

NSC First Aid, CPR and AED

Performance Checklists for Skill Testing



Overview

Course participants who have successfully completed the First Aid, CPR & AED 9th Edition eLearning, the CPR & AED 9th Edition eLearning, or the First Aid 9th Edition eLearning courses will need skill-testing before they can receive a certificate.

Please use these skill sheets to test students' proficiency of first aid, CPR and AED skills. When the students successfully complete the skills, you can create a Blended Learning Certificate for the learner.

Allow about 3 hours to skill-test a class of 10 for all skills and 1½ hours to skill-test a class of 10 for either CPR and AED or First Aid. It will take less time to skill-test fewer students.

There may be a gap of up to 60 days between when a participant completes an eLearning course and is present for skill-testing. As a result, you should demonstrate a skill and then give the participant some supervised practice time before evaluating him or her.

Glove Removal

The participant:

- Holds hands away from the body with fingers pointing downward (*Keeps contaminated gloves away from skin and clothing*)
- Grasps the outside of one glove at the wrist (*Avoids touching skin*)
- Removes the first glove by peeling it away from the hand (*Turns glove inside out while removing*)
- Holds the removed glove in the gloved hand (*Contains contamination*)
- Inserts fingers under the cuff of the remaining glove (*Touches only the inside of the glove*)
- Removes the second glove by turning it inside out over the first glove (*Encases both gloves together*)
- Disposes of gloves in a biohazard container (red bag) (*Follows proper disposal procedures*)
- Performs hand hygiene (*Washes hands or uses sanitizer after removal*)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

The participant should:

- Avoid contact with the outside of contaminated gloves
- Remove gloves using proper technique (inside-out removal)
- Contain both gloves together

Focus evaluation on:

- No skin contact with contaminated surfaces
- Proper removal sequence
- Correct disposal

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Instructor Initials _____

Initial Assessment

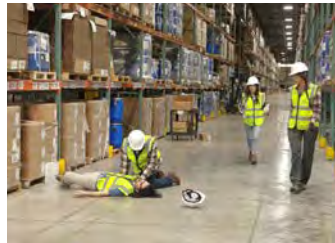
The participant:

- Ensures the scene is safe (Checks surroundings before approaching the person)
- Checks if the person is responsive (*Uses verbal and/or gentle physical stimulus*)
- If responsive, introduces self and asks for consent to help (*Obtains permission before providing care*)
- If unresponsive, recognizes that consent is implied (*Proceeds without delay*)
- Checks breathing for up to 10 seconds (*Identifies normal breathing vs. abnormal breathing/gasping*)
- Identifies and controls severe bleeding (*Recognizes life-threatening bleeding and takes immediate action*)
- Calls 911 or directs someone to call as soon as possible (*Activates EMS early*)
- Requests or retrieves an AED when indicated (*Recognizes need for AED in unresponsive/not breathing normally person*)
- Provides care based on findings (*Actions match the person's condition*)
- If unresponsive and not breathing normally, begins CPR (*Starts compressions without delay*)
- Uses an AED as soon as it is available (*Applies AED promptly and follows prompts*)
- If unresponsive but breathing normally, places the person in the recovery position (when appropriate) (*Positions safely while maintaining airway*)
- Continues to monitor breathing and condition (*Reassesses regularly and remains with the person*)

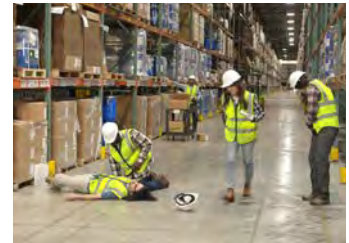
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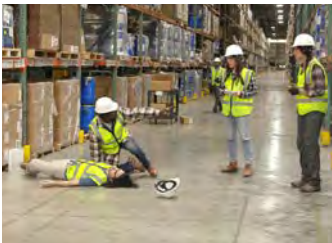
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Instructor Initials _____

Recovery Position

The participant:

