

SAINTS GLOBAL

# ACTIVITY PLAN

## FIRST AID

### PHYSICAL CORE

Version 2026.1



Companion to the BRC: a series of one-hour activity sessions for use on weekly activity night or at home. Each session declares which requirements it contributes to.

#### THE CULMINATING EVENT

### The multi-station scenario drill

In Session 4 the room runs as four timed stations. Each saint rotates through a bleeding-control station, a splinting-and-bandaging station, a patient-movement station, and a primary-and-secondary assessment station, with a fifth saint role-playing the patient at each. The drill is the field test for everything the four sessions have practiced piece by piece.

INDOOR — OPEN ROOM OR CHURCH GYM WITH AT LEAST 25 YARDS OF CLEAR FLOOR FOR THE CARRY STATION

## SESSION 1 · PHYSICAL CORE

⌚ 60 min target

# Priorities and the Kit

*Learn the order of operations and pack the kit that supports it.*

**SESSION AIM**

Walk the priorities of first aid as a fixed sequence, define triage with two situations the saints could actually encounter, and rehearse the 911 call from home and from a remote location. Each saint inspects a real personal first-aid kit, names the purpose of every item, and identifies what is missing for his own outdoor activity.

**🎯 WALK AWAY WITH**

- Can name the priorities of first aid in order and explain why shock and airway problems threaten life
- Can define triage and describe two situations where triage decisions are required
- Can place a 911 call with location, nature, count, and condition — from home and from a remote site
- Has inspected a real first-aid kit and named at least one missing item for his own outdoor activity

**📦 BRING / SET UP**

- A whiteboard or flip chart and a marker
- One filled personal first-aid kit per pair of saints (the leader can assemble these from a Red Cross checklist or pull from existing unit kits)
- A printed contents checklist of a complete personal first-aid kit (one per saint)
- Two cell phones — one charged, one set to airplane mode to simulate no-signal conditions
- Index cards with two pre-written triage scenarios per pair (school cafeteria collapse, multi-vehicle pile-up, etc.)
- BRC printouts (one per saint), pens

**🕒 THE HOUR****BLOCK 1 · DISCUSSION Opener — A first-aid moment you remember**

⌚ 5 min

Ask the group: "When have you seen someone get hurt or sick and an adult had to step in — at school, at home, on a trip — and what did the adult do first?" Take three or four short answers. The point is to put the word "first aid" in the room as something each youth has already watched, not just something he is about to learn.

## SESSION 1 · PRIORITIES AND THE KIT (PAGE 2 OF 3)

## THE HOUR — CONTINUED

BLOCK 2 · DISCUSSION **Walk the priorities in order**

⌚ 12 min

1. Write three words on the board in order: SCENE, PATIENT, HELP. Explain that every emergency runs in this order — scene safety first, patient assessment second, getting help third.
2. Ask: "Why is the order fixed? Why not start with the patient?" Take answers, then make the point: a rescuer who walks into an unsafe scene becomes a second patient.
3. Walk one example aloud: a cyclist down in the road. SCENE — is the road safe, is traffic stopped. PATIENT — is he responsive, breathing, bleeding. HELP — who calls 911 and what do they say.
4. Have each youth state, in his own words, why shock and airway problems are the two emergencies that threaten life in minutes — not hours.

## REQ 1A

BLOCK 3 · ROLEPLAY **Define triage with two scenarios**

⌚ 15 min

1. Define triage out loud: deciding who gets care first when there are more patients than rescuers. State plainly that triage feels wrong because it means walking past someone — and that the discipline saves more lives than treating in order of arrival.
2. Pair up. Each pair gets two scenario cards (school cafeteria collapse, multi-vehicle pile-up, lightning strike on a hike, choking + bleeding at the same picnic, etc.).
3. For each scenario, the pair lists in order: who they would assess first, who they would treat first, and which patients they would leave for the next responders. Two minutes per card.
4. Bring pairs back together. Two pairs report. Discuss where they disagreed and why — expect disagreement, because triage is a judgment call under pressure.

