



Criminal Justice Standards and Training Commission

P.O. Box 1489 | Tallahassee, FL 32302-1489 | (850) 410-8600

September 21, 2015

CRIMINAL JUSTICE STANDARDS AND TRAINING COMMISSION TECHNICAL MEMORANDUM 2015-08

TO: Criminal Justice Training Center Directors
FROM: Director Dean Register *DR*
Criminal Justice Professionalism
SUBJECT: Implementation of New First Aid and First Aid Instructor Proficiencies

In November 2014, the Criminal Justice Standards and Training Commission approved changes to the CMS First Aid for Criminal Justice Officers course number CJK_0031 and CMS First Aid Instructor course number 1114. Changes to these courses were to take effect on July 1, 2015. The Commission also approved related changes to the CMS First Aid Performance Evaluation form CJSTC-5 and First Aid Instructional Requirements form CJSTC-208. The form revisions were included in the 2014-2015 proposed rules revision package to take effect after the new rules were promulgated.

The rule text associated with the revised forms was not incorporated by reference. As a result, the above-mentioned forms were not included in the 2014-2015 proposed rules revision package; however, the forms will be resubmitted in the 2015-2016 proposed rule revisions. Effective immediately, please do not use forms CJSTC-5 and CJSTC-208 with the revision date of "November 6, 2014". Instead, continue using forms CJSTC-5 and CJSTC-208 with an effective date of "3/2013" to document student proficiencies and the necessary equipment.

In conjunction with this memorandum, we are issuing Curriculum Alert 2015-13 which directs training schools to continue using the older versions of CMS First Aid Performance Evaluation form CJSTC-5 and First Aid Instructional Requirements form CJSTC-208. The alert also directs schools to replace lessons within the first aid courses to match the older forms. A copy of the replacement lessons is included in the curriculum alert. A copy of Curriculum Alert 2015-13 is attached.

We are aware that schools may have already delivered training using the new forms; however, rather than require students to retake the training, a waiver request will be submitted for the period beginning July 1, 2015, and ending September 30, 2015. The waiver will apply to any student whose proficiencies were documented on form CJSTC 5 (revised November 6, 2014). After September 30, 2015, all schools must document first aid proficiencies on form CJSTC-5 that has an effective date of 3/2013.

If you have any questions or concerns, please contact Training and Research Manager Judd Butler at juddbutler@fdle.state.fl.us or (850) 410-8654.

DR/ghk

Attachments

cc: Criminal Justice Standards and Training Commission



Criminal Justice Standards and Training Commission

P.O. Box 1489 | Tallahassee, FL 32302-1489 | (850) 410-8600

September 21, 2015

Curriculum Alert 2015-13

AMENDED

CMS First Aid for Criminal Justice Officers CJK_0031, v2015.07

CMS First Aid Instructor Course #1114, v2015.07

Form CJSTC-5 CMS First Aid Performance Evaluation

Form CJSTC-208 First Aid Instructional Requirements

In November 2014, the Criminal Justice Standards and Training Commission approved changes to the CMS First Aid for Criminal Justice Officers course number CJK_0031 and CMS First Aid Instructor course number 1114. Changes to these courses were to take effect July 1, 2015. The Commission also approved related changes to the CMS First Aid Performance Evaluation form CJSTC-5 and First Aid Instructional Requirements form CJSTC-208. The form revisions were included in the 2014-2015 proposed rules revision package to take effect after the new rules were promulgated. For technical reasons, the form revisions were not accepted; however, they will be resubmitted in the 2015-2016 proposed rule revisions.

SUMMARY OF REVISIONS

Effective immediately, do not use Forms CJSTC-5 and CJSTC-208 with the revision date of 11/06/14. Instead, continue using the Forms CJSTC-5 and CJSTC-208 with an effective date of 3/2013 to document student proficiencies and the necessary equipment.

To ensure course content reflects the performance standards on the Form CJSTC-5 with an effective date of 03/2013, replace the following course material as provided in the attachment:

First Aid for Criminal Justice Officer course CJK_0031 (Textbook and Instructor Guide)

Unit 2 Lesson 3: Moving Patients

Unit 3 Lesson 2: Bleeding and Soft Tissue Injuries

Unit 3 Lesson 6: Extremity Injuries

CMS First Aid Instructor course #1114 (Textbook and Instructor Guide)

Unit 2 Lesson 1: Correcting Student Deficiencies, Remediation, and Documentation

Students taking the State Officer Certification Examination will not be affected by these changes.

High Liability Textbook:

Replace Unit 2 Lesson 3 course materials with the following content.

CMS First Aid for Criminal Justice Officers CJK_0031

UNIT 2: Responding to Emergencies

LESSON 3: Moving Patients

Lesson Goal: At the end of this lesson, you should know how to move patients in a medical emergency.

[Objectives

FR040.1. Identify your role in assisting medical personnel with moving a patient.

FR039.1. Identify under what circumstances a criminal justice first aid provider moves a patient.

FR039.3. Lift a patient properly.

FR039.4. Place a patient in a recovery position.

FR039.5. Perform a walking assist with a patient that you may have to move.

FR039.6. Perform an emergency drag of a patient you may have to move.

FR039.7. Perform an extremity lift or carry of a patient you may have to move.

FR039.8. Perform a log roll of a patient you may have to move.]