- Ensures the scene is safe (*Does not approach until the scene is safe*)
- Identifies that the person is unresponsive but breathing normally (*Recognizes that recovery position is appropriate*)
- Extends the arm closest to them above the person's head (*Positions the arm to support the head*)
- Carefully rolls the person onto their side (*Uses a controlled movement while protecting the head and neck*)
- Positions the head to maintain an open airway (*Head is tilted slightly back to keep airway open*)
- Places the top leg bent at the knee in front of the body (*Upper leg is bent and positioned over the lower leg to provide stability*)
- Adjusts the position to prevent the person from rolling onto their stomach or back (*Ensures the body remains stable*)
- Opens the mouth to allow drainage (*Positions the face to allow fluids to drain*)
- Continues to monitor breathing (*Regularly reassesses breathing and condition*)

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Instructor Initials _____

Abdominal Thrusts (Choking – Adult/Child)

Sequence for Severe Choking

The participant:

- Recognizes signs of severe choking (unable to speak, cough, or breathe)
(Identifies severe choking promptly and initiates care without delay)
- Positions self behind the person in a stable stance (one foot forward and one back)
(Maintains balance and control of the person)
- Supports the person and leans them slightly forward *(Positions the person to allow gravity to assist)*
- Delivers 5 firm back blows between the shoulder blades *(Uses the heel of the hand; blows are firm and correctly placed)*
- Performs 5 abdominal thrusts (fist just above the navel, inward and upward thrusts)
(Correct hand placement and quick inward/upward motion)
- Continues alternating 5 back blows and 5 abdominal thrusts *(Maintains correct sequence and rhythm without unnecessary pauses)*
- Continues care until the object is expelled or the person becomes unresponsive *(Demonstrates appropriate continuation of care based on response)*
- Does not perform blind finger sweeps *(Avoids unsafe actions)*
- Removes the object only if clearly visible *(Does not attempt removal if object is not visible)*

If the person becomes unresponsive:

- Calls 911 or directs someone to call (if not already done)
(Activates EMS without delay)
- Safely lowers the person to the ground *(Controls descent and protects the person from injury)*
- Begins CPR starting with chest compressions *(Initiates CPR correctly and without hesitation)*

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Instructor Initials _____

Direct Pressure

When to Use Direct Pressure

Use direct pressure when a person has visible bleeding from a wound that requires immediate control.

The participant:

- Puts on gloves before providing care (*Uses appropriate PPE or an improvised barrier*)
- Places sterile gauze or a clean cloth directly over the wound (*Covers the wound completely*)
- Applies firm, direct pressure with both hands on the wound (*Uses continuous, firm pressure*)
- Maintains continuous pressure without lifting to check the wound (*Does not interrupt pressure unnecessarily*)
- If bleeding continues:
 - Uses a hemostatic dressing if available
 - Adds additional dressings on top (*Does not remove soaked dressings; maintains continuous pressure*)
- Activates emergency services (calls 911 or directs someone to call)
(*Recognizes need for additional help in severe / life-threatening bleeding*)
- Monitors the person for signs of shock (*Continues care and reassesses condition*)

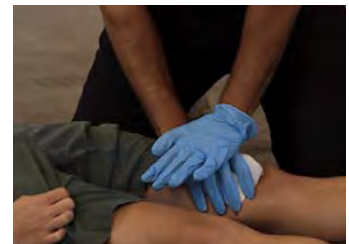
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Instructor Initials _____

Pressure Bandage

When to Use a Pressure Bandage

Use a pressure bandage to maintain pressure over a wound after direct pressure has slowed or controlled the bleeding, especially when you need to keep pressure in place.

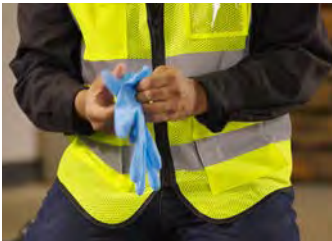
The participant:

- Places a dressing over the wound before applying the bandage (*Ensures wound is covered and pressure has been initiated*)
- Anchors the bandage below the wound (*Secures starting point on the limb*)
- Wraps the bandage around the limb using overlapping turns (*Each layer overlaps the previous one*)
- Continues wrapping from distal to proximal (toward the center of the body) (*Maintains proper direction of wrap*)
- Maintains pressure over the wound while wrapping (*Bandage supports direct pressure*)
- Secures the bandage in place (*Bandage remains stable and does not loosen*)
- Applies the bandage snugly but not too tight (*A finger can be slipped under; circulation is not impaired*)
- Checks for continued bleeding (*Ensures bleeding remains controlled*)
- Activates emergency services (calls 911 or directs someone to call) as appropriate (*Recognizes need for additional help*)

Instructor Notes (Evaluation Guidance)

- This skill should be performed after direct pressure has been applied

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Instructor Initials _____

Wound Packing

When to Use a Wound Packing

Use wound packing when life-threatening bleeding is not controlled with direct pressure and a tourniquet cannot be applied.

