Document Title: -STN011 Emergency First Response Education and Training Standard-V1		Page: 1 of 32
Document Owner: PD	Approved by: Council	Approval Date: July 2014

Version History

Version	Date	Details
1	2014	This standard supersedes the previous EFR (RCS005-V2) and introduces course approval criteria previously set out in in Council Rules (RUL006 V4). Content of standard unchanged.



Contents

Role and Responsibility of an Emergency First Responder3
Learning Outcomes for the EFR Standard4
Framework for the Emergency First Response Standard5
Learning Outcome 1
Primary Survey
Secondary Survey
Clinical Anatomy and Physiology9
Learning Outcome 210
Continuum of Pre-Hospital Emergency Care10
Principles of Lifting and Moving Patients11
Pharmacology12
Learning Outcome 313
Airway and Ventilation13
Respiratory Emergencies15
Cardiovascular Emergencies
General Medical Emergencies17
Bleeding, Shock and Soft Tissue Injuries19
Musculoskeletal, Head and Spinal Injuries20
Paediatrics21
Childbirth22
Learning Outcome 423
Information Management23
Communications
Learning Outcome 525
The Well-Being of the Emergency First Responder25
Infection Prevention and Control
Medico-Legal Issues Concerning the EFR27
Approval criteria for the course: Emergency First Response
Approval criteria for the course: EFR Instructor

Role and Responsibility of an Emergency First Responder

An Emergency First Responder (EFR) is a person trained in Cardiac First Response that possesses additional knowledge and skills in the assessment and management of patients in a pre-hospital environment. An EFR may be part of the emergency medical services, a healthcare practitioner or a member of the public who has undertaken a recognised EFR course.

In addition to basic life support cardiopulmonary resuscitation and automated external defibrillation skills, the emergency first responder possesses defined skills in the further assessment and management of common medical emergencies and trauma, including common paediatric emergencies and in providing assistance during labour childbirth. The EFR possesses appropriate knowledge and skills in assisting with the administration of certain prescribed medication. Emergency first responders are skilled in assisting with the movement of patients and can practice key rescue skills under special authorisation according to CPGs. Finally the EFR has basic training in relevant medico-legal issues and in adopting a professional approach to interacting with patients and other emergency medical services in the pre-hospital setting.

Successful completion of the EFR standard and assessment leads to the award of the joint recognised institution and PHECC award at EFR level. This award ensures that the EFR has fulfilled the educational and training requirements as prescribed by PHECC, thereby possessing the knowledge, skills and professionalism in line with the expectations of the public and the profession.

Emergency first responders must also be committed to the process of continuous responder competence and will be required to maintain their skill levels in both CFR and EFR at defined time intervals.

Learning Outcomes for the EFR Standard

The EFR standard is the expected competency of the student upon completion of a recognised course. A person at the end of a recognised EFR course will be able to:

- 1. **Recognise and assess** both common life-threatening and common serious medical conditions in a pre-hospital environment.
- 2. **React** to a pre-hospital emergency utilising appropriate EFR standard of care according to PHECC CPGs.
- 3. **Respond** in an effective, safe and appropriate manner to a medical emergency and trauma in a pre-hospital environment utilising the EFR skill set.
- 4. **Record and report** their actions and interventions appropriately during management and at handover to emergency medical services.
- 5. **Retain** a professional manner and approach in the performance of their duties as an EFR.

The learning objectives in the standard refer to the management of adults and paediatrics unless stated otherwise. The standard of care management for patients with common medical emergencies and trauma is outlined in the PHECC clinical practice guidelines (CPGs). The CPGs may be accessed from the website of the PHECC <u>www.phecc.ie</u>.

Framework for the Emergency First Response Standard

Learning Outcome	Modules
Recognise and assess both common life-	Primary survey
hreatening and common serious	Secondary survey
medical conditions in a pre-hospital environment	Anatomy and Physiology
eact to a pre-hospital emergency	Continuum of pre-hospital emergency care
tilising appropriate EFR standards of are according to PHECC CPGs	Principles of lifting and moving
	Pharmacology
espond in an effective, safe and	Airway and ventilation
appropriate manner, to a medical emergency and trauma in a pre-hospital	Respiratory emergencies
nvironment utilising the EFR skill set	Cardiac First Response ¹
	Cardiovascular emergencies
	General medical emergencies
	Bleeding, shock and soft tissue injuries
	Musculoskeletal, head and spinal injuries
	Paediatrics
	Childbirth
Record and report their actions and	Information management
nterventions appropriately during nanagement and at handover to emergency medical services	Communications
etain a professional manner and	The wellbeing of the EFR
approach in the performance of the duties as an EFR	Infection prevention and control
	Medico-legal issues concerning the EFR

The CFR course is a pre or co-requisite to the EFR course.