Proper Lifting Techniques

In an emergency, you may have to move patients to safety or reposition them in response to their changing medical conditions. You may also be required to assist EMS in moving patients or removing an entrapped patient. Follow their direction and assist when needed.

Perform an ***emergency move*** when a patient is in immediate danger or the patient's location prevents providing care to that patient or another patient. Perform a non-emergency move, such as a walking assist, when the situation is not urgent. Always use BSI and appropriate PPE when moving a patient.

When moving patients, employing basic body mechanic principles and observing the rules of proper lifting and moving is essential. Maintain correct alignment of your spine, shoulders, hips, and feet. Use proper breathing techniques. Be aware of your physical limitations. Lift with your legs, hips, and buttocks, not your back. Contract your abdominal muscles while lifting. Keep the patient's weight as close to your body as possible. Limit the distance you need to move the patient if possible.

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When moving patients, employing basic body mechanic principles and observing the rules of proper lifting and moving is essential. Maintain correct alignment of your spine, shoulders, hips, and feet. Use proper breathing techniques. Be aware of your physical limitations. Lift with your legs, hips, and

buttocks, not your back. Contract your abdominal muscles while lifting. Keep the patient's weight as close to your body as possible. Limit the distance you need to move the patient if possible.

Recovery Position

Position a patient based on his or her medical condition. Place an unresponsive, breathing patient with no suspected neck or back injuries in the recovery position: roll the patient, preferably onto his or her left side, with knees slightly bent. The **recovery position** helps maintain an open airway if the patient becomes nauseated or vomits and may prevent positional asphyxia.

Positional asphyxia is a term used to describe the placement of a body in a position that interferes with the ability to breathe. Application of physical restraints can contribute to positional asphyxia when a subject is placed face down, with his or her chest on a hard surface, arms restrained behind his or her back, and left in this position for a significant period of time. This could result in an in-custody death.

Walking Assist

The most common non-emergency move for a responsive, ambulatory (capable of walking) patient is the walking assist. Patients with leg injuries or visual impairments benefit from a walking assist.

1. Stand next to the patient on the same side as the injury.
2. Place the patient's arm across your shoulder.
3. Place your arm around the patient's waist. Grab his or her belt, if necessary.
4. Assist the patient to a safe or comfortable location and discourage the patient from placing body weight on the injury.

Emergency Drags

A critical issue when moving a patient is the danger of making an existing spine injury worse. Use an emergency drag if the patient is on the floor or ground. Make every effort to maintain the patient's head, neck, and shoulder alignment.

Clothes Drag

1. If the patient is unconscious, secure his or her hands to protect them during the move.
2. Stand at the patient's head.
3. Bend your knees.
4. Pull the patient's shirt under his or her head to form a support.
5. Using the shirt as a handle, pull the patient toward you.

Blanket Drag

1. Place a blanket directly against the patient's side.
2. Gather the blanket into accordion-style, lengthwise pleats.
3. Kneel on the patient's side opposite the blanket.
4. Reach across the patient and grasp his or her hip and shoulder.
5. Roll the patient toward you onto his or her side.
6. Tuck the pleated side of the blanket under the patient.

7. Roll the patient onto the blanket, preferably onto his or her back.
8. Wrap the blanket around the patient.
9. Grab the part of the blanket under the patient's head and drag it toward you.

Shoulder Drag/Carry

1. Stand at the patient's head.
2. Bend your knees.
3. Slide your hands under the patient's arms.
4. Firmly grasp the patient's wrists, and fold them across the patient's chest.
5. Stand up. As you do, lift the patient up and toward you.
6. Drag the patient toward you. The patient's feet will drag on the ground.

Extremity Lift or Carry

Extremity lifts or carries are often easier and require less time than drags. Considered non-emergency moves, these lifts require at least two officers' efforts. Use these techniques to move unresponsive patients from the floor or ground. However, do not perform an extremity lift if you suspect or know a patient has an injury to the spine or an extremity injury.

Two-Person Extremity Lift

1. Officer one, kneel on one knee at the patient's head.
2. Place your hands, palms up, under the patient's shoulders.
3. Lift the patient to a sitting position.
4. Support an unconscious patient's back with your kneeling leg.
5. Slide your hands under the patient's arms.
6. Firmly grasp the patient's wrists, and fold them across the patient's chest.
7. Officer two, stand between the patient's knees with your back to the patient. If necessary, separate the patient's feet.
8. Bend your knees and grasp under the patient's knees.
9. Officer one, standing at the patient's head, delivers all commands. Simultaneously both officers stand while lifting the patient.

Two-Person Seat Carry

Use a two-person seat carry to move a standing, conscious patient who is non-ambulatory. Remember to use proper body mechanics. However, do not perform an extremity lift if you suspect or know a patient has an injury to the spine or an extremity injury. Officers one and two stand behind the patient.

1. Face each other, with the patient centered between you.
2. Place hands, palm down, on the shoulder of the officer facing you.
3. Extend your arms, and create back support for the patient.
4. Grasp the wrists of the officer facing you.

5. Extend your arms and create a seat for the patient.
6. Bend your knees.
7. Instruct the patient to raise his or her arms.
8. Scoop the patient up from behind his or her knees.
9. Tell the patient to place his or her arms on your shoulders.
10. Lift from your legs using proper body mechanics.
11. Move the patient, keeping step with the other officer.