The participant:

- Recognizes life-threatening bleeding (Identifies heavy, continuous bleeding requiring immediate action)
- Activates emergency services (calls 911 or directs someone to call)
(Acts immediately due to severity)
- Puts on gloves before providing care (Uses appropriate PPE or an improvised barrier)
- Identifies the source and depth of the wound (Recognizes a deep wound requiring packing)
- Applies firm, direct pressure (Attempts initial bleeding control first)
- Recognizes that bleeding is not controlled with direct pressure (Appropriately decides to escalate care)
- Recognizes that a tourniquet cannot be applied (Identifies correct indication for wound packing)
- Packs the wound with gauze or clean cloth (Places material firmly into the wound cavity, not just on top)
- Uses a hemostatic dressing if available (Applies when available)
- Continues packing until the wound is filled (Ensures firm contact with the bleeding source)
- Applies firm, direct pressure with both hands after packing (Maintains continuous pressure)
- Maintains continuous pressure without interruption (Does not remove packing)
- Monitors the person for signs of shock (Continues care and reassesses condition)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- The participant should demonstrate correct decision-making: life-threatening bleeding » direct pressure » not controlled » packing
- Wound packing should be used only when appropriate—not as a first step

Focus evaluation on:

- Correct escalation from direct pressure
- Proper packing technique (deep, firm—not superficial)
- Continuous pressure after packing

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Instructor Initials _____

Tourniquet Application

When to Use a Tourniquet

Use a tourniquet for life-threatening bleeding from an arm or leg that is not controlled with direct pressure.

The participant:

- Recognizes life-threatening bleeding from a limb (Identifies severe bleeding requiring immediate action)
- Activates emergency services (calls 911 or directs someone to call) (Acts immediately due to severity)
- Puts on gloves before providing care (Uses appropriate PPE or an improvised barrier)
- Applies firm, direct pressure (Attempts initial bleeding control first)
- Recognizes that bleeding is not controlled with direct pressure (Appropriately decides to escalate care)
- Applies a commercially available tourniquet (Uses appropriate device)
- Places the tourniquet 2–3 inches above the wound (Not over a joint; positioned correctly on the limb)
- Tightens the strap securely (Removes slack before using windlass)
- Twists the windlass until bleeding stops (Applies sufficient pressure to control bleeding)
- Secures the windlass in place (Prevents loosening)
- Secures the strap over the windlass (Ensures device remains stable)
- Records the time of application (if possible) (Documents application time)
- Does not remove or loosen the tourniquet (Maintains continuous bleeding control)
- Monitors the person for signs of shock (Continues care and reassesses condition)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- The participant should demonstrate correct decision-making: life-threatening bleeding → direct pressure → not controlled → tourniquet
- Tourniquet should only be used for extremity bleeding

Focus evaluation on:

- Correct placement (not over joint)
- Adequate tightening (bleeding stops)
- Proper securing of device
- No loosening after application

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Instructor Initials _____

Shock Position

The participant:

- Ensures the scene is safe (Checks surroundings before providing care)
- Recognizes signs of shock (Identifies pale, cool, clammy skin, weakness, or altered responsiveness)
- Activates emergency services (calls 911 or directs someone to call)
(Recognizes need for immediate care)
- Checks responsiveness and breathing (Assesses condition appropriately)
- Helps the person lie flat if possible (Positions safely on their back)
- Elevates the legs only if safe and no injury is suspected (Avoids movement if head, neck, spine, hip, or leg injury is suspected)
- Loosens tight clothing (Improves comfort and circulation)
- Maintains body temperature (Uses a blanket or coat to keep the person warm)
- Does not give food, drink, or smoke (Avoids unsafe actions)
- Continues to monitor breathing and condition (Reassesses regularly)
- Reassures the person and remains with them (Provides comfort and support)

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Instructor Initials _____

Spinal Motion Restriction

The participant:

