20-Hour Street Medic Course

Module: Training Welcome

	Planned	Actual
Instructors	BD	
Duration	10	
Start Time	5:20 PM	
End Time	5:30 PM	
Notes		

Welcome

Trainers

- Miriam Rocek
- Brian Dominick
- Roger Benham

Schedule

- Friday, 5pm - 8pm
- Saturday, 9am - 7pm
- Sunday, 9am - 4pm

Ground Rules

1. Be responsible for yourself.
2. Be accountable for your words & behavior.
3. Take care of each other.
4. Take the training seriously.
5. Use your imaginations (role plays).
6. Have fun.

Anti-Oppression

> We do not tolerate bias or criticism based on race, ethnicity, religion, gender, sexuality, age, income, relationship to the means of production, body size, ideology, or any other bullshit reason.

We also expect you to

- Be conscious how much space you take up.
- Respect people's identities, backgrounds, pronouns, etc.
- Apologize when you upset someone, and considerately try to learn why.
- Try to forgive people's honest mistakes.

Trigger Warning

Being a street medic is traumatizing.

- Even street medic *trainings* can get intense.
  - Scenarios incorporate:
    - simulated violence, pain, cops
    - authentic randomness
- We teach you how to make the difference between life and death.
- Medics help each other through the stresses and trauma.

Housekeeping

- Bathrooms
- Breaks
- Meals
- Special needs
- The "What if…" sheet

Module: People Intro

	Planned	**Actual**
Instructors		
Duration	20	
Start Time	5:30 PM	
End Time	5:50 PM	
Notes		

People Intro

It's round robin time!

1. Where do you live?
2. Where are you from?
3. What are your affiliations?
4. What is your medical background?
5. What is your activism background?
6. What do you hope to do with your training?

Instructors' pledge to you

- We will teach within our *scope of expertise* and your expected *scope of practice*.
- We will admit when we don't have an answer; guesses will be labeled as such.
- If on Sunday afternoon we don't think you're ready to be a street medic, we'll talk with you privately about how you can become ready.
- We will greet criticism with grace and appreciation, not defensiveness.

What we ask of you

- Try your best to be gracious in response to assessments of things you say and do.
- Tell us if we're not reaching you or the environment is problematic.
- Respect the knowledge we are about to share; it has a rich tradition attained through struggle and trauma.

Module: Action Medical Intro

	Planned	**Actual**
Instructors		
Duration	10	
Start Time	5:50 PM	
End Time	6:00 PM	
Notes		

Action Medical Intro

What is action medical?

An unconventional set of loose *protocols* and *affiliations* by which volunteer medical activists support social movements and communities in struggle.

- It's not an *organization*.
- It's not much of a *movement* itself.
- Perhaps it's a *collective mindset* or *unified approach*?

Roles in action medical

street medics

First aiders who patrol in teams at planned actions, providing care to "anyone in need".

embedded medics

First aiders who operate within an existing organization, who may or may not treat non-members. (a.k.a., "affinity group medics" or "medical monitors")

action clinicians

Medics who hang tight in a removed/protected facility, typically able to provide more advanced care, privacy, and security than street medics.

(1/2)

Roles in action medical

community medics

The true badasses who work in communities when crowds and cameras are nowhere to be found.

infrastructure/support

All the people and orgs that support us as we train and operate. Not everybody has to be willing to deal with blood!

(2/2)

Module: First Aid Intro

	Planned	Actual
Instructors		
Duration	10	
Start Time	6:00 PM	
End Time	6:10 PM	
Notes		

(Street) First Aid Intro

What is first aid?

> Assistance given to any person suffering a sudden illness or injury, with care provided to **preserve life, prevent the condition from worsening, or promote recovery**.
>
> It includes **initial intervention** in a serious condition **prior to professional medical help** being available… as well as the **complete treatment of minor conditions**… (Wikipedia)

What is street first aid?

> All the good stuff from the *first aid* definition, plus medical and **tactical** training oriented toward chaotic, potential **mass-casualty situations** disproportionately involving **marginalized communities**, where official **conventional emergency services may not tread** and **authorities may not be welcome**.