## REQ 1B

## SESSION 1 · PRIORITIES AND THE KIT (PAGE 3 OF 3)

## THE HOUR — CONTINUED

BLOCK 4 · SKILL PRACTICE **Place the 911 call — home and remote**

⌚ 20 min

1. Pair up. One youth plays the caller, one plays the dispatcher. Two phones, one of them on airplane mode for the remote scenario.
2. Run the home call first. The dispatcher asks: "What is your emergency? What is your location? How many patients? What is their condition?" The caller answers in that order. The dispatcher writes down what he hears.
3. Swap roles. Run the home call again with the new caller.
4. Now switch to the remote scenario. Airplane-mode phone. The caller has to give location without a street address — a trail name, a mile marker, a parking lot, terrain features. The dispatcher pushes back: "I cannot dispatch to that location yet. Can you describe it differently?"
5. Swap roles for the remote scenario. Each youth has now placed both calls.
6. Discuss as a group: what was the hardest piece of information to give? When cell signal is weak, what changes — text messages get through when voice calls don't, and shouting at the phone does not improve signal.

## REQ 2A

BLOCK 5 · REFLECTION **Close — Inspect the kit**

⌚ 8 min

1. Each pair opens a personal first-aid kit and lays every item out on the table. Use the contents checklist to confirm what is in the kit and what is missing.
2. Each youth points to two items he could not name the purpose of, and the pair works out the answer together. Leader confirms.
3. Each youth writes on the BRC: one item that is missing from the kit for his own typical outdoor activity (cold weather, water sports, day hike) and a plan to add it before Session 2.

## REQ 2B

## AT THE CLOSE · DEBRIEF

1. Which of the three priorities — scene, patient, help — would you have skipped if no one had told you the order matters?
2. Which triage scenario was hardest, and which patient did you walk past?
3. What is missing from your kit, and when will you add it?

☑ *Initial 1a, 1b, 2a on each saint's BRC after this session. Mark 2b as in progress — sign off once each saint shows a completed kit at Session 2.*

## SESSION 2 · PHYSICAL CORE

⌚ 60 min target

# Assess and Stop the Bleeding

*Practice the head-to-toe exam and the bleeding-control sequence on real materials.*

**SESSION AIM**

Walk the primary and secondary assessment with a simulated patient until each saint can run ABC and head-to-toe without prompting. Then drill bleeding control as a sequence: direct pressure long enough, pressure bandage, wound packing on a trainer, and tourniquet placement without tightening. The session loads in real materials so the hand skills are practiced on what they'll be used on.

**🎯 WALK AWAY WITH**

- Has run a complete primary and secondary assessment on a simulated patient without prompting
- Has put on and removed gloves without contaminating his hands
- Has applied direct pressure for at least three uninterrupted minutes on a simulated wound
- Has placed a tourniquet correctly on a limb trainer without tightening

**📦 BRING / SET UP**

- A printed SAMPLE history card (Signs, Allergies, Medications, Past history, Last intake, Events) — one per pair
- Disposable nitrile gloves (one box) and a small bag for contaminated disposal
- Gauze pads, rolled gauze, elastic bandages, and triangular bandages — enough for every pair to bandage twice
- A wound-packing trainer if the unit owns one; otherwise a rolled towel taped to a tray
- One commercial tourniquet (CAT or SOF-T) per pair — trainers if available, or live tourniquets used carefully without tightening
- An arm trainer or a partner volunteer for tourniquet placement on the upper arm and thigh
- BRC printouts, pens, a stopwatch

**🕒 THE HOUR****BLOCK 1 · DISCUSSION Opener — The kit check**

⌚ 5 min

Quick round: did every saint add the missing item to his kit between Session 1 and tonight? Ask each youth to name what he added and why. Anyone who has not added the item sets a date on his BRC now, before the session continues. Then bring the room to the floor — tonight is the hands-on assessment hour.

