Designation: F 1287 – 90 (Reapproved 2002)

Standard Guide for Scope of Performance of First Responders Who Provide Emergency Medical Care[1]

This standard is issued under the fixed designation F 1287; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This guide covers minimum requirements for the scope of performance of first responders who may be responsible for the initial care of sick and injured persons of all ages in the prehospital environment.

1.2 This guide includes objectives based on an individual's acquired knowledge, including signs and symptoms; patient assessment; basic life support/cardiopulmonary resuscitation (BLS/CPR); bleeding and shock; injuries to the skull, spine, chest, abdomen, and extremities; moving patients; medical and environmental emergencies; triage; gaining access; and hazardous situations that the first responder may encounter.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*

F 1031 Practice for Training the Emergency Medical Technician (Basic)[2]

2.2 *American Heart Association/American Red Cross (AHA/ARC) Standards:*

Standards and Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care[3]

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *basic life support/cardiopulmonary resuscitation* (BLS/CPR)—a set of skills that includes airway management, chest compressions, and others as defined by the American Heart Association.

3.1.2 *first responder* (FR)—an individual trained to provide initial care for sick or injured persons in accordance with this guide.

4. Significance and Use

4.1 The purpose of this guide is to improve the quality of initial emergency medical care provided to the sick and injured. As the first trained person at an emergency medical scene, it is critical that the first responder be proficient in providing patient care and minimizing further complications until more highly trained emergency medical service personnel intervene.

4.2 In identifying these minima, the guide acknowledges many types of first responder emergency medical care courses of study. This guide allows and encourages the addition of optional knowledge, skill, and attitudinal objectives. Programs such as those for law enforcement, firefighters, and ski patrol are examples of this diversity meeting specific local community needs.

4.3 This guide is intended to assist those who are responsible for defining the scope of performance for first responders.

4.4 This guide is *not* intended to be used as a scope of performance for emergency ambulance personnel.

5. Objectives

5.1 *Required Objectives*—These objectives are not in an order suggesting a particular performance sequence. The first responder shall be able to:

5.1.1 Identify the roles and responsibilities of a first responder within the local emergency medical services (EMS) system,

5.1.2 Function within the medical-legal scope of care as a first responder in the local EMS system,

5.1.3 Determine vital signs and identify normal ranges,

5.1.4 Identify and report various forms of emergency medical identification found on the patient,

5.1.5 Conduct a primary assessment for life threatening conditions,

5.1.6 Provide BLS/CPR in accordance with American Heart Association/American Red Cross (AHA/ARC) standards,

5.1.7 Control bleeding,

5.1.8 Dress and bandage soft tissue injuries,

[1] This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.02 on Personnel, Training and Education.

Current edition approved May 25, 1990. Published July 1990.

[2] *Annual Book of ASTM Standards*, Vol 13.02.

[3] Reprinted from the *Journal of the American Medical Association* (JAMA). Copies are available from the American Heart Association, 7272 Greenville Ave., Dallas, TX 75231.

5.1.9 Care for a person in shock,

5.1.10 Supplement respirations with available mechanical aids to breathing, including oxygen,

5.1.11 Perform a secondary assessment,

5.1.12 Immobilize musculoskeletal injuries,

5.1.13 Immobilize the spine,

5.1.14 Move a sick or injured person from a hazardous environment in such a manner that the chance of aggravating injuries is minimized,

5.1.15 Move a person in conjunction with patient care activities in such a manner that the chance of aggravating injuries is minimized,

5.1.16 Care for a person who has non-traumatic chest pain,

5.1.17 Care for a person who is experiencing respiratory distress,

5.1.18 Care for a person who is experiencing a diabetic emergency,

5.1.19 Care for a person who is experiencing seizure activity,

5.1.20 Care for a person who has ingested, injected, inhaled, or absorbed a poison,

5.1.21 Care for a person who is experiencing an altered level of consciousness,

5.1.22 Care for a person who has thermal, chemical, or electrical burns,

5.1.23 Care for a person who is adversely affected by the environment,

5.1.24 Provide initial care for:

5.1.24.1 Persons with behavioral problems,

5.1.24.2 Physically and sensory impaired persons,

5.1.24.3 Abused persons, and

5.1.24.4 Dying persons,

5.1.25 Recognize a multiple casualty incident and initiate an appropriate response,

5.1.26 Triage injured persons found at a multiple casualty incident,

5.1.27 Recognize potential dangers at an emergency scene and take appropriate actions to protect first responders and other persons,

5.1.28 Use available equipment to gain access to trapped and injured persons in order to provide life saving care, and

5.1.29 Assist with the delivery of a baby.

5.2 *Optional Objectives*—The roles and responsibilities for the provision of initial emergency medical care vary among first responders. When the responsibilities for initial emergency medical care are limited, the ability of a first responder to perform the tasks in 5.1 may be sufficient to ensure satisfactory care. When a first responder must care for a greater variety of illnesses and injuries, the scope of performance must be expanded accordingly.

6. Keywords

6.1 basic life support/cardiopulmonary resuscitation (BLS/CPR); emergency medical services (EMS); first responder (FR)