What is community medicine?

> Street first aid, with permanence and a broader mission:
>
> - Provide medical care to people actively or passively denied care.
> - Fill gaps in the larger medical system, e.g.
>   - alternative/holistic approaches
>   - friendlier & safer for marginalized folks
> - Organize medical workers.
> - Provide a glimpse (“prefiguration”) of alternative models of care.

Learning first aid

- Blood and gore?
  - Consider how much worse it will be IRL.
  - *Vasovagal syncope* is a thing…
  - but medics don't faint.
- Potentially traumatizing, i.e.
  - Some subject matter is difficult.
  - Scenarios get *real* sometimes.

Escalations & continuum of care

- *Street first aiders call for backup!*
- EMS is our first choice.
  - a problematic solution
  - all the best gear, including a wicked fast ride
- Direct transport is an option.
- Advanced street medics are sometimes an option.

EMS

emergency medical services, coordinated by the 9-1-1 *first responder* system and *medical control*.

Activating EMS

- If possible, get patient's consent before calling 9-1-1.
- You may need to coordinate access.
- Get ready to advocate for your patient.

Module: Street Medic Ops Intro

	Planned	**Actual**
Instructors		
Duration	20	
Start Time	6:10 PM	
End Time	6:30 PM	
Notes		

Street Medic Ops Intro

Why do street medics always work in pairs?

- extra hands
- second opinion
- safety
  - eyes in the back of your head
  - crowd control
  - direct protection while treating

A pair is not three.

Pairing up

- **Compatability** is key, e.g.
  - risk tolerance
    - arrest
    - injury
  - mobility
  - schedules

Pairing up

- **Complementarity** is also handy, e.g.
  - experience levels
    - medical
    - street/action
  - languages
  - genders

Syncing up with P E A R L

P

physical needs

E

emotional/psychological needs

A

arrestability

R

roles you might play *

L

loose ends

* *roles* include tactical lead, medical lead, communications

---

Module: Scene Assessment

	Planned	**Actual**
Instructors		
Duration	15	
Start Time	6:10 PM	
End Time	6:25 PM	
Notes		

Scene Assessment

S T O P

S

Survey the scene.

T

Take precautions.

O

Organize help.

P

Proceed with caution.

Scan the scene.

- Halt! Do not rush in.
- Survey the area:
    - Is the *mechanism of injury* persistent?
    - How many people are injured?
    - What do you anticipate?

Take precautions.

- Consider repositioning.
- Put on protective gear.
    - body substance isolation
    - physical protection

Organize help.

- Check in with your team.
    - Who will perform which roles?
- Call for backup.
    - Other medics?
    - EMS?
    - Bystanders?
- Organize the crowd.

Proceed with caution.

- Medics do not run.
- Medics walk swiftly with purpose.
- Sometimes you have to walk swiftly *away*.
- Stay calm and confident.

More scene safety basics

- Never make a new patient!
- Continually reassess the scene for safety.
- Be prepared to move or protect your patient.

Module: Practical: Scene Assessment

	Planned	Actual
Instructors		
Duration	15	
Start Time	6:25 PM	
End Time	6:40 PM	
Notes		

Practical: Scene Assessment

DEMO: STOPping at the scene

Practice: STOPping at the scene

1. Students prompt, e.g.
    - “I’m surveying the scene…”
2. Instructors respond, e.g.
    - “There are projectiles flying everywhere.”

Module: Break

	Planned	Actual
Instructors		
Duration	10	
Start Time	6:40 PM	
End Time	6:50 PM	
Notes		

10-minute Break!

Module: Consent

	Planned	Actual
Instructors		
Duration	10	
Start Time	6:40 PM	
End Time	6:50 PM	
Notes		

Consent

Street medics get consent for *everything*.

How we get consent

- Approach calmly and cautiously.
- Introduce yourself confidently and swiftly, e.g.