¹ The CFR course is a pre or co-requisite to the EFR course.

Learning Outcome 1

Recognise and assess both common life-	Primary Survey
threatening and common serious medical conditions in a pre-hospital environment	Secondary Survey Anatomy and physiology

Primary Survey

At the completion of this module the student will be able to outline and demonstrate the elements of a primary survey for the medical and trauma patient while initiating interventions essential to maintain life in accordance with the appropriate CPG(s) and scope of practice for an EFR.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Discuss the components of scene assessment
- 2. List common hazards found at the scene
- 3. Explain the reason for identifying the need for additional help or assistance
- 4. Identify the assessments made under the following as part of a primary survey for a medical and trauma patient as appropriate:
 - **C**ontrol life threatening haemorrhage
 - Airway
 - c- spine
 - **B**reathing
 - **Ci**rculation
 - **D**isability
 - Exposure
- 5. State the reason for the management of cervical spine until trauma is ruled out
- 6. Discuss the need for assessing the patient for external bleeding
- 7. Outline the methods for assessing Disability or AVPU assessment
- 8. List the procedure for Exposure to check for obvious injuries
- 9. Explain the need for consent prior to assessment and or care management

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Explain why basic life support airway and ventilation skills take priority over other emergency care skills
- 2. Recognise and respond appropriately to the feelings patients experience during assessment

Skills Objectives

- 1. Demonstrate the assessment of various scenarios for scene safety scene survey and scene situation while identifying potential hazards and controls
- 2. Demonstrate the appropriate patient assessments made as part of a primary survey for a medical and trauma patient

Secondary Survey

At the completion of this module the student will be able to outline and demonstrate the elements of a secondary survey for the medical and trauma patient while considering findings and initiating care management in accordance with the appropriate CPG(s) and scope of practice for an EFR.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Outline the reason for forming a general impression of the patient
- 2. Collate a history based on the Pneumonic SAMPLE: <u>Signs & Symptoms, Allergies, Medication,</u> <u>Pertinent medical history, Last intake, Event (SAMPLE)</u>
- 3. Collate a focused history based on the Interview Pneumonic OPQRST: <u>Onset</u>, <u>Provocation</u>, <u>Quality</u>, <u>Region / Referral / Recurrence / Relief</u>, <u>Severity and Time</u> (OPQRST)
- 4. List the components of the detailed physical exam/ head to toe survey
- 5. Describe the methods for assessing Circulation, Sensation and Movement (CSM)
- 6. Outline the precautions to take during and after searching the patient for identification and medical history clues
- 7. State the normal ranges for adults, infants and children for
 - Pulse rate
 - Respiration rate
- 8. Outline the techniques of assessing a patients vital signs
- 9. State the reasons when it is not appropriate to commence a secondary survey on scene

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Explain the need for team work when multidisciplinary emergency medical services are at an incident

Skills Objectives

- 1. Demonstrate questioning the patient to obtain a SAMPLE history
- 2. Demonstrate questioning the patient to obtain a OPQRST history
- 3. Demonstrate obtaining additional information from the family members or bystanders at the scene as appropriate
- 4. Demonstrate the detailed physical exam/ head to toe survey
- 5. Demonstrate assessment of vital signs including blood pressure by palpitation

Clinical Anatomy and Physiology

At the completion of this module the student will be able to outline the basic structure and function of the cardio-respiratory and musculoskeletal systems.