Logroll

Use this technique only when moving the patient is necessary or when assisting medical personnel. The purpose of a log roll is to roll the patient onto his or her back, front, or side.

1. Perform a logroll on the floor or ground with at least three officers on their knees.
2. Officer one, constantly maintain head, neck, and spinal stabilization.
3. Officer two, take your position at the patient's shoulder and hip. Stay far enough away from the side of patient's body so there is room to roll the patient toward you.
4. Officer three, take your position on the same side of the patient as officer two. Stand at the patient's thigh and lower leg. Stay far enough away from the side of patient's body so there is room to roll the patient toward you.
5. Officer two, reach across the patient. Place your hand on the patient's shoulder. Place your other hand on the patient's hip.
6. Officer three, reach across the patient. Place your hand closer to the second officer's hand on the patient's hip. Place your other hand on the outside of the patient's knee area.
7. Officer one, issue all commands to roll the patient toward officers two and three. Simultaneously maintain the patient's head, neck, and cervical spine alignment.
8. Assess the patient for injuries.
9. If applicable, reverse the process to return the patient to his or her original position.

[Section Vocabulary

emergency move

positional asphyxia

recovery position]

High Liability Textbook:

Replace Unit 3 Lesson 2 course materials with the following content.

CMS First Aid for Criminal Justice Officers CJK_0031

UNIT 3: Trauma Related Issues

LESSON 2: Bleeding and Soft Tissue Injuries

Lesson Goal: At the end of this lesson, you should be familiar with how to treat a patient for bleeding.

[Objectives

FR013.2. Identify treatment for closed soft tissue injuries.

FR013.3. Identify treatment for open soft tissue injuries.

FR013.4. Stop the bleeding of a patient with an open wound.

FR013.5. Dress and bandage an open wound for a patient who is bleeding.]

Closed Soft Tissue Injuries

Types of closed soft tissue injuries are

- **contusion** (bruising)—a closed injury that is discolored and painful at the injury site. *Bruising* is the obvious discoloration (black and blue) of the soft tissue at the injury site.
- **hematoma** (swelling)—a closed injury that appears as a discolored lump. *Swelling* is the soft tissue raised when blood or other body fluids pool beneath the skin at the injury site.

Treatment for closed soft tissue injuries—Lacking the obvious signs of open soft tissue injuries, closed soft tissue injuries can be just as life threatening.

1. Use BSI and appropriate PPE.
2. Treat large contusions by applying a cold compress to the injury site and elevating if the injury is in an extremity.
 - A contusion is an indication of internal bleeding. Internal bleeding can cause the patient to go into shock. Large contusions—those the size of the patient's fist—may indicate a 10 percent blood loss because of blood pooled at the injury site.
 - Small contusions normally require no treatment, but applying cold compresses to the injury site helps reduce pain and swelling.
3. If you cannot assess the seriousness of a closed wound, treat the patient as if he or she has internal bleeding, and monitor for shock.
4. Perform ongoing assessment of the patient for life-threatening injuries. Maintain ABCs, and treat for shock.

Open Soft Tissue Injuries

Types of open soft tissue injuries:

- **abrasion**—open wound caused by scraping, shearing away, or rubbing the outermost skin layer

- **amputation**—gross removal of appendage
- **avulsion**—injury characterized by a flap of torn or cut skin that may not be completely loose from the body
- **evisceration**—open wound where the organs protrude
- **laceration**—open wound that varies in depth and width
- **puncture wound**—result of driving a sharp or blunt, pointed object into soft tissue

The most important first aid responsibilities to a patient with an open soft tissue injury are to control bleeding and prevent further contamination of the area. To treat an open soft tissue injury,

1. Use BSI and appropriate PPE.
2. When treating avulsions,
 - a. Remove any large debris from the wound.
 - b. Align the torn flap to its normal position to maintain proper circulation.
 - c. Secure the wound in place with a dry, clean dressing and bandage.
3. Apply direct pressure to a soft tissue injury that continues to bleed.
4. Perform ongoing assessment for life-threatening injuries. Maintain ABCs, and treat for shock. Remember, ABCs take priority over wounds.

Bleeding Control

There are three types of bleeding:

- In **arterial bleeding**, bright red blood spurts from a wound, indicating a severed or damaged artery.
- In **venous bleeding**, dark red blood flows steadily from a wound, indicating a severed or damaged vein.
- In **capillary bleeding**, dark red blood oozes slowly from a wound, indicating damaged capillaries.

To treat the patient by controlling bleeding,

1. Use BSI and appropriate PPE.
2. Cover the wound with a clean dressing.
3. Apply direct pressure to control bleeding.
 - If the first layer of dressing does not control the bleeding, do not remove it, and apply additional layers as needed.
4. Elevate an injured extremity to help control bleeding.
 - While applying direct pressure to a bleeding site in an upper extremity, elevate the extremity above heart level.
 - If the bleeding site is on a lower extremity, ensure that the patient is lying down, and elevate the extremity.

5. If direct pressure and elevation are not effective, compress the artery that supplies blood to the extremity at a pressure point.

- If the bleeding is in the head, neck, face, arm, or foot, apply appropriate pressure with your fingers.
- If the leg is bleeding, apply pressure to the artery with the heel of your hand.