## SESSION 2 · ASSESS AND STOP THE BLEEDING (PAGE 2 OF 3)

## THE HOUR — CONTINUED

## BLOCK 2 · ROLEPLAY Run primary and secondary on a partner

⌚ 18 min

1. Pair up. One youth is the rescuer, one is the simulated patient. Patient lies on the floor with eyes closed. Rescuer has the SAMPLE card in his hand.
2. Rescuer runs the sequence aloud so the leader can hear: SCENE safety scan (call out at least two hazards), then PRIMARY assessment — responsiveness, airway, breathing, circulation. Identify any life threats.
3. Then SECONDARY — head-to-toe exam, top of the head to the toes, naming what he is checking at each region. SAMPLE history collected from the patient (he can answer in role).
4. Rescuer reports findings to the leader in correct order. Leader does not prompt; the saint runs it unaided.
5. Swap roles. The new rescuer runs the full sequence on the new patient. Goal: complete the full sequence without prompting and in correct order.
6. Brief teaching point after both rounds: the full sequence is faster than skipping and going back. A missed step in the primary becomes a problem in the secondary.

## BY TIER

## ENTRY

Run with an established saint as your partner — he plays the patient and corrects sequence errors as you go.

## ESTABLISHED

Run with another established saint; trade roles and time each other. Aim for the full sequence under three minutes.

## MENTOR

Coach an entry saint through his first run. Do not run the sequence yourself this round — your job is to watch and correct.

## REQ 3A

## BLOCK 3 · SKILL PRACTICE Glove up, glove off, dispose

⌚ 8 min

1. Each youth washes hands or uses sanitizer first. Then puts on a pair of nitrile gloves without touching the outside of the second glove with his bare hand.
2. Leader demonstrates the glove-removal technique: pinch the cuff of one glove, peel it inside-out, ball it in the still-gloved hand, slide a bare finger inside the cuff of the second glove, peel it inside-out over the first. The contaminated surface ends up trapped inside.
3. Each youth practices removing his own gloves correctly. Anyone who touches the outside of a glove with bare skin re-gloves and tries again.
4. Drop used gloves into the contaminated-disposal bag. Brief teaching point: double-bagging contaminated materials matters because a tear in the inner bag is contained by the outer one.

## REQ 3B

## SESSION 2 · ASSESS AND STOP THE BLEEDING (PAGE 3 OF 3)

## THE HOUR — CONTINUED

BLOCK 4 · SKILL PRACTICE **Stop the bleeding — pressure, bandage, tourniquet**

⌚ 22 min

1. Pair up again. Each pair has gauze, a roll of elastic bandage, a triangular bandage, a tourniquet, and (if available) a wound-packing trainer.
2. First skill: direct pressure. Mark a "wound" on the partner's forearm with a marker. The rescuer applies gauze and direct pressure — not a finger touch, a full palm push. Leader times three minutes. The rescuer does not lift to peek; lifting restarts the clock.
3. Second skill: pressure bandage. Once the three minutes are up, the rescuer wraps a pressure bandage over the gauze, firm but not occluding circulation. Check the pulse at the wrist after wrapping. If the pulse is gone, the wrap is too tight — rewrap.
4. Third skill: wound packing on the trainer (if available). Push gauze deep into the simulated wound until the cavity is full, then apply pressure on top. Skip this if no trainer is on hand and explain why packing is for deep cavity wounds, not surface cuts.
5. Fourth skill: tourniquet placement. Place the tourniquet two to three inches above the simulated wound, on the limb itself, never on a joint. Thread the strap, lock the windlass — but do not tighten. State aloud where you placed it and what you would write on the patient: time of placement, in marker, on the patient's forehead or arm.
6. Discuss when tourniquets are appropriate: life-threatening limb bleeding that direct pressure has not controlled in three minutes, or a limb in which direct pressure is not possible. Discuss the cost: a tourniquet left on for hours risks the limb. Hospital removes it; you do not, once it is on.

## REQ 3C

BLOCK 5 · REFLECTION **Close — Sign off and reset**

⌚ 7 min

1. Each pair confirms with the leader: assessment sequence done, gloves on/off correctly, three minutes of direct pressure, pressure bandage applied, tourniquet placed correctly.
2. Quick teaching point: bleeding control is a sequence — pressure first, bandage second, packing third, tourniquet last. It is not a menu where the rescuer picks his favorite.
3. Reminder: Session 3 is breathing emergencies and CPR. The room will need a manikin and an AED trainer. Confirm both are on hand for next week.