Knowledge Objectives

At the completion of this section, the student will be able to:

The respiratory system

- 1. Describe the structure of the lungs and their position within the thorax
- 2. Describe the functions of the respiratory system
- 3. Describe the structure of the upper and lower airway
- 4. Describe the constituent make up of normal air

The cardiovascular system

- 1. Outline the functions of arteries, veins and capillaries
- 2. Describe the structure of the heart and its position within the thorax
- 3. Define coronary circulation
- 4. State the functions of the cardiovascular system
- 5. Define pulse

The musculoskeletal system

- 1. List the functions of bones and the skeletal system
- 2. Identify the main bones of the appendicular skeleton on a diagram
- 3. List the types of joints and give examples of each
- 4. List the functions of muscles, tendons and ligaments

The blood

1. List the functions of blood

The skin

1. List the functions of skin

<u>Attitudinal Objectives</u> No attitudinal objectives

<u>Skills Objectives</u> No skills objectives defined

Learning Outcome 2

React to a pre-hospital emergency utilising appropriate EFR standard of care according to PHECC CPGs.	Continuum of pre-hospital emergency care Principles of lifting and moving Pharmacology

Continuum of Pre-Hospital Emergency Care

At the completion of this module, the student will be able to explain the principles of maintaining scene safety and able to explain the role and responsibilities of an EFR within the Irish healthcare system

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. List the roles and responsibilities of the Emergency First Responder (EFR) in the continuum of prehospital emergency care
- 2. Describe the EFR's responsibility related to personal safety
- 3. List common hazards found at the scene of a trauma or a medical patient
- 4. Discuss the roles and responsibilities of the EFR with regard to safety at the scene of an incident of the patient, emergency crew and bystanders
- 5. State the role the EFR should perform until appropriately trained personnel arrive at the scene of a hazardous material incident

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Realise when required the need to activate the emergency medical services

Skills Objective

At the completion of this section, the student will be able to:

1. Demonstrate the ability to differentiate various scenarios and identify potential hazards

Principles of Lifting and Moving Patients

At the completion of this module, the student will be able to practice moving patients valuing working as a team and understand the particular circumstances when special authorisation according to CPGs can be beneficial to patients.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Outline the specific manual handling hazards identified in the risk assessment and any possible measures to avoid or reduce manual handling
- 2. List the indications for emergency and non emergency movement of the patient
- 3. List the various devices associated with moving a patient pre-hospital
- 4. Explain the authorisations to practice from CPGs known as "special authorisation" and "assist practitioners only"

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Understand the importance of working as a team when lifting and moving patients

Skills Objectives

- 1. Demonstrate in teams how to assist with moving a patient with a carrying sheet
- 2. Demonstrate in teams how to assist with log rolling a patient
- 3. Demonstrate in teams how to place and secure a patient onto a long board
- 4. Demonstrate in teams how to assist with the application of an extrication device and move a patient
- 5. Demonstrate in teams how to assist with moving a patient with an orthopaedic stretcher and other approved lifting and carrying devices/equipment²

² Approved lifting and carrying devices/equipment outlined in full in PHECC CPGs

Pharmacology

At the completion of this module, the student will be able to safely administer and assist patients with self administration of medications in accordance with the appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Define the terms: side effects, indications, contraindications and adverse reactions
- 2. Differentiate between trade and generic medication names
- 3. List the prescribed medication which the Emergency First Responder may assist the patient with self- administration
- 4. List the pre-administration checks to follow when administering medication
- 5. Explain the importance of establishing if there are any medication allergies
- 6. Explain the dangers associated with inappropriate administration of medication
- 7. List the '6 rights' of medication administration
- 8. List the dose, route of administration, indication, contraindications and side effects of medication for use by Emergency First Responders

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Explain the rationale for the administration of medication

Skills Objectives

- 1. Demonstrate the pre-administration checks to be undertaken prior to medication administration
- 2. Demonstrate the administration of all approved medication³ for use by Emergency First Responders
- 3. Demonstrate documenting medication administration on the relevant patient care report

³ Approved medication are outlined in full in PHECC CPGs

Learning Outcome 3

Respond in an effective, safe and	Airway and ventilation
appropriate manner, to a medical	Respiratory emergencies
emergency and trauma in a pre-hospital	Cardiac First Response
environment utilising the EFR skill set	Cardiovascular emergencies
	General medical emergencies
	Bleeding, shock and soft tissue injuries
	Musculoskeletal, head and spinal injuries
	Paediatrics
	Childbirth

Airway and Ventilation

At the end of this module, a student will be able to clear and maintain an airway and demonstrate safe use oxygen equipment and provide oxygen to a simulated patient using a range of oxygen administration devices in accordance with the appropriate CPGs.