6. Perform ongoing assessment for life-threatening injuries. Maintain ABCs, and treat for shock.

Two pressure points are commonly used to control bleeding: the brachial artery, located on the inner arms, just above the elbows, and the femoral artery, located on the inner portion of each leg, just below the groin.

Applying Dressings and Bandages

Applying dressings and bandages to wounds can stabilize the wound site, control bleeding, and limit further contamination and damage. To apply a dressing and bandage,

1. Use BSI and appropriate PPE.
2. Expose the entire injury site to ensure that there are no other hidden injuries.
3. Apply dressings (for example, any variety of gauze or hemostatic dressing) first.
 - Dressings are coverings applied directly to wounds. If possible, do not touch the side of the dressing that will make contact with the wound.
4. Apply bandages.
 - Bandages are coverings that hold dressings in place. Bandages do not touch the wound. They can create pressure to help control bleeding, support an injured extremity or body part, and prevent the wound from further contamination and damage.
5. Perform ongoing assessment for life-threatening injuries. Maintain ABCs, and treat for shock.

Tourniquet

A **tourniquet** is a device that restricts blood flow to an extremity such as an arm or leg. A tourniquet is used only as a last resort when the amount of blood lost endangers the victim's life and all other methods of controlling the bleeding have failed. The vast majority of external bleeding can be controlled using direct pressure and pressure points. Bleeding from clean-edged amputations usually requires no more than pressure dressing to control bleeding. The injured blood vessels seal themselves shut as a result of spasms produced by the muscle walls of the vessels. The most common type of injury requiring a tourniquet is a rough-edged amputation. These amputations are a result of a tearing or crushing type of injury and prevent blood vessels from shutting as in a clean-edged injury.

Using a tourniquet requires wrapping a cravat (nonstretchy material such as triangular bandages found in first aid kits, terry cloth, or linen handkerchiefs) around the extremities with the use of a rigid object (stick, pen, screwdriver) and tightening the tourniquet until the bleeding stops. The band should be at least two inches wide and six to eight layers thick when applied. Place padding around the limb where the tourniquet will be applied to help protect the site and provide additional pressure. Set the tourniquet band material around the tourniquet site and tie band with a half knot. Position the rigid object on top of the half knot and tie a full knot over the rigid object. Twist the rigid object either clockwise or

counter-clockwise until the tourniquet is tight and bleeding has stopped. Secure the rigid object to prevent the tourniquet from loosening. Mark the victim on the forehead by writing a "T" to alert medical personnel that a tourniquet has been applied, and note the time and date. Once the tourniquet is in place, do not remove or loosen! A tourniquet should only be removed or loosened by medical staff. Remember: The tourniquet is used only as a last resort where the loss of blood is life threatening.

[Section Vocabulary

abrasion

amputation

arterial bleeding

avulsion

bruising

capillary bleeding

contusion

evisceration

hematoma

laceration

puncture wound

swelling

tourniquet

venous bleeding]

High Liability Textbook

Regarding Amputation, replace course materials with the content identified below.

CMS First Aid for Criminal Justice Officers CJK_0031

UNIT 3: Trauma Related Issues

LESSON 6: Extremity Injuries

Lesson Goal: At the end of this lesson, you should be familiar with emergency medical care for injuries to the extremities including broken bones, how to splint, and how to stabilize injuries to upper and lower extremities.

[Objectives

FR026.4. Identify classifications of broken bone injuries.

FR026.5. Identify the mechanisms of injury for a broken bone.

FR026.6. Assess for open wound, painful swelling, deformity, and bleeding for a broken bone injury.

FR026.3. Identify treatment for a broken bone.

FR026.9. Identify treatment for a dislocation, sprain, and strain.

FR026.1. Splint broken bones in a lower extremity.

FR026.2. Splint broken bones in an upper extremity.

FR027.4. Identify procedures for treatment of an amputated part.

FR027.1. Identify treatment of a patient with an amputation.]

Classifications of Fractured Bones

The medical term for a broken bone is *fracture*.

- **open fracture**—The skin at the injury site is broken, and the bone may protrude through the skin. If lacerations appear near the fractured bone, treat the break as an open fracture because you do not know if the bone penetrated the skin.
- **closed fracture**—The skin at the injury site remains intact.

Mechanism of Injury

Force breaks a bone. There are several types of force:

- Direct force causes injury at the point of impact. Force may be delivered from a blow to the head with a baseball bat or as a driver's chest hits the steering wheel.
- Indirect force causes injury past the point of impact. The break may occur when a falling person extends the arms to break the fall and breaks his or her elbows.
- Twisting force causes injury when one part of a limb remains stationary, while the other twists. The result can be a spiral fracture, a bone break often caused by a sports injury or physical abuse.

Assess Before and After Splinting

1. Use BSI and appropriate PPE.
2. Check for DOTS.
3. Check for pulse, motor, and sensory function.
4. Ask the patient if he or she feels pain in the injured area.
5. Compare the injured extremity to the uninjured extremity.
6. Look for deformities.

Treatment—To prevent movement of an injured extremity,

1. Use BSI and appropriate PPE.
2. If the bone is exposed,
 - Cover the exposed bone with dressing.
 - Splint the extremity in the position found.

