

Curriculum of Certificate in First Aid and Safety Management

From 2026-27 Onwards



DEPARTMENT OF LIFELONG LEARNING (DLL)
SCHOOL OF EDUCATION
BHARATHIDASAN UNIVERSITY
KHAJAMALAI CAMPUS
TIRUCHIRAPPALLI - 620 023

**BHARATHIDASAN UNIVERSITY
DEPARTMENT OF LIFELONG LEARNING**

**CURRICULAM FOR CERTIFICATE IN FIRST AID AND SAFETY
MANAGEMENT
REGULATION AND SYLLABUS**

1. Eligibility

I. For Admission : 10th and above, a pass in the High School Examination (Academic) conducted by the Government of Tamil Nadu ; or an examination accepted as equivalent thereto by the syndicate ,subject to such conditions as may be prescribed thereof.

II. The candidate must have completed 18 years of age at the time of admission. There is no age limit for the admission of the Programme.

2. Mode

A Self financing programs. These programmes are conducted with the support of course fees collected from the students. The facilities, faculty and other programme expenses are met through the Course fee collected from the students. The DLL offer this Programme with the support of St.John Ambulance/Hospitals/ Institutions. The training will lead to a Certificate in First Aid and Safety Management.

3. Duration

The course is for a period of Six months from the date of commencement on the basis of objectives of Lifelong Learning/ Community College/ Vocational skill development Programme for 125 hrs.

4. Course of study:

Candidates shall be permitted to do this Certificate in First Aid and Safety management concurrently with their UG/PG degree programme including programme under Distance education mode. The classes may be conducted either during week days after class hours or during weekly holidays. The candidates undergoing various course in the university Departments of Bharathidasan University particularly the students of M.A (HRM) of the Department of lifelong learning are permitted to do this certificate in First Aid and Safety Management concurrently with their PG programme.

5. Course Fee: As prescribed by the University from time to time.

6. Scheme of Examination

Papers	Marks		Total	Marks Evaluation in Percentage		Pass Mark	Total No. of credits
	CIA	UEA		Theory	Practical		
Paper I -Principles of First Aid and Basic Life Support (Theory + Practicals) 25 Hours	25(10+15)	75 (30+45)	100	40	60	40	5
Paper II -Occupational Health, Safety & Legislation (Theory + Practicals) 25 Hours	25(10+15)	75 (30+45)	100	40	60	40	5
Paper III -Disaster Management and Emergency Response (Theory + Practicals) 25 Hours	25(10+15)	75 (30+45)	100	40	60	40	5
Paper IV - Internship - Practical Training (Practicals +Report + Viva voce) 50 Hours	25(10+15)	75 (30+45)	100	40	60	40	5
Total Hours - 125 / Total Marks			400	Total Credits		20	

Note: Practical/Internship or training shall be a part of the every paper. 60% Practical and 40% Theory paper.

7. Distribution of Teaching hours

There shall be a total number of 125 actual contact hours. Each Theory paper shall have 25 hours $3 \times 25 = 75$ hours and Practicals shall have 50 Hours.

8. Examination:

a. There shall be examination at the end of the course i.e. December / January/February or June/July/August or as per the commencement of the programme. A candidate who does not pass the examination in any subject(s) shall be permitted to appear in such subject(s) in the subsequent examination. All the candidates shall be required to register for the entire examination at the first appearance.

b. The results of all examinations will be published at the Department in which they took the examinations.

9. Passing Minimum:

A candidate shall be declared to have passed in each paper if he /she secure not less than 40% of the prescribed maximum marks. He /She shall be declared to have passed the whole

examination and qualified for the certificate, if He /She pass in all the papers.

10. Classification of successful candidates

Those who secure 60% or above the maximum shall be declared to have passed in I class; those who secure 50% or above but below 60% shall be declared to have passed in II class. All other successful candidates shall be declared to have passed the examination in the III class.

11. Award of certificate

A candidate shall be eligible for the award of the certificate if He /She has passed all the examination prescribed thereof.

12. Revision of Regulations and curriculum

The University may from time to time revise, amend and change the regulation and the curriculum it found necessary.