<u>Note:</u> This module must be considered with the Airway and Ventilation module from the CFR Advanced level course.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Describe the steps in head-tilt chin-lift and jaw trust
- 2. Relate the mechanism of injury to opening the airway
- 3. Describe how to administer oxygen to the patient with nasal cannula, a venturi mask and a non re-breather mask
- 4. Explain why basic life support airway and ventilation skills take priority over most other basic life support skills
- 5. List the factors that influence accurate pulse oximetry and outline normal values

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Demonstrate an awareness of the value of oxygen administration
- 2. Demonstrate a caring attitude towards patients with airway and breathing problems who request pre-hospital emergency care

Skills Objectives

- 1. Demonstrate airway and breathing assessment
- 2. Demonstrate head-tilt chin-lift and jaw trust
- 3. Demonstrate the operation of oxygen cylinders and regulators

- 4. Demonstrate the use of a nasal cannula, a venturi mask and a non re-breather mask and state the oxygen flow requirements needed for each equipments use
- 5. Demonstrate the use of a pulse oximeter

Respiratory Emergencies

At the end of this module, a student will be able to manage the care of a patient with a respiratory emergency in accordance with the appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. State the signs and symptoms of the patient with inadequate breathing
- 2. List the pre-hospital emergency care management for the patient with inadequate breathing
- 3. List signs of respiratory arrest
- 4. List the common causes of respiratory emergencies

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Communicate with empathy with family members and friends of the patient with a respiratory emergency

Skills Objectives

- 1. Demonstrate the pre-hospital emergency care management for the patient with inadequate breathing
- 2. Demonstrate the pre-hospital emergency care management for the patient in respiratory arrest

Cardiovascular Emergencies

At the end of this module, a student will be able to manage the care of a patient with cardiac chest pain and post resuscitation in accordance with the appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Outline the pre-hospital emergency care management for the patient experiencing cardiac chest pain
- 2. Outline the benefits of post resuscitation care
- 3. Outline the circumstances when it is inappropriate to commence resuscitation

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Demonstrate a caring attitude towards the patients with cardiac chest pain who requests prehospital emergency care
- 2. Communicate with empathy with family members and friends of the patient with a cardiac event
- 3. Understand that a Paramedic and AP can discontinue resuscitation efforts

Skills Objectives

At the completion of this section, the student will be able to:

1. Demonstrate the assessment and pre-hospital emergency care management for the patient experiencing cardiac chest pain

General Medical Emergencies

At the end of this module, a student will be able to manage the care of a patient with an acute medical emergency in accordance with the appropriate CPG.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 2. Identify the patient with an altered level of consciousness
- 3. Explain the pre-hospital emergency care management for the diabetic patient with an altered level of consciousness
- 4. Explain the pre-hospital emergency care management for the patient suffering a suspected stroke
- 5. Identify the patient who presents with seizures/ convulsions
- 6. Explain the pre-hospital emergency care management for the patient with seizures/ convulsions
- 7. Identify the patient who presents with allergies and severe allergic reaction
- 8. Explain the pre-hospital emergency care management for the patient with an allergic reaction and anaphylaxis
- 9. List various ways that poisons enter the body
- 10. Identify the patient who presents with poisoning/ overdose
- 11. Explain in pre-hospital emergency care management for the patient with poisoning/ overdose
- 12. Identify the patient who presents with exposure to cold
- 13. Explain the pre-hospital emergency care management for the patient with exposure to cold including submersion hypothermia
- 14. Explain the pre-hospital emergency care management for the patient with decompression illness
- 15. Identify the patient who presents with exposure to heat
- 16. Explain the pre-hospital emergency care management for the patient with exposure to heat
- 17. Explain the pre-hospital emergency care management for the patient with an epistaxis

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Demonstrate a caring attitude towards patients with a medical complaint who requests prehospital emergency care

Skills Objectives

- 1. Demonstrate the pre-hospital emergency care management for the patient with a general medical complaint
- 2. Demonstrate the pre-hospital emergency care management for the diabetic patient with an altered level of consciousness
- 3. Demonstrate the pre-hospital emergency care management for the patient suffering a stroke
- 4. Demonstrate the pre-hospital emergency care management for the patient with seizures
- 5. Demonstrate the pre-hospital emergency care management for the patient experiencing an allergic reaction and anaphylaxis

- 6. Demonstrate the pre-hospital emergency care management for the patient with poisoning/ overdose
- 7. Demonstrate the pre-hospital emergency care management for the patient with hypothermia
- 8. Demonstrate the pre-hospital emergency care management for the patient with exposure to heat
- 9. Demonstrate the pre-hospital emergency care management for the patient with pain
- 10. Demonstrate the pre-hospital emergency care management for the patient with an epistaxis

