



**COURSE OUTLINE**  
**Palo Verde College**  
 One College Drive, Blythe, CA 92225  
 (760) 921-5500

Latest Revision: 5/3/07

Board Approval: 5/22/07

**1. Course Information. Course Initiator: Rhonda Entwistle**

Subject Area and Course Number: <b>NBE 069</b>		Course Title: <b>CPR &amp; First Aid</b>			
New Course <input type="checkbox"/> Revised <input type="checkbox"/> Updated <input checked="" type="checkbox"/>		Static ID <b>C06900</b>	TOP Code <b>1201.00</b>	Credit Status Request <b>Noncredit</b>	
Classification Code <b>C=Adult and Secondary Basic Education</b>		SAM Code <b>D=Possibly occupational</b>			
Noncredit category <b>I=Short-term vocational</b>		Meets a unique need: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Course duplicated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Demand/Enrollment Potential: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Transfer request <b>C=Non-transferable</b>		Articulation request: UC <input type="checkbox"/> CSU <input type="checkbox"/> CSU-GE <input type="checkbox"/> IGETC <input type="checkbox"/> CAN <input type="checkbox"/>			

2. Some or all aspects of this course may be delivered in a Distance Education mode: Yes  No   
 If checked yes, all questions pertaining to Distance Education must be answered.

3. This course has laboratory or clinic/field hours: Yes  No   
 If checked yes, this outline must include a list of laboratory or clinic/field activities or topics.

4. This course has prerequisites, co-requisites, or advisories: Yes  No   
 If checked yes, please complete a [Prerequisite Justification Form](#).

5. Curriculum Committee Approval Date: 5/10/07

6. After Curriculum Committee approval, the following is to be completed by the Office of Instruction:

TRANSFER APPROVAL STATUS	ARTICULATION APPROVAL STATUS					
		Not Requested	Date of Submission	Approval Pending	Approval Denied	Date Approved
Approval Pending						
	UC	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	CSU	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	CSU-GE	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	IGETC	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	CAN	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**CATALOG DESCRIPTION:**

Training for citizens and employees in Adult, Child and Infant CPR (Cardio Pulmonary Rescue) and Basic First Aid. Participants will learn to recognize and intervene in life-threatening emergencies, and warning signs of heart attack, stroke, cardiac arrest, and choking. Participants will receive either an American Heartsaver or an American Red Cross card for CPR and First Aid. This course is repeatable.

**UNITS:**

FACE TO FACE: Hours Per Week: Lecture: 4 Laboratory: 5 Clinic/Field:

DISTANCE EDUCATION:

## **ENTRY LEVEL SKILLS, PRE-REQUISITES, CO-REQUISITES AND ADVISORIES:**

n/a

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### **OBJECTIVES and LEARNING OUTCOMES:**

**Upon successful completion of the course the student will be able to:**

1. Recite the chain of survival.
2. Understand the ABCD's of CPR.
2. Recognize the signs and symptoms of a heart attack or stroke.
3. Handle adult, child, and infant body obstructions.
4. Recall and show the basic steps of CPR for adults, infants, and children.
5. Know what to do when first giving First Aid.
6. Check the victim and know when to call 911.
7. Handle choking, bleeding, bites, stings, burns, poisoning, allergic reactions, shock, and other medical emergencies.
8. Utilize universal precautions as it pertains to germs and blood-borne diseases.

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### **COURSE OUTLINE AND SCOPE:**

#### **1. Outline of Topics or Content:**

- a. Chain of Survival: early recognition of the emergency and activation of the emergency response system, early CPR, early defibrillation, early advanced care.
- b. ABCD's of CPR: Airway, Breathing, Circulation, (Defibrillation covered in CPR For Health Care Workers course.)
- c. Signs of a heart attack: Chest discomfort or in other areas of the body, shortness of breath, other signs such as cold sweat, nausea or lightheadedness.  
Signs of a stroke: Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body, sudden confusion, trouble speaking or understanding, seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination, severe headache with no known cause.
- d. Signs of breathing problems, how to relieve choking.
- e. Assessment, activate emergency response system, position the victim, open airway and check breathing, perform chest compressions, Head Tilt-Chin Lift, mouth-to-mouth breathing, mouth to barrier device breathing, mouth to mask breathing,
- f. First Aid Rescuer duties, victim and rescuer safety, phoning for help, finding the problem.
- g. How to deal with medical emergencies, injury emergencies, and environmental emergencies.
- h. Understand and apply universal precautions.

#### **2. If a course contains laboratory or clinic/field hours, list activities or topics:**

**Students will get hands on practice performing CPR and first aid on mannequins.**

#### **3. Examples of Reading Assignments:**

Handouts, Books

#### **4. Examples of Writing Assignments:**

Worksheets, quizzes.

#### **5. Appropriate Assignments to be completed outside of class:**

N/A

#### **6. Appropriate Assignments that demonstrate critical thinking:**

N/A

**7. Other Assignments:**

N/A

**8. Indicate any assignments that are unique to the Distance Education mode of delivery:**

N/A

**METHOD OF EVALUATION—FACE TO FACE:**

Demonstration, feedback, quiz answers.

**METHOD OF EVALUATION—DISTANCE EDUCATION:**

N/A

**METHOD OF INSTRUCTION—FACE TO FACE:**

Lecture, videos, example, demonstration, worksheets, quizzes,

**METHOD OF INSTRUCTION—DISTANCE EDUCATION:**

N/A

**REPRESENTATIVE TEXTBOOKS, AND OTHER READING AND STUDY MATERIALS:**

This section shall include author(s), title, and current publication date of all representative materials.

Current American Heartsaver or American Red Cross workbooks and manuals

**SIGNATURES:**

COURSE INITIATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

LIBRARY: \_\_\_\_\_ DATE: \_\_\_\_\_

CHAIR OF CURRICULUM COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT/PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_