13. Structure: 3 Papers + 1 Internship Practical (Theory + Hands-on + Internship) and jointly aligned with St. John Ambulance (India) standards and workplace safety requirements.

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PROGRAMME CODE: CECFASM

FIRST AID & SAFETY MANAGEMENT - PROGRAMME OUTCOMES

1. Competent First Aid Responders will demonstrate a robust blend of knowledge, practical skills, and quick decision-making to handle emergencies effectively.
2. Ethical and Compassionate Practitioners will uphold empathy, ethical responsibility, and a commitment to saving lives while respecting dignity and cultural sensitivities.
3. Community Contributors will exhibit readiness to serve society by applying first aid skills in real-world scenarios, promoting health and safety awareness.
4. Adaptive Problem-Solvers will learn to assess emergencies dynamically, prioritize actions, and utilize available resources efficiently.
5. Confident Leaders will be trained to lead or assist in crisis situations, fostering teamwork and clear communication under pressure.

FIRST AID & SAFETY MANAGEMENT - PROGRAMME SPECIFIC OUTCOMES

1. Demonstrate proficiency in CPR, wound care, fracture stabilization, and handling choking, burns, or cardiac emergencies.
2. Identify and evaluate risks in diverse environments (home, workplace, public spaces) to prevent or mitigate injuries.
3. Efficiently use first aid kits, improvised tools, and digital aids (e.g., emergency apps) during crises.
4. Apply updated protocols aligned with global standards (e.g., Red Cross, WHO) and technological advancements in first aid.
5. Address post-emergency psychological needs of victims and bystanders with basic trauma-informed care.
6. Treat every individual with respect, recognizing life as paramount in emergency response.

PAPER 1: PRINCIPLES OF FIRST AID AND BASIC LIFE SUPPORT**Course Objectives:**

Make the Students

1. To Understand Basic Principles and the fundamental concepts of first aid and the importance of quick response during medical emergencies.
2. To Develop Practical Skills and demonstrate essential first aid techniques and basic life support procedures, including CPR and bleeding control.
3. To Promote Safety Awareness and apply knowledge to prevent injuries, manage emergencies safely, and provide appropriate care until professional help arrives.

CO	Course Outcome Statement	Bloom's taxonomy Levels (L1–L5)
CO1	Explain meaning, objectives, principles, and ethics of first aid & emergency care	L1, L2
CO2	Describe human anatomy & physiology and demonstrate assessment of vital signs	L1, L2, L3
CO3	Demonstrate emergency first aid skills (DRABC, CPR, AED, artificial respiration)	L3, L4
CO4	Apply appropriate first aid techniques for wounds, bleeding, fractures, and shock	L3, L4
CO5	Evaluate & provide first aid for burns, scalds, bites, poisoning, dislocations, sprains	L3, L4, L5
L1-Remember, L2-Understand, L3-Apply, L4-Analyze, L5-Evaluate, L6-Create		

Units –I Introduction to First Aid :

Meaning, objectives, Principles of First Aid, ethics of a first aider,- principles of emergency care. **Practicals:** Triangular Bandage and its application to head, chest, back, shoulder, elbow, hand, hip, knee, foot, and arm slings.

Units –II Human Anatomy & Physiology for First Aid :

Basic structure and function of body systems (respiratory, circulatory, nervous, skeletal, muscular) - Vital signs assessment (pulse, respiration, temperature, blood pressure) - Fractures: causes, types, signs and symptoms, Treatment of fractures of general Rules, Special Fractures of skull, lower jaw, spine ,ribs, breast bone, collar bone, shoulder blade, arm, and hand. Special fracture of pelvis, thigh, knee Cap, leg and foot. Dislocations, sprains, strains, signs, symptoms and treatment. **Practical :** Treatment of Fractures-Application of Splints.

Units –III Heart and Blood Vessels:

General description of heart and blood vessels- Circulation of blood, Wounds and hemorrhage, Wounds accompanied by Arteries hemorrhage, Situation of the main Arteries - Pressure points- Wounds accompanied by capillary or venous hemorrhage - Varicose Veins, Hemorrhage from special regions – bruises. **Practical:** Compression of Arteries.

