TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

1) Introduction
    a) Standards
    b) Why Training
2) Preparation
    a) First Aid Kits
3) Important Steps
    a) Evaluate
    b) Call for help
    c) Response
4) CPR
    a) Compressions
    b) Airway
    c) Breathing
    d) AEDs
5) First Aid
    a) Heimlich Maneuver
    b) Bandaging
        1) Capillary Bleeding
        2) Venous Bleeding
        3) Arterial Bleeding
        4) Nose Bleeds
    c) Splints
        1) Slings
    d) Burn Treatment
        1) Chemical Burns
        2) Electrical Burns
        3) Radiation Burns
    e) Wash Stations
    f) Bites & Stings
    g) Weather

TRAINING OUTLINE

1) Dehydration
2) Heat Exhaustion
3) Heat Stroke
4) Frost Bite
5) Hypothermia

h) Shock
1) Anaphylaxis
2) Electrocution

i) Medical Conditions
1) Asthma
2) Asthma Attacks
3) Diabetes

j) Eye Injuries
1) Chemicals

6) Conclusion