Hello, my name is Inigo Montoya and I'm a street medic. Can I help you?

What are reasons people sometimes decline medical care at protests or other street situations?

Common reasons for refusing care

- caregiver's perceived gender
- worried medics are cops
- financial concerns
- modesty / fear of exposure
- fear of attracting attention
- doubts injury is "that bad"
- fear of contagion (you or them)

What's a street medic to do?

- Be persistent but not pushy.

- Validate and address the patient's concerns, e.g.
  - "I can understand how this might be scary."
  - "Would you prefer if my partner takes care of you and I mostly keep watch?"
  - Establish privacy barriers.
- Innovate!
- Always take "No" for an answer.

Module: Practical: Consent

	Planned	Actual
Instructors		
Duration	10	
Start Time	6:50 PM	
End Time	7:00 PM	
Notes		

Practical: Consent

Instructions

1. Pair off with a partner.
2. Take turns as medic and injured person.
3. Patient declines care at first; medic tries to work with it.
4. Switch roles back and forth till 'time' is called.

Medics, remember your approach matters!

Patients, make it difficult and give honest feedback!

Module: Body Substance Isolation

	Planned	Actual
Instructors		
Duration	15	
Start Time	6:50 PM	

	Planned	Actual
End Time	7:05 PM	
Notes		

Body Substance Isolation

Module: Practical: BSI

	Planned	Actual
Instructors		
Duration	5	
Start Time	7:05 PM	
End Time	7:10 PM	
Notes		

Practical: BSI

Module: Day 1 Wrapup

	Planned	Actual
Instructors		
Duration	10	
Start Time	7:10 PM	
End Time	7:20 PM	
Notes		

Day 1 Wrapup

Module: Day 2 Opening

	Planned	Actual
Instructors		
Duration	15	
Start Time	9:00 AM	
End Time	9:15 AM	
Notes		

Day 2 Opening

Module: Initial Assessment Intro

	Planned	Actual
Instructors		
Duration	10	
Start Time	9:15 AM	
End Time	9:25 AM	
Notes		

Initial Assessment Intro

Purpose of initial assessment

To identify life-threatening or potential life-threatening conditions.

Initial assessment is a protocol

- We perform it in a specific order.
- We do *not* skip steps.
- We only interrupt it to perform *life-saving interventions*.

Red flags

- The initial assessment is a search for red flags: indicators of *potential life-threatening conditions*.

- As soon as you find a red flag, you'll need to call for backup.

There are lots of gray areas in first aid. Street medics tend not to rule conditions out. If it *could be* a red flag, it's a red flag.

DEMO: IA Run-through

Tips for *learning* initial assessments

- Initial assessment is probably the hardest skill medics perform.
- You will screw up more than you get right at first.
- It can be harder in trainings than IRL.
- Ask your partner for help if you get stuck.
- Make your mistakes in settings like this.

Tips for *performing* initial assessments

- It's unintuitive, but *go slow*.
- Vocalize steps as you go.
- Only stop for *life-saving interventions*.

IA Overview

M

Mechanism of Injury

M

Mental Status

A

Airway

B

Breathing

C

Circulation

D

Disability

E

Environment

Module: IA Mechanism of Injury

	Planned	Actual
Instructors		
Duration	10	
Start Time	9:25 AM	
End Time	9:35 AM	
Notes		

Mechanism of Injury

MOI

The *immediate* cause of an injury or sudden illness.

- Do *not* think like a radical at this stage!
- It's not the *root* cause, but the *direct* cause.

MOI determines

- Whether the danger persists
  - potential harm to you, e.g.
    - cops
    - traffic
  - continuing to harm the patient, e.g.
    - burns
    - ongoing brutality
    - vehicle

Cervical spinal injuries

Injuries to the vertebrae in the neck can cause paralysis, including fatal paralysis.

Positive MOI for C-spine injury

- fall from twice one's height
- severe motor vehicle accident
- motor vehicle to pedestrian
- direct trauma to the neck

If you suspect a C-spine injury, you must immediately initiate C-spine stabilization.