Units –IV Emergency First Aid Skills :

DRABC (Danger, Response, Airway, Breathing, Circulation), CPR (Cardio-Pulmonary Resuscitation) for adult, child & infant, Use of Automated External Defibrillator (AED), Injuries to internal Organs –Haemorrhage. - Burns, Scalds, stings and Bites of Snake, insect stings, dog bite, rabid animals, and frost bite. Respiration –Natural & artificial, asphyxia, the nervous system, and insensibility. Practicals: Artificial Respiration.

Practicals: Treatment of fractures and Hemorrhage, Transport of Injured and Artificial respiration.

Units –V Poisons, Accidents, Wounds, Bleeding, and Shock:

Types of wounds, First aid for bleeding, bandaging, tourniquet use, Shock management, Recapitulation.

Practicals: Preparation of the bed, removing clothes etc.,

Units –VI New Technologies and trends in first aid field

References:

Books:

1. Lutchman, C., Maharaj, R., & Ghanem, W. (2012). *Safety management: A comprehensive approach to developing a sustainable system*. CRC Press/Taylor & Francis Group.
 - **(Relevance: Focuses on the systemic and sustainable management principles required for an effective safety program.)**
2. Manuele, F. A. (2013). *On the practice of safety* (4th ed.). John Wiley & Sons.
 - **(Relevance: A foundational text that discusses the philosophical and practical management principles behind modern safety practice.)**
3. Roughton, J., & Crutchfield, N. (2013). *Job hazard analysis: A guide for voluntary compliance and beyond*. Butterworth-Heinemann.
 - **(Relevance: Provides management-level strategies for risk assessment and hazard control, a core principle of safety management.)**
4. Goetsch, D. L. (2019). *Occupational safety and health for technologists, engineers, and managers* (9th ed.). Pearson.
 - **(Relevance: Covers the application of management principles (planning, organizing, leading, controlling) specifically within occupational safety and health.)**
5. Reese, C. D. (2017). *Occupational health and safety management: A practical approach* (3rd ed.). CRC Press.
 - **(Relevance: Offers a practical, step-by-step management approach to implementing and maintaining an OHS system.)**

Journals

1. Wu, T. C., Chen, C. H., & Li, C. C. (2008). A correlation among safety leadership, safety climate and safety performance. *Journal of Loss Prevention in the Process Industries*, 21(3), 307–318. <https://doi.org/10.1016/j.jlp.2007.11.001>

- **(Relevance: Directly links management leadership principles to safety outcomes.)**
- 2. Zohar, D. (2010). Thirty years of safety climate research: Reflections and future directions. *Accident Analysis & Prevention*, 42(5), 1517–1522. <https://doi.org/10.1016/j.aap.2009.12.019>
- **(Relevance: Seminal research on the role of organizational and management climate in safety.)**
- 3. Fernández-Muñiz, B., Montes-Peón, J. M., & Vázquez-Ordás, C. J. (2007). Safety culture: Analysis of the causal relationships between its key dimensions. *Journal of Safety Research*, 38(6), 627–641. <https://doi.org/10.1016/j.jsr.2007.09.001>
- **(Relevance: Examines how management decisions and principles shape safety culture.)**
- 4. Hale, A. R., & Borys, D. (2013). Working to rule or working safely? Part 2: The management of safety rules and procedures. *Safety Science*, 55, 222–231. <https://doi.org/10.1016/j.ssci.2012.05.013>