## AT THE CLOSE · DEBRIEF

1. Which step of the primary or secondary did you almost skip — and what would you have missed if you had?
2. When you held direct pressure for three uninterrupted minutes, what was the urge that pulled hardest — to peek, to lift, to switch hands?
3. If you had to place a tourniquet on a partner for real, what would worry you most about the call you just made?

📝 Initial 3a, 3b, 3c on each saint's BRC after this session. If a saint did not run a full assessment without prompting, mark 3a as in progress and schedule a repeat at the start of Session 3.

## SESSION 3 · PHYSICAL CORE

⌚ 60 min target

# Breathing and CPR

*Practice the responses for the emergencies that escalate in seconds.*

**SESSION AIM**

Drill choking response on a partner and an unconscious-victim sequence on a manikin. Walk the asthma, anaphylaxis, inhalation-injury, and altitude-illness responses in order so each saint can identify and act on them. Then practice high-quality CPR and AED setup on the manikin until compressions hit correct depth and rate and pad placement is automatic.

**🎯 WALK AWAY WITH**

- Has demonstrated choking response on a conscious partner and described what changes if the victim goes unconscious
- Can identify the signs of asthma, anaphylaxis, inhalation injury, and altitude illness and name the first action for each
- Has performed CPR on a manikin at correct depth, rate, and recoil for at least two minutes without stopping
- Has run an AED through power-on, pad placement, analysis, and shock cycle on the manikin

**📦 BRING / SET UP**

- A CPR training manikin (adult) — at least one per four saints; two is better
- An AED trainer with practice pads
- A training epinephrine auto-injector (EpiPen trainer)
- A rescue-inhaler practice device or a spare empty inhaler shell
- A stopwatch or interval timer
- BRC printouts, pens
- Disposable manikin face shields (one per saint) if the unit has them

**🔗 THE HOUR****BLOCK 1 · DISCUSSION Opener — Last week and tonight**

⌚ 5 min

Quick check: any saint whose assessment sequence (Req 3a) needs a repeat tonight runs it on a partner during the warm-up. Then introduce the hour: tonight is the breathing-and-CPR session. The emergencies in this hour escalate in seconds, not minutes. The hand skills matter, and the order matters more.



## SESSION 3 · BREATHING AND CPR (PAGE 2 OF 4)

## THE HOUR — CONTINUED

BLOCK 2 · SKILL PRACTICE **Choking — conscious and unconscious**

⌚ 12 min

1. Pair up. Demonstrate the conscious-choking response first on a willing volunteer: confirm the choke (universal sign or unable to speak), stand behind, fist above the navel, thrust inward and upward. Practice the position only — do not actually thrust on a partner.
2. Each saint takes the position behind his partner and walks through the motion twice — find the spot, set the fist, mime the thrust. Leader corrects fist placement; too high cracks ribs, too low does nothing.
3. Now walk the unconscious-victim sequence aloud as a group: lower him to the ground, activate EMS, start CPR. Each compression cycle may dislodge the object — check the mouth between compressions only if the object is visible.
4. Quick teaching point: the conscious-choking response and the unconscious-victim sequence are different drills. Saints should be able to switch the moment the victim goes down.

REQ 3D

BLOCK 3 · DISCUSSION **Asthma, anaphylaxis, inhalation, altitude**

⌚ 10 min

1. Four mini-walks, two minutes each. The pattern is the same: name the warning signs, name the first action, name what makes it urgent.
2. ASTHMA — wheezing, prolonged exhalation, tripod sitting. First action: sit him upright, help him use his own prescribed inhaler, monitor. Pass the practice inhaler around so each youth handles the device.
3. ANAPHYLAXIS — hives, swollen lips and tongue, throat tightening, sometimes within minutes of exposure. First action: activate EMS, then help him use his own epinephrine auto-injector — outer thigh, hold for the count printed on the device. Pass the EpiPen trainer; each saint practices the press-and-hold motion against his own outer thigh through clothing.
4. INHALATION INJURY — soot around the mouth or nose, hoarse voice, coughing after smoke exposure. First action: move him to fresh air if the scene is safe, activate EMS, monitor breathing — airway swelling can shut hours later.
5. ALTITUDE ILLNESS — headache, nausea, fatigue, sometimes confusion above 8,000 feet. First action: stop ascending, rest, hydrate, descend if symptoms worsen. Rapid worsening with confusion or shortness of breath at rest means descent now.