Bleeding, Shock and Soft Tissue Injuries

At the end of this module, a student will be able to manage the patient with external bleeding and shock as well as soft tissue injuries in accordance with appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Differentiate between arterial, venous and capillary bleeding
- 2. Explain the pre-hospital emergency care management for the patient with external bleeding
- 3. List the signs and symptoms of hypovolaemic shock
- 4. Explain the pre-hospital emergency care management for the patient with signs and symptoms of hypovolaemic shock
- 5. Explain the pre-hospital emergency care management for the patient with a soft tissue injury
- 6. Explain the burn surface area calculation using Wallace's rule of nines
- 7. List the common causes of burns and scalds
- 8. Explain the pre-hospital emergency care management for the patient with burns
- 9. List the functions of dressing and bandaging

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Demonstrate a caring attitude towards patients with a traumatic injury who request pre-hospital

Skills Objectives

- 1. Demonstrate direct pressure as a method of pre-hospital emergency care management for external bleeding
- 2. Demonstrate the pre-hospital emergency care management for the patient with hypovolaemic shock
- 3. Demonstrate the pre-hospital emergency care management for the patient with closed soft tissue injuries
- 4. Demonstrate the pre-hospital emergency care management for the patient with open soft tissue injuries
- 5. Demonstrate the pre-hospital emergency care management for the patient with burns

Musculoskeletal, Head and Spinal Injuries

At the end of this module, a student will be able to manage the patient with head suspected spinal or major limb injuries in accordance with appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. State the signs and symptoms of fractures
- 2. Explain the pre-hospital emergency care management for the patient with a painful, swollen, deformed extremity
- 3. Relate the mechanism of injury to suspected injuries of the head and spine
- 4. Outline the indications and risks associated with rapid extrication
- 5. List the sign and symptoms of a suspected spinal injury
- 6. Outline how to stabilise the cervical spine
- 7. Explain the pre-hospital emergency care management for assisting with the patient with suspected spinal injuries
- 8. State how to stabilise the head and remove the helmet
- 9. List the signs and symptoms of head injuries
- 10. Explain the pre-hospital emergency care management for assisting with the patient with head injuries

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Demonstrate a caring attitude towards patients with traumatic injuries who request pre-hospital emergency services

Skills Objectives

- 1. Demonstrate the pre-hospital emergency care management for the patient with a painful, swollen, deformed extremity
- 2. Demonstrate using a splinting device to an upper limb
- 3. Demonstrate assisting with use of a splinting device for a lower limb
- 4. Demonstrate manual stabilisation of the cervical spine
- 5. Demonstrate the application of a cervical collar
- 6. Demonstrate assisting with the pre-hospital emergency care management for the patient with a suspected spinal injury
- 7. Demonstrate assisting with the pre-hospital emergency care management for the patient with a head injury
- 8. Demonstrate helmet removal

Paediatrics

At the end of this module, a student will be able to manage the paediatric patient in accordance with appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. List the causes of pyrexia in an infant and child
- 2. Describe the pre-hospital emergency care management of the infant or child with a pyrexia
- 3. List the causes of inadequate respirations in infants and children
- 4. Describe the pre-hospital emergency care management of inadequate respirations in infants and children
- 5. List the causes of seizures in the infant and child patient
- 6. Outline the pre-hospital emergency care management of seizures in infants and children
- 7. Outline spinal immobilisation for infants and children
- 8. Outline the care management for children with burns
- 9. List the signs and symptoms of possible child abuse and neglect
- 10. Explain the need for critical incident stress support following serious illness or injury to an infant or child

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Demonstrate a professional caring approach to the feelings of the family when dealing with an ill or injured infant or child
- 2. Rationalise the EFR's own emotional response to caring for infants or children
- 3. Communicate with empathy to infants and children with an illness or injury, as well as with family members and friends of the patient

Skills Objectives

- 1. Demonstrate the pre-hospital emergency care management for the infant and child patient with a pyrexia
- 2. Demonstrate the pre-hospital emergency care management for the infant and child patient with inadequate respirations
- 3. Demonstrate the pre-hospital emergency care management for the infant and child patient with burns
- 4. Demonstrate the pre-hospital emergency care management for the infant and child patient with seizures