Online & Open Educational Resources

1. Occupational Safety and Health Administration. (n.d.). *Safety and health management systems*. U.S. Department of Labor. Retrieved October 26, 2023, from <https://www.osha.gov/safety-management>
- **(Relevance: The primary U.S. regulatory body's guidelines on core principles for managing workplace safety.)**
2. Canadian Centre for Occupational Health and Safety. (2023). *Health and safety program*. <https://www.ccohs.ca/oshanswers/hsprograms/>
- **(Relevance: A comprehensive, government-based OER outlining the elements and management of a safety program.)**
3. International Labour Organization. (2009). *Guidelines on occupational safety and health management systems (ILO-OSH 2001)*. ILO. http://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_110382/lang--en/index.htm
- **(Relevance: The international standard for OSH management systems, providing a global framework.)**
4. National Institute for Occupational Safety and Health. (n.d.). *Workplace safety and health topics*. Centers for Disease Control and Prevention. <https://www.cdc.gov/niosh/topics/default.html>
- **(Relevance: A vast repository of free, evidence-based information on managing a wide array of workplace hazards.)**
5. OpenLearn. (2017). *Health and safety in the laboratory and field*. The Open University. <https://www.open.edu/openlearn/health-sports-psychology/health-and-safety-the-laboratory-and-field/content-section-0>
- **(Relevance: An example of a free, open course module that covers risk assessment and management principles.)**

Mapping with Programme Outcome										
Cos	Programme outcomes					Programme specific outcomes				
	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3	PSO4	PSO5
CO1	3	3	3	3	3	3	2	3	3	3
CO2	3	3	2	3	3	3	3	1	1	2
CO3	2	3	3	2	3	3	3	3	2	2
CO4	3	2	3	3	2	3	2	3	3	3
CO5	3	3	2	3	2	3	3	3	3	3

1. Moderate 2. High 3. Very high

PAPER 2: OCCUPATIONAL HEALTH, SAFETY & LEGISLATION**Course Objectives:**

Make the Students

1. To learn Fundamentals and understand the basic principles of first aid and life-saving measures.
2. To Practice Key Skills and perform essential first aid techniques and basic life support (CPR, choking, bleeding control).
3. To Act Confidently and respond quickly and safely during emergencies until professional help arrives.

CO	Course Outcome Statement	Bloom's taxonomy Levels (L1–L5)
CO1	Identify & explain occupational hazards, risks, accident prevention	L1, L2
CO2	Apply fire & electrical safety measures, first aid, evacuation drills	L1, L2, L3
CO3	Demonstrate hazard identification, risk assessment & PPE use	L3, L4
CO4	Interpret & analyze legal frameworks (Factories Act, OSH Code, first aid regulations)	L3, L4
CO5	Evaluate workplace health promotion strategies	L3, L4, L5
L1-Remember, L2-Understand, L3-Apply, L4-Analyze, L5-Evaluate, L6-Create		

Units I: Occupational Hazards & Workplace Risks

Physical, chemical, ergonomic, and psychosocial hazards,- Industrial accidents and prevention.

Units II: Fire & Electrical Safety

Types of fires and extinguishers (practical demonstrations)- Evacuation drills, electrical accidents and first aid.

Units III: Safety Management Systems

Hazard identification & risk assessment (HIRA)- Use of PPE (helmets, gloves, safety shoes, masks).

Units IV: Legal Framework

Indian Factories Act, 1948, Occupational Safety, Health and Working Conditions Code, 2020, Role of certified first aiders in occupational premises.

Units V: Workplace Health Promotion

Stress management, Ergonomic workplace design, Occupational health services.

Units VI:

Modern Health and Safety Equipments and its Maintenance, Current Trends.

Books:

1. Gore, M., &Brasel, K. (2023). *When things go wrong: Lessons from the front line of medicine*. CRC Press.
 - **(Relevance: Focuses on the psychological impact on helpers, crisis management, and maintaining a service mindset under extreme pressure.)**
2. Latané, B., & Darley, J. M. (1970). *The unresponsive bystander: Why doesn't he help?* Appleton-Century-Crofts.
 - **(Relevance: The seminal text on bystander effect theory, foundational for understanding the barriers to helping others.)**
3. Staub, E. (2003). *The psychology of good and evil: Why children, adults, and groups help and harm others*. Cambridge University Press.
 - **(Relevance: Explores the roots of altruism, compassion, and helping behavior from a developmental and social psychology perspective.)**
4. Colby, A., & Damon, W. (1992). *Some do care: Contemporary lives of moral commitment*. Free Press.
 - **(Relevance: A study of individuals with a strong service ethic, exploring their motivations and characteristics.)**
5. Zimbardo, P. (2007). *The Lucifer effect: Understanding how good people turn evil*. Random House.
 - **(Relevance: Provides a critical counterpoint on situational factors that can inhibit helping and service-mindedness, essential for understanding the full context.)**