REQ 3D

## SESSION 3 · BREATHING AND CPR (PAGE 3 OF 4)

## THE HOUR — CONTINUED

## BLOCK 4 · PHYSICAL CPR and AED on the manikin

⌚ 25 min

1. Gather around the manikin. State the conditions out loud: unresponsive, not breathing normally, and EMS has been activated. Without those three, you do not start compressions.
2. Demonstrate high-quality CPR: heel of one hand on the center of the chest, other hand on top, fingers interlaced. Compress at least 2 inches deep on an adult, at 100–120 per minute. Full recoil between compressions. Minimize interruptions.
3. Each youth runs two minutes of compressions on the manikin while the rest of the group counts and watches. Leader watches depth and recoil — sloppy form gets corrected mid-set, not after.
4. Bring the AED out. Walk the steps: power on, expose the chest, attach pads (one upper right, one lower left), clear the patient for analysis ("clear!"), clear again before shock, resume compressions immediately after the shock.
5. Each youth runs through the AED steps once on the manikin while another saint performs compressions. Pad placement is the slot to slow down — wrong pad placement makes the analysis useless.
6. Discuss community AED locations: schools, places of worship, sports facilities, gyms, larger workplaces. Each youth names one location near his home where an AED is kept and explains why that location was chosen (high foot traffic, sudden cardiac events more likely).

## BY TIER

## ENTRY

Take a second turn on compressions before you run the AED steps — the goal is hand position and depth becoming automatic.

## ESTABLISHED

Run a full two-rescuer cycle: compressions on the manikin while your partner runs the AED end-to-end.

## MENTOR

Coach an entry saint through his first compression set — watch depth, rate, and recoil from the side, and call out the corrections.

## REQ 3E

## BLOCK 5 · REFLECTION Close — Locate the AED, ready Session 4

⌚ 8 min

1. Each youth writes on the BRC: the location of one community AED near his home, and the building it is in.
2. Brief reminder: Session 4 is the multi-station scenario drill. Saints will rotate through bleeding, splinting, movement, and assessment stations. Tonight's CPR practice does not appear at the drill — it has already been signed off. Bring closed-toe shoes and clothes that can get on the floor.
3. Quick safety reminder: high-quality CPR is physically tiring. In a real call, rescuers swap every two minutes. Tonight that practice ran in two-minute sets for that reason.

## SESSION 3 · BREATHING AND CPR (PAGE 4 OF 4)

## 🗨 AT THE CLOSE · DEBRIEF

1. When you ran your two minutes of compressions, where did your form start to break — depth, rate, or recoil?
2. Which breathing emergency would scare you most to walk up on, and what is the first action for that one?
3. Where is the closest AED to your home, and have you ever actually walked up to it?

☑ *Initial 3d and 3e on each saint's BRC after this session. Confirm each saint can state the community AED location he recorded — the geographic awareness is part of 3e, not an extra.*

## SESSION 4 · PHYSICAL CORE

⌚ 60 min target

# The Stations Drill

*Run the four-station drill and sign off the badge.*

**SESSION AIM**

The featureEvent session. Saints rotate through four timed stations — bleeding, splinting, movement, and assessment — with a fifth saint role-playing the patient at each. Splinting (3f) and patient movement (3g) are practiced as new skills and then run in the drill. The session closes with reflection on the hardest skill, the connection to family and community, and final BRC sign-off.