Childbirth

At the end of this module, a student will be able to assist with the basic care during a pre-hospital delivery in accordance with appropriate CPGs.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. State the indications of an imminent delivery
- 2. Explain the pre-hospital emergency preparation of the mother pre-delivery
- 3. Explain the pre-hospital emergency care management of assisting with the normal delivery of a baby

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Explain the rationale for attending to the feelings of a mother in need of pre-hospital emergency care during childbirth
- 2. Communicate with empathy to mothers during childbirth, as well as with family members and friends

Skills Objectives

- 1. Demonstrate assisting with the pre-hospital emergency care management for the normal delivery
- 2. Demonstrate assisting with the pre-hospital emergency post-delivery care of the mother
- 3. Demonstrate assisting with the pre-hospital emergency care management for the newly born

Learning Outcome 4

Record and report their actions and	Information management
interventions appropriately during	Communications
management and at handover to	
emergency medical services	

Information Management

At the completion of this module, the student will be able to include all the required information on a Cardiac First Response (CFR) Report in accordance with the PHECC CFR Report Completion Guide. This module may extend to include any subsequent patient report forms developed by PHECC as relevant.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Explain the rationale for recording patient health information
- 2. Outline what information is required on the Cardiac First Response (CFR) Report and how it should be entered
- 3. Explain the essential elements of a verbal handover report to other pre-hospital emergency care teams

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Understand how recording data contributes to a high standard of patient care
- 2. Explain why documentation should be done in a timely manner but should not distract from care and communication with the patient

Skills Objectives

- 1. Complete a CFRR for a given patient scenario
- 2. Demonstrate the ability to deliver a "hand over" report to other pre-hospital emergency care teams

Communications

At the completion of this module, the student will be able to demonstrate effective and appropriate communication skills.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. List the principles of good interaction with patients (ref- Emergency Care and Transportation of The Sick and Injured By AAOS)
- 2. Describe how to adapt verbal and non-verbal communication for visually impaired patients and auditory impaired patients
- 3. Describe the principle barriers to effective patient and team communication
- 4. State the personal qualities that make an effective therapeutic communicator

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach toward the patient, their family and bystanders

Skills Objectives

- 1. Demonstrate the use of open questioning technique and obtain important and relevant clinical information
- 2. Demonstrate effective communication with non-English speaking patients
- 3. Demonstrate communicating with the professional pre-hospital emergency care services ensuring the principles of "Team" are maintained

Learning Outcome 5

Retain a professional manner and	The well-being of the EFR
approach in the performance of their	Infection prevention and control
duties as an EFR	Medico-legal issues concerning the EFR

The Well-Being of the Emergency First Responder

At the completion of this module, the student will be able to outline the importance of maintaining a balance in personal lifestyle and work related stressors.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. List possible emotional reactions that an Emergency First Responder (EFR) may experience when faced with trauma, illness, death and dying
- 2. Outline the possible reactions that a family member may exhibit when confronted with death and dying
- 3. State the possible reactions that the family of an EFR may exhibit
- 4. List the steps in approaching the family confronted with death and dying
- 5. List the signs and symptoms of critical incident stress
- 6. State possible steps that the EFR may take to help reduce/ alleviate stress

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Explain the importance of understanding the response to trauma, illness, death and dying
- 2. Show compassion when caring for the physical and mental needs of patients

<u>Skills Objectives</u> No skills objectives defined

Infection Prevention and Control

At the completion of this module, the student will be able to demonstrate the principles of infection prevention and control.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. Define standard infection control precautions
- 2. List the steps to take for personal protection against infection
- 3. Distinguish between cleaning and disinfecting, be cleaned or disinfected, or is single use only
- 4. State the importance of vaccinations in protecting personal health

Attitudinal Objectives

At the completion of this section, the student will be able to:

1. Adopt standard infection control precautions as fundamental to patient care

Skills Objectives

- 1. Demonstrate effective hand washing technique
- 2. Demonstrate correct glove use and disposal
- 3. Demonstrate the correct disposal of clinical waste

Medico-Legal Issues Concerning the EFR

At the completion of this module, the student will be able to outline the ethical and legal framework in relation to patient care pre-hospital.