- Ensures the scene is safe (Checks surroundings before approaching the person)
- Recognizes a possible spinal injury (Identifies mechanism of injury or signs such as pain, numbness, or inability to move)
- Activates emergency services (calls 911 or directs someone to call)
(Recognizes need for immediate care)
- Instructs the person not to move (Communicates clearly and explains why)
- Stabilizes the head and neck in the position found using both hands (Maintains manual stabilization without repositioning)
- Assesses breathing (Monitors breathing without moving the head/neck unnecessarily)
- Is prepared to begin CPR if the person becomes unresponsive and is not breathing normally
(Maintains readiness to act)
- Reassures the person and remains with them (Provides calm, supportive communication)
- Continues to monitor breathing and condition (Reassesses regularly)
- Maintains stabilization until EMS arrives (Does not release stabilization prematurely)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- The participant should demonstrate: recognition → EMS activation → stabilization → monitoring

Focus evaluation on:

- Maintaining head/neck in position found
- Avoiding unnecessary movement
- Continuous stabilization and monitoring

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Instructor Initials _____

[OPTIONAL] Applying an Elastic Bandage

When to Use

Use an elastic bandage when a person has a minor injury and needs support and compression, such as:

- Pain or swelling
- A mild sprain or strain
- The person is able to move the limb but needs support

The participant:

- Ensures the scene is safe
- Recognizes signs of a minor musculoskeletal injury (Identifies pain, swelling, or need for support)
- Supports the injured area in the position found (Minimizes unnecessary movement)
- Applies the bandage over the affected area (Covers the area needing support)
- Wraps the bandage using overlapping turns (Each layer overlaps the previous one)
- Applies the bandage with even, controlled tension (Smooth and consistent wrap)
- Ensures the bandage is snug but not too tight (Does not restrict circulation)
- Checks for comfort and circulation (Ensures no numbness, tingling, or discoloration)
- Minimizes movement throughout the process (Avoids unnecessary repositioning)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- This skill is optional and not required for certification
- Use only with audiences who have prior knowledge, and when the instructor has the training and experience to teach it
- Avoid teaching complex bandaging techniques that may increase movement or delay care

For lay rescuers, focus on:

- Minimizing movement
- Supporting the injured area in the position found

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Instructor Initials _____

[OPTIONAL] Creating an Arm Sling and Binder

When to Use

Use a sling and binder when a person shows signs of an arm or shoulder injury, such as:

- Pain
- Difficulty or unwillingness to move the arm
- Swelling or visible deformity
- Holding the arm against the body

The participant:

- Ensures the scene is safe
- Recognizes signs of an arm or shoulder injury (Identifies pain, limited movement, or the person supporting the arm)
- Supports the injured arm in the position found (Minimizes movement of the injured area)
- Positions the triangular bandage to support the arm (Places bandage under the arm and across the chest)
- Brings the ends of the bandage up to support the arm (Keeps the forearm elevated and close to the body)
- Secures the bandage at the neck (Ties securely without causing discomfort)
- Ensures the hand is supported and slightly elevated (Maintains a comfortable position)
- Applies a binder (if used) to secure the arm against the body (Limits movement and provides additional support)
- Ensures the sling and binder are secure but not too tight (Does not restrict circulation)
- Minimizes movement throughout the process (Avoids unnecessary repositioning)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- Optional skill (not for certification)
- Emphasize:
 - Do not move support in position found
 - Arm should be supported, close to the body, and comfortable
 - Sling/binder secure, not too tight
 - Avoid unnecessary movement or complex techniques

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Instructor Initials _____

Using an Auto-Injector (Epinephrine)

The participant:

- Recognizes signs of a severe allergic reaction (anaphylaxis) (Identifies difficulty breathing, swelling, or widespread symptoms)
- Activates emergency services (calls 911 or directs someone to call) (Acts immediately due to severity)
- Assists the person in using their auto-injector, or administers it if the person is unable (Supports self-administration when possible)
- Locates and prepares the auto-injector (Removes it from the case and takes off the safety cap)
- Places the auto-injector against the outer thigh (Correct site identified; may be through clothing if appropriate)
- Administers the injection firmly (Pushes until a click is felt or heard)
- Holds in place for the recommended time (Follows manufacturer's instructions)
- Removes the auto-injector and notes the time of administration (Tracks timing for EMS)
- Monitors breathing and condition (Reassesses continuously)
- Is prepared to begin CPR if the person becomes unresponsive and is not breathing normally (Maintains readiness to act)
- Assists with a second dose if symptoms continue and EMS has not arrived (if available) (Supports repeat dosing as needed)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- Emphasize assist first, administer if needed