If you suspect

- a fractured rib, watch for both sides of the chest to rise and fall equally as the patient breathes. Unequal rise and fall may indicate a flail chest or collapsed lung.
- a fractured skull, assess by gently palpating the head to find deformity.
- a fractured neck, back, or pelvis, assess for pain, movement, and sensation in the feet. Unless there is a life-threatening emergency, perform spinal immobilization, and wait for EMS to move the patient.
- an ankle injury and the patient is wearing boots, leave the boot in place, and splint around it. The boot provides support; removing it can cause more ankle damage.
- a femur (thighbone) fracture, it may be life threatening due to blood loss, and the patient is probably in extreme pain. The injured leg is usually shorter than the uninjured leg and may have rotated. The thigh may be very swollen. Treating a mid-shaft femur fracture involves applying tension to the leg by grasping the calf muscle just below the knee and leaning back until the patient feels less pain. Discontinue tension if you meet resistance or the patient complains of more pain. Maintain tension until EMS arrives or the patient's medical condition dictates other priorities.

Treating life-threatening conditions takes precedence over treating fractured bones: life over limb.

3. Perform ongoing assessment for life-threatening conditions. Maintain ABCs, and treat for shock.
4. Be prepared to perform CPR and use an AED if available.

Dislocations, Sprains, and Strains

A **dislocation** occurs when the end of a bone comes out of its socket at the joint. Treatment for dislocations, sprains, strains, and fractured bones is the same. Do not try to put the dislocated bone back into place because major blood vessels and nerves can lie near the joint. Further injury may occur if you do this improperly. Treat sprains and strains like fractured bones.

Splint, Sling, and Swath

When EMS is delayed, or under certain circumstances, it may be necessary to splint, sling, or swath an extremity.

1. Use BSI and appropriate PPE.
2. If possible, remove jewelry from the patient's injured extremity before splinting or have the patient or a family member remove the jewelry. Document what happens to the jewelry.
3. To splint properly, immobilize the joints above and below the injury.
 - Various materials are appropriate for splinting, such as commercial splints, magazines, and boards.
4. If you feel a distal pulse, splint the extremity as you find it.
5. To support an injured upper extremity, splint first, then sling and swath.
 - A sling should support the entire arm and elevate the hand to decrease swelling.
 - A swath supports the arm, taking pressure off the collarbone. It prevents the arm from moving away from the body.
6. Perform ongoing assessment for life-threatening conditions. Maintain ABCs, and treat for shock.
7. Be prepared to perform CPR and use an AED if available.

Amputation

There are two types of amputations: complete and incomplete. Amputations are visually disturbing injuries accompanied by a large amount of bleeding.

To treat an amputation,

1. Use BSI and appropriate PPE. If there is arterial bleeding or spurting blood, you may need eye protection.
2. With a gloved hand and a dressing, apply pressure directly to the wound.
3. If bleeding continues, apply more dressing and elevate the extremity.
4. If direct pressure and elevation do not stop the bleeding, apply pressure to the appropriate pressure point:
 - brachial artery for upper extremities
 - femoral artery for lower extremities
5. When bleeding is under control, apply a bandage to secure the dressing.
6. Do not delay the patient's treatment or transport to look for the amputated part. However, when you do find the amputated part,
 - a. Wrap it in dressing.
 - b. In the case of multiple amputations, wrap each part separately.
 - c. Place it in a plastic bag.

d. Keep it cool, but do not place it directly on ice.

7. Perform ongoing assessment for life-threatening injuries. Maintain ABCs, and treat for shock.

[Section Vocabulary

closed fracture

dislocation

fracture

open fracture]

High Liability Instructor Guide

Regarding 'Required Activity', replace course materials with the content identified below.

CMS First Aid for Criminal Justice Officers CJK_0031

Unit 2: Responding to Emergencies

Lesson 3: Moving Patients

Lesson Goal: At the end of this lesson, students should know how to move patients in a medical emergency.

Instructional Objectives

- FR040.1. Identify your role in assisting medical personnel with moving a patient.
- FR039.1. Identify under what circumstances a criminal justice first aid provider moves a patient.
- FR039.3. Lift a patient properly.
- FR039.4. Place a patient in a recovery position.
- FR039.5. Perform a walking assist with a patient that you may have to move.
- FR039.6. Perform an emergency drag of a patient you may have to move.
- FR039.7. Perform an extremity lift or carry of a patient you may have to move.
- FR039.8. Perform a log roll of a patient you may have to move.

Text/Materials/Instructional Aids

Florida Basic Recruit Training Program: High Liability, Volume 2 (Chapter 2)

Form CJSTC-5 CMS, CMS First Aid Performance Evaluation

PowerPoint: CMS First Aid for Criminal Justice Officers

Supplies: blanket

Required Activity

Show PowerPoint slides on Moving Patients, Unit 2 Lesson 3.

Demonstrate proper techniques for

- walking assist
- one of the following emergency drags
 - ◆ one or two person drag
 - ◆ blanket drag
 - ◆ shoulder drag
- two-person extremity lift
- two-person seat carry
- logroll

Students will demonstrate proper techniques for

- walking assist
- one of the following emergency drags:
 - ◆ one or two person drag
 - ◆ blanket drag
 - ◆ shoulder drag
- two-person extremity lift
- two-person seat carry
- logroll to include manual stabilization of the head, neck, and cervical spine

CMS First Aid for Criminal Justice Officers CJK_0031

Unit 3: Trauma Related Issues

Lesson 2: Bleeding and Soft Tissue Injuries

Lesson Goal: At the end of this lesson, students should be familiar with how to treat a patient for bleeding.

