

# Frontline First Aid

## EMR Course Outline

Session content is approximate and may be adjusted to meet the needs of each class



<b>Day 1</b> Monday	<b>Day 2</b> Tuesday	<b>Day 3</b> Wednesday	<b>Day 4</b> Thursday	<b>Day 5</b> Friday
<ul style="list-style-type: none"> <li><input type="checkbox"/> Section A</li> <li><input type="checkbox"/> Section 1</li> <li><input type="checkbox"/> Section 2</li> <li><input type="checkbox"/> Section 3</li> <li><input type="checkbox"/> Section 4</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Section 5</li> <li><input type="checkbox"/> Section 8</li> <li><input type="checkbox"/> Section 19</li> <li><input type="checkbox"/> Section 20</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Section D</li> <li><input type="checkbox"/> Section 6</li> <li><input type="checkbox"/> Section 7</li> <li><input type="checkbox"/> Section 22</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Section 9</li> <li><input type="checkbox"/> Section 10</li> <li><input type="checkbox"/> Section 11</li> <li><input type="checkbox"/> Section 12</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Section 13</li> <li><input type="checkbox"/> Section 16</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Section 14</li> <li><input type="checkbox"/> Section 18</li> <li><input type="checkbox"/> Section 21</li> </ul> <p>Class Photo (wear your t-shirt)</p>
<b>Day 6</b> Monday	<b>Day 7</b> Tuesday	<b>Day 8</b> Wednesday	<b>Day 9</b> Thursday	<b>Day 10</b> Friday
<ul style="list-style-type: none"> <li><input type="checkbox"/> Section B</li> <li><input type="checkbox"/> Section C</li> <li><input type="checkbox"/> Section 15</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Section 17</li> <li><input type="checkbox"/> Section 23</li> <li><input type="checkbox"/> Section 24</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Practice Written Exam</li> <li><input type="checkbox"/> Review &amp; Scenarios</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review &amp; Scenarios</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review &amp; Scenarios</li> </ul>
<b>Day 11</b> Monday	<b>Day 12</b> Tuesday	<b>Day 13</b> Wednesday		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review &amp; Scenarios</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Final Written Exam</b></li> <li><input type="checkbox"/> Review &amp; Scenarios</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Final Practical Exams</b></li> <li><input type="checkbox"/> Wrap-up &amp; next steps</li> </ul>		