



AMERICAN  
TRAUMA EVENT  
MANAGEMENT

# STUDENT TRAINING MANUAL

CPR • FIRST AID • AED • BBP • O2



LIFE-SAVING SKILLS FOR  
WORKPLACE, COMMUNITY & HOME

## **CREDENTIALS AND REGULATORY COMPLIANCE**

American Trauma Event Management (ATEM) programs are developed in accordance with nationally and internationally recognized resuscitation science and regulatory standards. All ATEM courses are structured to meet or exceed applicable federal workplace safety regulations and nationally recognized resuscitation standards. Training content is reviewed and updated in accordance with published scientific consensus to ensure alignment with current evidence-based practice as of October 2025.

ATEM programs are aligned with the consensus science and treatment guidelines established by the following governing and advisory bodies:

### **International Liaison Committee on Resuscitation (ILCOR)**

ATEM course standards incorporate the most recent consensus recommendations issued by the International Liaison Committee on Resuscitation (ILCOR) through October 2025. (ILCOR) ILCOR includes representation from the following international resuscitation councils: American Heart Association (AHA), European Resuscitation Council (ERC), Heart and Stroke Foundation of Canada (HSFC), Resuscitation Council of Asia (RCA), Resuscitation Council of Southern Africa (RCSA), the Australia and New Zealand Council on Resuscitation (ANZCOR), and the InterAmerican Heart Foundation (IAHF).) and updates on the most recent guidelines through 2025.

### **American Heart Association (AHA)**

Course materials reflect the scientific guidelines and evidence evaluations published by the American Heart Association (AHA) for Adult Basic Life Support (BLS), Pediatric Life Support, First Aid, and Emergency Cardiovascular Care (ECC). Guideline updates published through October 2025 have been reviewed and incorporated where applicable.

### **Federal and Regulatory Authorities**

Occupational Safety and Health Administration (OSHA):

- 29 CFR 1910.151 – Medical Services and First Aid
- 29 CFR 1910.1030 – Bloodborne Pathogens Standard

### **Food and Drug Administration (FDA):**

- Regulatory guidance for Emergency Oxygen Devices

### **Department of Homeland Security (DHS):**

- Stop the Bleed® Initiative standards

### **Department of Transportation (DOT):**

- Applicable federal transportation and hazardous materials regulations Automated External Defibrillator (AED) Public Access and State Legislation compliance

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# Acting as a First Responder

Most injuries and illnesses are minor. These incidents normally involve a person who is breathing. An illness or accident becomes life-threatening when the event affects the amount of oxygen required by the body's tissues and organs.



## Good Samaritan Laws



Legal doctrines that protect a rescuer who has voluntarily helped a person in distress from being successfully sued for "wrongdoing". The laws vary by jurisdiction, yet all 50 states have some type of Good Samaritan law.

## Activating Emergency Medical Services

Getting EMS to the scene quickly is a fundamental responsibility of a responder. Activate EMS when a person has:

- Chest Pain
- Drug Overdose
- Heart Attack
- Heat Stroke
- Puncture Wounds
- Poisoning
- Serious Burns
- Bleeding That Will Not Stop
- Unequal Pupil Size
- Sudden Slurred Speech
- Injuries to the Hands or Face
- Sudden Blindness
- Problems with Movement or Sensation
- Vomiting Blood or Persistent Vomiting
- Broken Bone via an Open Wound



## Universal Precautions

The actual risk of contracting a disease when providing first aid is minimal. It is prudent to protect yourself with personal protection equipment (PPE) such as face masks, gloves, gowns, foot protection and eye masks. PPE should be worn by an individual during events where bodily fluids are present to protect against exposure to bloodborne pathogens.





# “Think” First First? AID AID?

# First

First, verify scene safety. You cannot help the person if you become injured. Before approaching a person be aware of the dangers that you may face. Call out “**HELP**” to get the attention of lay rescuers.

# A

**Activate 911** ~ If no one responds to your call for help, call 911 yourself. If possible, place the phone at the side of the person, with the speaker on.

# I

**Inform** the person you are trained in First Aid and obtain consent ~ ask, if you can help. A conscious person has the right to refuse or accept care. If the person is unconscious, consent is implied or assumed.

# D

**Don personal protection** ~ Provide a barrier between you and potential infections. However minimal the risk of contamination, assume that all blood and bodily fluids are infected.



Is this scene safe? Could there be a shooter or electric dangers?

After ensuring the scene is safe, caring for the person is divided into two stages; Primary and Secondary Survey. The Primary Survey deals with immediate life-threatening situations. The Secondary Survey involves physical exams and medical history to detect non immediate life-threatening injuries and illnesses.

### TRIAGE

*If more than one person is injured, quickly perform a primary survey on each person. Give lifesaving care first. The secondary care assessment should **ONLY** be completed **AFTER** the primary survey.*

#### Primary Survey Life-Threatening

- Check Responsiveness
- Check Breathing
- Check for Severe Wounds
- Check for Shock

#### Secondary Survey Non-Life-Threatening

A few examples:

- Minor Burns or Injuries
- Sprains, Strains or Broken bones
- Coughs, Colds and Sore Throats

## Choreographed Team for Increased Success

Ideally, more than 1 person will come to your call for help. Working together will increase the likelihood of a successful outcome and minimize interruptions in chest compressions when performing CPR.

### Assign Team Tasks:

- Call 911
- Meet and Direct EMS
- Get the AED
- Monitor chest compression depth and rate
- Switch with the Compressor when fatigued