Journals

1. Darley, J. M., &Latané, B. (1968). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology*, 8(4, Pt.1), 377–383. <https://doi.org/10.1037/h0025589>
 - **(Relevance: The original, landmark research article that first documented the bystander effect.)**
2. Piliavin, J. A., Dovidio, J. F., Gaertner, S. L., & Clark, R. D. (1981). *Emergency intervention*. Academic Press. (Key chapters are seminal). Alternatively: Piliavin, I. M., Rodin, J., &Piliavin, J. A. (1969). Good Samaritanism: An underground phenomenon? *Journal of Personality and Social Psychology*, 13(4), 289–299.
 - **(Relevance: A critical model (the Arousal: Cost-Reward model) explaining the decision-making process of whether to help.)**
3. Dovidio, J. F., Piliavin, J. A., Schroeder, D. A., &Penner, L. A. (2017). *The social psychology of prosocialbehavior*. Psychology Press.
 - **(Relevance: A comprehensive review of the theories and research behind why people help others.)**

4. Fischer, P., Krueger, J. I., Greitemeyer, T., Vogrincic, C., Kastenmüller, A., Frey, D., Heene, M., Wicher, M., & Kainbacher, M. (2011). The bystander-effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin*, 137(4), 517–537. <https://doi.org/10.1037/a0023304>
 - **(Relevance: A modern meta-analysis that updates and refines our understanding of when and why bystanders do or do not help.)**
5. Rand, D. G., & Nowak, M. A. (2013). Human cooperation. *Trends in Cognitive Sciences*, 17(8), 413–425. <https://doi.org/10.1016/j.tics.2013.06.003>
 - **(Relevance: Explores the evolutionary and cognitive basis for cooperation and helping, moving beyond pure psychology.)**

Online & Open Educational Resources

1. The Greater Good Science Center. (n.d.). *Altruism*. University of California, Berkeley. Retrieved October 26, 2023, from <https://greatergood.berkeley.edu/topic/altruism>
 - **(Relevance: A hub for science-based articles, videos, and exercises on cultivating altruism and compassion.)**
2. Noba Project. (n.d.). *Module: Helping others*. By D. Schroeder & L. Penner. <https://nobaproject.com/modules/helping-others>
 - **(Relevance: A free, high-quality online textbook module covering the major theories and research on prosocial behavior.)**
3. TED. (2008, February). *Phil Zimbardo: The psychology of evil* [Video]. TED Conferences. https://www.ted.com/talks/philip_zimbardo_on_the_psychology_of_evil
 - **(Relevance: A foundational talk on situational forces, providing context for understanding what inhibits helping.)**
4. TED. (2010, June). *Sam Richards: A radical experiment in empathy* [Video]. TED Conferences. https://www.ted.com/talks/sam_richards_a_radical_experiment_in_empathy
 - **(Relevance: Directly addresses expanding one's circle of concern, a key element of universal service-mindedness.)**
5. The Good Samaritan Law Learning Center. (n.d.). *Good Samaritan laws by state*. <https://www.goodsamaritanlaw.com/>
 - **(Relevance: A practical resource explaining the legal protections for those who act to help others, a key factor in decision-making.)**

Mapping with Programme Outcome										
COs	Programme outcomes					Programme specific outcomes				
	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3	PSO4	PSO5
CO1	2	3	3	3	2	3	3	3	1	3
CO2	3	3	2	3	3	3	3	2	2	2
CO3	2	3	3	2	3	3	3	3	2	1
CO4	3	3	3	3	2	3	3	2	3	3
CO5	3	3	3	3	2	3	3	3	2	3

1. Moderate 2. High 3. Very high

PAPER 3: DISASTER MANAGEMENT AND EMERGENCY RESPONSE**Course Objectives:**

Make the Students

1. To understand Disasters and the types, causes, and impacts of natural and man-made disasters.
2. To learn Preparedness & Response and the strategies for disaster preparedness, mitigation, and effective emergency response.
3. To develop Practical Skills and to Apply basic disaster management techniques to ensure safety and reduce risks during emergencies.