Intervention: C-spine stabilization

Principal: Prevent further injury to the cervical vertebrae and spinal cord by restricting movement.

- Approach from the front
- Tell the injured person to keep their head still.

More important than keeping the patient still is keeping the neck stable and in line.

(1/2)

Intervention: C-spine Stabilization

- Gently bring the neck into alignment.
  - STOP! if:
    - the patient feels pain
    - there is grinding ("crepitus")
- Firmly hold both sides of the patient's head.
- Someone must hold this position until advanced help arrives.

(2/2)

Persistent MOI

The other potential red flag for the MOI stage is a *persistent mechanism of injury*.

1. What is the MOI for a burn?
    - *Heat* — so that's what we try to address.
2. How about MOI for an impaled object?
    - The *object* — we don't remove these, so we're going need further care.

Persistent MOI calls for intervention. If you cannot intervene safely or successfully, get help!

Module: Practical: C-Spine

	Planned	Actual
Instructors		
Duration	15	
Start Time	9:35 AM	
End Time	9:50 AM	
Notes		

Practical: C-Spine

DEMO: Standard manual C-spine stabilization

DEMO: Modified (forearm) C-spine stabilization

Practice

1. Form into pairs.
2. One partner is patient while other (medic) practices manual, inline C-spine stabilization.
3. Medic switches to modified C-spine stabilization.

4. Switch roles!

Module: IA Mental Status

	Planned	Actual
Instructors		
Duration	10	
Start Time	9:50 AM	
End Time	10:00 AM	
Notes		

Mental Status

Is the patient alert and oriented?

- Has the patient lost consciousness?
- Do they respond readily and as expected?

Any prior loss of consciousness or current altered mental status is a red flag.

Altered mental status

A V P U scale

A

alert and oriented

V

responds to **v**erbal stimuli

P

responds to **p**ainful stimuli

U

unresponsive

Procedure

1. If the patient is alert, assess their orientation:
    - What's your name?
    - What month is it?
    - Where are we right now?
2. If the patient is not alert, try addressing them loudly.
3. If verbal stimulus doesn't work, apply some acute pain.
4. If this does not work, the patient is unresponsive.

Notes on mental status assessment

- Stay cognizant of changes in mental status throughout treatment.
- Relay the patient's status history when handing off to advanced care.

Don't ask closed-ended/existential questions, such as "Do you know where we are right now?"

Module: Practical: Mental Status

	Planned	Actual
Instructors		
Duration	5	
Start Time	10:00 AM	
End Time	10:05 AM	
Notes		

Practical: Mental Status

Module: IA Airway

	Planned	Actual
Instructors		
Duration	10	

	Planned	Actual
Start Time	10:05 AM	
End Time	10:15 AM	
Notes		

Airway

MOI for airway obstruction

- choking
- injury to throat

An airway obstruction is a red flag. Call for backup immediately!

MOI for airway compromise

- injury to throat
- unconsciousness with fluids in mouth
- unconscious and lying on back

Airway compromise is cause for pausing your initial assessment to intervene.

Intervention: Choking (conscious patient)

1. Establish if the patient is choking.
2. Tell the patient to cough.
3. Apply **5** firm back thrusts between lower shoulder blades.
4. Apply **5** firm abdominal thrusts above the navel.

Intervention: Open airway (unresponsive patient)

1. If your patient is or becomes unresponsive, check for breathing.
2. If the patient is not breathing, open their airway:
    - If no C-spine injury is suspected, use the head-tilt, chin-lift technique to open the airway.
    - For suspected C-spine compromise, use the jaw-thrust maneuver.

---

3. If the patient does not spontaneously breathe, initiate CPR.
4. If the patient begins breathing on their own, roll them into the recovery position.