Focus on:

- Correct use of the person's medication
- Proper injection site and technique
- Continued monitoring after use

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Instructor Initials _____

Administering Naloxone (Nasal Spray)

The participant:

- Recognizes warning signs of a suspected opioid overdose (Unresponsive, slow, irregular, or absent breathing; may include pinpoint pupils or signs of drug use)
- Activates emergency services (calls 911 or directs someone to call) (Acts immediately due to life-threatening condition)
- Checks breathing (Identifies not breathing normally or only gasping)
- Begins CPR if the person is not responsive, not breathing or not breathing normally (Does not delay life-saving care)
- Prepares the naloxone nasal spray (Removes from packaging; assembles if required)
- Places the nozzle firmly into one nostril (Ensures proper positioning)
- Administers the medication (Presses plunger fully to deliver the dose)
- Continues CPR and uses an AED as soon as available (Does not interrupt care unnecessarily)
- Monitors breathing and response (Reassesses continuously)
- Administers an additional dose after 2–3 minutes if no improvement and naloxone is available (Recognizes need for repeat dosing)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- The participant must demonstrate: recognition of warning signs → EMS → CPR → naloxone → continue care

Emphasize:

- Recognition drives action
- Do not delay CPR to give naloxone

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Instructor Initials _____

Adult CPR

When to Provide CPR

Provide CPR when a person is:

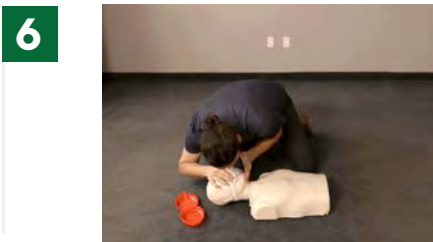
- Unresponsive, and
- Not breathing normally (or only gasping)

The participant:

- Ensures the scene is safe
- Recognizes the need for CPR (Unresponsive and not breathing normally or only gasping)
- Activates emergency services and gets an AED
- Exposes the chest
- Places the heel of one hand in the center of the chest (lower half of the breastbone)
- Places the other hand on top and interlocks or lifts fingers (Fingers are kept off the chest and do not apply pressure on the ribs)
- Performs chest compressions:
 - Rate:** 100–120 per minute
 - Depth:** at least 2 inches (5 cm)
 - Full chest recoil (Arms straight, shoulders directly over hands, using body weight)
- Delivers 30 compressions (Counts aloud to maintain rhythm)
- Opens the airway using head tilt–chin lift
- Pinches the nose and seals the mouth
- Gives 2 rescue breaths (Each breath lasts about 1 second with visible chest rise; breaths are given consecutively)
- Continues cycles of 30 compressions and 2 breaths (Minimizes interruptions)
- Performs hands-only CPR if unable or unwilling to give breaths
- Uses an AED as soon as it is available
- Continues CPR until:
 - The person shows signs of life
 - AED is ready to use
 - EMS arrives and takes over

Instructor Initials _____

Adult CPR



[OPTIONAL] Pediatric CPR – Child (1 yr to puberty)

When to Provide CPR

Provide CPR when the child is:

- Unresponsive, and
- Not breathing normally (or only gasping)

The participant:

- Ensures the scene is safe
- Recognizes the need for CPR (Unresponsive and not breathing normally or only gasping)
- If alone, begins CPR and calls 911 after about 2 minutes (Prioritizes immediate care)
- Exposes the chest
- Places one or two hands in the center of the chest
- Performs chest compressions:
 - Rate:** 100–120 per minute
 - Depth:** about 1/3 chest depth (~2 inches)
 - Full chest recoil
- Delivers 30 compressions (Counts aloud to maintain rhythm)
- Opens the airway using head tilt–chin lift
- Pinches the nose and seals the mouth
- Gives 2 rescue breaths (~1 second each, visible chest rise)
- Continues cycles of 30 compressions and 2 breaths
- Uses an AED as soon as available (Uses pediatric pads if available)
- Continues CPR until help arrives or condition changes

Instructor Initials _____

[OPTIONAL] Pediatric CPR – Child (1 yr to puberty)

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[OPTIONAL] Pediatric CPR – Infant (under 1 yr)

When to Provide CPR

Provide CPR when the infant is:

