment for each type of burn.	K	FOTS Chapter 9 FOTS-AB Chapter 19	
1T 8.2	Explain the environmental factors which can contribute to cold injuries.	K	FOTS Chapter 10 FOTS-AB Chapter 22	15
	State the general rules for the management of injuries due to cold.	K	FOTS Chapter 10 FOTS-AB Chapter 22	
1T 8.3	Describe the causes, signs, symptoms and patient care for hypothermia.	K	FOTS Chapter 10 FOTS-AB Chapter 22	20
	State the minimum time for pulse assessment before beginning CPR on a casualty in hypothermia.	K	FOTS Chapters 5, 10 FOTS-AB Chapter 22	
	State the signs and symptoms and patient care for the various degrees of frostbite.	K	FOTS Chapter 10 FOTS-AB Chapter 22	
1T 8.4	Define the term poison.	K	FOTS Chapter 8	30
	Recognize substances that cause poisoning: a) labelled poisons b) unidentified poisons	K	FOTS Chapter 8 FOTS-AB Chapter 20	
	List five safety measures to prevent poisoning.	K	FOTS Chapter 8	
	State the four routes by which poisons enter the body.	K	FOTS Chapter 8	
	State four facts that help to determine the history of a poisoning emergency.	K	FOTS Chapter 8	

**SUBJECT 1T 8.0
ENVIRONMENTAL CONDITIONS**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
	Describe the signs and symptoms of poisoning when a poison has been: a) taken by mouth b) inhaled c) absorbed d) injected	K	FOTS Chapter 8	
1T 8.5	State the patient care for a conscious and unconscious patient when a poison has been: a) taken by mouth b) inhaled c) absorbed d) injected	K	FOTS Chapter 8 FOTS-AB Chapter 20	15
1T 8.6	Describe the patient care for: a) animal bites b) snake bites c) insect bites and stings d) bites from leeches and ticks	K	FOTS Chapter 8 FOTS-AB Chapter 20	20
			TOTAL TIME	130

SUBJECT 1T 9.0
RECORDING AND REPORTING ILLNESSES AND INJURIES

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 9.1	Explain the importance of the patient care record in the overall care of a patient by the Brigade member.	K	<i>St. John Canada Instructions</i> Patient Care Records 2-7-4	5
1T 9.2	Describe the information that may be obtained during the initial assessment of a patient by means of interviewing, observing and inspecting.	K		10
1T 9.3	Explain the relationship between the planning and provision of care for a patient and the recording of that care and the patient's response to it.	K		10
1T 9.4	State the basic principles to be followed in the maintenance, distribution and storage of patient care records.	K		5
1T 9.5	Explain the responsibilities of the member in obtaining consent and recording explanations on the Patient Care Record.	K	Patient Care Records FOTS Chapters 1, 2 FOTS-AB Chapter 1	10
1T 9.6	Demonstrate the correct method of completing the St. John Ambulance <i>Patient Care Record</i> form using an anonymous and/or imaginary patient.	S	StJCI - Patient Care Records Patient Care Record Form	10
1T 9.7	Demonstrate the procedures for taking and recording the vital signs and the recording of information on the Patient Care Record form.	S	FOTS Chapter 2 FOTS-AB Chapter 10 StJCI - Patient Care Records Patient Care Record Form	10
			TOTAL TIME	60

**SUBJECT 1T 10.0
HEALTH AND LIFESTYLE**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 10.1	Describe the resources in the local community to assist an individual in following a healthy lifestyle or in dealing with an illness.	K	Local Recreational/ Social Services Directories FHC Chapter 1 FHC Guide Chapter 1	10
1T 10.2	Explain the meaning of each of the International Safety Symbols.	K	FHC FOTS Chapter 15	10
1T 10.3	Describe the stages of growth and development (childhood, adolescence and adulthood) and the effects of illness on each one.	K	FHC Chapter 3 FHC Guide Chapter 3	40
			TOTAL TIME	60

**SUBJECT 1T 11.0
EXTENDED PATIENT CARE**

NUMBER	TRAINING STANDARD	K/S	REFERENCES	TIME (Minutes)
1T 11.1	Name six measures to prevent the spread of infection.	K	FHC Chapter 4 CTS (Communicable Diseases) BHH Chapter 8	10
1T 11.2	Demonstrate the five steps for handwashing.	S		10
1T 11.3	Demonstrate the correct procedure for giving a patient a bedpan and urinal.	S	FHC Chapter 8 CTS (Elimination) BHH Chapter 13	20
1T 11.4	Describe the “five rights” of administering medication.	K	FHC Chapter 7 CTS (Medicines) BHH Chapter 18	15
1T 11.5	Demonstrate the procedure for giving oral medication to patient in a) tablet form and b) liquid form.	S		20
1T 11.6	Name the major parts of the eye and describe the functions of each.	K	FOTS Chapter 16	15
1T 11.7	Describe the first aid for each of the following conditions: a) particle under the upper eyelid; b) particle on the lower eyelid; c) particle on the eyeball; d) embedded object; e) lacerations and contusions; f) extrusion of the eyeball; g) burns of the eyes.	K	FOTS Chapters 6,9 FOTS-AB Chapter 18	30
1T 11.8	Demonstrate the correct procedure for the administration of eye medication to a patient.	S	CTS (Medicine)	15
1T 11.9	Demonstrate the technique for giving ear drops to an adult patient.	S	FHC Chapter 7	15
1T 11.10	Describe the technique for giving ear drops to a child.	K		5
1T 11.11	Simulate the technique for giving nose drops.	S		15
			TOTAL TIME	170