Instructional Objectives
FR013.2. Identify treatment for closed soft tissue injuries.
FR013.3. Identify treatment for open soft tissue injuries.
FR013.4. Stop the bleeding of a patient with an open wound.
FR013.5. Dress and bandage an open wound for a patient who is bleeding.

Text/Materials/Instructional Aids

Florida Basic Recruit Training Program: High Liability, Volume 2 (Chapter 2)

Form CJSTC-5 CMS, CMS First Aid Performance Evaluation

PowerPoint: CMS First Aid for Criminal Justice Officers

Supplies: bandages, trauma dressing, gauze, tourniquet kit or alternative supplies

Required Activity

Show PowerPoint slides Unit 3, Lesson 2.

Describe methods for treating closed tissue, open tissue, and open wound injuries.

Demonstrate proper techniques to control bleeding. Include direct pressure, elevation, pressure points, tourniquet, and the use of various dressings and bandages.

Students will practice and/or demonstrate techniques for controlling bleeding, including direct pressure, elevation, pressure points, tourniquets, and applying various dressings and bandages.

1114 CMS First Aid Instructor Course, v2015.07:

Regarding objective FRI005.2., replace course materials with the content identified below.

CMS First Aid Instructor Course, 1114

Unit 2: Evaluation and Documentation

Lesson 1: Correcting Student Deficiencies, Remediation, and Documentation

OVERVIEW	INSTRUCTOR NOTES
<p>Introduction</p> <p>This lesson will focus on what the instructor does after providing instruction and skill demonstration, by identifying his or her responsibility when correcting students as they practice. Evaluation tools and steps in the remediation process will provide the vehicle to guide students to demonstrate skill proficiency successfully. Instructor students will gain a better understanding of how CMS links documenting student performance with the remediation process.</p> <p>Training Materials and Aids</p> <p>Florida Basic Recruit Training Program: High Liability, Chapter 2</p> <p>Florida Basic Recruit Training Program: High Liability, CMS First Aid for Criminal Justice Officers, CJK_0031, Instructor Guide</p> <p>CJSTC-5 CMS, CMS First Aid Performance Evaluation</p> <p>Attachments</p> <p>2-1-1 Suggested High Liability Remediation Form</p>	<p>Suggested Time: 2 hours</p> <p>Instructional Methods</p> <p>Class discussion</p> <p>Lecture</p>

Unit Goal: To provide instruction regarding evaluating student performance, remediating deficiencies, and documentation on CJSTC-approved forms

Lesson Goal: To provide instruction regarding evaluating student performance, remediating deficiencies, and documentation on CJSTC-approved forms

Objectives

FRI004.1. Identify instructor responsibility for evaluating student performance.

FRI004. Identify how CMS links high liability documentation to evaluation and remediation.

FRI004.1.B. Identify types of evaluation tools.

FRI005.2. Identify how to complete the CJSTC-5-CMS, CMS First Aid Performance Evaluation.

FRI001.2. Identify the protocol for CPR training when instructing the CMS First Aid for Criminal Justice Officers Basic Recruit Curriculum.

FRI004.2. Identify instructor responsibility for correcting student deficiencies.

FRI005.3. Identify how to complete a remediation plan when the student does not demonstrate proficiency during a first aid performance evaluation.

FRI005.4. Identify how to complete a proficiency failure process when the student does not remediate successfully when conducting a first aid performance evaluation.

FRI004.1. Identify instructor responsibility for evaluating student performance.

One of the most important responsibilities of the First Aid Basic Recruit Instructor is to ensure

that students learn why and how to perform specific skills correctly. Appropriate and effective emergency life saving procedures can make a difference in whether an injured person lives or dies. An instructor's responsibility is to ensure that his or her training yields competent first aid providers.

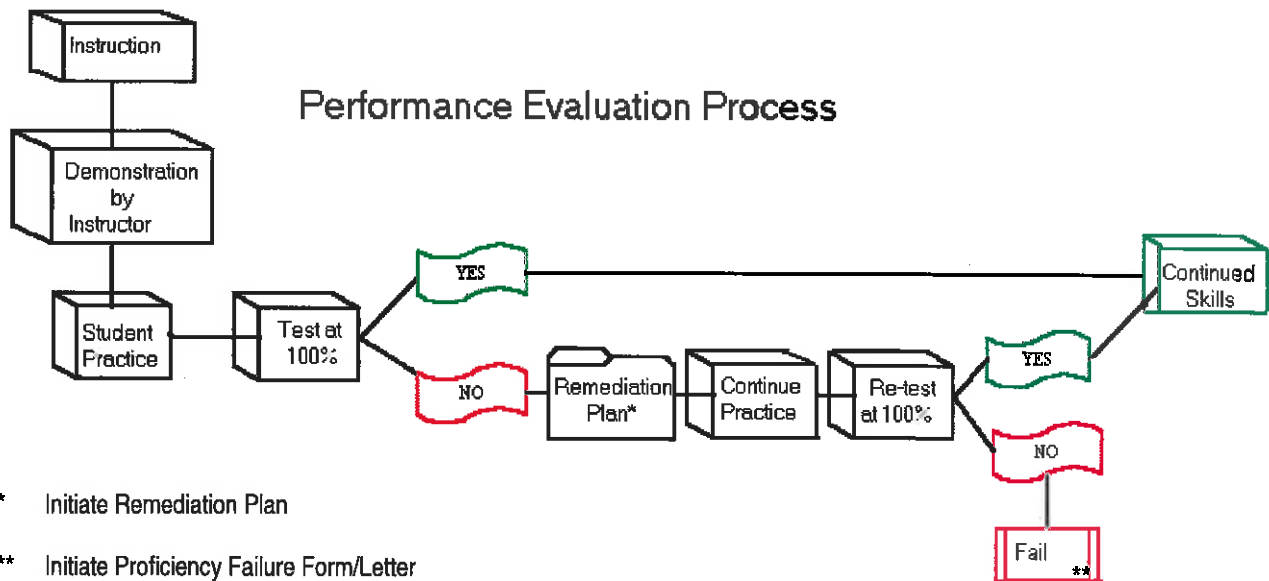
Learning is an invisible process, but evaluating a student's visible behavior can document the desired outcome. The evaluation process can also serve as a feedback mechanism, laying the groundwork for correcting student deficiencies.