DEMO: Head-tilt, chin-lift maneuver

▶ components/assets/videos/head-tilt-chin-lift-technique.mp4 *(video)*

DEMO: Jaw-thrust maneuver

▶ components/assets/videos/jaw-thrust-technique.mp4 *(video)*

DEMO: Recovery position

▶ components/assets/videos/recovery-position.mp4 *(video)*

skip to `0:20`

Module: IA Breathing

	Planned	Actual
Instructors		
Duration	10	
Start Time	10:15 AM	
End Time	10:25 AM	
Notes		

Breathing

MOI for respiratory distress

- exertion
- aerosolized chemicals
- chronic condition, e.g.
    - asthma

    - COPD

Signs of respiratory distress

- shallow breathing
- rapid breathing
- slow breathing
- unsteady breathing
- strained breathing
- wheezing/gasping

Intervention: Respiratory distress

- If chronic, do they have medicine?
- Tripod position.
- Breathe along with them.
- Be calming and reassuring.

Severe or prolonged respiratory distress are red flags! If the patient does not recover after 3-5 minutes, or if the distress is extraordinary, call for backup!

Intervention: Respiratory arrest

- Rescue breathing.
- Learn it in CPR course.
- If you don't know CPR, somebody nearby does.
- Get them to do it.

Module: Practical: Airway & Breathing Check

	Planned	**Actual**
Instructors		
Duration	10	
Start Time	10:25 AM	

	Planned	Actual
End Time	10:35 AM	
Notes		

Practical: Airway & Breathing Check

DEMO: Basic walkthrough (so far)

1. Verify **scene safety**.
    - **S T O P**
    - The scene is safe.
2. Consider **MOI**.
    - **C-spine**?
        - Negative
3. Introduce yourself, get **consent**.

(1/2)

DEMO: Basic walkthrough (so far)

4. Assess **mental status**.
    - A&x3?
        - Yes
5. **Airway check**
    - They’re talking, so their airway is open.
    - No MOI for compromise.
6. **Breathing check**
    - They’re breathing fine.

(2/2)

DEMO: Unresponsive patient

1. Verify **scene safety**.
    - **S T O P**
    - The scene is safe.

2. Consider **MOI**.
    - **C-spine**?
        - Negative
3. Introduce yourself, get **consent**.
    - The patient does not respond.

(1/3)

DEMO: Unresponsive patient

4. Assess **mental status**.
    - A&Ox3?
        - No 🏴
    - A V P O
        - Unresponsive 🏴

(2/3)

DEMO: Unresponsive patient

5. **Airway check**
    - Are they breathing?
        - No 🏴
    - **Intervention:** head-tilt, chin-lift
        - The patient breathes spontaneously!
        - Great job!
6. **Breathing check**
    - They're breathing fine.

(3/3)

CHALLENGE: Unresponsive patient

Go through the last exercise with a partner.

Cheat sheet

1. Scene safety
2. MOI

3. Consent
4. Mental status
5. Airway
6. Breathing

Group Review!

Questions?

- Why use HTCL maneuver instead of just rolling the patient into recovery?
  - We haven't finished assessment yet.
- How would we have opened the airway if we suspected a C-spine injury?
  - Use the jaw-thrust maneuver.

Module: IA Circulation

	Planned	**Actual**
Instructors		
Duration	15	
Start Time	10:35 AM	
End Time	10:50 AM	
Notes		

Circulation

Pulse

1. Does the patient have a pulse?
   - If they're breathing:
     - They have a pulse!
   - If someone is breathing for them:
     - Check for a pulse.

Lack of pulse is a red flag.

Bleeding

1. Is the patient bleeding severely?
    - This is also usually obvious.
    - Sweep unconscious patients.
2. Has the patient lost a lot of blood?
    a. Check their pulse.
    b. Check their perfusion.
    c. Check their clothing, surroundings.

Severe bleeding or recent severe blood loss are red flags.

DEMO: Blood sweep

Intervention: Severe bleeding control

- Apply direct pressure to wound site.
- Conditions for tourniquet:
    - arm/leg amputations
    - inner leg massive arterial bleeding (femoral)

Signs/symptoms of hypovolemic shock

- Skin: pale, cold, “clammy”
- Pulse: rapid, weak
- Breathing: rapid, shallow
- Dizziness, weakness
- Confusion, changing conciousness

Intervention: Severe blood loss (shock)

- Call 911!
- Lay the patient down, legs raised ~12 inches.
- Make them comfortable.
    - Fluids are good.
    - Warmth is good.