**🎯 WALK AWAY WITH**

- Has demonstrated bandaging and splinting for a sprain, a fracture, and a sling-and-swathe on a partner
- Has moved a simulated patient using a one-person drag, a two-person carry, and an improvised stretcher
- Has run the four-station drill end to end and reported findings in correct order at each station
- Has a signed BRC and has named one person he is more ready to help because of this badge

**📦 BRING / SET UP**

- Elastic bandages, triangular bandages, gauze, and athletic tape — enough for the splinting station and the drill
- A pair of SAM splints (or rolled magazines + tape as improvised) and a finger splint
- A long blanket or tarp and two stout poles for the improvised stretcher station
- Cones to mark a 25-yard carry route on a clear floor
- Scenario cards (printed) — one per drill station, naming the simulated injury for each rotation
- A whiteboard with the rotation timer visible to all four stations
- BRC printouts (final review), pens
- Print the 'Stations scenario cards' handout (one set per station, four total)

**🕒 THE HOUR****BLOCK 1 · DISCUSSION Opener — Tonight runs as stations**

⌚ 5 min

Quick brief: the room is set up as four stations. Saints will rotate through every station with eight minutes per rotation — long enough to do the work, short enough to keep moving. Two saints per station; one is the rescuer, one is the patient. They swap roles inside the rotation. The leader walks the room and signs off on each saint as the work is done correctly.

## SESSION 4 · THE STATIONS DRILL (PAGE 2 OF 3)

## THE HOUR — CONTINUED

BLOCK 2 · SKILL PRACTICE **Bandage and splint — sprain, fracture, sling**

⌚ 15 min

1. Quick group teach before the drill: strain (muscle), sprain (ligament), dislocation (joint out of place), simple fracture (broken bone, skin intact), open fracture (bone through skin). Open fractures and dislocations: stabilize in place, do not push the bone back, evacuate.
2. Demonstrate the arm sling and swathe with a triangular bandage. The sling supports the forearm, the swathe holds the upper arm against the body. Practice on a partner.
3. Demonstrate an elastic-wrap ankle sprain: start at the foot, work up the ankle in a figure-eight, finish above the ankle. Check toes for color and warmth after wrapping. Practice on a partner.
4. Demonstrate splinting a forearm with a SAM splint (or rolled magazine + tape): pad the splint, immobilize the joint above and the joint below the suspected fracture, secure with tape. Practice on a partner.
5. Each youth has now applied a sling, an ankle wrap, and a splint. The stations drill repeats one of these under time pressure — the practice here is the slow version so the drill can be the fast version.

REQ 3F

BLOCK 3 · PHYSICAL **Move the patient — drag, carry, stretcher**

⌚ 12 min

1. Group teach: when to move a patient and when not to. Move when the scene is unsafe (smoke, fire, traffic, water) or when reaching definitive care requires it. Do not move when spinal injury is suspected unless the scene threatens life. State spinal precautions: keep head, neck, and torso in line; one rescuer controls the head; minimize bending.
2. Demonstrate a one-person drag for smoke conditions: grasp the patient under the armpits, drag low to the ground where the air is cleaner. Practice across 10 yards.
3. Demonstrate a two-person carry for a sprained ankle: arms-and-legs carry or seat carry. Practice across 25 yards down the marked route with one saint as the patient.
4. Build an improvised stretcher: blanket between two poles, or two shirts buttoned with the sleeves run through the poles. One saint as patient, three saints carrying, one as leader controlling the head. Move 25 yards down the marked route.
5. Brief teaching point as the practice ends: movement risks the patient and the rescuer. The right method depends on the injury, the distance, and how many hands are available.

REQ 3G

## SESSION 4 · THE STATIONS DRILL (PAGE 3 OF 3)

## THE HOUR — CONTINUED

## BLOCK 4 · ROLEPLAY Run the four-station drill

⌚ 20 min

1. Divide saints across the four stations: bleeding, splinting, movement, assessment. Two saints per station; the fifth station (assessment) needs a designated patient who rotates with the group.
2. Each station has a scenario card. Five minutes for the work, three minutes to reset before the next rotation. The leader walks between stations and signs off on each saint as the work is done correctly.
3. BLEEDING station: simulated leg laceration. Direct pressure, pressure bandage, tourniquet placement without tightening if pressure does not control bleeding in three minutes.
4. SPLINTING station: simulated forearm fracture from a fall. Sling-and-swathe and splint application. Reassess fingers for color and warmth after splinting.
5. MOVEMENT station: simulated smoke-room scenario, patient on the ground, must be moved 10 yards by one rescuer. Then a second scenario: patient with a sprained ankle, two-person carry 15 yards.
6. ASSESSMENT station: rescuer runs primary and secondary on the role-playing patient, calls EMS aloud with location and condition, reports findings to the leader in correct order.
7. Rotate every eight minutes. Each saint rotates through every station as rescuer once.