CO	Course Outcome Statement	Bloom's taxonomy Levels (L1–L5)
CO1	Explain occupational hazards, risks, fire/electrical safety, and disaster types	L1, L2
CO2	Describe & apply safety management systems, HIRA, PPE, evacuation drills	L1, L2, L3
CO3	Demonstrate disaster preparedness (planning, triage, first aid, crowd management)	L3, L4
CO4	Analyse legal framework & role of certified first aiders	L3, L4
CO5	Evaluate workplace health promotion & psychological first aid practices	L3, L4, L5
L1-Remember, L2-Understand, L3-Apply, L4-Analyze, L5-Evaluate, L6-Create		

Units I: Introduction to Disaster Management :

Natural disasters (earthquake, flood, cyclone) - Man-made disasters (fire, explosion, accidents, terrorism).

Units II: Emergency Preparedness & Evacuation :

Community-based disaster preparedness, Evacuation planning & crowd management.

Units III: Mass Casualty Management :

Triage methods, Setting up first aid posts in disaster areas

Units IV: Psychological First Aid :

Handling trauma and shock victims- Stress and grief counseling in emergencies.

Units V: Community Safety & Red Cross / St. John Ambulance Role:

Volunteer engagement in emergencies, International humanitarian standards (Sphere, WHO guidelines)

References:

Books:

1. American Academy of Orthopaedic Surgeons (AAOS). (2020). *First aid, CPR, and AED standard* (7th ed.). Jones & Bartlett Learning.
 - **(Relevance: The foundational textbook for many certification courses, providing the official guidelines and step-by-step instructions for core practical skills.)**
2. American Red Cross. (2021). *responding to emergencies: Comprehensive first aid/CPR/AED*. KramesStayWell.
 - **(Relevance: A direct competitor to the AAOS text, offering another authoritative perspective on practical skill execution and emergency response protocols.)**
3. Tim, T., Krarup, N. H. V., Grove, E. L., Rohde, C. V., & Løfgren, B. (2012). Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, and Exposure (ABCDE) approach. *International Journal of General Medicine*, 5, 117–121. (Often featured as a core chapter in practical emergency care manuals).
 - **(Relevance: Details the primary systematic approach used in all practical first aid scenarios to prioritize care.)**

Journals

1. Plant, N., & Taylor, K. (2013). How best to teach CPR to schoolchildren: A systematic review. *Resuscitation*, 84(4), 415–421. <https://doi.org/10.1016/j.resuscitation.2012.12.008>
 - **(Relevance: Reviews evidence on the most effective practical methods for teaching foundational lifesaving skills to different age groups.)**
2. Lorem, T., Steen, P. A., & Wik, L. (2010). High school students as ambassadors of CPR—A model for reaching the most appropriate target population? *Resuscitation*, 81(1), 78–81. <https://doi.org/10.1016/j.resuscitation.2009.09.030>
 - **(Relevance: Examines a peer-to-peer practical training model, which can be an effective activity in class.)**
3. Iserbyt, P., Theys, L., Ward, P., & Charlier, N. (2016). The effect of a specialized content knowledge workshop on teaching and learning Basic Life Support in secondary school: A cluster randomized controlled trial. *Resuscitation*, 102, 1–8. <https://doi.org/10.1016/j.resuscitation.2016.02.006>
 - **(Relevance: Highlights the importance of instructor knowledge on the quality of practical skill acquisition, crucial for planning a class.)**
4. Nielsen, A. M., Isbye, D. L., Lippert, F. K., & Rasmussen, L. S. (2013). Can mass education and a television campaign change the attitudes towards cardiopulmonary resuscitation in a rural community? *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 21, 39. <https://doi.org/10.1186/1757-7241-21-39>
 - **(Relevance: Supports the use of large-scale, hands-on training events as a practical activity.)**

5. Heard, D. G., Andresen, K. H., & Huff, J. S. (2020). Teaching first aid to prospective teachers: A cluster randomized controlled trial. *Health Education Journal*, 79(5), 591–603. <https://doi.org/10.1177/0017896919892846>
- (Relevance: Provides evidence for effective first aid instruction methods that can be directly applied to a practical class setting.)