Shock kills! Any patient in shock must receive hospital care.

Module: Practical: Blood Sweep

	Planned	Actual
Instructors		
Duration	5	
Start Time	10:50 AM	
End Time	10:55 AM	
Notes		

Practical: Blood Sweep

Module: Break

	Planned	Actual
Instructors		
Duration	15	
Start Time	10:55 AM	
End Time	11:10 AM	
Notes		

15-minute Break!

Module: IA Disability & Environment

	Planned	Actual
Instructors		
Duration	15	
Start Time	11:10 AM	

	Planned	Actual
End Time	11:25 AM	
Notes		

Disability & Environment

Disability

Is there *life-threatening danger* the patient unable to perceive or avoid?

- Most commonly caused by recent injury.
- Also consider loss of mobility/perception aids.

Disability in a life-threatening situation calls for intervention, which *may* require backup.

Interventions: Disability

- Chemically induced blindness:
  - Perform an eye flush (taught later).
- Lost glasses:
  - Take their arm, guide them out.

Only intervene if the life-threatening danger is not a danger to you.

Environment

Are the immediate surroundings a danger to your patient?

- Any threat that prevents or disrupts lifesaving care.
  - severe weather
  - hostiles
  - chaotic crowds

Think ahead: changing environments mean continually reassessing the threat.

Bug out or shelter in place?

- *Protecting* immobile patients is preferred.
- Some cases necessitate *carrying* your patient.

Module: Practical: Lifts & Carries

	Planned	**Actual**
Instructors		
Duration	20	
Start Time	11:25 AM	
End Time	11:45 AM	
Notes		

Practical: Lifts & Carries

1. Count off into groups of **6**.
2. Practice the following maneuvers as demonstrated:
    - 2-person assist (as trios)
    - 1-person assist (as pairs)
    - seat carries (as pairs)
        - palms over forearms
        - palms over elbows
    - 7-person C-spine carry
        - carry instructors/assistants!

Surprise challenge!

> *Quick! Someone organize your group to protect your last patient from a chaotic crowd!*

Module: Scenario (Assessment Posts)

	Planned	Actual
Instructors		
Duration	30	
Start Time	11:45 AM	
End Time	12:15 PM	
Notes		

Scenario: Assessment Posts

Module: Bleeding & Shock

	Planned	Actual
Instructors		
Duration	45	
Start Time	12:15 PM	
End Time	1:00 PM	
Notes		

Bleeding & Shock

Module: Practical: Bleeding & Shock

	Planned	Actual
Instructors		
Duration	20	
Start Time	1:00 PM	
End Time	1:20 PM	
Notes		

Practical: Bleeding & Shock

Module: Break - Lunch

	Planned	Actual
Instructors		
Duration	50	
Start Time	1:20 PM	
End Time	2:10 PM	
Notes		

50-minute Break!

Module: Musculoskeletal Injuries

	Planned	Actual
Instructors		
Duration	45	
Start Time	2:10 PM	
End Time	2:55 PM	
Notes		

Musculoskeletal Injuries

Module: Practical: Basic Splinting

	Planned	Actual
Instructors		
Duration	20	
Start Time	2:55 PM	

	Planned	Actual
End Time	3:15 PM	
Notes		

Practical: Basic Splinting

Module: Break

	Planned	Actual
Instructors		
Duration	10	
Start Time	3:15 PM	
End Time	3:25 PM	
Notes		

10-minute Break!

