



Standard Guide for Scope of Performance of First Responders Who Provide Emergency Medical Care¹

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 Care³

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.