Online & Open Educational Resources

1. Stop the Bleed. (n.d.). *Official STOP THE BLEED® course*. American College of Surgeons. <https://www.stopthebleed.org/training/>
- (Relevance: A vital, free resource with instructional videos, presentations, and guides for teaching and practicing hemorrhage control.)
2. European Resuscitation Council (ERC). (2021). *ERC guidelines*. <https://www.erc.edu/guidelines>
- (Relevance: Provides free access to the international evidence-based guidelines that form the basis for all practical CPR and first aid instruction.)
3. ProTrainings. (n.d.). *Free first aid, CPR and AED training resources*. <https://www.protrainings.com/en/resources>
- (Relevance: Offers a large library of free videos, skill guides, and lesson plans that can be directly used to structure practical activities.)

Mapping with Programme Outcome										
COs	Programme outcomes					Programme specific outcomes				
	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3	PSO4	PSO5
CO1	3	3	3	3	3	3	3	3	1	3
CO2	3	3	3	2	3	3	3	2	2	2
CO3	2	3	2	2	2	3	3	3	2	3
CO4	3	2	3	3	3	3	3	3	3	3
CO5	3	2	3	3	3	3	3	3	1	3

1. Moderate 2. High 3. Very high

PAPER 4: INTERNSHIP - PRACTICAL TRAINING

(Continuous Assessment + Final Evaluation)

Course Objectives:

Make the Students

1. Gain Hands-on Experience: Apply theoretical knowledge in real-world work settings.
2. Develop Professional Skills: Build practical, technical, and interpersonal skills relevant to the field.
3. Enhance Career Readiness: Understand workplace practices and improve employability through experiential learning.

CO	Course Outcome Statement	Bloom's taxonomy Levels (L1–L5)
CO1	Recall & explain principles of first aid, CPR, AED, fire safety drills	L1, L2
CO2	Demonstrate bandaging, splinting, immobilization, recovery position, choking management	L2, L3
CO3	Apply skills in fire extinguisher use, evacuation drills, accident rescue	L3, L4
CO4	Analyze & role-play responses in emergencies and disasters (triage, artery compression, preparedness)	L4, L5
CO5	Evaluate and prepare reports from field visits, safety audits, and mock drills	L3, L4, L5

Practical Components:

- **First Aid Demonstrations (St. John Ambulance)**
 - Bandaging (head, arm sling, fractures, burns) application of splints
 - Splinting and immobilization
 - CPR & AED hands-on training
 - Recovery position, choking management
 - Treatment of fractures and hemorrhage.
- **Fire & Safety Drills**
 - Fire extinguisher handling
 - Emergency evacuation mock drills
- **Simulation Exercises**
 - Compression of arteries.
 - Road accident rescue
 - Industrial accident response
 - Disaster management role play
 - Preparation of bed, removing clothes etc.,
- **Internship Visits**
 - Hospital emergency / trauma care unit
 - Fire station / disaster response authority

- Occupational health and safety training center
- **Internship Report Writing**
 - Each student to submit a short **Internship** (e.g., workplace safety audit, first aid awareness campaign, mock drill report).

Mapping with Programme Outcome										
COs	Programme outcomes					Programme specific outcomes				
	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3	PSO4	PSO5
CO1	3	3	2	3	2	3	3	3	2	2
CO2	2	3	2	3	3	3	2	3	3	1
CO3	3	2	3	3	3	3	2	2	3	1
CO4	2	3	2	3	2	2	3	3	3	2
CO5	3	2	1	2	2	3	3	3	3	2

1. Moderate

2. High

3. Very high