FRI004. Identify how CMS links high liability documentation to evaluation and remediation.

It is critical that instructors not only deliver instruction correctly but also document how the delivery took place. Documentation can be a valuable tool to record what the instructor taught, who taught it, and how. An instructor can be exposed to liability if clear documentation is not created for each component of instruction.

The Performance Evaluation Process Flow chart analyzes the method for evaluating student performance in the high liability areas and can assist the instructor in understanding the remediation procedure. The instructor works closely with the students as they learn the individual skills involved in providing emergency first aid during the instruction phase.

The instructor carefully explains each skill and demonstrates how to perform the skill correctly. At this point, the students obtain a clear understanding of what the instructor expects them to do and how to do it. This establishes the performance standard for the students to strive for as they practice the skills.



Once testing on proficiency skill has begun, no additional training, assistance, or practice is allowed on that proficiency skill.

As students pass the performance skill test and their efforts are documented on the performance evaluation form, they will continue to proceed with training. If a student fails a performance skill, he or she will receive remedial training in accordance with the remediation plan developed to fit the student's needs. As the student continues to practice, the instructor observes the student to ensure that he or she is practicing the skill correctly. At the end of the previously agreed upon time, or if the student feels that he or she is ready to be re-tested, the student will again try to perform the skill to the established standard. Now, a different instructor will evaluate the student's performance and document the score on the performance evaluation.

All first aid performance skills are critical and require 100% accuracy during testing. As students pass the performance skills and their efforts are documented on the performance evaluation form, they will continue to proceed with training. If a student fails a performance skill, he or she will receive remedial training in

accordance with a remediation plan developed to fit the student's needs. Any basic recruit student failing any skill has one opportunity to remediate and one opportunity to test again.

FRI004.1.B. Identify types of evaluation tools.

To determine or fix the value of, to determine the significance or worth of . . . by careful appraisal and study—is to evaluate. Instructors have an obligation to provide students with the best possible instruction; therefore, they must have some way to evaluate how effectively they have taught their students through

- *oral questions—stimulate discussion, clarify, review*
- written questions—evaluate students' comprehension
- practical evaluation scenario—evaluate students' ability to problem-solve
- essay questions—evaluate students' ability to analyze, synthesize, and evaluate

FRI005.2. Identify how to complete the CJSTC-5 CMS, CMS First Aid Performance Evaluation.

The CMS Basic Recruit High Liability Curriculum provides a performance evaluation form for documentation of student skill proficiency. This form serves as a link in the documentation process. It provides a clear picture for the student to gain feedback. It also provides a record of information that protects the instructor from allegations of being unfair or failing to properly train.

After each student practices and before the actual evaluation, instructors provide constructive feedback to the students. Through specific, timely, oral evaluation during this

Refer instructor students to **Attachment CJSTC-5 CMS, CMS First Aid Performance Evaluation.**

practice, the students can correct their performance before moving on to the next skill. Correct practice ensures correct performance in the evaluation phase.

Instructors should evaluate the following performance skills:

- Body Substance Isolation—properly put on protective gloves checking for correct size and defects; properly remove and dispose of contaminated protective gloves without contaminating self or others
- Cardiopulmonary Resuscitation—foreign body airway obstruction, rescue breathing, and CPR on an adult, child, and infant to include AED
- Patient Assessment—scene size-up, LOC/AVPU, airway, breathing (including rate), circulation (including pulse rate), uncontrolled bleeding, and physical assessment (DOTS/SAMPLE)
- Shock—maintain open airway, position patient properly, maintain normal body temperature, monitor ABCs
- Bleeding— direct pressure, elevation, and pressure point
- Musculoskeletal and Soft Tissue Injuries—dress and bandage an open wound, splint and stabilize an upper and lower extremity
- Moving Patients—perform walking assist, one emergency drag, and one extremity lift or carry
- Spinal Cord Injuries—manually stabilize the cervical spine and perform a log roll maneuver

The instructor should retain this form with the student's records at his or her training center for a time specified by Florida law. Training can

become a liability issue throughout an officer's career. Carefully documented and maintained training records can provide answers to possible future liability questions.

FRI001.2. Identify the protocol for CPR training when instructing the CMS First Aid for Criminal Justice Officers Basic Recruit Curriculum

The required topics shall include Foreign Body, Airway Obstruction, Rescue Breathing, and CPR on an adult, child, and infant, and include AED training.