Knowledge Objectives

At the completion of this section, the student will be able to:

- 1. State the conditions necessary for the Emergency First Responder (EFR) to have a duty of care
- 2. Explain the importance, necessity and legality of patient confidentiality
- 3. Outline methods of obtaining patients consent
- 4. List the actions to take to assist in the preservation of a crime scene

Attitudinal Objectives

At the completion of this section, the student will be able to:

- 1. Participate willingly in the care of all patients
- 2. Outline why it is inappropriate to judge a patient based on a cultural, gender, age or socioeconomic model and to vary the standards of care rendered as a result of that judgement

Skills Objectives

At the completion of this section, the student will be able to:

1. Demonstrate obtaining consent from a patient in a variety of scenarios

Approval criteria for the course: Emergency First Response

Council set the requirements for submitting an application as well as maintaining status as a PHECC recognised institution in Council Rules. The detailed course recognition criteria are described in subsections below. The information supplied by the Applicant institution against each of the criteria must satisfy Council that arrangements are in place to provide a high quality course ensuring the validity of the joint PHECC/recognised institution award Emergency First Response.

1. Entry criteria:

- a) The recommended minimum age for entry is eighteen.
- b) Certification in CFR (CFR Advanced or CFR Community). Certification in OFA or First Aid Response within the last 12 months is also acceptable. If participants are not CFR Advanced certified, the module 'Airway and Ventilation' must be extended to incorporate the CFR Advanced skill set.
- Duration: The duration of an EFR course including assessment is no less than 30 contact hours (excluding breaks – averaging 6 hour instruction over 5 days). It can be delivered on a full time or part-time/modular basis. Note – this minimum duration does not include CFR.
- 3. **Ratio:** The instructor student ration must not exceed 1: 6/8 students in a syndicate (or practical skills sessions).
- 4. Assessment: Course participants may have their skills assessed throughout or examined at the end of the course. EFR assessment sheets are available from PHECC. The *Responder Level Examination Handout for Recognised Institutions (PUB034)* can be used to guide assessment. The mandatory components are:
 - a) Demonstration of EFR skills against the PHECC assessment sheets.
 - b) The EFR multiple choice question paper exam of 40 questions; 80% pass mark.
- 5. **Remediation** should be in-line with the recognised institution's own assessment policy and procedures.
- 6. **Certification:** Award of joint PHECC/recognised institution EFR cards/certificates to successful course participants is mandatory. Certification lapses after three years; it is also necessary to retain certification in CFR (every 2 years).
- 7. **Design of the EFR course:** The applicant institution must design the course to:
 - a) Balance theory and practice to achieve the learning outcomes (course and domain specific) and competencies specified in the standard.
 - b) Utilise a range of teaching/learning strategies providing a balance between presentations, small group interactions, demonstrations, practical and self- directed learning. Electronic learning approaches are welcomed.
 - c) Promote a commitment to self-directed and lifelong learning and must be dynamic to reflect ongoing changes in the EFR standard including PHECC CPGs.

- 8. **Course information**: The Applicant institution must provide course information as set out on the current application checklist/form. Such information includes but is not limited to:
 - a) Evidence of recognition of prior learning procedures for EFR to support the institution's (RPL) policy.
 - b) Sample lesson plans, timetable and materials to be used.
 - c) Assessment and awards procedures for EFR to support the institution's policy.
- 9. Recertification in EFR is required every 3 years. The duration of EFR recertification courser shall be no less than 2 days/12 contact hours including assessment (excluding breaks averaging 6 hours instruction per day). CFR recertification (every 2 years) must be undertaken also. Recertification should be designed according to the identification of training needs (ITN) of the individuals. Nonetheless, recertification should include at a minimum:
 - Verification of EFR and CFR certification
 - EFR skills practice and a scenario based skills assessment
 - Provision of clinical updates as necessary i.e. PHECC CPGs at EFR/CFR level.
 - An EFR MCQ exam.

Who teaches EFR courses?

- 10. The teaching faculty (instructor) requirement for an EFR course is an EFR Instructor.
- 11. The course director requirement for an EFR course is an experienced EFR Instructor.
- 12. Assistant tutors/tutors (also facilitators) are concurrently permitted to teach EFR courses. There is no requirement for Assistant tutors/tutors (also facilitators) who are current on the PHECC Register to hold EFR instructor certification. However, they must maintain CFR Advanced instructor certification.
- Other faculty members on EFR courses include visiting subject experts approved and monitored by the EFR course director and may include PHECC registered practitioners, registered nurses, midwives, medical practitioners.

