Situation: A student is in a group fitness class when he/she starts to feel light headed, turns pale, sweating profusely and is having a hard time to balancing.

Victim: Put your hand over your face, showing signs that you are not feeling well. Once staff member reaches you, say that you do not feel well and that you feel like you are going to pass out.

Witness: Run to the information counter and explain your friend is about to faint and you need help right away.

Checklist - (Verbalize words in parenthesis)
___ Grab AED, first aid kit, radio and cell phone*
___ Check the scene (scene is safe)
___ Check the victim and ask “are you okay?” (Victim responds saying they feel light headed and sick to his/her stomach)
___ Tell the victim you are first aid/CPR/AED certified and want to help; obtain consent*
___ Assist the victim to a seated position*
___ Suggest victim to lie down; elevate legs if comfortable. If more comfortable sitting, allow him/her to stay seated
___ Stay with victim and keep asking them questions such as are you still sick to your stomach, lightheaded, feeling dizzy? *

(Victim passes out)
___ If student is sitting down, lower him/her to a flat surface and position him/her back, lying flat
___ If possible, assist victim so he/she does not hit his/her head
___ Direct someone to call 911 and University Police*
___ Check signs of life, maintain an open airway and keep checking for breathing (victim is breathing but is unconscious)*
___ Continue to monitor victim until EMS arrives*
___ Ensure bystanders or other staff to open doors and meet EMS

(Victim is responsive)
___ Monitor signs of life until EMS arrives*
___ Keep talking to the victim to remain responsive*

After EMS departs
___ Inform Pro Staff about the emergency, call Mo after hours*
___ Fill out injury report*

Other
- Check for knowledge of building address and appropriate phone number
- Does staff member have CPR pocket mask clipped on?
- Consent is implied due to unconsciousness of the victim

Comments

☐ Met Requirements  ☐ Did not meet requirements  ____ (1-2 week re-testing)

Signature of Facilitator: _____________________ Signature of Reviewee: _____________________

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Address</th>
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<tbody>
<tr>
<td>REC</td>
<td>608-785-5225</td>
<td>1601 Badger St</td>
</tr>
<tr>
<td>Mitchell Hall</td>
<td>608-785-8696</td>
<td>1820 Pine St</td>
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</tbody>
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