REQ 3F

REQ 3G

## BLOCK 5 · REFLECTION Close — Reflect and sign off

⌚ 8 min

1. Sitting circle. Two minutes of silent thought, then each youth answers in turn: which first-aid skill was the most difficult for you across the four sessions, and how did repeated practice change that?
2. Second prompt, one sentence per saint: name one person — family, neighbor, a saint in your unit — whose readiness you can carry because of this badge. Not in general. One person.
3. Leader walks the BRC with each saint, one requirement at a time. Mark what is done, name what is outstanding. Anything outstanding gets a concrete deadline on the BRC before the Board of Review.
4. Close the hour with one short reminder: first-aid skills fade without practice. Schedule one refresher between now and your next outdoor activity.

REQ 4A

REQ 4B

## AT THE CLOSE · DEBRIEF

1. Which station tonight surfaced a skill you thought you had — but the time pressure showed otherwise?
2. Across all four sessions, which skill changed the most for you between the first try and tonight?
3. Who is the one person you named whose readiness you carry — and what would the first sixty seconds look like if you actually had to step in for him?

📝 Initial 3f, 3g, 4a, 4b on each saint's BRC after this session. Final sign-off completes tonight. Any requirement still outstanding gets a concrete deadline written on the BRC before the Board of Review.

## HANDOUT 1 OF 1

## FROM SESSION 4 — RUN THE FOUR-STATION DRILL

# Stations Scenario Cards

Print one card per station. Lay the card face-down at the station so the rotating pair reads the scenario only when their five minutes start.

## FIRST AID · STATION CARDS

## Eight minutes per station. Two saints, one patient.

Print one card per station. Lay it face-down until the rotation begins.

### THE FOUR STATIONS — IN ROTATION ORDER

#### 1 Bleeding

simulated leg laceration · uncontrolled at the start

## SCENARIO

Hiker fell on a sharp rock. Deep cut on the lower thigh, soaking through his pants. He is awake and talking. No other injuries.

*Patient bleeds visibly for the first minute, then bleeding slows once pressure holds.*

## DEMONSTRATE — IN ORDER

- 1 Gloves on. Direct pressure on the wound with gauze, full palm.
- 2 Pressure bandage over the gauze. Check pulse below the wrap.
- 3 If bleeding does not stop in three minutes, place tourniquet (no tightening).

#### 2 Splinting

simulated forearm fracture · fall onto outstretched hand

## SCENARIO

Saint tripped on a curb and caught himself with his right hand. Forearm is painful, swelling, holding it against him.

*Skin is intact. No bone visible. Fingers warm and pink at the start.*

## DEMONSTRATE — IN ORDER

- 1 Stabilize the forearm. Do not straighten the angle of injury.
- 2 Splint above and below the break. Pad it. Secure with tape, not tight.
- 3 Sling and swathe. Recheck fingers — color and warmth — after wrapping.

#### 3 Movement

two sub-scenarios · drag, then carry

## SCENARIO

First: smoke in the room, patient on the floor. Get him out, ten yards. Then: trail saint with a sprained ankle,

*fifteen yards to where the car is parked. No spinal injury suspected on either one.*

## DEMONSTRATE — IN ORDER

- 1 One-person drag for the smoke scenario. Stay low.
- 2 Two-person carry for the sprained ankle. Communicate the pace.
- 3 State the spinal-precaution rule aloud before each move.

#### 4 Assessment

simulated patient · ABC, head-to-toe, SAMPLE, report

## SCENARIO

Saint found at the base of a ladder. Awake but groggy. He says his head hurts. No bystanders saw the fall happen.

*Patient answers SAMPLE questions in role. Rescuer reports findings to the leader.*

## DEMONSTRATE — IN ORDER

- 1 Scene safety scan. Name two hazards aloud.
- 2 ABC, then head-to-toe. Collect SAMPLE history.
- 3 Call 911 aloud with location and condition. Report to leader.

Sign off each saint as the work is done correctly, not when the timer ends.

Print this handout for in-person reference during session 4 — run the four-station drill.