- Unresponsive, and
- Not breathing normally (or only gasping)

The participant:

- Ensures the scene is safe
- Recognizes the need for CPR
- If alone, begins CPR and calls 911 after about 2 minutes
- Exposes the chest
- Places two thumbs just below the nipple line (encircling hands technique)
(Preferred method for compressions)
- Uses the heel of one hand if unable to achieve adequate depth with thumbs
(Alternative method when needed)
- Performs chest compressions:
 - Rate:** 100–120 per minute
 - Depth:** about 1/3 chest depth (~1.5 inches)
 - Full chest recoil
- Delivers 30 compressions
- Opens airway using a neutral head position (Avoids overextension)
- Seals both the mouth and nose
- Gives 2 rescue breaths (~1 second each, visible chest rise)
- Continues cycles of 30 compressions and 2 breaths
- Uses an AED as soon as available (Ensures pads do not touch)
- Continues CPR until help arrives or condition changes

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- Emphasize breaths are critical (respiratory cause)
- Two-thumb technique is preferred / alternative method is acceptable if depth cannot be achieved

Reinforce:

- Correct hand/thumb placement
- Correct depth (1/3 chest)
- Proper airway positioning

Ensure distinction:

- Child = head tilt–chin lift + pinch nose
- Infant = neutral head + cover mouth & nose

Instructor Initials _____

[OPTIONAL] Pediatric CPR – Infant (under 1 yr)

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Adult AED Use

The participant:

- Ensures the scene is safe (Checks surroundings before providing care)
- Recognizes the need for CPR and AED (Unresponsive and not breathing normally)
- Activates emergency services and gets an AED (Calls 911 or directs someone to call and retrieve AED)
- Continues CPR while the AED is being prepared (Minimizes interruptions in compressions)
- Turns on the AED and follows prompts (Activates device correctly)
- Exposes the chest (Removes or cuts clothing as needed)
- Dries the chest if necessary (Ensures proper pad adhesion)
- Applies AED pads correctly:
 - One pad on the upper right chest, just below the collarbone, to the right of the breastbone
 - One pad on the lower left side of the chest, along the side of the ribs, below the armpit (mid-axillary line) (Pads placed correctly on bare skin)
- Connects the pads if required (Ensures AED is ready to analyze)
- Clears the person for analysis (Ensures no one is touching)
- Allows the AED to analyze the rhythm (Does not interfere)
- If a shock is advised:
 - Ensures everyone is clear
 - Delivers shock when prompted (Follows safety steps correctly)
- Immediately resumes CPR starting with compressions (Minimizes delay after shock)
- Continues to follow AED prompts (Maintains ongoing care)

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- The participant should demonstrate: recognition → CPR → AED → CPR

Emphasize:

- Minimal interruptions in compressions
- Clear “stand clear” before shock
- Immediate return to CPR

Focus on:

- Correct pad placement
- Safety during shock
- Continuous care

Instructor Initials _____

Adult AED Use

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[OPTIONAL] Pediatric AED Use

The participant:

- Ensures the scene is safe (Checks surroundings before providing care)
- Recognizes the need for CPR and AED (Unresponsive and not breathing normally)
- Activates emergency services (Calls 911 or directs someone to call)
- Continues CPR while the AED is being prepared (Minimizes interruptions)
- Turns on the AED and follows prompts
- Exposes the chest (Removes clothing as needed)
- Uses pediatric pads if available (Uses appropriate equipment)
- Applies pads correctly:
 - Child:** one pad on the upper right chest and one on the lower left side
 - Infant or if pads may touch:** one pad on the center of the chest and one on the center of the back (Ensures pads do not touch or overlap)
- Connects pads if required
- Clears the person for analysis (Ensures no one is touching; says "STAND CLEAR")
- Allows AED to analyze rhythm
- If a shock is advised:
 - Ensures everyone is clear
 - Delivers shock when prompted
- Immediately resumes CPR starting with compressions (Minimizes delay)
- Continues to follow AED prompts

INSTRUCTOR NOTES (EVALUATION GUIDANCE)

- The participant should demonstrate: CPR → AED → CPR (continuous care)
- Pediatric pads preferred, but: adult pads are acceptable if needed

Emphasize:

- Do not delay AED use
- Correct pad placement
- Pads must not touch

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Instructor Initials _____