Approval criteria for the course: EFR Instructor

Council set the requirements for submitting an application as well as maintaining status as a PHECC recognised institution in Council Rules. The detailed course recognition criteria are described in subsections below. The information supplied by the Applicant institution against each of the criteria must satisfy Council that arrangements are in place to provide a high quality course ensuring the validity of the joint PHECC/recognised institution award in EFR Instructor.

14. Entry criteria:

- a) Access to an EFR instructor course is restricted to PHECC registered practitioners EMTs, paramedics and advanced paramedics. Furthermore, award of EFR instructor cards/certificates as per the recognised institution's recognition of prior learning policy is restricted to PHECC registered practitioners.
- b) Certification at CFR Advanced instructor level. This CFR Advanced instructor certification must be maintained.
- 15. Duration: The EFR Instructor (Responder Instructor) Standard is set out in full in the Teaching Faculty Framework. The Responder Instructor Standard includes tuition in instructional methods (IM) and a period of supervised teaching practice. The IM component is no less than 3 days/18 hours. It can be delivered on a full time or part-time/modular basis. The period of supervised teaching practice is not specified and may be extended until the specific learning outcomes are achieved. The typical pathway is to assist on the first course, part teach the second and deliver a third independently while being monitored.
- 16. Ratio: The ratio of EFR instructor trainers to students is 1:6.
- 17. **Assessment:** Evaluation of EFR instructor skills will be undertaken by an EFR instructor trainer using a standard evaluation forms. Assessment must take place as the student instructor progresses through the period of supervised teaching practice.
- 18. Certification: Individuals who successfully complete the 3- day EFR instructor course plus the additional supervised teaching practice and evaluation will be certified as an EFR instructor. Award of joint PHECC/recognised institution EFR Instructor cards/certificates to successful course participants by the recognised institution is mandatory.
- 19. **Remediation** should be in line with the recognised institution's own assessment policy and procedures.
- 20. Design of the EFR Instructor course: The course design will:
 - Balance theory and practice to achieve the learning outcomes (course and domain specific) and competencies specified.

- b) Utilise a range of teaching/learning strategies providing a balance between presentations, small group interactions, demonstrations, practical and self- directed learning. Electronic learning approaches are welcomed.
- c) Promote a commitment to self-directed and lifelong learning and must be dynamic to reflect ongoing changes in the EFR instructor standard including PHECC CPGs.
- 21. **Course information**: The Applicant must provide course information set out on the current application checklist/form. Such information includes but is not limited to:
 - d) Evidence of recognition of prior learning procedures (RPL) for EFR Instructor candidates to support the institution's RPL policy.
 - e) Sample lesson plans, timetable and materials to be used.
 - Assessment and awards procedures for EFR Instructor course to support the institution's policy.
- 22. **Recertification**: EFR Instructor certification is valid for 3 years. It is the responsibility of every EFR instructor to recertify before their certificate lapses. The recognised institution may allow a short grace period but should be restricted to extenuating circumstances and considered on a case-by-case basis. This decision rests with a course director in a recognised institution.
- 23. **Recertification courses** for EFR instructors should be designed according to the identification of training needs (ITN) of the individuals and should include at a minimum:
 - a) Verification of current PHECC registration
 - b) Verification of evidence of EFR course delivery (minimum 4 courses in preceding 3 years)
 - c) Verification of current CFR Advanced and EFR instructor certification
 - d) Provision of clinical updates necessary i.e. PHECC CPGs relevant at EFR and CFR level
 - e) Scenario based skills assessment.
- 24. **Assessment** of EFR instructor recertification will be undertaken by an EFR instructor trainer using standard evaluation form/s.
- 25. **Certification:** Award of joint PHECC/recognised institution EFR instructor cards/certificates by the recognised institution is mandatory.

Who teaches EFR instructor courses?

26. Faculty required to teach (and recertify) EFR instructors is suitably qualified having demonstrated appropriate education and experience against PHECC criteria described in PHECC's teaching faculty framework (e.g. tutors with additional 'train the trainer' courses or similar). There is no PHECC award for individuals known as EFR instructor trainers. Selection of

EFR instructor trainers remains the responsibility of senior faculty e.g. a facilitator in a recognised institution.

27. EFR instructor trainers must maintain certification in CFR Advanced instructor level. They are also required to demonstrate by employment or association an ability to keep current with best practice including ILCOR guidelines and PHECC CPGs.