Module: Police Tactics & Weapons

	Planned	Actual
Instructors		
Duration	25	
Start Time	3:25 PM	
End Time	3:50 PM	
Notes		

Police Tactics & Weapons

Module: Chemical Weapons

	Planned	Actual
Instructors		
Duration	15	
Start Time	3:50 PM	
End Time	4:05 PM	
Notes		

Chemical Weapons

Module: Practical: Eye Flush

	Planned	Actual
Instructors		
Duration	30	
Start Time	4:05 PM	
End Time	4:35 PM	
Notes		

Practical: Chemical Weapons

Module: Scenario (Chem Weapons)

	Planned	Actual
Instructors		
Duration	40	
Start Time	4:35 PM	
End Time	5:15 PM	
Notes		

Scenario: Chem Weapons

Module: Break

	Planned	Actual
Instructors		
Duration	20	
Start Time	5:15 PM	
End Time	5:35 PM	
Notes		

20-minute Break!

Module: Scenario (Mass Casualties)

	Planned	Actual
Instructors		
Duration	40	
Start Time	5:35 PM	
End Time	6:15 PM	
Notes		

Scenario: It’s Getting Hectic

Module: Day 2 Wrapup

	Planned	Actual
Instructors		
Duration	15	
Start Time	6:15 PM	

	Planned	Actual
End Time	6:30 PM	
Notes		

Day 2 Wrapup

Module: Instructors Meeting

	Planned	Actual
Instructors		
Duration	30	
Start Time	8:30 AM	
End Time	9:00 AM	
Notes		

Instructors Meeting

Module: Day 3 Opening

	Planned	Actual
Instructors		
Duration	15	
Start Time	9:00 AM	
End Time	9:15 AM	
Notes		

Day 3 Opening

Module: Special Injuries

	Planned	Actual
Instructors		
Duration	60	
Start Time	9:15 AM	
End Time	10:15 AM	
Notes		

Special Injuries

Module: Jail & Jail Support

	Planned	Actual
Instructors		
Duration	15	
Start Time	10:15 AM	
End Time	10:30 AM	
Notes		

Jail & Jail Support

Module: Scenario (Wake Up)

	Planned	Actual
Instructors		
Duration	40	
Start Time	9:15 AM	
End Time	9:55 AM	
Notes		

Scenario: Wake Up

Module: Hot Weather Ailments

	Planned	Actual
Instructors		
Duration	15	
Start Time	9:55 AM	
End Time	10:10 AM	
Notes		

Hot Weather Ailments

Module: Cold Weather Ailments

	Planned	Actual
Instructors		
Duration	15	
Start Time	10:10 AM	
End Time	10:25 AM	
Notes		

Cold Weather Ailments

Module: Anaphylaxis

	Planned	Actual
Instructors		
Duration	10	
Start Time	10:25 AM	

	Planned	Actual
End Time	10:35 AM	
Notes		

Anaphylaxis

Module: Diabetic Emergencies

	Planned	Actual
Instructors		
Duration	10	
Start Time	10:35 AM	
End Time	10:45 AM	
Notes		

Diabetic Emergencies

Module: Feinting & Seizures

	Planned	Actual
Instructors		
Duration	20	
Start Time	10:45 AM	
End Time	11:05 AM	
Notes		

Feinting & Seizures

Module: Street Medic Ops (Advanced)

	Planned	Actual
Instructors		
Duration	20	
Start Time	11:05 AM	
End Time	11:25 AM	
Notes		

Street Medic Ops (Part 2)

Module: Street Medic Philosophy & Organizing

	Planned	Actual
Instructors		
Duration	10	
Start Time	11:25 AM	
End Time	11:35 AM	
Notes		

Street Medicking

Module: Street Medic Gear

	Planned	Actual
Instructors		
Duration	10	
Start Time	11:35 AM	
End Time	11:45 AM	
Notes		

Street Medic Gear

Module: Scenario (Final Battle)

	Planned	Actual
Instructors		
Duration	40	
Start Time	11:45 AM	
End Time	12:25 PM	
Notes		

Scenario: Bringing it/us all Together

Module: Day 3 Wrapup

	Planned	Actual
Instructors		
Duration	15	
Start Time	12:25 PM	
End Time	12:40 PM	
Notes		

Day 3 Wrapup