The lead CPR instructor's affiliated certifying association guidelines from an entity referenced in Rule 64J-1.022, F.A.C determine the standards for performance for CPR/AED instruction. The CPR instructor's affiliated association shall set the CPR performance criteria and cognitive CPR examination. Each of these associations may use a specific performance evaluation form to document CPR proficiency. Documentation from this CPR evaluation form will transfer to the CJSTC form as proof of passing the CPR proficiency requirements.

A student is required to complete CPR/AED training successfully to pass the course. A basic recruit student who does not meet the designated association CPR standards is not eligible to take the end-of-course examination for the CMS First Aid for Criminal Justice Officer Course.

FRI004.2. Identify instructor responsibility for correcting student deficiencies.

Once the instructor has taught the skill to the students, shown how to perform it, and the students begin practicing the skill, the evaluation and/or remediation process begins. After each student practices and before the formal evaluation, instructors are responsible for

providing constructive feedback to the students. Through specific, timely evaluation during this practice session, the students can correct their deficiencies. Correct practice ensures correct performance in the formal evaluation phase.

By closely monitoring and observing student performance during practice, the instructor should be able to identify when a student needs correction. Rarely do students require formal remediation when performing the practical exercises, primarily because students have already practiced repeatedly and have acquired the skills.

Some examples of student physical problems and corrective actions can be

- pre-existing injuries—adapt the exercise if possible
- physical handicaps—adapt the exercise if possible
- pre-existing communicable disease, such as a cold, etc.—use their own manikin
- lack of physical strength—recommend alternate techniques
- restricted physical mobility—recommend alternate techniques

Some of the psychological barriers students may need to overcome in first aid training can be high levels of anxiety about looking at blood or viewing a video or photographs of gross disfigurement or procedures. Instructors should warn students prior to introducing this type of subject matter. A student may have an aversion to being touched or touching others. Instructors should advise students that this course requires physical contact. Some common student performance errors can be under-confidence or over-confidence. The instructor should continue demonstrating and encouraging practice, or remind students with advanced training that this is a first aid level. When providing student

feedback, the instructor should be considerate of the student's feelings, not be demeaning or condescending, reinforce the positives but bring attention to the deficiencies, and try to pair the student with a fellow student who is proficient.

If everything goes as expected, the instructor will complete the training, guide the students in practice and feedback, and all students will perform the skills to the standard on the evaluation.

FRI005.3. Identify how to complete a remediation plan when the student does not demonstrate proficiency during a first aid performance evaluation.

Some students will not be able to attain proficiency without special attention and guidance that comes through remedial training. The evaluation phase of instruction directly links to remediation and can make the difference between a student failing and a student moving into a successful criminal justice career. Remediation is individualized intervention or instruction to correct a skill deficiency or performance deficit.

- remedial—intended as a remedy, concerned with the correction of faulty study habits and the raising of a pupil's general competence
- remediation—the act or process of remedying
- remedy—something that corrects or counteracts

The instructor identifies a reasonable strategy to help the student succeed and completes a remediation plan. A high liability remediation plan is a record of unacceptable performance and any attempts made to correct the deficiency. It records the area of deficiency, describes a plan for improvement, and details the outcome of the corrective action acknowledged by both the student and the instructor.

Refer instructor students to **Attachment 2-1-2 Suggested High Liability Remediation Form**.

Steps in the Remediation Process

1. Identify when a student's performance is deficient at the evaluation stage of instruction.
2. Complete a written remediation plan for the student with a performance deficit at the time of evaluation.
3. Re-evaluate the student at the completion of the remediation plan. A different instructor should perform the re-evaluation when possible.

The remediation plan can be anything from corrective counseling to an exercise that addresses the deficiency and reinforces the correct behavior that is required to complete the exercise successfully. Remediation does not include simply repeating the exercise.

Remediation and practice are not the same thing. Remediation is specific to the individual's deficiency and occurs if practice, feedback, and evaluation were not sufficient to establish student proficiency in the given exercise. The remediation plan should be detailed and clear. The instructor should spell everything out, not use acronyms or abbreviations. The student should have a clear understanding of the deficiency and exactly what he or she needs to accomplish.

Following the completion of remediation and re-evaluation, the instructor should document successful completion of the skill on the CJSTC-5, CMS First Aid Performance Evaluation Form. If the student is successful in demonstrating the skill with 100% proficiency on the re-test, he or she proceeds with training.

FRI005.4. Identify how to complete a proficiency failure when the student does not remediate successfully when conducting a first aid performance evaluation.

Failure to achieve proficiency of a high liability skill is serious. If a student fails the re-evaluation, he or she has failed the topic area, resulting in dismissal from the training program. The instructor must document in writing the fact that a student has failed to demonstrate proficiency in a required exercise. Follow your training center policy for documentation and notification. Complete this documentation after remediation is complete and the student fails the second attempt to show proficiency. Instructors should give the form to their training center director or agency head for termination of a student from a high liability course, which then becomes part of the student's file.

The instructor must also document his or her efforts and keep that documentation with the student's records. Remember the old saying, "If you didn't write it, it didn't happen." This can apply to a student's performance evaluation and remediation documentation. It provides a written account for student feedback and for their records, but also protects you, the instructor, if your actions are ever in question or challenged.