

Chapter 29

Appendix: Accessibility in EMS Education



Introduction

This chapter identifies key issues regarding accessibility in emergency care classrooms that provide cardiopulmonary resuscitation (CPR) and first aid training and suggests potential solutions for promoting a positive, safe, and inclusive learning environment. These solutions may encourage bystander intervention and in turn improve outcomes of patients who rely on competent rescuers.

Learning Objectives

Upon completing this section, you should be able to

- *understand* best practices for maintaining an accessible classroom,
- *identify* the need for continued learning on accessibility and inclusion,
- *infer* appropriate alternatives to traditional psychomotor testing.

Hundreds of thousands of individuals across the globe are mandated to keep up their CPR or first aid certification up to date as an occupational requirement. This is typically satisfied by successfully completing the appropriate program that complies with the recent International Liaison Committee on Resuscitation (ILCOR) science, such as a program offered through the American Heart Association, the American Safety and Health Institute, or the Heart and Stroke Foundation of Canada.

CPR and first aid instructors are tasked with the honor and responsibility of educating community members and healthcare providers with lifesaving skills and science that affect survival outcomes of sudden cardiac arrest victims. This goes without saying that the student population is as diverse as any, from daycare

teachers to critical care nurses. Concurrently, according to the Centers for Disease Control, one in four adults in the United States have some type of disability. This comes as no shock to the seasoned instructor, balancing the need to check for high-quality chest compressions while complying with accessibility education laws and regulations.

This is an inevitable challenge that many instructors come across, compensating the key question “If a student is unable to perform these skills in the classroom, are they able to perform them in a true emergency? If not, am I obligated to issue certification?” Usually in an attempt to answer this question, training providers advise legal counsel or encourage instructors to use their best judgment. However, advising instructors to utilize best judgment results in incontinuity of course conduction and ultimately a variance course quality. The following suggests potential solutions to accessibility issues in the emergency care classroom.

General Accessibility Considerations

An ideal emergency care classroom environment promotes positive, safe, and inclusive learning to improve outcomes of patients who are the victims of life-threatening illnesses. Facilities should be well lit, have restroom access, and appeal to audio, visual, and hands-on learners. If the facility is unable to provide food or beverage, instructors should consider allowing students to bring their own light snacks for students who have strict dietary schedules or are diabetic. Training facilities may consider including a statement advising students to notify the facility in advance of a disability so the appropriate accommodations can be planned for. It is encouraged for instructors to uphold, promote, and advertise his or her commitment to accessible and inclusive learning.

Temporary Injuries

Should a student present with a temporary injury that disables them from adequately participating in skill sessions, such as an upper extremity injury that disallows for adequate chest compression depth, we suggest allowing the student to complete the entire duration of the course while temporarily withholding certification. If the course is required for employment, instructors might consider writing a letter to the employer detailing their participation in the didactic portion or the successful completion of the required exam and invite the student to return within 30 days to complete the skills portion.

Knee and Back Issues

Instructors should attempt to accommodate students with knee or back issues by providing kneeling mats for CPR skills practice or allowing the student to conduct the skill on a stretcher or table. Real-life approaches such as the use of CPR stools or lowering a stretcher device to an accessible height level may be beneficial to the student’s experience.

Deaf and Hard of Hearing

For students with auditory disabilities, consideration of using a qualified interpreter may be beneficial. If an instructor is made aware in advance of students with auditory disabilities, the instructor may consider investing in an automated external defibrillator trainer that has additional visual prompts.

Learning Disabilities

If a written exam is required, students with test anxiety or other testing-related disability might benefit from extended time by multiplying the allotted test-taking time by 1.5 if possible. Taking the exam in isolation from other students may improve the student's confidence, decrease associated anxiety, and decrease the opportunity for distractions. For dyslexic students, instructors may consider contacting their training provider if a dyslexia-assisting software can be used during an exam. If not, instructors should consider reading aloud the questions and answer choices.

In any event, during psychomotor testing, students should be given equal responsibility to timely response, activation of the emergency response system, and high-quality performance of the necessary skills. Instructors should always follow the guidelines of the training provider they are credentialed under first and foremost. If students are unable to satisfy skill requirements after appropriate accessibility accommodations are exhausted, certification which testifies student proficiency in the course curriculum standards may not be appropriately warranted.

Educators who commit to accessibility and inclusion in the classroom assure a community of competent rescuers, may increase the likelihood of bystander intervention, and may overall improve the survival and quality-of-life outcomes of patients who rely on the delivery of the science.